

Wisconsin Rural Hospital Flexibility Program
Rural Communities Grant Program 2008-09

GRANT APPLICATION COVER SHEET -- Attachment A

Project Title: EMS CLS Training **Coalition Name:** SW WI Emergency Medical Services Advisory Coalition
Planning Grant **or Implementation Grant** (select one) **Amount Requested:** \$20,000

1. Applicant Organization (entity with which the grant contract is to be executed)

Legal Name Southwest Wisconsin Technical College

Address 1800 Bronson Boulevard

Fennimore, WI 53809

Phone 608-822-3262 FAX 608-822-6019

2. Administrator, Executive Director, or CEO

Name Dr. Karen R. Knox

Title President

Phone 608-822-2301

Email krknox@swtc.edu

3. Contact Person for Application

Name Susan Davis Allen

Title Director of Institutional Advancement

Phone 608-822-2322

Email sallen@swtc.edu

4. Person authorized to sign the grant contract

Name as above

Title _____

5. Federal ID # of applicant organization:

Not applicable

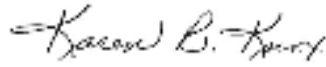
6. List all active partners (those responsible for activities and/or contributing matching/in-kind contributions). Use an additional page if necessary – this will not count against your page total:

Memorial Hospital of Lafayette County

Southwest WI Technical College

Emergency Medical Services Advisory Council

I certify that the information contained within this application is true and accurate to the best of my knowledge. I submit this application on behalf of the applicant organization.



Signature

Date

7-27-09

B. Executive Summary

The efforts of this project will facilitate **improved cardiac care** throughout the 5 counties in Southwest Wisconsin through the delivery of early advanced cardiac life support (ACLS) training. In cooperation with the Memorial Hospital of Lafayette County and the EMS Advisory Councils in Grant, Iowa, Lafayette, and Crawford Counties, Southwest Wisconsin Technical College proposes to train 40 all-volunteer Emergency Medical Service (EMS) personnel in ACLS techniques. The Emergency Medical Services structure within the rural 5,800 square mile region associated with this project consists of 58 EMS squads **comprised completely of volunteers**. This 500 member all volunteer EMS structure is the **only one** of its kind in Wisconsin. Consequently, the skill level of EMS personnel in this region has an unmistakable impact on the region's health care delivery system. The more advanced the skill level of EMS personnel the greater likelihood of patient survival. Cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death and one of the leading causes of disability in Wisconsin. Although the rate of heart disease has increased among individuals 65 and under, cardiovascular disease continues to be concentrated within individuals age 65 and older. An aging population coupled with consistently higher cardiac mortality rates when compared with the United States demonstrates the need for more advanced cardiac life support training among healthcare providers – specifically among Emergency Medical Service personnel.

C. Coalition Information:

1. Description of the coalition: The following chart depicts the partners and partner responsibilities of the Southwest Wisconsin Emergency Medical Services Advisory Coalition.

Coalition Member	Description of the Coalition Partner	Role of Coalition Partner
Memorial Hospital of Lafayette County	<ul style="list-style-type: none">Rural Hospital located in Darlington WIA 25-bed critical access and full service acute care facility	<ul style="list-style-type: none">Will provide rooms for classes in Lafayette CountyWill promote the ACLS classes to staff and provide staff time to take the classes.

<p>Emergency Medical Services Advisory Council - includes:</p> <ul style="list-style-type: none"> - Steve Braun, President, Grant County EMS Association - Brian Cushman, President, Dodgeville (Iowa County) EMS Association - Shullsburg EMS (Lafayette Cty) - John Mattes, Kickapoo Valley EMS, (Crawford Cty) 	<ul style="list-style-type: none"> • The Southwest Wisconsin Emergency Medical Services Advisory Council is comprised of members from 18 Southwest Wisconsin EMS squads and Southwest Wisconsin Technical College. 	<ul style="list-style-type: none"> • Will provide rooms for classes in their respective counties • Will promote the ACLS classes to staff. • Will provide Funding for travel costs for EMS participants
<p>Southwest WI Technical College</p>	<ul style="list-style-type: none"> • Regional training site (38,000 square miles) for the American Heart Association, the designated regional NIMS compliance training provider, and the designated trainer for RNs, LPNs, Emergency Medical Services, CPR/First Aid, and Firefighter classes. 	<ul style="list-style-type: none"> • ACLS training equipment • Staff for coordinating and teaching the ACLS classes • Funding for travel to teach the classes

The geographic region represented by the coalition includes the rural counties of Grant, Richland, Iowa, Lafayette, and Crawford along with portions of four adjacent Wisconsin Counties. Southwest Tech is the primary training facility for healthcare and emergency services within the rural 3,800 square mile region. SWTC is also the only two-year college offering occupational-related curricula in southwest Wisconsin. As the primary healthcare trainer in the region, SWTC is the lead agency for the Southwest Wisconsin Emergency Medical Services Advisory Coalition.

2. History of the Planning Process: In 2006, SWTC hosted the first of several discussions between regional health care, education, and training entities to assess the healthcare needs in Southwest Wisconsin. This discussion resulted in the formation of the Southwest Wisconsin Emergency Medical Services Advisory Coalition and the identification of 6 critical healthcare training needs. The unmistakable impact that EMS services has on the health care delivery system of Southwest Wisconsin was confirmed when “improving and maintaining the skills of Emergency Medical Service personnel” was identified as one of the 6 critical training needs of the region.

The efforts of this project will facilitate **improved cardiac care** throughout the 5 counties in Southwest Wisconsin.

D. Problem/Need Being Addressed:

1. Description of Problem/Need: According to the Wisconsin Department of Health and Family Services, cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death and one of the leading causes of disability in Wisconsin. In 2004, 35% of all Wisconsin deaths were from cardiovascular disease. In 2004, more Wisconsin deaths occurred from cardiovascular disease than from cancer, automobile crashes, suicide, homicide, and AIDS combined. The American Heart Association reveals that deaths from congestive heart failure are increasing in Wisconsin at rates higher than the national percentage. From 1980-2004, Wisconsin mortality rates increased from 15 to 23 deaths/100,000 representing a 53% increase. Although the rate of heart disease has increased among individuals 65 and under, cardiovascular disease continues to be concentrated within individuals age 65 and older.

Wisconsin Department of Workforce Development data shows that the 65 year olds in the State of Wisconsin will approach the number of 18 year olds starting in about 15 years. Aging is occurring at a greater extent in the rural counties. By the year 2025, 27% of the Southwest Wisconsin population will be age 65 or older. An aging population coupled with consistently higher cardiac mortality rates when compared with the United States demonstrates the need for more advanced cardiac life support training among healthcare providers – specifically among Emergency Medical Service personnel.

In the rural 5 county 5,800 square mile region associated with the Southwest Wisconsin Emergency Medical Services Advisory Coalition, the Emergency Medical Services system consists of 58 EMS squads **comprised completely of volunteers**. This 500 member all volunteer EMS structure is the **only one** of its kind in Wisconsin. The American Heart Association has identified four key elements associated with an increased likelihood of survival in patients with sudden cardiac arrest; (1) early

access, (2) early CPR, (3) early defibrillation, and (4) early advanced cardiac life support (ACLS). The 58 volunteer EMS/First Responder squads enable the region to meet the first 3 of the American Heart Association's key elements for cardiac arrest survival. The fourth element; early advanced cardiac life support (ACLS), is currently not standard operating procedure within the region due to the prohibitive start up costs associated with training and the lack of an in-district training site. Cardiac arrest survival rates are largely dependent upon the time to first defibrillation in ventricular fibrillation and the skill level of the EMS team. Administration of Advanced cardiac life support (ACLS) within SW Wisconsin will provide EMS staff with a greater understanding of established ACLS treatment protocols specifically in the combination of defibrillation and the administration of drugs than is currently available.

2. Why now is the time to address this problem: An aging population places increased pressure on the rural health care systems within our region – particularly within EMS. This aging population is identified as generally economically poorer and in poorer overall health. Rural emergency health personnel face unique challenges. Emergencies range from a woman in active labor to victims of an accident, domestic violence, drowning, or cardiac arrest. EMS personnel must be ready to respond immediately, competently, and cooperatively to any and all emergency situations despite the fact that days or weeks may go by without the occurrence of one or any medical emergency. Consequently, our rural region attracts healthcare generalists as opposed to specialists often found in urban settings. No cardiac specialty hospitals exist within Southwest Wisconsin. The nearest cardiac care specialists reside in Madison, Wisconsin or Dubuque, Iowa requiring a one-way commute between 22 and 103 miles from local emergency facilities. This lack of cardiac specialization requires EMS personnel to possess a greater degree of training to improve survival rates during cardiac emergencies.

3. Who the project will impact: Through this project, 40 EMT's will be trained in ACLS. We anticipate that 15 of the 40 EMT's will also be emergency room RNs. Consequently, the efforts of this project will also improve the skill level of emergency room personnel in the region. The greatest impact

of this grant will be the potential to decrease cardiac mortality rates through improved emergency response techniques.

E. Work Plan

**ATTACHMENT B- WORK PLAN REPORTING FORMAT
EMT CARDIAC CARE TRAINING GRANT**

Project Goal:	To increase the level of cardiac care to rural areas by offering ACLS (Advanced Cardiac Life Support) training to EMTs in the five-county Southwest Tech District.		
Outcome Measure:	A total of 40 EMTs will be certified and/or recertified in the 58 EMT squads in the Southwest Tech District.		
Objective 1:	Recruit EMT volunteers		
Outcome measure:	50 trainees will be registered for the training		
Activity	Timeframe	Responsible Person	Measures and Anticipated Outcomes
Develop promotional materials for the ACLS and PALS training.	Quarter 1	SWTC EMA/ECE Coordinator	Flyer with information about the training for ACLS certification
1.2 Promote training to the 58 EMT squads in the District in the District.	Quarter 1	SWTC EMA/ECE Coordinator	Response received from 40 of the 58 (69%) of the EMT squads in the SWTC District.
1.3 Register EMTs	Quarter II	SWTC Student Services	A minimum of 50 EMTs will be registered for training
Objective 2:	Conduct the training within the District critical access hospitals		
Outcome measure:	50 trainees will successfully complete the training		
Activity	Timeframe	Responsible Person	Measures and Anticipated Outcome
2.1 Set up training at EMT training sites	Quarter II	Dean/Health & Service Occupations/EMS Advisory Council	Training schedule for 50 trainees
2.2. Conduct the training	Quarter III	ACLS Instructor	40 EMTs will successfully complete the ACLS training
2.3 Evaluate the training	Quarter IV	EMA/ECE Coordinator	EMTs Quality Assurance Officer will report the number of people having access to ACLS protocols

F. Evaluation Plan

**EMT CARDIAC CARE TRAINING GRANT
Evaluation Plan**

Plan to measure progress or formative evaluation

Objective 1: Recruit EMT volunteers

Evaluation Activity	Timeframe	Responsible Person	Type of Evaluation and Anticipated Outcomes
Number of flyers distributed	Quarter I	EMS secretary	<i>Type: Quantitative(count)</i> 300 flyers distributed to 58 EMT squads and 7 critical access hospitals
Number of responses received from EMS squads	Quarter I	EMS secretary	<i>Type: Quantitative</i> Response from 40 squads and 4 critical access hospitals
Number of people registered to take the ACLS classes	Quarter II	EMS secretary	<i>Type: Quantitative</i> 50 people have registered to take the ACLS classes

Objective 2: Conduct ACLS training

Evaluation Activity	Timeframe	Responsible Person	Type: Quantitative Type of Evaluation and Anticipated Outcomes
Number of people who completed ACLS Certification	Quarter IV	EMS secretary	<i>Type: Quantitative</i> Forty EMTs successfully complete ACLS Certification
Number of EMS squads with ACLS protocols in their EMS Operational Plan	Quarter IV	EMS Advisory Council	<i>Type: Quantitative</i> A minimum of five squads/a minimum of one in each SWTC District County, have ACLS protocols included in their EMS Operational Plan

G. Budget

Budget Template

This is the **required format** for your project budget. You may insert additional rows as necessary. You are not required to have expenses or contributions in every category. Include a brief description of each item, e.g., 10% of an RN's wages, 200 miles @ \$.46/mile, 300 brochures @ \$1/each. Expand on the

descriptions and relate each expense to your objective and activities in the budget narrative. You may use either Microsoft Excel or Word, but you must follow this format.

EMT Cardiac Care Training Project Budget					
BUDGET CATEGORY	DESCRIPTION	Objective #	GRANT REQUEST	MATCHING/IN-KIND CONTRIBUTIONS	TOTAL PROJECT EXPENSE (Grant + Matching In-Kind)
Wages	1.1 Instructor for 3 ACLS classes (22.59% load total)	1 & 2	\$4492.00 (7% load)	\$10,153.00 (15.59% load)	\$14,645.00
	1.2 Salary for EMS Coordinator (2% load)	1 & 2		\$1,493.00	1,493.00
	1.3 Salary for Dean of Health & Service Occup. (1% load)	1 & 2		\$930.00	930.00
Fringe Benefits	1.1 Instructor	1 & 2	\$2133.00 (47.48%)	\$8228.00 (47.48%)	\$10,361
	1.2 EMS Coordinator	1 & 2		\$636.00 (42.58%)	\$636
	1.3 Dean of Health & Service Occup.	1 & 2		\$380.00	\$380
Travel	1.1 Travel to EMT squads to conduct classes	2		700 miles @ \$.550 = \$385.00	\$385.00
Equipment		2	0	\$26,000 from SWTC for ACLS teaching	\$26,000.00

				equipment	
Supplies	ACLS textbooks (shared costs by coalition partners and grant funding)	2	\$100/trainee or \$5,000.00		\$5000.00
	Materials for classes (includes copying)	2	\$5.50/trainee for \$275.00		\$275.00
	ACLS supplies per student	2	\$150/trainee or \$7500.00		\$7500.00
	Flyers for promoting the classes	1	300 flyers @ \$2.00 - \$600.00		\$600.00
Consultants/ Contracts					
Other Costs	Training classrooms offered by 5 EMS centers	2		\$40/night/class or \$860.00	\$860.00
TOTAL			\$20,000.00	\$49,065.00	\$69,065.00

P. Appendix

- 1. Letters of support**
- 2. Short bios and resumes of key project staff**
- 3. Copy of memorandum of understanding**