New EMSC Coordinator Orientation Webcast

April 20th, 2004

DAN KAVANAUGH: Hello, I would like to welcome you to the new EMSC coordinator orientation webcast. My name is Dan Kavanaugh and I'm from the Maternal and Child Health Bureau of the Health Resources and Services Administration. I'm the federal program director for the Emergency Medical Services for Children program. The EMSC program has developed this webcast in order to provide you with important information that can help you manage your EMSC grant. We are fortunate to have three very experienced EMSC coordinators here to provide presentations today. Each of our presenters has successfully managed EMSC grant projects within their states. Your presenters for this webcast are Dave Boer from South Dakota, Evelyn Lyons from Illinois, and Petra Menzel from Virginia.

Before we get started with the presentations, here are a few instructions. The slide will appear in the central window and should advance automatically. The slide changes are synchronized with the speakers presentations. You do not need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio, using the slide delay control at the top of the messaging window. We encourage you to ask the speakers questions at any time during the presentation. Simply type your question in the white message window on the right of the interface. Select Question for Speaker from the dropdown menu and then hit send. Please include your state or

organization in your message, so that we know where you are participating from. The questions will be relayed to the speakers throughout this broadcast. If we don't have the opportunity to respond to your questions during the broadcast, we'll email you afterwards. We encourage you to submit questions at any time during the broadcast. On the left of this interface is the video window.

You can adjust the volume of the audio using the volume control slider which you can access by clicking on the loudspeaker icon. Those of you who selected accessibility features when you registered will see text captioning underneath the video window. At the end of the broadcast the interface will close automatically and you'll have to opportunity to fill out an online evaluation. Please take a couple of minutes to do so. Your responses will help us to plan future broadcasts in this series and improve our technical support. So let's begin with the presentation, Dave Boer will be the first presenter and he'll be followed by Evelyn Lyons and Petra Menzel.

DAVE BOER: Welcome. I'm Dave Boer. Along with Petra and Evelyn it's our job to hopefully provide you with some useful information on how to do your job. So that brings up the first question, what is your job? Well, the long answer to that is, when someone either your friends or family asks you what you do, the long answer would be, we work to reduce the morbidity and mortality associated with pediatrics referrals to rehab and all prevention efforts. Now, what is my short answer? It's basically doing everything in your state possible to make it a better place to raise kids. Now, the second question is, how do I do that job? We do it by providing pediatric training for pre-hospital folks or emergency

department personnel, by making available pediatric equipment for ambulance services and clinic, emergency departments and by really integrating pediatrics. It is a huge umbrella and a huge part of our job to make sure that folks understand the EMS continuum. There is a lot more involved than just ambulance, pre-hospital or emergency department. It's the whole system development to make your state a better place for families to live and provide all aspects of care. From injury prevention to providing care for injured and ill children all the way back into placing them back into their home after an injury or an illness.

Now, to help us get that huge umbrella down into something manageable, we have to have certain focus areas as grant projects and typically this year there are some focus areas that are part of the national focus. The first one of those being the integration of EMSC into public health programs. We have most of us are working on our what are called partnership grants. Really, what this focus means is establishing or enhancing partnerships with other agencies within our state. Agencies, organizations, finding ways to work together again under that continuum. It means volunteering to serve on committees to raise pediatric issues making sure we're the constant voice in all these agencies to remind them what are we doing specifically about kids? What is our role when we deal with children? That's one of the focus areas. Another is data activities. I would just say for South Dakota, this is an area that the NEDARC resource center was a tremendous help to look at our EMS data that we collect.

How do we analyze that data? How do we use it to actually target future programs and assess programs that we're currently working on or have worked on in the past? This could mean for you purchasing hardware or software and working to maybe analyze the impact of pediatric field protocols. A lot of different areas. Data specific. It is really what drives what our future programs are and it also tells us what kind of a job we're doing on the programs we're working on right now. Another one of those is performance improvement. Again, data collection is really tied to this. How do we integrate the use of pediatric performance measures in the care that is delivered for children? Using evidence-based practice guidelines, pre-hospital, clinical, ED, how do we really use standards, templates, to drive what we're doing? And then how do we use the data we collect to constantly evaluate and adjust our performance and improve the care that we deliver?

So it's real important to use that data again and come back to that because it's critical to our projects to be able to understand what directions we have to go not only as your state projects but also as national projects. Another area of focus is the presence of the EMSC in state disaster plans. Again I might say for South Dakota, we found or myself I found that if I just sat and waited expecting people to come to me and say, you know, how do pediatrics play into a state disaster plan, it may not happen in your state? We have to initiate contact sometimes, offer our help, be willing to serve on committees, be able to review state disaster plans and say here are some suggestions that we have to strengthen or integrate the pediatric component. Here is what we may be able to do as an EMSC program to help you address the needs of children when you plan disaster plans or

training, etc. And again, don't give up on making those contacts because all of these people just like us, are quite busy and may have other things on their plate. So it's important for us to offer that help to them. Now, again, for us to be able to make a plan and what is our job and how do we do it?

I think it is also important as coordinators that we understand the history of where EMSC came from, how the foundations were laid, and then also know what our plans are for the future. How do you find those out? Well, besides being able to ask the many resource centers and resource folks that are available to us, which both Petra and Evelyn will be talking about as we move along, we can go also to the national resource center's website which will be listed for you, the ems-c.org There you can find just a whole wealth of information regarding not just EMSC but other programs and links that give you many, many resources to help do your job. One of the other things on there specifically is you can access the EMSC five-year plan and read about the national guideline, the national plan again of what we need to do as state program coordinators to address the national directive.

That plan is currently also being reviewed and it will be updated so you can continually check back and see what directions that we should be going as a state. What also is available on the website is to go to the Institute of Medicine website to the initial report. Again is pretty much the foundation of what EMSC was designed to do to address the issues outlined in the IOM report of 1993. That website nap.edu will tell us where it came from and what goals they initially had. Two very good websites. Again I encourage you to

continue to not only do the research on those websites, but call the resource centers, visit with your neighbor EMSC programs and get that foundation of where EMSC has been in the past, the directions we're heading. It will help you do a better job of focusing in on again what the priorities may be specific to your state. Then Evelyn will go next and she'll spend a little time telling us how the grant application process works.

EVELYN LYONS: Thanks, Dave. Over the next few minutes I'll be providing an overview of the grant application and grant management process. Now, each year all EMSC grantees must complete and submit a grant application. So if you're a three-year grant is ending you'll need to submit a new competing grant application. For state partnership grants, you're not competing against other states, but you are required to be responsive and also to address all the requirements within the grant guidance. If you're finishing the first or second year of your grant, you'll need to submit what is called a continuation application. It is really important that you understand the difference between those so that depending on what funding year you're in, that will determine the type of application that you're submitting. The continuation application packet is different from the competitive application packet so you don't want to be sure you're using the correct application packet.

Now, to start and provide you with a rough timetable you should start planning for the development of your grant application no later than five months before the application due date. You should do this by beginning to confer with and discuss planned goals and objectives with your grant principal investigator, other members of your EMSC team as well as your advisory committee members and any other organizations that you work

closely with your EMSC program. This is an important time to be sketching out the focus of your future grant application as well as the content. The kinds of things you want to include in there. Now, at the time of this broadcast, the grant guidance is anticipated to be available in September. In addition, at the time of this broadcast, it's anticipated that the new competitive grant applications will be due in November and a continuation applications due in December.

Now, these dates and time frames may change but they'll probably be fairly consistent with those months so you should use those as a reference timeline as you begin your planning process. You should also be sure that you tap into the resources that are available at the federal and national level. So be sure you access the grants management personnel at the Maternal and Child Health Bureau, also tap into the wonderful folks who are at NRC and NEDARC, all of these individuals are really great resources that can help facilitate and point you in the right direction and provide guidance for you as you move through the grant writing and grant application process. And I just want to encourage you not to feel intimidated at all to contact these folks. They're very, very wonderful resources. They're always exceedingly responsive and timely in getting feedback back to you. And a good time to meet up with these individuals would be at the grantee meeting which this year is going to be in June in Washington. And you can just begin to establish a relationship with them and then follow up with them via email or phone. And these individuals can also review drafts of your grant narrative and provide you with useful feedback as well.

Some other grant writing resources, there is a number of grant writing publications and workshops that are out there that might be assistive for you. In addition, NEDARC has a grant writing tutorial section on their website that might also be a useful resource as you begin your grant application process. You might also find it helpful to review other grants that have been successfully funded so contacting the NRC and seeing if they might be aware of any state EMSC coordinators that would be willing to provide you with a copy of a previous grant application may be helpful as well. Another recommended planning step for completing your grant applications is to be sure and begin to investigate early on what your institutional signoff and internal review process is. You can't just submit a grant application on your own. Whatever agency or institution that your program is based in, your grant needs to undergo their internal review and their signature signoff before it can actually go out the door and get mailed to the Maternal and Child Health Bureau. So that is an important step in this process.

You need to find out who those individuals are within your institution that need to do that review and sign off and you want to meet with those authorities early on in the process so you're sure that you're giving yourself enough time to get that material to them to review. And typically that tends to be a two to three week time frame. Moving on to after you receive the grant award, there are required reports that need to be submitted. So all EMSC grantees are required to submit a semiannual report on their grant-related activities. This is outlined further in section V of the grant guidance. Typically this tends to be a short summary of your progress to date. Usually doesn't exceed two pages in length. And it gets submitted to the grants management personnel and EMSC director at

the Maternal and Child Health Bureau. In addition in year one and year two, the continuation application serves as your annual report. And at the end of year three a final report is due.

And that is typically due 90 days after the end of your grant has ended. Now, just talking about a couple of other budget issues. There are no cost extensions that may possibly be made available to your state. What you need to be sure and do is to make every attempt to expend your EMSC grant funds as outlined in your grant application. However, if a significant barrier develops that prevents you from expending your grant funds, such as if you have staff turnover or you have other unexpected difficulties with an initiative you can contact HRSA and discuss potential options with them and also request a no-cost extension of your grant activities. However, this really shouldn't be just taken lightly. It should only be done when absolutely necessary. Because it places increased burden upon the HRSA staff. It requires them to do additional paperwork.

It also is a bit more labor and time intensive for them. If at any point you realize that there may be a need to request this kind of an extension, you want to be sure that you're contacting the grants management personnel for the national resource center early on in the process so that you can discuss your options with them. And always be sure to tap into the federal and national personnel as resources to help you through the process. At this point we're going to move into working with advisory committees and key partners. It's really important for your EMSC program to have a broad base of support within your state by engaging key individuals and organizations your EMSC program can really make

substantial gains over time. Now, a really key individual to have on board is the state EMS director. And this person is key and there should be a strong collaboration developed with this individual because many of your EMSC activities require system change and implementation of pediatric focused initiative with pre-hospital providers.

This person is really key to helping to support these efforts and in many cases helping to facilitate and actually make them happen at the state level. State training coordinators if you're trying to implement training programs and get pediatric education out there are another key group you want to establish relationships and partnerships with and then there are a number of clinical groups who are really important to have on board your coalition. And most national membership organizations have state and local chapters. These include the American academy of pediatrics, the American College of emergency physicians and also the Emergency Nurses Association and National Association of EMT's. So be sure to contact these individuals for potential participation on your advisory committee.

As Dave mentioned earlier, they're not going to come to you, you really need to be proactive and you need to go out there and really identify who these individuals are that are representing these key organizations and bring them on board your program. You can locate your state representative for these key organizations by either contacting the national organization directly or by reviewing their website and that can typically tell you who their state liaison would be. There are also some other state agency representatives that are important that you have involved in your process and that you establish some

relationships with. These are other agencies that are listed on the screen here. Disaster planners, Maternal and Child health. Injury prevention specialists as well as those groups or organizations within your state that are responsible for children with special healthcare needs and rehabilitation.

So regardless of the objectives in your partnership grant, you really should try to establish some close linkages with these other agencies in your state and work with them on issues related to disaster preparedness, injury prevention, and access to care issues. It's also just helpful if these aren't areas that you're directly working on at this time to have these organizations be aware of you and be aware of what kinds of resources you could contribute to their efforts as well. You might want to invite them to participate on your advisory committee and try to meet with them on a regular basis just to discuss what your current initiatives are. Potential collaboration with them. And also find out if there are committees that they have in place that you can sit on and bring EMSC resources to. And then last but certainly not least every state EMSC program should have some type of advisory committee because that is the core group within your state that really helps to affect and provide guidance and make changes within your state.

Well organized and representative advisory committee really can be key to the success with your state partnership grant. Your advisory committee should include organizations and agency representative that connect you with your emergency care system and priority issues as well as improve your capacity to impact both the EMS systems and emergency medical professionals in your state. This advisory committee that you have in place

should meet minimally four times a year so you would want to have at least quarterly meetings and they're the group that really should be guiding and overseeing your EMSC program and bringing input from all of their organizations as well.

Just remember that if you're trying to initiate change, if you're developing documents or you're trying to effect some changes and guidelines within your state, unless you have the people who are going to be affected by that who are sitting at the table and providing their input, it is going to be difficult for you to get them on board with the changes that you want to make. You really do want to have them involved from the very beginning. And one last note that I just want to make is that there is an excellent resource through the national resource center that is titled, "reaching out, a guide to collective coalition building." It provides helpful information that can help you in pulling together your coalition, your advisory committee and also helping to establish key partnerships in relationships within your state. And now I'm going to turn things over to Petra who is going to talk on working with family representatives.

PETRA MENZEL: Thank you, Evelyn. As Evelyn said I'll be talking about working with family representatives. It is recommended that you recruit an individual who is already active in the community. Individuals connected to community service activities are accustomed to helping others and that's the focus that you'll need to support your state's EMSC activities and initiatives. These individuals are usually already respected because of their volunteerism and community involvement. Once they understand the EMS system and the EMSC program, they have the ability to seek out organizations and partner with

them to make things happen. Just as they do with other community activities that they are already involved in. To recruit a family advocate you can ask for recommendations from your EMS for children committee and work groups. You can check with EMS providers and community leaders for the names of individuals they would recommend. You can also contact the following organizations and/or agencies.

Children's Hospital volunteer services departments, parent/teacher associations, local mayor's offices, community service groups, which could include Kiwanis, women's clubs and family voices just to name a few. It is important to remember that the person you select does not necessarily have to have personal experiences with the EMS system. Only a desire to educate the public, an ability to advocate on issues critical to improving emergency care for children, and a willingness to work as your partner in the community. There are many possible roles for a family representative to take on. They could be a liaison to community-based organizations. They could help co-organize EMSC outreach activities. They could serve as a member of your advisory committee. They could be a spokesperson for pediatric medical needs during legislative hearings. They could be an advisor to program committees. There is a wide variety of roles they could play. You need to define within your state what role they will be playing.

Once you have your family representative it is very important that you mentor them. Make sure your family representative has a copy of the EMSC national resource center family advocate network guide book. It is filled with resources, information and ideas on how they can support EMSC activities and initiatives. Review the guide book with your parent

advocate and explain to them what you're currently working on with the program and what has been achieved so far. I would encourage you to introduce your family representatives to your state EMSC partners and invite the representative to meetings and EMSC outreach activities to encourage them to take a more leading role in community outreach activities. Other things to help your family representative take a leading role is invite your family representative to the annual EMS for children grantee meeting. I would encourage you to organize a conference call with other family representatives within your EMSC region.

If necessary, you may want to identify appropriate professional development training opportunities and make arrangements for your parent representative to attend. The key point is that whenever possible, invite your family representative to participate in EMSC activities, in EMSC meetings and symposiums as this is the best venue for them to learn about your initiative and how they can help. Along with family advocates we also have many resources for you as an EMSC coordinator. The EMSC national resource center is available to provide technical assistance on a wide variety of grantee needs, including project management, strategic planning, organizing and mentoring advisory committees, identifying resources and experts, a variety of special topics, grant writing. They conduct site visits and then there are many other items as well that range from injury prevention to children with special healthcare needs.

Public policy, family centered care, cultural competency, research, mental health and the list goes on. Each state and territory is assigned a primary representative from the EMSC

national resource center. If you do not yet know who your representative is, I would encourage you to find out and introduce yourself. You can find out by going to www.ems-c.org and emailing a request or call the NRC directly at area code 202-884-4927. Another resource for you as a coordinator is the national EMS for children data analysis resource center. Otherwise known as NEDARC. NEDARC is also available to provide technical assistance to grantees. NEDARC focuses on the following specialty areas. Data collection and analysis, evaluation, creating data reports, interpreting research results. They also conduct site visits, as Dave mentioned earlier, to assist states with data needs. They're also phenomenal in reviewing grants and helping with the valuation and outcomes.

NEDARC also assigns a primary representative to each state and territory. If you do not know who your NEDARC representative is, contact NEDARC at area code 801-581-6410 and those numbers are on your slides. Both the NRC and NEDARC representatives attend the EMSC grantee meetings and symposiums. It provides you two opportunities each year to meet face-to-face with your primary representatives from both resource centers, along with many other resource staff. The EMSC, NEDARC and NRC are funded by the Maternal and Child Health Bureau if you do not know who your representatives are again I strongly encourage you to find out. Other resources are the regional colleagues. Within EMSC not only are partnership grants offered, but there are also regional symposiums which allow regions of states and territories to have an annual meeting. Currently there are eight regions. Each year you have two opportunities to meet face-to-face as well with your regional representatives.

Again, the annual EMSC grantee meeting and your regional symposium. It is always appropriate to reach out to any fellow EMSC coordinators to discuss common interests or similar initiatives within your states. You would be surprised once you start asking how many people are facing similar challenges, struggles or hurdles. Talk to them, find solutions together. Don't feel like you're alone. You are not. Work with your colleagues within your region and across the nation. Another resource is the EMSC program staff at the Maternal and Child Health Bureau. The EMSC program staff at MCHB is available to assist you with questions about your EMSC initiatives and management of our EMSC grants. If you have any budget questions, the grants management officers at HRSA are responsible for tracking the financial requirements of your grant funding.

If you have specific questions about your grant budget, indirect rates, no-cost extensions or any other budgetary issues be sure to contact your grants management specialist at HRSA. If you do not know who your specialist is, the EMSC national resource center can help put you in touch with the proper people. Other resources within your state, there are many professional and community partners. There are -- in addition to the organizations that are represented on your advisory committee you should make other connections with key organizations within your state that are working on EMSC related projects. Evelyn discussed a wide variety of groups and organizations. Additional ones include schools of medicine, schools of public health, safe kids coalition, injury-free coalitions for children, family voices, Kiwanis and then there are a variety more. You need to look within your state to determine who they are and how to get in contact with them. Now I'm going to

turn it back over to Dave who will discuss the annual EMSC grantee meeting and regional meetings.

DAVE BOER: It's becoming apparent, I'm sure, to all of you, there is a wealth of resources out there for a big job that you have ahead of you. There are resources nationally, regionally, different organizations that are tapped like the national resource center just to help you in your job and provide that information. As well as with the partnerships that Petra talked about within your own state. A couple specific opportunities that you have again to network are the national EMSC grantee meeting and regional symposiums. The first one I want to talk about is the annual EMSC grantee meeting. This is part of your grant requirement so if you look at your application and the requirements of the grantees, it is to send three participants from each state or territory to the grantees meeting. Now, this is specific to partnership grants which most of us are under. Other grantees can certainly check their specific grant guidance for what their attendance requirements are.

Typically what they ask for is that you send your project coordinator. Principal investigator and your family representative. It is very important as a new coordinator, especially, attend this meeting and be able to meet with other grantees and the federal folks and the resource centers to be able to spend time just networking with the entire EMSC family. This is a global perspective at these annual meetings and so it's really important for you to have that understanding. Again, if we go back to the very beginning when I talked about the mission of EMSC, for me every year going to the national grantee is kind of a return to what the mission is of our program. That global perspective. It may talk about and

present more things than what I'm doing in my state, but it is still important for me to be able to share this information when I go back and visit with my advisory board and talk about what specific issues that we want to work on or address locally. So I can hear what global perspectives there are, what national directions EMSC is going in and so it's important for me to pick the right people to go to that meeting. Generally we send those three people, as I indicated, the coordinator, P.I. and family representative. Again, can't stress enough that the family representative is our consumer.

This is the person that it's all about and we always want to make sure that our family representatives are involved in meetings, in advisory board planning that we are always listening to what their perspective is and as a consumer, how is this affecting families and that end user? So the other thing that we always look at specifically for me and for my state, I look at who else do I want from my state to go and learn that global perspective? I know all the wonderful things that are going to be presented at the annual grantee meetings in this broad-based agenda. So looking at that, I really want to match somebody in my state that says, you know, this is really going to be good for them. They'll learn something that is useful to serve our project locally. And identify that other person. If we can come up with funds or invite others to attend. Whoever that might be in your state.

Again, you can certainly visit with other project coordinators to help identify that person. You can visit with the resource people and say, you know, how do I get this person to go or who should I invite? Make sure that you understand this is an excellent opportunity for you as a project coordinator to get the right people in your state on board and

knowledgeable about EMSC issues and come back then and continue to serve as an advocate for your program and for EMSC locally. Another thing that I want to just bring up about the national grantees meeting. As I stated, it is a requirement of your grant funding. And Evelyn mentioned earlier that with the process of application, depending on how your institution is set up, every institution takes a little bit more time to process things through and we want to make sure we know what the timelines are so we have our applications done in a timely manner so they don't get held up in process.

I would make the same recommendation about travel arrangements and choosing who is going to attend an EMSC grantee meeting so that the very onset your agency is aware that these three people are required to go and you start working on clearing all the travel plans so that family member, that P.I. and yourself can attend these meetings. Not only is it required by your grant, but it is also ultimately important to your planning and to building advocacy within your own program. So make sure whatever the process is in your state, that you address it early on and that you're not caught two weeks away from the grantee meeting finding out that there is some travel restrictions in place that you no longer have time to deal with. Make sure everybody throughout your year knows this is coming, it's a requirement and we want to make sure that we have the right people there. Now, as I said, the annual grantee meeting is that global event and an excellent way for you and your team to learn more about EMSC and the directions that it is moving. And I also make a real attempt with that team that goes, that we all kind of pick different agendas that we follow.

There is usually so much information presented that if you have a plan ahead of time with your team of who is going to attend what presentation and what event, then we can come back together when we get back home and we can spread out our knowledge and we can all kind of share our part. So we make sure we really use the agenda to our advantage for our state and you can -- there you can network with other states and continue to meet other state representatives, meet those MCH people face-to-face so there is a face that goes with the name. You see Dan today. There is a whole bunch of people in his staff. It's good to sit down and talk to them and the resource people and meet your NEDARC representative. So now I said that's a global perspective. The EMSC regional symposiums, they are a more focused attention to what is happening in your region, in your own state, and even a more laid-back way to meet colleagues and talk about specifically applying all the things that you've learned at the grantees meeting and from your other colleagues. All these partnerships that you have. How do you actually make it work in your state?

For me personally, EMSC regional symposiums have been a major benefit to me to sit down. I am always amazed when we go through state reports of what people are accomplishing and you have this to your advantage, too. You can always share with other EMSC coordinators about what programs they do. The barriers they had in implementing programs, the successes they've had and to talk about how those issues affect you in trying to accomplish your goals and objectives in your state. So it's a little bit different when we talk about selecting the best representative for the EMSC regional symposium. And what we do in our area, again, if that moves about from state to state, it offers you

with less travel expenses sometimes to have people attend the regional symposium that may not be able to attend a national grantees meeting. So again, what is your specific project, your specific agenda for your symposium? That helps us decide who needs to be there. If we're working on really strong injury prevention programs, we really want to have our injury prevention folks from the region attend. We also use it in our state, again, to pick up those advocates.

Who is going to be a better advocate for me if I can get them together with a bunch of like-minded EMSC people and talk about how we can strengthen the delivery of care for kids in our state and our region? And I invite those people. And every year as we pass around from state to state within our region, the local state has maybe an opportunity to have a few more people attend on a really limited budget. But it is an excellent opportunity. It is also a time where there is more networking opportunities where you can actually sit down face-to-face with your national resource center representative or other state directors and actually really talk about how do I do my job better? How did you make this happen? You'll find that some dynamics are different in other states that may make it a little more easy or difficult for you in your state to do exactly what they've done.

But the wealth of knowledge shared from other EMSC coordinators is tremendous. As an old timer of speak of myself as having been around for ten years. We were talking earlier that I continually at symposiums learn things from other EMSC coordinators that are useful to me. Even the new ones and I visited with one of the new EMSC coordinators recently and thought what a great idea this person had. Even you are going to come to

these meetings and you are going to offer things that are really useful to other people. So you want to share that time, you want to use it to your advantage. Again, family members are critical. We want to make sure that you select that family member and have them involved in the planning of the agenda. Always have them to make sure that our focus as EMCS coordinators is again what we do is ultimately for the consumer, which is that family representative.

Now, we talked a lot about all the resources available, the global perspectives, local perspectives, partnerships and all those things. And we're going to transition back to Dan for some questions and some opportunities for you to ask us today. But again to be reminded that as questions come up, all of these resources that we spoke of today are available. You can call the resource center, you can call your local or your family of coordinators in different states. All of them -- my experience that all EMSC family members are always more than welcome to share their experiences, share their information and help you be successful. Send those questions in and we can address those.

DAN KAVANAUGH: Thank you. Yes, there are some questions that have been sent in and some of those I will be answering. Time permitting, along with some questions that have been sent in to the presenters. The first one that I will answer is from Oregon. The question is, is the final abstract due in a narrative report at the end of year two within 45 days? And the question -- the answer is that the final reports are not due until the grant is complete, which would be at the year -- end of year three. Semiannual reports are

requested as part of the grants and what is required of those is included in the application grant guidance. A question that has come in for the speakers -- for the presenters. If any one or all three would like to answer it. Is it a good idea for coordinators to go on ambulance ride-alongs or visit emergency departments to learn more about how the EMS system works?

DAVE BOER: I'll take a stab at that and anybody else can jump in as well. Short answer, yes, the more you understand about all of those partners, again, that big umbrella means the more we can understand how people do their jobs, what their strengths and weaknesses are, the better we can understand how we can plan our programs to provide resources again to strengthen the level of service that they provide. So yes.

DAN KAVANAUGH: Another question that came in that I will answer is please explain family voices. I'm not familiar with this organization. Family voices is a national grass roots networks of families and friends, advocates for healthcare services that are family centered, community based, comprehensive, coordinated and culturally competent for all children and youth with special healthcare needs. I believe there is a family voices chapter in every state and to find out more information on family voices on the projects that they're involved in, who your state representative is, you can go to their website at www.familyvoices.org and it will provide you information about the mission of the program and again who the representatives for family voices are within your state. Another question that has come in for the presenters is what has been the biggest challenge for these coordinators and their own particular state?

PETRA MENZEL: I'm happy to start with that question. I'm Petra from Virginia. When I first hired in one of the biggest challenges for me was to find out who all the key players were within Virginia. That did not happen overnight. It took getting out and networking. What I would encourage new coordinators to do is talk to committee members, find out where they're from. Visit them in their office. Find out what their mission is about and that also stems back to the prior question. If you should go to ED and go for ride alongs. I would encourage you to get to know individuals and key organizations before you really need them. Face-to-face time is so important that they know who you are, that they know what your mission is and what the goals of EMS for children are. So that was one of my biggest hurdles when I first hired in. That was one that is -- it can be overcome quite easy. You just need to be diligent and go attend the meetings and take the time to get to know your partners.

DAVE BOER: I'll follow up and try to remember back ten years to see what my challenge. I guess my answer would be kind of two-fold. The first one was building credibility. And the program was a little newer then and maybe there wasn't as much national recognition. I still think we have a ways to go with that. It's important for all of us to continually be offering to do our part to build a stronger system to deal with kids. Now, having said that, the next challenge for me in South Dakota I think came from doing just that, from being a totally resource-oriented program in an environment that was maybe more on the state level regulatory within the Department of Health and other departments. So it's really easy to look good if you continually provide people with resources. But is your goal in sync with

what the rest of your state is doing? And the partnerships grant helped me to see that focus. It is to build partnerships and do things together. So once I got through all that and learned the value of building strong partnerships, now it's a continual enhancement and strengthening of those really key partnerships in our state and helps us to overcome all the other barriers.

EVELYN LYONS: I'm Evelyn and I agree with both Petra and Dave in terms of the issues that they encountered early on. I was involved in our EMSC program when we first received grant funding ten years ago and one of our additional struggles or challenges was to identify what our areas of priority were going to be. And so we started out by conducting a statewide needs assessment, gathering information, which then provided us with a better idea of what the issues are in our state. And provided us with more of an infrastructure in terms of where we were going to move and what areas we needed to address. Also building our advisory committee was challenging, but was very important that we pull that body together because it's that core committee that continues to meet to this day and they were able to review our needs assessment early on and identify where we needed to prioritize our efforts and where we needed to focus our efforts. It's really easy to many times get overwhelmed with a number of things that you want to do and want to accomplish within your state. Sometimes you kind of need to reign yourself in and focus on the priority needs until you're able to recruit more help to move you forward.

DAN KAVANAUGH: Another question that has come in is, is attending the regional symposium a requirement of the grant? My state only allows for out of state travel. Is it

required? Well, the answer to that is within the regional symposium grant a particular state will apply for -- within that grant we really can't require that the other states make the other states travel to the regional symposium. Obviously we highly encourage it and hope by the fact that that regional symposium grant pays for the travel, that that would encourage the state to allow the employee to travel. Let's say, for example, from Nevada to Utah. But we have no really mechanism of, quote, making the states do that. We find in most instances, though, especially since the regional symposium grant does pay for all the travel expenses, that that tends to be the biggest concern of the state. That is being covered. Again, that usually solves the problem. There may be some instances where that does not solve the problem. Sometimes, you know, a letter of encouragement from our grants management officer oftentimes has been found helpful depending upon who the grants management officer is for your particular state. They can -- they have a form letter they can use to send to your state to request that you be allowed for travel based upon the fact that the travel is being paid for at no cost to the state.

DAVE BOER: Could I just speak real quickly to that as well? I know it's not required but I would just want to echo again that it is certainly recommended. As having benefited so much from regional meetings over the years, never give up on he have -- even if someone is balking at sending you, please try to make it clear to them what a benefit would be for you to do your job better and to network and to learn how other programs are successful in areas and be able to share that knowledge. You with them and them with you. Don't give up even if you don't make it one year. Continue to work to get to those meetings.

DAN KAVANAUGH: Yes, I would echo what Dave said. This particular issue has tended to be fairly isolated among a couple states and oftentimes again the letter from either Mickey or SHANDA has been able to resolve the issue if it has come up for the person who would like to travel. I believe we have time for at least one more question. And one of the questions is who is eligible for EMSC grants? And the answer to that is that really depends upon the category. For the state partnership grants the only eligible applicant is the state EMS office unless the EMS office designates another entity within the state or an academic medical center within the state to be the grant recipient. I believe right now I believe that 47 of the grants are held by the state and I believe there are nine held by academic medical center. For an academic medical center to apply they would have to be doing that with the approval of the state EMS office. They couldn't just apply for the grant in competition with the state office. However, for all other types of EMSC grants, for example our targeted issue grants, the eligible applicants can be an academic medical center or a state.

And the academic medical center does not need to get permission from the state EMS office to apply for example our targeted issue grants or any other type of special competitions the program might have outside of state partnership grants. The state partnership grants are unique in that respect. And the eligibility for EMSC grants, that's something that is determined by our legislation. It's not something that, you know, will change from year to year. That could only change unless there would be a change in our legislation and currently the only eligible applicants are states or academic medical centers for EMSC grants. The questions that we weren't able to get to, we will be able to

follow up with you either by phone or by email. So I thank you for all that you've sent in and your participation. I hope you've enjoyed the new EMSC coordinator orientation webcast.

I would like to thank Dave, Evelyn and Petra for their excellent presentations. An archive will be available in a week or maybe even sooner at mchcom.com. That's mchcom.com. So if you know of somebody else who would like to view this webcast, they will be able to see it on the archive on that website. At the conclusion of this webcast, the interface will close automatically and have the opportunity to fill out an online evaluation. Please take a couple minutes to do so. Your responses will help us to plan for future broadcasts in this series and improve our technical support. So again I would like to thank you for taking the time today to view the webcast and I would like to thank our presenters. Thank you.