

2009 NH RURAL EMS CPAP GRANT

GRANT GUIDANCE FOR APPLICATIONS

Grant Opened February 11, 2009

Due Date March 5, 2009

Grant Sponsored by the Federal Medicare Small Rural Hospital Flexibility Grant Program, the NH DHHS, DPHS, Rural Health and Primary Care Section, the NH DOS, DFST&EMS Bureau of EMS, BoundTree Medical Corp and the NH Association of EMTs.



Contact: NHRuralEMSGrant@gmail.com

Sue Prentiss, Bureau Chief

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Grant Sponsoring Agencies and Acknowledgements:

Funding for this grant is supported through the Federal Medicare Rural Hospital Flexibility Program Grant CFD# 93.241.

This Grant program is sponsored through the Rural Health and Primary Care Section, NH Department of Health and Human Services, Division of Public Health Services.

For Questions Contact: Chip Cooper, Rural Health Manager, RHPCS, NH DHHS, DPHS
29 Hazen Drive, Concord, NH 03301
603-271-4547 rlcooper@dhhs.state.nh.us

This Grant will be administered through the Bureau of EMS, NH Department of Safety, Division of Fire Standards and Training and Emergency Medical Services.

For Questions Contact: Sue Prentiss, Bureau Chief, BEMS, NH DOS, DFST&EMS
33 Hazen Drive, Concord, NH 03301
603-223-4200
<http://www.nh.gov/safety/divisions/fstems/ems/index.html>

CPAP Grant equipment purchased through and CPAP Continuing Education provided by BoundTree Medical Corp.

For Questions Contact: BoundTree Medical Corp.
P.O. Box 8023, Dublin, OH 43016-2023
800-533-0523 CustomerService@BoundTree.com

Sponsorship and endorsement for the grant provided through the NH Association of EMTs.

For Questions Contact: NH Association of EMTs
PO Box 2951, Concord, NH 03301
603-631-0464 <http://nhaemt.org/>

Special thanks to the NH Police Standards and Training for providing their training and conference resources for the CPAP Continuing Education and Grant Launch.

This grant was developed in collaboration between the Rural Health and Primary Care Section, NH DHHS and the Bureau of EMS, NH DOS. Additional support for the grant presentation and selection process is provided through the NH Association of EMTs and BoundTree Medical Corp.

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Description of Grant Award:

The grant award for selected agencies will be a complete CPAP starter kit with one PortO₂Vent CPAP oxygen delivery system with carry case, high pressure O₂ hose, and (2) Medium masks with vent circuit and head harness, (2) Large masks and (2) Small masks. There are a total of 20 kits to be granted for this award.

Grant Release Date:

The guidance for applications for the 2009 NH Rural EMS CPAP Grant will be released on February 11th, 2009. The grant will be introduced at a presentation held at the NH Police Standards and Training Academy in Concord, NH starting at 6:00 PM. The grant guidance and applications will be available electronically from the NH Bureau of EMS and the NH Association of EMTs websites following the presentation release. Access the following links for grant guidance for applications:

NH BEMS: <http://www.nh.gov/safety/divisions/fstems/ems/index.html>

NHAEMTS: <http://nhaemt.org/>

Grant Application Deadline:

Completed Grant Applications are due at the NH Bureau of EMS no later than 4:00 PM on Thursday March 19th, 2009**. Grants must be submitted electronically to: NHRuralEMSGrants@gmail.com or delivered by CD to the NH BEMS by the due date and time.

**Grant applications received after that time and date will not be accepted.

Purpose of the Grant

The intent of this grant is to provide access to CPAP equipment for smaller and primarily rural NH EMS services that have active providers working at the EMT-Intermediate or Paramedic level and have limited access to equipment funding. The 2009 NH State EMS Protocols will include a change in the scope-of-practice for EMT-Intermediates, allowing the use of CPAP for acute Congestive Heart Failure (CHF) patients. This will dramatically increase the number of EMS providers currently able to use CPAP as a skill.

Recognizing the importance of this procedure in promoting positive outcomes for CHF patients, the NH Rural Health and Primary Care Section and the Bureau of EMS have collaborated to assist smaller and primarily rural EMS services in obtaining the essential

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equipment. The goal is insure that Rural EMS services, that are generally short on resources and often have low call volumes, can get a jump-start with the needed equipment to administer this treatment.

Eligibility for Grant Application

This grant is open to any New Hampshire EMS Service, currently licensed in good standing with the NH BEMS, and who meet the following minimum criteria:

- 1. The primary EMS service base must be located in, and provide direct emergency medical services to a NH community.**

- 2. Applications will be weighted to increase priority for EMS services that are located in a designated rural NH community, as defined by the NH State Office of Rural Health.** (See Attachment A for rural community designations)

- 3. The applying service must have at least one EMT-Intermediate and/or Paramedic on staff that is active and in good standing with the service and the NHBEMS as a provider.**

- 4. The service must transport patients with an EMT-I or Paramedic; OR, if the service is a non-transporting service (e.g. a FAST squad), then the service must have an EMT-Intermediate or Paramedic that routinely rides with the community's transporting service to provide ALS care** (must be supported by TEMSIS data).

- 5. Applications will be weighted to increase priority for EMS services whose Medical Resource Hospital is a designated Critical Access Hospital (CAH).** (See Attachment B for a list of Services by MRH / CAH)

- 6. Emergency Departments in Critical Access Hospitals are eligible to apply, provided:**
 - ✓ They can demonstrate that rural EMS services transporting to their hospital use, or will be using PortO₂Vent CPAP devices.

 - ✓ They can demonstrate that the Emergency Department does not have a similar device or means to continue CPAP/BiPAP in a timely manner on a patient arriving by EMS transport.

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✓ The CAH agrees to supply PortO₂Vent disposable supplies (Masks, headgear, and vent circuits) to the transporting EMS service on a one-for-one exchange at no cost to the EMS service.

List of NH Critical Access Hospitals

Hospital	Town	Hospital	Town
Alice Peck Day Memorial Hospital	Lebanon	New London Hospital	New London
Androscoggin Valley Hospital	Berlin	Speare Memorial Hospital	Plymouth
Cottage Hospital	Woodsville	The Memorial Hospital	Conway
Franklin Regional Hospital	Franklin	Upper Connecticut Valley Hospital	Colebrook
Huggins Hospital	Wolfeboro	Valley Regional Hospital	Claremont
Littleton Regional Hospital	Littleton	Weeks Medical Center	Lancaster
Monadnock Community Hospital	Peterborough		

Requirements for Grant Recipients

Each grant recipient will be required to:

✓ Sign a Memorandum of Agreement fully accepting ownership of the CPAP equipment and supplies and agreeing to maintain the equipment at their own cost and holding the Bureau of EMS, the Rural Health and Primary Care Section, BoundTree Medical Corp and the NH Association of EMTs free and exempt from any liability associated with equipment issues, patient outcomes or other causes.

✓ Obtain a written commitment from the MRH, board of Directors for the EMS Service, Town Manager, Selectmen or other authorizing body to provide disposable supplies for the CPAP device on an ongoing basis and cover any expenses related to maintenance and repair of the equipment.

✓ Insure all providers meet the requirements of the Bureau of EMS and the 2009 NH Statewide EMS protocols for employing the equipment.

✓ Agree to participate in any research by the State of NH studying the use of CPAP in the prehospital setting. This may include active data collection and submission, run reviews of specific patients or participation in a controlled procedure outcome studies.

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Guidance for the Format and Content of the Grant Application

The grant applications will be reviewed by a committee and scored according to objective and subjective criteria outlined in this guidance (see Attachments 3 and 4). Grants will be awarded based on the score obtained, the final discretion of the grant administrators and grant review committee in the event that there are influential circumstances, and availability of Grant resources. Applicants are encouraged to read the guidance carefully and address all requests for service data and information requirements to receive the best possible score for their application.

The format provided should be followed to make it easier for grant reviewers to read and score your application. Applications should be written in clear, concise language that paints a clear picture of your service and your need. Applications that are poorly written, have spelling and grammatical errors, are disorganized and are difficult to follow may be set aside for consideration, time permitting after other applications have been reviewed.

Grant Writing Resources:

The technical advice for grant writing may be found at the following websites, as well as others:

<http://www.emsgrantshelp.com/>

http://www.raconline.org/info_guides/funding/grantwriting.php

File Format:

Applications must be submitted in Electronic format by e-mail to NHRuralEMSGrants@gmail.com or CD delivered to the BEMS by the closing date. The application must be submitted in a Microsoft Word document; Microsoft Excel or Access may be used for data tables. Open source programs that are compatible / comparable with Microsoft Word and Excel are acceptable, provided no software download is required to view or open the documents in Microsoft office. Documents submitted in a program other than Microsoft office that cannot be opened or viewed will not be reviewed for scoring.

Letters of Support, Commitment Letters and Memorandums of Agreement may be submitted in PDF. No pictures or photographs should be attached to the application.

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Page Format:

Text Margins must be 1” on all sides of the page.

Font must be a 12 pt. serif font, preferably Times New Roman. If required, tables may use a 10 pt font.

Spacing and Justification: Text should be left justified and double-spaced. Tables may use single spacing.

A Header must be included on each page, may be no less than 0.5” from the top of the page with space between the header and application text, and formatted as follows:

Service Name of Applicant, Town Where the Service is Based, 2009 NH Rural EMS CPAP Grant Application	Page X of Y
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Writing the application: *Address the following information under the headers described.* Applications must be no longer than 30 pages long, not including copies of any letters of support or memorandums of agreement.

Title Page:

The title page should include the grant title, the name of the applicant service, the address of the applicant service, a point of contact for the application including a phone number and e-mail address, the type of service (private or municipal, volunteer, paid part or full time, etc), the primary towns covered and the Service’s Medical Resource Hospital.

1.0 Introduction

Provide a *brief* introductory paragraph summarizing the purpose of your application, your service and community.

2.0 Narrative

2.1 Background: At a minimum, address the following under background for your service:

- * Description of your Service area, including type and size of community, terrain, road network and other community facts.
- * How is your service organized? (Associated with FD, stand alone, third party, etc)

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- * How is your service staffed? (e.g. paid/volunteer, provider levels, total versus active membership, any members actively training for EMT-I /P and anticipating a completion date within 6 months, etc.)
- * How is your service funded? (Tax base, billing, donations, etc.)

2.2 Significance: At a minimum, address the following under Significance for your service:

- * Describe an example of something specific your service does, or has done, over the last 24 months to improve the quality of patient care.
- * Provide a general statement of need explaining why your service is unique in its request for this equipment grant.

2.3 Affiliations and Support: At a minimum, address the following under Affiliations and Support for your service:

- * Number of active Members in the NH Association of EMTs. Include expiration date of memberships. Signing up members for the purposes of this application is acceptable, provided documentation of membership from the NHAEMTs is included. (*Don't wait if your service intends to sign people up.*)
- * State who your MRH is and briefly describe the amount of support and interaction that you have from them.
- * Identify the two hospitals that your service transports to most frequently and the percentage of total transports for each hospital. Identify whether the receiving hospitals are Critical Access Hospitals.
- * *Briefly* describe any endorsement letters, letters of commitment or memorandums of agreement that your service has in support of this grant. Attach a copy of each document to the application.

3.0 Supporting Service Data At a minimum, address the following your service:

3.1 Patient Care Reporting and Data Collection:

- * If your service uses TEMSIS for 100% percent of call documentation, simply state this as TEMSIS addresses both issues.
- * Identify how the service completes their Patient Care Reports (paper records, name of software vendor and program, etc.).

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- * Identify the frequency and how your service transmits required NEMSIS data is to the BEMS.

3.2 Service Data: Please provide the following call data *for the last 24 months*:

- Number of calls per 12 months.
- Number of ALS calls out of total per 12 months.
- Number of ALS calls that your service was able to staff per 12 months (at intermediate or medic level without having to call for an intercept)
- Percentage of calls that an EMT-I or Paramedic was a staff member on. (*Not necessarily as the primary patient caregiver, but must have been on the transport.*)
- Number of calls that had a diagnosis of, or symptoms supporting CHF in the last 24 months.
- Number of calls that your service must call mutual aid to cover per 12 months.
- Average transport distance for 911 emergency calls from scene to hospital.
- Average Response time for 911 emergency calls (initial tone to on-scene)
- Average Transport time for 911 emergency calls
- Average committed time for 911 emergency calls (time of tone to in-service/clear)

3.3 Data Variance: Describe any changes in circumstance that may explain significant changes in the data. (e.g. corresponding changes in staffing or provider levels)

4.0 Summary: include a brief closing summary of your application (Not required or scored).

5.0 Attachments: provide an index of any attachments included in your application (e.g. letters of support, MOAs etc.) *Be sure to submit your attachments with your application!*

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Attachment 1

Towns Designated as Rural by the NH State Office of Rural Health

Acworth	Croydon	Hanover	Monroe	Strafford
Albany	Cutts Grant	Harrisville	Moultonborough	Stratford
Alexandria	Dalton	Hart's Location	Nelson	Success
Alstead	Danbury	Haverhill	New Durham	Sugar Hill
Alton	Deerfield	Hebron	New Hampton	Sullivan
Andover	Deering	Henniker	New Ipswich	Sunapee
Antrim	Dixs Grant	Hill	New London	Surry
Ashland	Dixville	Hillsborough	Newbury	Sutton
Atkinson & Gilmanton	Dorchester	Hinsdale	Newport	Swanzy
Barnstead	Dublin	Holderness	Northfield	Tamworth
Bartlett	Dummer	Hopkinton	Northumberland	Temple
Bath	Easton	Jackson	Northwood	Thompson & Meserve
Beans Grant	Eaton	Jaffrey	Nottingham	Thornton
Beans Purchase	Effingham	Jefferson	Odell	Tilton
Bennington	Ellsworth	Keene	Orange	Troy
Benton	Enfield	Kilkenny	Orford	Tuftonboro
Berlin	Epsom	Laconia	Ossipee	Unity
Bethlehem	Errol	Lancaster	Peterborough	Wakefield
Boscawen	Erving	Landaff	Piermont	Walpole
Bradford	Location	Langdon	Pinkham's Grant	Warner
Bridgewater	Farmington	Lebanon	Pittsburg	Warren
Bristol	Fitzwilliam	Lempster	Pittsfield	Washington
Brookfield	Francestown	Lincoln	Plainfield	Waterville
Cambridge	Franconia	Lisbon	Plymouth	Valley
Campton	Franklin	Littleton	Randolph	Weare
Canaan	Freedom	Loudon	Richmond	Webster
Canterbury	Gilford	Low & Burbanks	Rindge	Wentworth
Carroll	Gilmanton	Lyman	Roxbury	Wentworths Location
Center Harbor	Gilsum	Lynde	Rumney	Westmoreland
Charlestown	Gorham	Lyme	Salisbury	Whitefield
Chatham	Goshen	Lyndeborough	Sanbornton	Wilmot
Chesterfield	Grafton	Madison	Sandwich	Wilton
Claremont	Grantham	Marlborough	Sargents Purchase	Winchester
Clarksville	Greenfield	Marlow	Second College	Windsor
Colebrook	Greens Grant	Martins Location	Sharon	Wolfeboro
Columbia	Greenville	Meredith	Shelburne	Woodstock
Conway	Groton	Middleton	Springfield	
Cornish	Hadleys	Milan	Stark	
Crawfords Purchase	Purchase	Millsfield	Stewartstown	
	Hales Location	Milton	Stoddard	
	Hancock			

Any NH Town or City not included on this list is designated as “non-rural”.

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Attachment 2

NH EMS Services by Town with a Critical Access MRH

SERVICE	TOWN	MRH / CAH
Shelburne Fast Squad	Shelburne	Androscoggin Valley
Randolph Life Squad	Randolph	Androscoggin Valley
Berlin Emergency Medical Services, Inc	Berlin	Androscoggin Valley
Gorham Emergency Medical Service	Gorham	Androscoggin Valley
Milan & Dummer Ambulance	Milan	Androscoggin Valley
Woodsville Rescue Ambulance	Woodsville	Cottage Hospital
Haverhill Corner Fire Department	Haverhill	Cottage Hospital
Woodsville Fire Rescue	Woodsville	Cottage Hospital
Monroe F.A.S.T. Squad	Monroe	Cottage Hospital
City Of Franklin, NH Fire Department	Franklin	Franklin Regional
Andover Rescue Squad, Inc	Andover	Franklin Regional
Tilton-Northfield Fire Department	Tilton	Franklin Regional
Twin Rivers Ambulance	Alexandria	Franklin Regional
Town Of Sanbornton Fire Department	Sanbornton	Franklin Regional
Hill Fire Department	Hill	Franklin Regional
Danbury Volunteer Fire Department	Danbury	Franklin Regional
Effingham Fire Department Rescue	Effingham	Huggins Hospital
Tuftonboro Fire/Rescue Department	Melvin Village	Huggins Hospital
Wolfeboro Fire- Rescue Department	Wolfeboro	Huggins Hospital
Lord Ambulance Service DBA Lakeside	Center Ossipee	Huggins Hospital
West Ossipee Fire Rescue	West Ossipee	Huggins Hospital
Medstar EMS Inc	West Ossipee	Huggins Hospital
Freedom Fire-Rescue Department	Freedom	Huggins Hospital
Huggins Hospital Emergency Department	Wolfeboro	Huggins Hospital
Center Ossipee Fire & Rescue	Center Ossipee	Huggins Hospital
Ossipee Corner Fire Department	Ossipee	Huggins Hospital
Wakefield Fire Department Ambulance	Sanbornville	Huggins Hospital
Valley Transfer Inc	North Conway	Memorial Hospital
Conway Fire Department	Conway	Memorial Hospital
Center Conway Fast Squad	Center Conway	Memorial Hospital
Tamworth Rescue Squad	Tamworth	Memorial Hospital
Bartlett Jackson Emergency Services	Glen	Memorial Hospital
Madison Fire & Rescue	Madison	Memorial Hospital
North Conway Ambulance Inc	North Conway	Memorial Hospital
North Conway Fire Dept Rescue Squad	North Conway	Memorial Hospital
Peterborough Fire And Rescue	Peterborough	Monadnock Hospital
Jaffrey-Rindge Memorial Ambulance, Inc	Jaffrey	Monadnock Hospital
Antrim Fire Department Ambulance	Antrim	Monadnock Hospital

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SERVICE	TOWN	MRH / CAH
Souhegan Valley Ambulance, Inc	New Ipswich	Monadnock Hospital
Rindge Fire Department	Rindge	Monadnock Hospital
Stoddard Rescue	Stoddard	Monadnock Hospital
Hancock Fire Department	Hancock	Monadnock Hospital
Francestown Volunteer Fire Department	Francestown	Monadnock Hospital
Greenville Fire Rescue Department	Greenville	Monadnock Hospital
New Ipswich Fire Department	New Ipswich	Monadnock Hospital
Dublin Fire Department	Dublin	Monadnock Hospital
Bennington Fire/Rescue	Bennington	Monadnock Hospital
Jaffrey Fire Department	Jaffrey	Monadnock Hospital
Bradford Fire Department	Bradford	New London Hosp
Croydon Fire & Rescue	Newport	New London Hosp
New London Fire Department	New London	New London Hosp
Wilmot Fast Squad	Wilmot	New London Hosp
Sutton Rescue Squad	North Sutton	New London Hosp
Grantham Fast	Grantham	New London Hosp
Sunapee Fire EMS	Sunapee	New London Hosp
Newbury Fire Department	Newbury	New London Hosp
Bradford Rescue Squad	Bradford	New London Hosp
New London Hospital Ambulance Service	New London	New London Hosp
Ross Ambulance Service	Littleton	Littleton Hosp
Twin Mountain Ambulance	Twin Mountain	Littleton Hosp
Bethlehem Fire Department	Bethlehem	Littleton Hosp
Franconia Life Squad	Franconia	Littleton Hosp
Whitefield Fire Rescue Department	Whitefield	Littleton Hosp
Littleton Fire Rescue	Littleton	Littleton Hosp
Lisbon Life Squad	Lisbon	Littleton Hosp
Littleton Regional Hospital	Littleton	Littleton Hosp
Bridgewater Fire-Rescue-EMS Dept	Bridgewater	Speare Hosp
Ashland Fire Department	Ashland	Speare Hosp
Plymouth Fire/Rescue Department	Plymouth	Speare Hosp
Linwood Ambulance Service	Lincoln	Speare Hosp
Warren-Wentworth Ambulance Service	Warren	Speare Hosp
Waterville Valley Dept Of Public Safety	Waterville Valley	Speare Hosp
Holderness Fire/Rescue	Holderness	Speare Hosp
Hebron Fire Department	Hebron	Speare Hosp
Campton-Thornton Fire Rescue	Campton	Speare Hosp
Rumney Emergency Medical Services	Rumney	Speare Hosp
45 TH Parallel	Colebrook	UCVH
Beecher Falls Volunteer Fire Dept	W Stewartstown	UCVH
Errol Rescue Squad, Inc	Errol	UCVH
Colebrook Fire Department	Colebrook	UCVH

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SERVICE	TOWN	MRH / CAH
Lempster Fire Department	Lempster	Valley Regional
Speedway Safety Service	Claremont	Valley Regional
Unity Volunteer Fire Department	Claremont	Valley Regional
Claremont Fire Department	Claremont	Valley Regional
Charlestown Ambulance Service	Charlestown	Valley Regional
Golden Cross Ambulance Inc.	Claremont	Valley Regional
Newport Fire-EMS	Newport	Valley Regional
Lempster Rescue	Lempster	Valley Regional
Lancaster Fire Department	Lancaster	Weeks
Groveton Ambulance	Groveton	Weeks
Jefferson Dept of Emergency Services	Jefferson	Weeks
Groveton Fire Precinct	Groveton	Weeks
Weeks Paramedic Intercept Program	Lancaster	Weeks

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Attachment 3

**2009 NH Rural EMS Grant
Application and Scoring Process
Objective Scoring Criteria**

The grants will be scored *objectively* on the following criteria:

Objective Criteria	Points
The # of Service Members with Current Membership in the NH Association of EMTs:	
No Service Members signed up	0
Between 1 and 5 members of the Service	1
Between 6 and 10 members of the Service	2
11 or More members of the Service	3
100% of Service Members (must show report from BEMS and NHAEMT)	4
Service is not based in or serving a NH SORH designated rural community	0
Service is based and serves a NH SORH designated rural community	8
CAH is not a primary or secondary transport destination for Service	0
CAH is secondary transport destination for Service	2
CAH is primary transport destination for Service (must show majority % data)	5
Service that has a Paramedic and/or EMT-I on staff and responds to <50% of ALS calls	1
Service that has a Paramedic and/or EMT-I on staff and responds to >50% of ALS calls	2
Service that has a Paramedic and/or EMT-I on staff and responds to >95% of ALS calls	3
Endorsement letter from Service Medical Control Physician	2
Endorsement letter from Selectmen or Service Association/Auxiliary/Board stating that the Service is authorized by the town, Association membership or board to accept full ownership of the grant equipment, including supporting all maintenance costs.	2
Endorsement letter or copy of MOA from MRH stating that they will provide all CPAP circuits and other non-durable supplies for the service.	1
Endorsement letter from Selectmen or Service Association/Auxiliary/Board stating that the Service will be financially supported by the town or Association membership or board to purchase CPAP circuits and other non-durable supplies.	2
Service does not use TEMSIS or transmit NEMSIS data to the BEMS as required	0
Service uses a commercial program and transmits NEMSIS data to the BEMS	2
Service uses TEMSIS for all Patient Care Reports	4
Total Possible Objective Points:	30

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Attachment 4

**2009 NH Rural EMS Grant
Application and Scoring Process
Subjective Scoring Criteria**

Subjective Scoring: A grant Narrative must be submitted as part of the application and will be scored on a 0-5 scale by a grant review committee. Information not addressed will receive a score of zero. All information included will otherwise be scored on a scale of 1-5, with the scale being: 1= Poor, 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent. The committee will score each item according to how good a picture is painted or the readability of the information, if and how well the question asked was answered, relevance of the answer to the goals of the grant, and measured against the general EMS clinical and service knowledge of the grant reviewers. The following criteria/questions will be scored:

- Description of your Service area, including type and size of community, terrain, road network and other community facts.
- How is your service organized? (Associated with FD, stand alone, third party, etc)
- How is your service staffed? (e.g. paid/volunteer, provider levels, total versus active membership, any members actively training for EMT-I /P and anticipating a completion date within 6 months, etc.)
- How is your service funded? (Tax base, billing, donations, etc.)
Please provide the following call data for the last 24 months:
 - Number of calls per 12 months.
 - Number of ALS calls out of total per 12 months.
 - Number of ALS calls that your service was able to staff per 12 months (at intermediate or medic level without having to call for an intercept)
 - Number of calls that had a diagnosis of, or symptoms supporting CHF in the last 24 months.
 - Number of calls that your service must call mutual aid to cover per 12 months.
 - Average transport distance for emergency (911) calls from scene to hospital.
 - Average Response time for 911 emergency calls
 - Average transport time for 911 emergency calls
 - Average committed time for 911 emergency calls (time of tone to in-service/clear)
 - Describe any changes in circumstance that may explain significant changes in the data. (e.g. corresponding changes in staffing or provider levels)
 - Describe an example of something specific your service does or has done in the last 24 months to improve the quality of patient care.
 - Provide a general statement of need explaining why your service is unique in its need for this equipment grant.

Total Potential Subjective Score: 80 points

Total Potential Score: 110 points