

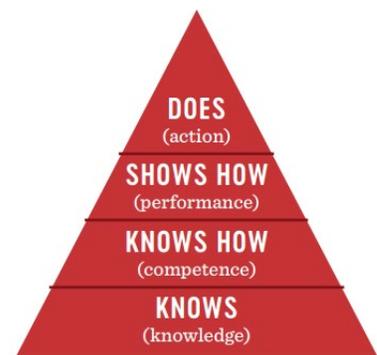


**Center for Emergency Medical Services
EMS for Children Program
Pediatric Skills Mini-Award Application**

The Rhode Island Department of Health (RIDOH) is offering mini awards of up to \$4,950 to EMS agencies to support projects that promote a process that requires EMS providers to physically demonstrate the correct use of pediatric specific equipment and pediatric education.

Background

Pediatric continuing education is vitally important for maintaining skills and is considered an effective remedy for skill atrophy. More frequent practice of skills using varied methods of skill ascertainment are necessary for EMS providers to ensure their readiness to care for pediatric patients when faced with these infrequent encounters. Demonstrating skills using EMS equipment is best done in the field on actual patients, but in the case of pediatric patients, this can be difficult given how infrequently EMS providers see seriously ill or injured children. Other methods for assessing skills include simulation, case scenarios and skill stations.



Framework for clinical assessment

Definitions

Pediatric Patient Encounter Method: A method of checking the skills of EMS providers wherein a field training officer, medical director, or supervisor observes a provider providing care.

Skill Station Method: A method of checking the skills of EMS providers that involves providers being observed practicing a specific skill on a mannequin.

Simulated Event Method: A method of checking the skills of EMS providers that involves providers being observed practicing a set of skills in the context of a case scenario or mock incident.

Eligible applicants are EMS agencies with the capacity to execute the proposed plan by February 28, 2021 with a final evaluation by March 31, 2021.

Applications must be submitted by email to c.robertssantana@health.ri.gov no later than **5 p.m. on Friday, October 30, 2020.**

Final report, project deliverables (if applicable), and project invoice are due within



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30 days of project completion. The anticipated dates of project implementation are **November 15, 2020 - March 31, 2021.**

To apply:

Complete the Pediatric Skills Mini-Award Application
Submit a [W-9](#) to ensure timely processing of the award
Submit the Pediatric Emergency Care Coordinator Form

Instructions: Please complete Sections I – VIII of the application.

RIDOH is seeking applications for innovative or evidence-based interventions to enhance pediatric education and to promote EMS agencies to develop a process that requires EMS providers to physically demonstrate the correct use of pediatric specific equipment via a Skills Station, Simulated Event or Field Encounter.

All projects must be data-driven and aim to develop a sustainable process that meets the requirements below:

- Providers within EMS agencies are required to demonstrate skills via a **Skill Station** at least twice a year.
- Providers within EMS agencies are required to demonstrate skills via a **Simulated Event** at least once a year.
- EMS agency awarded conducts an evaluation process that reviews efficacy of the program.

RIDOH Center for EMS encourages the development of innovative mini-grant proposals. However, only projects that address pediatric education will be considered. Those projects with a sustainable plan that outline a process that meets the requirements above will be prioritized.

If you have any questions, please contact Carolina Roberts-Santana by email at c.robertssantana@health.ri.gov



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SECTION I: AGENCY CAPACITY (10 points)

Briefly describe your organization's ability to develop a process that requires EMS providers to physically demonstrate the correct use of pediatric specific equipment via a skills station, simulated event or field encounter. Use of bullet points is acceptable. **250 words maximum**

Agency Name: _____ **Date:** _____

City/Town: _____ EIN: _____ W-9 Yes No



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SECTION II: SCOPE OF WORK (15 points)

Provide a detailed summary of the proposed project. Include how this project will help you achieve the pediatric skills requirements. Make sure you highlight how you will be able to sustain the work after grant funds expire. Use of bullet points is encouraged. **500 words maximum**



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SECTION III: WORK PLAN (15 points)

Provide a detailed work plan and timeline, listing all steps for implementation. All grant activities must be completed within four months or less of purchase order receipt. The exact start date will be dependent on State purchasing procedures. Agencies may anticipate contracts to be in place by **November 15, 2020**, with the understanding that processing delays may occur. End date is for the contracts will be **March 31, 2021**.

Activities	Staff Responsible	Begin Date	End Date
1.			
2.			
3.			
4.			
5.			
6.			

Comments:



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SECTION IV: PROJECTED OUTCOMES (15 points)

What is/are the short-term outcome(s) of the project (products developed; number of people reached)?

Project Outcome(s)

Example: By March 31, 2020, the Center for EMS staff will participate in 2 trainings related to pediatric emergency care.

1.
2.
3.
4.

Comments:



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SECTION V: EVALUATION (15 points)

How will you measure progress? Provide a minimum of 2 evaluation tools. Add additional information in a second page as needed.

How will you measure outcome success?

Example: Logs and sign-in sheets will be kept at each training. Number of CEMS Staff trained by March 31, 2021 will be tallied.

1.
2.
3.
4.

Comments:



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SECTION VI: PERSONNEL (10 points)

List the staff that will be involved with the project and *briefly* describe their relevant experience.

Name	Title	Experience
1.		
2.		
3.		

Comments:



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SECTION VII: BUDGET NARRATIVE (10 points)

Please list and briefly describe your proposed budget. Be sure to **include hourly rate and total number of hours for all staff time listed**. Use the other section to add expense categories not listed. If awarded the agency must provide 10% in-kind. Please keep in mind that the maximum allowable budget for this project is \$4,950.00. Funding of less amounts are allowed.

Expense Category	Approved Budget Time Period	Justification
1. Personnel		
2. Printing/Copying		
3. Supplies		
4. Education/Resource Materials		
5. Other (listed separately)		
a.		
b.		
c.		
Total		

Short Narrative:



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SECTION VIII. PROJECT CONTACTS (10 points)

Pediatric Emergency Care Coordinator

Does your EMS agency have a Pediatric Emergency Care Coordinator? Yes No

Full Name: _____

Level: EMT AEMT AEMT-C Paramedic

Email contact: _____

Signature: _____

If you do not have a Pediatric Emergency Care Coordinator, do you plan to assign one as part of this application process? (please provide information) Yes No

Full Name: _____

Level: EMT AEMT AEMT-C Paramedic

Email contact: _____

Grant Contact

Check if same as a Pediatric Emergency Care Coordinator

Full Name: _____

Level: EMT AEMT AEMT-C Paramedic

Email contact: _____

Signature: _____

EMS Medical Director

Full Name: _____

Email: _____

Signature: _____