

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date:	May 7, 2019	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
		<input type="checkbox"/> Workshop	<input type="checkbox"/> Public Hearing

Department: Fire-Rescue

I. EXECUTIVE BRIEF

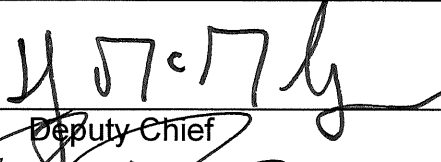
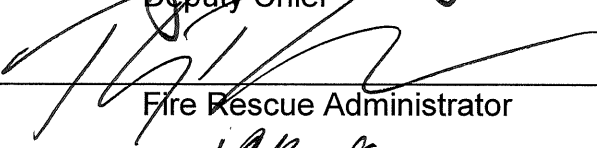

Motion and Title: **Staff recommends motion to receive and file:** a letter granting a time extension for the Florida Department of Health (DOH) Emergency Medical Services (EMS) Matching Grant, ID Code M6063, from June 30, 2019 to December 16, 2019.

Summary: On July 10, 2018, the Board accepted a \$137,730 DOH EMS grant award to fund Fire Rescue's Chronic Disease Management Project (CDMP) for the period May 23, 2018, through June 30, 2019. The Board also authorized the County Administrator to execute certifications, standard forms, reimbursement requests, amendments or documents relating to work activities and time frames that do not change the general scope or terms and conditions of the grant (R2018-1065). Due to the need for time to train and equip Fire Rescue paramedics, as well as hire a program coordinator, grant related patient contact did not begin until November 2018. Although the grant time extension process used by the DOH does not require the County Administrator to execute a time extension document, this approval letter is being submitted to the Board as a receive and file agenda item for the Clerk and Comptroller's Office to receive and file. Countywide (SB)

Background and Justification: The Florida DOH EMS Matching Grant program (CSFA 64.003) provides emergency medical services providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical services systems, or equipment. This \$183,640 (includes 25% match) grant project provides funding for an on-call Chronic Disease Management Project Coordinator, overtime for paramedics, a vehicle and necessary medical equipment. The project coordinator position will be removed from the complement upon expiration of the program, unless the grant is renewed. The vehicle and medical equipment will be owned by and will remain with Fire Rescue. The CDMP will assist patients diagnosed with congestive heart failure that have been recently released from Delray Medical Center to their home. The program will consist of a series of home visits for seven (7) to ten (10) individual patients over a 30-day period for each patient conducted by the Chronic Disease Management Project Coordinator and paramedics. The goal of the program is to reduce the number of non-emergency calls from the same individual and over-utilization of the 911 emergency medical care system.

Attachments:

- 1) Grant Extension Approval Letter from DOH
- 2) Grant Award Letter (R2018-1065)
- 3) Grant Application (R2018-0311)

Recommended by:		4-16-19
	Deputy Chief	Date
Approved by:		4/16/19
	Fire Rescue Administrator	Date
Approved by:		4/23/19
	County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2019	2020	2021	2022	2023
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	*	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	0	_____	_____	_____	_____

Is Item Included in Proposed Budget? Yes No
 Does this item include the use of federal funds? Yes No

Budget Account No.: Fund _____ Dept _____ Unit _____ Rev Source _____

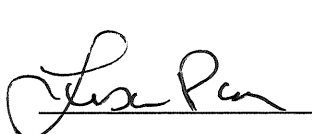
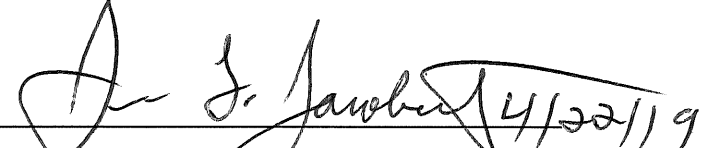
B. Recommended Sources of Funds/Summary of Fiscal Impact:

* This grant time extension will not result in any additional fiscal impact as the grant budget already exists in the Fire/Rescue MSTU Fund (1300-440-4310).

C. Departmental Fiscal Review: 

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

 _____ OFMB 4/18/19 4/21/19	 _____ Contract Development and Control 4/22/19 TW
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B. Legal Sufficiency




 Assistant County Attorney
 4/22/19

C. Other Department Review:

 Department Director

REVISED 9/03
 ADM FORM 01

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

<p>Mission: To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.</p>		<p>Ron DeSantis Governor of Florida</p>
<p>Vision: To be the Healthiest State in the Nation</p>		

January 21, 2019

Richard Ellis, Division Chief
Palm Beach County Medical Services
405 Pike Road
West Palm Beach, Florida 33411

Dear Chief Ellis:

We received your January 18, 2019 letter concerning state emergency medical services (EMS) matching grant ID Code M6063.

Any costs incurred for this project that are specified in the grant budget and that occurred on or after May 23, 2018, are allowable.

As state EMS grant officer and Florida Certified Contract Manager of this project I hereby extend the ending date for this project to December 16, 2019.

You may send two reimbursement requests if you wish during the project for the costs to-date, but the final reimbursement request must be sent by December 31, 2019. Documentation including payments incurred and payments made must be provided with the reimbursement requests.

Please send progress reports March 29, June 28, September 30, and the final report with the last reimbursement request.

Thank you very much for conducting this project.

Sincerely,



Alan Van Lewen
Health Services and Facilities Consultant
Emergency Medical Services Section, Grants

RJE/avl

Florida Department of Health
Division of Emergency Preparedness and
Community Support: Bureau of Emergency Medical Oversight,
EMS Section
4052 Bald Cypress Way, Mall Bln A-22 • Tallahassee, FL 32399-1722
PHONE: (850) 558-9550 • FAX: (850) 245-4378
FloridaHealth.gov

 **Accredited Health Department**
Public Health Accreditation Board
Florida is the first accredited state public health system in the U.S.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

May 23, 2018

Melissa McKinlay, Mayor
Palm Beach County Fire Rescue
301 North Olive Avenue
West Palm Beach, Florida 33401

R2018 1065

JUL 10 2018

Dear Mayor McKinlay:

The Department of Health is pleased to award an Emergency Medical Services (EMS) Matching Grant, ID Code M6063, in the amount of \$137,730.00, to Palm Beach County Fire Rescue. This grant program is funded through the Florida Department of Health, EMS Trust Fund. There are no federal funds involved. The purpose of this grant is to improve and expand EMS by assisting your organization in implementing a hospital readmission reduction program for discharged patients diagnosed with congestive heart disease.

The grant begins the date of this letter and ends June 30, 2019. Your required local cash match is \$45,910.00, with a total budget of \$183,640.00. You are required to report grant activities and purchases to the state pursuant to section 401.113(2)(b), Florida Statutes, and in compliance with the Florida Catalog of State Financial Assistance, number 64.003. The reports are due the third week of October 2018, February 2019, and July 2019.

Your signed grant application affirms you have read, understand and will comply with the conditions and requirements in the "Florida EMS Matching Grant Program Application Packet, December 2008." You may obtain a copy of the grant application packet from your identified contact person.

Thank you for your participation in this state EMS grant program. If you need assistance, please contact the Bureau of Emergency Medical Oversight, EMS Section, Health Services and Facilities Consultant, Alan Van Lewen at (850) 558-9550.

Sincerely,

Doug Woodlief
Interim Division Director
Emergency Preparedness and Community Support

DW/avl

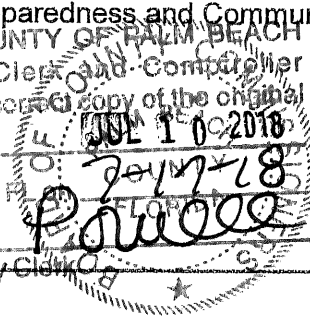
cc: Richard Ellis, Division Chief

STATE OF FLORIDA, COUNTY OF PALM BEACH
I, SHARON R. BOCK, Clerk and Comptroller
certify this to be a true and correct copy of the original
filed in my office on

dated at West Palm Beach, FL

By:

Deputy Clerk

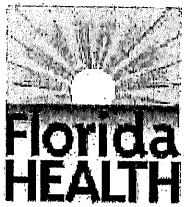


Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1722
PHONE: 850/245-4440 • FAX: 850/245-4378
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

R2018 0311



EMS MATCHING GRANT APPLICATION

MAR 13 2018

**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program**

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

ID. Code (The State Bureau of EMS will assign the ID Code – (leave this blank)) _____

1. Organization Name: Palm Beach County (Fire Rescue)

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)
Name: Melissa McKinlay

Position Title: Mayor, Palm Beach County BOCC

Address: 301 North Olive Avenue
Suite 1201

City: West Palm Beach	County: Palm Beach
State: Florida	Zip Code: 33401
Telephone: 561-355-2206	Fax Number:
E-Mail Address: MMckinlay@pbcgov.org	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)
Name: Richard Ellis

Position Title: Division Chief

Address: 405 Pike Road

City: West Palm Beach	County: FL
State: Florida	Zip Code: 33411
Telephone: 561-616-7041	Fax Number: 561-616-7080
E-Mail Address: rellis@pbcgov.org	

4. Legal Status of Applicant Organization (Check only one response):

(1) Private Not for Profit [Attach documentation-501 (3) ©]
 (2) Private for Profit
 (3) City/Municipality/Town/Village
 (4) County
 (5) State
 (6) Other (specify): _____

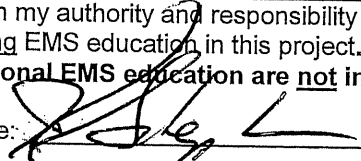
5. Federal Tax ID Number (Nine Digit Number). VF 59-6000785 ___

6. EMS License Number: 3550 ___ Type: Transport Non-transport Both

7. Number of permitted vehicles by type: _____ BLS; 54 ALS Transport; 50 ALS non-transport.

8. Type of Service (check one): Rescue; Fire; Third Service (County or City Government, nonfire); Air ambulance; Fixed wing; Rotowing; Both; Other (specify) _____.

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature:  Date: 11/29/2018

Print/Type: Name of Director Dr. Kenneth A. Schepke

FL Med. Lic. No. ME 68624

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit items 10, 11, 12, 13, and skip to item Number 14. Otherwise, proceed to item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

A) Problem description (Provide a narrative of the problem or need);
 B) Present situation (Describe how the situation is being handled now);
 C) The proposed solution (Present your proposed solution);
 D) Consequences if not funded (Explain what will happen if this project is not funded);
 E) The geographic area to be addressed (Provide a narrative description of the geographic area);
 F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
 G) Data Sources (Provide a complete description of data source(s) you cite);
 H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five-year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12-month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five-year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five-year plan?

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

ALL APPLICANTS MUST COMPLETE ITEM 15.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Advertise & Hire Program Coordinator	1	3
Enroll program patients (10-15 patients/month)	3	11
Finalize all cases and prepare reports	11	12
Distribute final reports	12	14

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

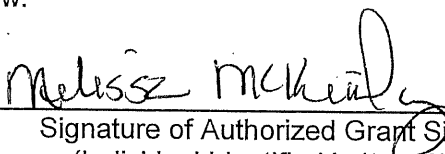
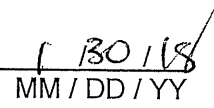
The state EMS county grant program is divided among eleven (11) municipal fire departments. The dollars that are divided among the competing agencies are not enough to fund our request for this program.

18. Budget:		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
CDMP Coordinator (\$29.42/hr)	29,420	On-call employee 1000 hrs/yr to coordinate program, manage program medics, enroll administer home visits, coordinate case studies, and program communication.
FICA -6.2% (\$1.82/hr) & FICA Medicare – 1.45% (\$0.43/hr)	2,251	
Workers Comp – 3.85% (\$1.13/hr)	1,133	
Paramedics Overtime (\$50.37/hr rate + \$17.55/hr benefits)	70,636	
TOTAL:	<u>\$103,440.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, and the normal expected life of which is 1 year or more.	Costs: List the price of the item and the source(s) used to identify the price.	Justification: State why each of the items and quantities listed is a necessary component of this project.
SUV for Program Coordinator	30,000	Vehicle with EMS equipment for home visits, meetings, & program deliverables
LifePak 15 Monitor/Defibrillator	37,300	Home visit medical equipment for ECG monitoring, vital and electrical therapy
i-Stat Handheld Blood Analyzer	12,000	Home visit medical equipment for blood sampling with rapid results
Mobile Integrated Health Bag	900	Home visit medical bag w/ O2, BP cuff, O2 regulator, glucometer, stethoscope, etc.
TOTAL:	<u>\$80,200.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

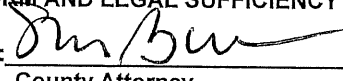
State Amount (Check applicable program)		
<input checked="" type="checkbox"/> Matching: 75 Percent	<u>\$137,730.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input type="checkbox"/> Rural: 90 Percent	<u>\$0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
Local Match Amount (Check applicable program)		
<input checked="" type="checkbox"/> Matching: 25 Percent	<u>\$45,910.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input type="checkbox"/> Rural: 10 Percent	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
Grand Total	<u>\$183,640.00</u>	Right click on 0.00 then left click on

19. Certification:	
My signature below certifies the following.	
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments, are true, correct, complete, and made in good faith.	
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.	
I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.	
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Weekly</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.	
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.	
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.	
 _____ Signature of Authorized Grant Signer (Individual Identified in Item 2)	 _____ MM/DD/YY

DH FORM 1767 [2013]

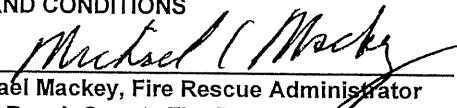
THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.

APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

By: 

County Attorney

APPROVED AS TO
TERMS AND CONDITIONS

By: 

Michael Mackey, Fire Rescue Administrator
Palm Beach County Fire Rescue

Palm Beach County Fire Rescue Chronic Disease Management Project;
A Hospital Readmission Reduction Program

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(b), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: Palm Beach County Board of County Commissioners/Fire Rescue

Mailing Address: 405 Pike Road

West Palm Beach, FL 33411

County requests grant disbursement on a reimbursable basis

Federal Identification Number 59-6000785

Authorized Agency Official: Melissa McKinlay

Signature

1/30/18
Date

Melissa McKinlay, Mayor

Type Name and Title

Sign and return this page with your application to:

DOH Bureau of Emergency Medical Oversight
EMS Section, Grants Unit
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: _____ Grant ID Code: _____

Approved By: _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2017 - 2018

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	03	SF003	750000	059999

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

DH FORM 1767P [2013]

9

APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

By: [Signature]
County Attorney

APPROVED AS TO
TERMS AND CONDITIONS

By: [Signature]
Michael Mackey, Fire Rescue Administrator
Palm Beach County Fire Rescue

10. Justification Summary

10A) Problem description. The missing *link* in healthcare – With our patients being the primary goal, Palm Beach County Fire Rescue (PBCFR) has identified some crucial gaps in our Emergency Medical System (EMS) and health care system as a whole. Patients are not getting the individualized services needed to successfully manage their chronic health issues, resulting in continued calls for help. Often times patients require a comprehensive multidisciplinary approach to address their specific medical, social and behavioral needs. Many times they need advocacy, care coordination and follow through post discharge.

This gap in services systemically creates an increased call volume and over-utilization of the 911 care system; resulting in a higher readmission rate within the hospital system in Palm Beach County (PBC).

Medicare recognized this missing gap in 2012 by established the Hospital Readmissions Reduction Program (HRRP), part of the Affordable Care Act, establishing penalties with “excess readmissions”, when compared to “expected” levels of readmissions. Readmissions are recognized as indicators of poor quality of care, and a challenge for health care providers across the continuum of care. Most health care experts believe that many readmissions are unnecessary and avoidable. Each year, PBCFR responds to multiple calls to the same individuals (frequent callers) with similar complaints; as identified in the HRRP.

The *problem* is this missing gap in health care, the gauge on success is the reduction in hospital readmissions.

10B) Present situation. With an interest to address the gaps in the EMS system, PBCFR created a Mobile Integrated Health (MIH) Program, hired a Medical Social Work Coordinator, and trained 75 paramedics on Community Paramedicine and the MIH Program. PBCFR is currently developing a call reduction program for those callers that typically don’t go to the hospital, but are in need of social services. By addressing these frequent callers’ needs, we reduce the impact on the 911 system and improve health care to the people we serve. Additionally, PBCFR has closely tracked frequent caller data that resulted in multiple transports for the same patient. Trends indicated that there were a high number of repeat transports to Delray Medical Center (DMC) with a diagnosis of

Congestive Heart Failure (CHF). Through our partnership with DMC, we've learned that many of these transports resulted in hospital readmissions. Therefore, PBCFR identified a need for a hospital readmission reduction program.

10C) Proposed Solution. PBCFR proposes to implement the Chronic Disease Management Project (CDMP); A Hospital Readmission Reduction Program, to reduce hospital readmissions of patients discharged from DMC with a diagnosis of Congestive Heart Disease. Patients who meet the enrollment criteria of a primary diagnosis of CHF, reside in the PBCFR service area and were originally transported by PBCFR to the emergency department, have a Primary Care Physician (PCP) or DMC provides a PCP referral at discharge, are discharged to the patient's home, and have the capacity and are agreement with signing consent to be a part of the CDMP; will be enrolled in the 30-day program. The program will consist of a series of home visits conducted by the Chronic Disease Management Coordinator and trained Community Paramedics that will provide disease specific education to empower the patient to navigate their chronic disease management, caregiver education and support to enhance their role in assisting the patient in managing their chronic disease, assistance in utilizing the patient's medical care network to ensure the physician/provider relationship is fully engaged, and advocacy to ensure discharge plans are successfully implemented to support the patient and caregivers ongoing chronic disease management needs. With our adoption of the Triple Aim Goal, this program will increase the patient experience by minimizing existing barriers, increase overall health of the community by enhancing the patient's and caregiver's quality of life, and lower overall healthcare costs by reducing repeat transports and hospital readmissions. The goal is for the CDMP team to enroll 75 – 100 patients during the project year. The data obtained during the first year will be utilized to create a permanent CDMP program at DMC and other hospitals within PBC.

10D) Consequences if not funded. Florida has the highest population of seniors in the United States and ranks 45th in the nation for having high rates of individuals without healthcare insurance coverage. Research shows a clear correlation between old age, insurance status, and the risk of readmission after a hospitalization. According to the U.S. Census, 23.3% of Palm Beach County's residents are 65 years of age or older, exceeding the state average of 19.9%. Therefore, without this

funding, PBC's hospital readmissions for chronic diseases will continue to rise. Additionally, PBCFR will not only be affected by the over-utilization of the 911 care system, but DMC will have financial impacts from payment penalties for excess readmissions; creating a continuum of healthcare failures. Continued overtaxing of the EMS system results in a continued rise in call volume, affected response times, increased paramedic compassion fatigue, and compromised response times for true emergencies.

10E) The geographical area to be addressed. PBCFR is located in the SE region of FL, headquartered in West Palm Beach. We are 67 miles north of Miami and 170 miles southeast of Orlando. PBC is 1822 square miles in size and serves a population of 892,680 permanent residents, as well as a transient, seasonal tourist population that pushes us to over 1 million with the arrival of the winter snowbirds. For this project, PBCFR will be addressing the area that Battalion 4 serves, which consists of 8 stations (41, 42, 44, 45,46,47,48, and 52). Battalion 4 covers 77 square miles and serves approximately 168,000 citizens. Battalion 4 consists of many 55 and older active adult living communities and has a large senior population.

10F) The proposed time frames. PBCFR intends to have the program fully operational within 3 months of the award letter. The project plans to enroll 10-15 patients per month for approximately 7-8 months. Patients will be enrolled for 30 days. Upon completion of the 12-month project, PBCFR will provide a final evaluation of the project.

10G) Data Sources. Data sources include electronic patient care reporting (ePCR), Computer Aided Dispatch (CAD), U.S. Census Bureau, FL EMS Tracking and Reporting System, American Hospital Association (www.aha.org), and FL Policy Institute (www.fpi.institute).

10H) Statement attesting that the proposal is not a duplication of a previous effort. This grant proposal does not duplicate any previous efforts or grant projects. This grant is requesting funding assistance for the new Chronic Disease Management Project; A Hospital Readmission Reduction Program.

11. Outcome For Projects That Provide or Effect Direct Services to Emergency Victims

11A) Quantify what the situation has been in the most 12 months for which you have data. In 2017, PBCFR transported a total of 9,647 patients to DMC and 1,464 (15.2%) of those transports were repeats for CHF. While the majority of these repeat transports were 4 times or less in the year, PBCFR had some patients with repeat transports of up to 16 times in a year for CHF, resulting in 110 readmissions (approximately 17.6%) at DMC.

11B) 12 months after this project is on-line, estimate what the numbers under A should become. Since the goal is to register 100 patients in the CDMP, the goal would be to have the 1,464 repeat transports decreased by at least 5% (73 transports) in year one. This would continue to increase approximately 5% in each following year. Additionally, the goal would be to see a decrease of 10% of hospital readmissions, resulting in 11 less readmissions. Again, as the program moves into year 2 the number of readmissions would continue to decrease.

11C) Justify and explain how you derived the numbers in (A) and (B), above. The outcome data for 11A and 11B were obtained from the PBCFR Planning Division, PBCFR Medical Services Division and DMC. Additionally, through case studies from the Summit of Mobile Integrated Healthcare and a model program in Texas, Medstar Mobile Healthcare, there is concrete evidence that a reduction in hospital readmissions will result from implementing a proactive home visiting program that serves patients who do not have home health benefits. Program goals for both a reduction in repeat transports and hospital readmissions were derived from the number of patients that will be enrolled during the first year of the program.

11D) What other outcome of this project do you expect? Be quantitative & explain the derivation of figures. This program; after successful completion of year 1, will continue to grow with the support of DMC, Health Care District of Palm Beach County, and other supporting hospitals. During year 1, in addition to enrolling and providing services to program patients, PBCFR will conduct monthly case reviews that will be open to case workers and involved providers to review the program and enrolled patients in an effort to enhance the experience of the enrolled patients and ensure continuous review of care coordination practices. Also, after the completion of the year 1, PBCFR and DMC will jointly analyze the data to identify positive outcomes, barriers experiences,

and determine the future course for the program. This detailed program analysis will allow us to determine the needs for funding, additional staff, numbers of enrolled patients, appropriate caseloads and financial impact to PBC's health care system. However, at this time, PBCFR is projecting that in year 2 with the support of the Health Care District of Palm Beach County, the CDMP will expand to at least 1 additional hospital, add a part time program assistant, train at least 75 additional paramedics in Community Paramedicine, and enroll an additional 100 patients. Patterns of growth will be evaluated annually.

11E) How does this integrate into your agency's 5-year plan? This project compliments the PBCFR's long range strategic plan by improving the emergency medical services to the citizens of Palm Beach County with Mobile Integrated Health Systems and Community Paramedicine. Additionally, the program supports the 5-year plan by creating partnerships with hospitals to offer patient centered healthcare model that uses the Triple Aim Goal; increase patient experience, increase overall health of community, and lower overall healthcare costs.

15. Statutory Considerations and Criteria

15A) Serve the requirements of the population upon which it will impact. The PBCFR Chronic Disease Management Project; a Hospital Readmission Reduction Program will reduce readmissions that are taxing PBC's entire healthcare system; including 911 response time, the emergency medical system and hospitals. We have already identified a need for social work assistance with many of the patients we serve, and this project will help fill in the gap. As the future of EMS moves more toward patient centered care, PBCFR will be able to provide the most progressive services to the citizens of PBC.

15B) Enable emergency vehicles & staff to conform to state standards. This grant will help PBCFR improve patient safety by empowering patients with the knowledge on how to manage their chronic illness, improve responder safety because responders will be more mentally focused when repeat callers decrease, and the safety of the general public because repeat transports and hospital readmissions will not over-utilize the 911 emergency medical care system. Additionally, this chronic disease management program conforms to the standard and principles established by the National Association of Emergency Medical Services.

15C) Minimum equipment and supplies. N/A.

15D) Direct communication linkup. N/A.

15E1) Improve or expand provisions of EMS services. This project will improve EMS services in the Battalion 4 by providing a comprehensive home visiting program to patients who have hospital readmissions for CHF. This program will decrease repeat transports and hospital readmissions from CHF.

15E2) Single EMS provider of coordinated methods of delivering services. This project will increase the coordinated efforts of PBCFR and DMC, focusing on the gaps in the healthcare system. The result of these coordinated efforts will reduce repeat transports and hospital readmissions.

15E3) Coordination of EMS links. N/A.

Applicant Information

Special note: Section 401.111, Florida Statutes, requires the state to assist private nonprofit youth athletic organizations that work in conjunction with local EMS, with costs for automated external defibrillators. We encourage grant requests to accomplish this and ask EMS organizations to encourage this type of grant application.

Optional: In your application package cover letter, you may request to be, or recommend a person to be, a reviewer of matching grant applications.

Request for Grant Fund Distribution Page: This is the last page of the grant application. You must complete the top part of the form and state EMS staff will complete the bottom portion. The address on this form must match exactly the address on file for your organization in the state MyFloridaMarketplace (MFMP) system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the Distribution Form, the address, and 9-digit federal ID plus its 3-digit sequence code.

If needed, you may contact MFMP customer service at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or by email. MyFloridaMarketPlace@dms.myflorida.com

Number of pages: Each application must be no more than 15 one sided pages, including the form and all content. However, you may submit a one-page cover letter and letters of recommendation. These letters will not count against the total page limit. Please note, reviewers are not required to read anything over 15 one sided pages.

Fastening. If you send a paper application, do not use a booklet cover. Simply staple the application in the upper left corner.