

Steps to complete the zoning proposal:

1. The Authorized Agent should login to LMS (www.mygemsis.org/lms)
2. Click on Applications, then on Service Applications
3. Click on **Apply Now** next to the Emergency Response Zone Proposal Submission
4. After completing one proposal, if the agency wishes to submit an additional proposal (based on a different geographic area or different subsidy amount), then after the first proposal is completely submitted, you may complete the steps above to start a new proposal.

Questions on the LMS Application? Please email david.newton@dph.ga.gov

Questions on the data provided from the previous provider in the Chattahoochee County ERZ for CY2020? Please email david.newton@dph.ga.gov.

See screenshots of the LMS application starting on the next page.

Instructions Page (read, name your proposal, and click Save and Continue):

▼ Instructions

This is the application where EMS agencies can submit a proposal for the Chattahoochee County Emergency Response Zone.

NOTES:

- Be sure to click **Save and Continue** at the bottom of each page **BEFORE** closing your browser.
- Your application/proposal must be submitted before **NOON** on Friday, 2/12/2021. You must click **Submit** on the form and then confirm submission. Do not close your browser or navigate away from this page until the application is done processing.
- You are able to submit multiple proposals for this zoning application - in order to submit an additional proposal, you **MUST** complete this proposal **FIRST** (submit it completely) - you will then be able to go in and create a new application/proposal the same way that you came into this proposal. You could also use this process to submit proposals with different proposed coverage areas.

NAME OF PROPOSAL:

- Please give a unique name to this proposal. This is especially important if you are submitting multiple proposals. For example, you may choose to submit one proposal based on one annual subsidy amount and a second proposal based on a different subsidy amount.
- Proposal Names should be simple and reflect the agency name and the proposal # (e.g., "XYZ Ambulance Service Proposal #1 for Chattahoochee ERZ" or "XYZ Ambulance Service Proposal #2 for Chattahoochee ERZ")

*Please give a Name to this Proposal:

Page A (the data on this page will auto-populate – if anything is incorrect, please contact the Office of EMS and Trauma) - click Save and Continue:

<

Instructions

A. Licensee Information

B. Service Delivery Agency

C. Current Status

D. EMS Medical Director

E. Data submiss

>

▼

▼ Licensee Information

EMS Agency Name

Imagetrend Test 3 (New)

Classification

☒ Service Delivery Agreement for Ambulance Services

☐ NO Service Delivery Agreement

☐ MFR with SDA for Ambulance Services

☐ MFR with Partial SDA for Ambulance Services

License Levels

☒ Ground Ambulance

☒ Air Ambulance

☐ Neonatal Ambulance

☐ Medical First Responder

License Status

Active


▼

License Number

EMS2019006

License Expiration Date

5/31/2021



Save and Continue

Page B - If you are an EMS Agency that uses a service delivery agreement with another EMS agency, then this tab will show up – please complete it and list the EMS Agency, their license number and the percent of calls for that agency – you must list all agencies that you will contract with to run the ERZ. Then click Save and Continue:

<

Instructions

A. Licensee Information

B. Service Delivery Agency

C. Current Status

D. EMS Medical Director

E. Data submission




>


▼

▼ Service Delivery Agency

Your agency is listed as an agency that contracts with another Georgia licensed EMS agency to fulfill the requirements for an EMS ground ambulance license. Please list the agency/ies that you contract with.

Click **Add Another to add an additional agency.**

 EMS Agency	License Number	Percent of Calls
 ABC Ambulance Service	12345	50
 XYZ Ambulance Service	54321	50

 Add Another

 Save and Continue

Page C: This is questions about the current status of the applicant. If you answer Yes to these questions, there will be an additional question that pops up that you will need to answer:

<

Instructions

A. Licensee Information

B. Service Delivery Agency

C. Current Status

D. EMS Medical Director

E. Data submission

>

▼

▼ Current Status

***Is the applicant (or its contracted service delivery provider(s)) currently serving as a designated Zone Provider in any other Zone(s)?**

☐ Yes

☐ No

***Is the applicant (or its contracted service delivery provider(s)) currently providing coverage to another Zone through a contract or agreement with the designated Zone Provider?**

☐ Yes

☐ No

***Is the applicant (or its contracted service delivery provider(s)) currently or at any time in the past the subject of any INVESTIGATION by the Georgia Office of EMS and Trauma or any other state or federal authority?**

☐ Yes

☐ No

***Has the applicant (or its contracted service delivery provider(s)) been SANCTIONED by the Georgia Office of EMS and Trauma or any other state or federal authority?**

☐ Yes

☐ No

 Save and Continue

Page D: List the information about the EMS Medical Director for the applicant – list ALL medical directors:

▼ EMS Medical Director

Please answer the following questions related to the Primary Medical Director for the applicant or its contracted service delivery provider(s). If the applicant has multiple contracted service delivery providers, please click [Add Another](#) to add additional medical directors for the multiple agencies.

*Agency Name for Medical Director

*Name of Primary Medical Director (Use FULL Name)

*Georgia Physician License Number

*List any and all Medical Specialties and Board Certifications for this Medical Director

*Please describe the involvement of the Primary Medical Director - specifically how they will be involved in the medical direction of EMS services provided in the Chattahoochee County ERZ:

Medical Director CV or Resume (please upload PDF) - this is optional

 Upload File


Name

Medical Director CV

Document Type

Supporting Documents



 Remove

 Add Another

 Save and Continue

Page E: Questions about Data submission and involvement with Community Leadership

▼ Data submission

For the applicant (or its contracted service delivery provider(s)), please complete the following questions and upload the requested files.

For the Data Management Policy, it MUST comply with the requirements listed on [this webpage](#) under the **Data Management Policy for EMS Agencies Not Using a Service Delivery Contract** section and the data submission requirements listed on [this webpage](#).

*Please submit the Data Management Policy for this Agency (be sure to include Agency Name)

 Upload File

*Name

Data Management Policy

Document Type

Select Document Type

*For this EMS Agency, please describe in detail how EMS run data and clinical outcomes are evaluated and used to improve the overall economy, efficiency and benefit to the public welfare:

If the EMS Agency has a defined QA-CQI Program, please upload that file here.

 Upload File

Name

QA-CQI Program

Document Type

Select Document Type

 Remove

 Add Another

▼ Performance Review with Community Leadership

*Does (or will) the applicant or its service delivery provider(s) participate in regular Performance Review with Community Leadership

☐ Yes

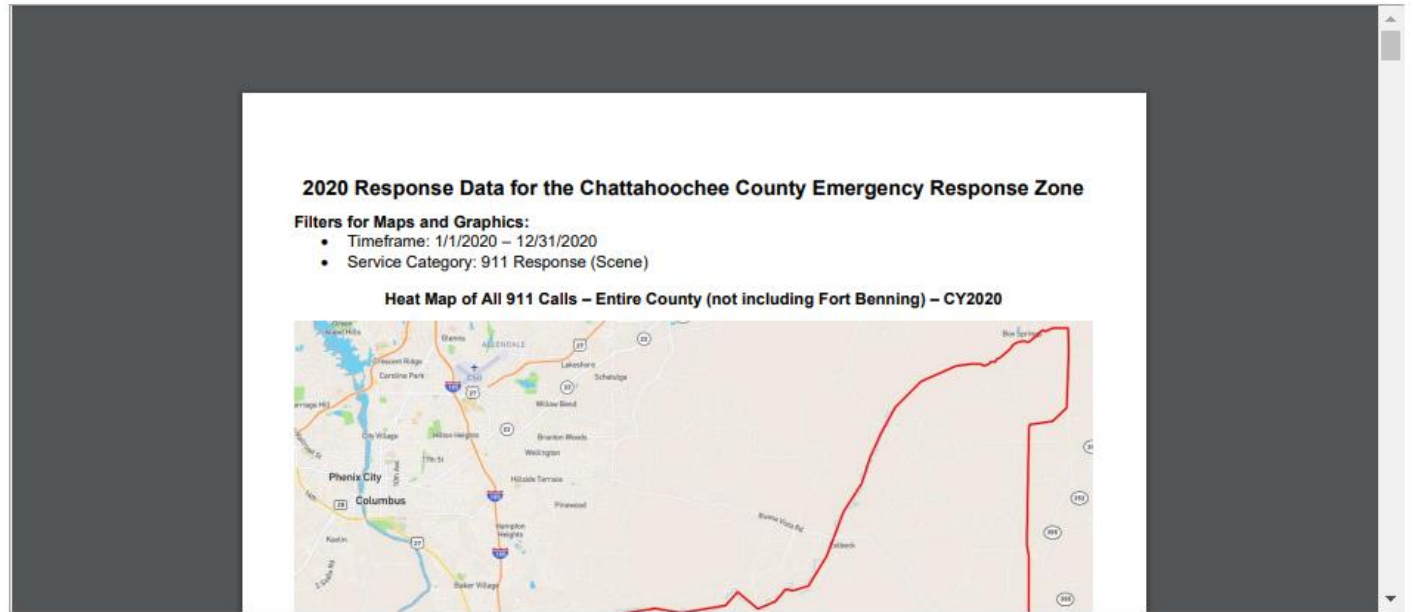
☐ No

 Save and Continue

Page F: Response Data and Geographic Area and Response Times

▼ 2020 Response Data for Chattahoochee County Emergency Response Zone

The following document contains summary response data for 911 calls in the Chattahoochee County Emergency Response Zone for Calendar Year 2020 (CY2020 = 1/1/2020 - 12/31/2020).



▼ Geographic Area and Response Times

When answering the questions below, the applicant must utilize the 2020 response data for Chattahoochee County shown above.

Definitions:

- **Call to Unit on Scene:** is the difference in minutes between the time of the PSAP call (eTimes.01) and the time of unit arrival on scene (eTimes.06).

*Please provide a description of the Geographical Area covered by this proposal (e.g. "All of Chattahoochee County ERZ not covered by Fort Benning")

*What is the anticipated MEAN Call to Unit on Scene time for 911 responses for the applicant or its contracted service delivery provider(s) for the Chattahoochee County ERZ? (Answer should be in minutes and seconds - MM:SS)

*What is the anticipated 90th Percentile Call to Unit on Scene time for 911 responses for the applicant or its contracted service delivery provider(s) for the Chattahoochee County ERZ? (Answer should be in minutes and seconds - MM:SS)

Staffing Plan: (blank at top and sample completed one at the bottom) -

▼ Staffing Plan

When answering the questions below, the applicant must utilize the 2020 response data for Chattahoochee County shown above.

Definitions/Notes:

- One unit-hour shall mean one fully equipped and staffed ambulance for one hour.
- Be sure the staffing plan below includes all days of the week and hours of the day for each day a unit will be staffed.
- The proposed ambulance deployment plan must reference the above heat map and demand analysis graphs, relative to the geographical area covered by the proposal. Each proposal that includes geographical areas that encompass any "hot" spot on the map above (Cusseta) must include how the ambulance deployment plan addresses the concentration of calls within that geographical area.
- Click **Add Another** to add an additional row

*Day of the Week (Select all that apply)

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

*Time Frame (e.g. "7a-7p")


*Number of Fully Staffed/Equipped Ambulances for this time frame

*What will be the highest license level staffed on each ambulance?

☐ EMT ☐ EMT-Intermediate ☐ Advanced EMT ☐ Cardiac Technician ☐ Paramedic

*Describe the proposed Ambulance Deployment Plan for this time frame

 Remove




 Add Another

▼ Staffing Plan

When answering the questions below, the applicant must utilize the 2020 response data for Chattahoochee County shown above.

Definitions/Notes:

- One unit-hour shall mean one fully equipped and staffed ambulance for one hour.
- Be sure the staffing plan below includes all days of the week and hours of the day for each day a unit will be staffed.
- The proposed ambulance deployment plan must reference the above heat map and demand analysis graphs, relative to the geographical area covered by the proposal. Each proposal that includes geographical areas that encompass any "hot" spot on the map above (Cusseta) must include how the ambulance deployment plan addresses the concentration of calls within that geographical area.
- Click **Add Another** to add an additional row

 Day of the Week (Select all that apply)	Time Frame (e.g. "7a-7p")	Number of Fully Staffed/Equipped Ambulances for this time frame	What will be the highest license level staffed on each ambulance?	Describe the proposed Ambulance Deployment Plan for this time frame
 Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday	7a-7a	1	Paramedic	Describe the proposed Ambulance Deployment Plan here.
 Monday, Tuesday, Wednesday, Thursday, Friday	7a-3pm	1	Paramedic	Describe the proposed Ambulance Deployment Plan here.

 Add Another

Ambulance and Economy, Efficiency, Benefit to the Public Welfare:

▼ Ambulances

Please list all ground ambulances that will be used in the Chattahoochee County ERZ (Click **Add Another** to add an additional vehicle).

*Georgia VID (Must be a 5 digit number, with left padded 0's, e.g. 01234)

*Vehicle Year

*Current Vehicle Mileage

Remove

Add Another

*Will the applicant contract with and/or use another licensed ambulance service(s) to provide all or part of the services within the Zone? Note: This does NOT mean the use of mutual aid.

☐ Yes

☐ No

▼ Economy, Efficiency, Benefit to Public Welfare

When answering the question below, the applicant must utilize the 2020 response data for Chattahoochee County shown above, as well as the applicant's proposed staffing and deployment plans listed above.

*Please describe how the above Staffing and Deployment Plan is consistent with Economy, Efficiency, Benefit to Public Welfare for the Chattahoochee County ERZ:

Save and Continue

Page G: Supplies and Equipment – if the answer is yes, an additional question is asked:

▼ Supplies and Equipment

*Will the applicant or its contracted service delivery provider(s) routinely stock the ambulances responding to 911 calls in the Chattahoochee County ERZ with supplies and/or equipment that exceeds the minimum supplies/equipment required by DPH?

☐ Yes

☒ No

▼ Supplies and Equipment

*Will the applicant or its contracted service delivery provider(s) routinely stock the ambulances responding to 911 calls in the Chattahoochee County ERZ with supplies and/or equipment that exceeds the minimum supplies/equipment required by DPH?

☒ Yes

☐ No

*Please provide details on the supplies/equipment that will be stocked on ambulances responding to 911 calls in the Chattahoochee County ERZ that exceeds the minimum supplies/equipment required by DPH:

Save and Continue

Page H: Additional Questions

Additional Ambulance Questions

Please answer the following questions related to the ambulances that the applicant or its contracted service delivery provider(s) will be using to cover 911 calls in the Chattahoochee County ERZ:

*Will the applicant or its contracted service delivery provider(s) perform non-911 ambulance transports?

- ☐ Yes
☐ No

*Will the applicant or its contracted service delivery provider(s) perform emergency hospital-hospital transfers from hospitals located within or near the Chattahoochee County Emergency Response Zone for time sensitive patients (trauma, stroke, STEMI) to other hospitals that have a higher level of care that is more appropriate for the patient?

- ☐ Yes
☐ No

*Will the applicant or its contracted service delivery provider(s) perform ANY hospital-hospital transfers?

- ☐ Yes
☒ No

*Will the applicant or its contracted service delivery provider(s) dedicate certain vehicles/units/crews to 911 calls only, or share vehicles/units/crews between 911 calls and non-911 calls (e.g., interfacility transports)?

- ☒ There will be dedicated vehicles/units/crews that run 911 calls only
☐ The vehicles/units/crews will be shared between 911 calls and non-911 calls or interfacility transports

*Will the applicant or its contracted service delivery provider(s) support local events in the Chattahoochee County ERZ with stand-by services (e.g., High School football games)?

- ☒ Yes
☐ No

Save and Continue

Page I: Questions on Time Sensitive Emergencies

Time Sensitive Emergencies

Please describe the methods the applicant will use to evaluate on a weekly, monthly, quarterly basis clinical data, provider performance, and patient outcomes. Below are just a few possible data points to consider:

- Time to care performance (from time of injury or symptom onset→notification→ scene arrival→scene departure→facility arrival)
- Missed intubations or other clinical performance measures (per medic)

*Please describe the methods the applicant will use to evaluate on a weekly, monthly, quarterly basis clinical data, provider performance, and patient outcomes

*Describe the level of participation in hospital multidisciplinary meetings (to address outcomes and loop closure) that the applicant (or its contracted service delivery provider) will engage in.

*Describe how the applicant (or its contracted service delivery provider) will utilize Biospatial to increase preparedness for time sensitive emergencies in the Chattahoochee County ERZ.

Save and Continue

▼ Trauma/Injury Prevention

***Describe your community-based educational programs designed to reduce TRAUMA morbidity and mortality in the Chattahoochee County ERZ. (e.g. Stop the Bleed, other injury prevention or injury response activities) This should include how the applicant or its contracted service delivery provider will evaluate its trauma educational programs.**

***What steps will the applicant or its service delivery provider(s) take to reduce TRAUMA-associated morbidity and mortality for patients in the Chattahoochee County ERZ?**

▼ Destinations/Clinical Data/Outcomes

***Please describe the destination protocol (including the potential use of Air Medical transports) that the applicant or its contracted service delivery provider will use for 911 transports in the Chattahoochee County ERZ (should include the specific names of hospitals and its trauma designation status) for Trauma patients meeting Step 1 or Step 2 criteria of the CDC Field Triage Guidelines.**

***Please describe the destination protocol (including the potential use of Air Medical transports) that the applicant or its contracted service delivery provider will use for 911 transports in the Chattahoochee County ERZ (should include the specific names of hospitals and its trauma designation status) for Trauma patients meeting Step 3 or Step 4 criteria of the CDC Field Triage Guidelines.**

***Please describe the protocol that the applicant or its contracted service delivery provider will use for pain assessment of injured patients, pain reassessment and evaluation of effectiveness of pain management for injured patients.**

***Please report the median scene time for trauma patients that the applicant or its contracted service delivery provider will have in the Chattahoochee County ERZ.**

***Please describe in detail how the applicant or its service delivery provider(s) will use its/their EMS response/performance data to inform changes designed to reduce TRAUMA-associated morbidity and mortality for patients in the Chattahoochee County ERZ:**

▼ Education for EMS Personnel

***Describe the initial and annual TRAUMA education that will be provided by the applicant or its contracted service delivery provider(s) to EMS personnel working in the Chattahoochee County ERZ:**

➤ Save and Continue

▼ Prevention

***Describe the applicant's (or its contracted service delivery provider's) community-based educational programs designed to reduce STROKE morbidity and mortality in the Chattahoochee County ERZ. (example programs addressing stroke sign, symptoms and calling 911; and risk factors including but not limited to hypertension, high cholesterol, smoking etc...). This should include how the applicant (or its contracted service delivery provider) will evaluate its stroke educational programs.**

***What steps will the applicant or its service delivery provider(s) take to reduce STROKE-associated morbidity and mortality for patients in the Chattahoochee County ERZ?**

▼ Destinations/Clinical Data

***Please describe the destination protocol for 911 transports for patients experiencing a suspected STROKE in the Chattahoochee County ERZ (should include the specific names of hospitals and its stroke designation status). This should also describe the potential use of Air Medical transport services.**

***What stroke SCREENING tool will be used by EMS personnel for 911 responses in the Chattahoochee County ERZ?**

***What stroke SEVERITY tool will be used by EMS personnel for 911 responses in the Chattahoochee County ERZ?**

Page K: STROKE Performance Data and Additional Questions

▼ Stroke Performance Data

For patients in the Chattahoochee County ERZ with a primary/secondary impression of stroke or TIA, what **PERCENTAGE** have (or will have) the following **DATA ELEMENTS COMPLETED and DOCUMENTED** by the medics responding to 911 calls from the applicant or its service delivery provider:

*Last Known Well Time obtained AND documented (eSituation.18)

*Stroke SCREENING tool (e.g. Cincinnati Prehospital Stroke Scale) applied AND documented in GEMSIS Elite (for Version 3.4 data - eVitals.29, eVitals.30)

*Stroke SEVERITY tool (e.g. FAST-ED) applied AND documented in GEMSIS Elite (eVitals.29, eVitals.30)

*Thrombolytic screen/reperfusion checklist performed AND documented in GEMSIS Elite (for Version 3.4 data – eVitals.31)

*Stroke alert pre-notification to the hospital (eDisposition.24 & eDisposition.25)

*Blood glucose checked AND documented in GEMSIS Elite (eVitals.18)

How will the agency achieve the above goals?

*Please describe how the EMS Agency or its contracted service delivery provider will achieve these goals (above)

Additional Questions

*Please describe in detail how the applicant or its service delivery provider(s) will use its/their EMS response/performance data to inform changes designed to reduce STROKE-associated morbidity and mortality for patients in the Chattahoochee County ERZ:

*Describe how the applicant (or its contracted service delivery provider) will have a specified QA policy for stroke calls? (Such as 50, 75, or 100% of all stroke calls)

Page K: STROKE Education for EMS Personnel

▼ Education for EMS Personnel

***Describe the initial and annual STROKE education that will be provided by the applicant or its contracted service delivery provider(s) to EMS personnel working in the Chattahoochee County ERZ:**

→ Save and Continue

Page L: CARDIAC Prevention

▼ Prevention

***Describe your community-based educational programs designed to reduce CARDIAC morbidity and mortality in the Chattahoochee County ERZ. (e.g. CPR) This should include how the applicant (or its contracted service delivery provider) will evaluate its cardiac educational programs.**

***What steps will the applicant or its service delivery provider(s) take to reduce HEART ATTACK (STEMI/NSTEMI)-associated morbidity and mortality for patients in the Chattahoochee County ERZ?**

***What steps will the applicant or its service delivery provider(s) take to increase the survival rate from out-of-hospital cardiac arrest (OHCA) for patients in the Chattahoochee County ERZ?**

▼ Destinations/Clinical Data/Outcomes - HEART ATTACK

For patients with a suspected Heart Attack (STEMI/NSTEMI) in the Chattahoochee County ERZ:

*Please describe the destination protocol for 911 transports for patients experiencing a suspected STEMI/NSTEMI in the Chattahoochee County ERZ (should include the specific names of hospitals and its cardiac capability/designation status – e.g. Cath Lab, Cath-Lab with On-site surgical backup, etc)

*If indicated, what percentage will receive Aspirin?

*What percentage will have a 12 lead ECG applied?

*What percentage have (or will have) a thrombolytic screen/reperfusion checklist performed AND documented in GEMSIS Elite (for Version 3.4 data – eVitals.31)?

*Please describe in detail how the applicant or its service delivery provider(s) will use its/their EMS response/performance data to inform changes designed to increase the survival rate for STEMI/NSTEMI patients in the Chattahoochee County ERZ:

*Describe how the applicant (or its contracted service delivery provider) will have a specified QA policy for STEMI/NSTEMI calls? (Such as 50, 75, or 100% of all STEMI/NSTEMI calls)

*Does the applicant or its contracted service delivery provider have the capacity to transmit 12 lead ECGs to hospitals for patients in the Chattahoochee County ERZ? If Yes, please describe the protocol for 12 lead ECG transmission.

▼ Destinations/Clinical Data/Outcomes - OHCA (Out-of-Hospital Cardiac Arrest)

For patients with Out of Hospital Cardiac Arrest (OHCA) in the Chattahoochee County ERZ:

*Please describe the destination protocol for 911 transports for patients experiencing OHCA in the Chattahoochee County ERZ (should include the specific names of hospitals and its cardiac capability/designation status – e.g. Cath Lab, Cath-Lab with On-site surgical backup, etc)

Since you indicated that the applicant or its contracted service delivery provider is currently providing 911 coverage in another ERZ, please answer the following questions based on Calendar Year 2020 (1/1/2020-12/31/2020):

PRESENTING RHYTHM = ASYSTOLE

*For patients with a presenting cardiac rhythm of ASYSTOLE, What percent of patients have sustained (20 minutes) ROSC in the field?

*For patients with a presenting cardiac rhythm of ASYSTOLE, What percent are called in the field?

*For patients with a presenting cardiac rhythm of ASYSTOLE, What percent are admitted to the ED?

*For patients with a presenting cardiac rhythm of ASYSTOLE, What percent are admitted to the hospital?

*For patients with a presenting cardiac rhythm of ASYSTOLE, What percent are discharged alive from the hospital?

*For patients with a presenting cardiac rhythm of ASYSTOLE, What percent are discharged alive from the hospital with good neurological status (CPC 1 or 2)?

PRESENTING RHYTHM = VENTRICULAR FIBRILLATION/PULSELESS VENTRICULAR TACHYCARDIA

*For patients with a presenting cardiac rhythm of V-FIB/PULSELESS V-TACH, What percent of patients have sustained (20 minutes) ROSC in the field?

*For patients with a presenting cardiac rhythm of V-FIB/PULSELESS V-TACH, What percent are called in the field?

*For patients with a presenting cardiac rhythm of V-FIB/PULSELESS V-TACH, What percent are admitted to the ED?

*For patients with a presenting cardiac rhythm of V-FIB/PULSELESS V-TACH, What percent are admitted to the hospital?

*For patients with a presenting cardiac rhythm of V-FIB/PULSELESS V-TACH, What percent are discharged alive from the hospital?

*For patients with a presenting cardiac rhythm of V-FIB/PULSELESS V-TACH, What percent are discharged alive from the hospital with good neurological status (CPC 1 or 2)?

PRESENTING RHYTHM = OTHER (NOT V-FIB NOT V-TACH)

*For patients with a presenting cardiac rhythm of OTHER (not asystole, not VF/VT), What percent of patients have sustained (20 minutes) ROSC in the field?

*For patients with a presenting cardiac rhythm of OTHER (not asystole, not VF/VT), What percent are called in the field?

*For patients with a presenting cardiac rhythm of OTHER (not asystole, not VF/VT), What percent are admitted to the ED?

*For patients with a presenting cardiac rhythm of OTHER (not asystole, not VF/VT), What percent are admitted to the hospital?

*For patients with a presenting cardiac rhythm of OTHER (not asystole, not VF/VT), What percent are discharged alive from the hospital?

*For patients with a presenting cardiac rhythm of OTHER (not asystole, not VF/VT), What percent are discharged alive from the hospital with good neurological status (CPC 1 or 2)?

Additional Questions

***Please describe in detail how the applicant or its service delivery provider(s) will use its/their EMS response/performance data to inform changes designed to increase the survival rate for OHCA patients in the Chattahoochee County ERZ:**

***Describe how the applicant (or its contracted service delivery provider) will have a specified QA policy for OHCA calls? (Such as 50, 75, or 100% of all OHCA calls)**

▼ Education for EMS Personnel

***Describe the initial and annual CARDIAC education that will be provided by the applicant or its contracted service delivery provider(s) to EMS personnel working in the Chattahoochee County ERZ:**

 Save and Continue

▼ Prevention

***Describe the applicant's or its contracted service delivery provider's educational programs for PEDIATRIC injury prevention education activities (e.g. car-seat safety, hot car awareness, drowning prevention, safe sleep practices, poisoning awareness, gun dangers awareness) in the Chattahoochee County ERZ. (This should include how the applicant (or its contracted service delivery provider) will evaluate its pediatric injury prevention educational programs.**

***What steps will the applicant or its service delivery provider(s) take to reduce morbidity and mortality for PEDIATRIC patients in the Chattahoochee County ERZ?**

***Describe the level of participation in the Region 07 EMS-C committee meetings that the applicant or its contracted service delivery provider will engage in.**

Page M: PEDIATRIC Destinations/Clinical Data/Outcomes and Education for EMS Personnel

▼ Destinations/Clinical Data/Outcomes

*Describe the policy that the applicant or its contracted service delivery provider will use for the safe transport of PEDIATRIC patients under 100 lbs. (45 kgs) in the Chattahoochee County ERZ.

*Describe the process the applicant or its service delivery provider(s) will take for safe dosing calculation practices when administering medications to PEDIATRIC patients in the Chattahoochee County ERZ.

*Please describe in detail how the applicant or its service delivery provider(s) will use its/their EMS response/performance data to inform changes designed to reduce morbidity and mortality for PEDIATRIC patients in the Chattahoochee County ERZ:

*Describe how the applicant (or its contracted service delivery provider) will have protocols that specifically address pediatrics?

*Please describe the destination protocol for 911 transports for pediatric patients in the Chattahoochee County ERZ (should include the specific names of hospitals and their designation status). This should also describe the potential use of Air Medical transport services.

*Please describe the destination protocol for 911 transports for PEDIATRIC patients meeting Steps 2 – 4 criteria of the CDC Field Triage Guidelines in the Chattahoochee County ERZ (should include the specific names of hospitals and their designation status). This should also describe the potential use of Air Medical transport services.

*Describe how the applicant (or its contracted service delivery provider) will have a specified QA policy for pediatric calls? (Such as 50, 75, or 100% of all pediatric calls)

*Describe how the applicant (or its contracted service delivery provider) will follow up on pediatric care, such as the ability to follow up with the discharge of the patient and "close the loop" with the providers?

▼ Education for EMS Personnel

*Describe the annual PEDIATRICS education that will be provided by the applicant or its contracted service delivery provider(s) to EMS personnel working in the Chattahoochee County ERZ:

➔ Save and Continue

▼ Prevention

***Describe the applicant's (or its contracted service delivery provider's) educational programs designed to reduce MATERNAL morbidity and mortality in the Chattahoochee County ERZ. This should include how the applicant or its contracted service delivery provider will evaluate its maternal/perinatal educational programs.**

***Describe the applicant's (or its contracted service delivery provider's) educational programs designed to reduce NEONATAL morbidity and mortality in the Chattahoochee County ERZ. This should include how the applicant or its contracted service delivery provider will evaluate its maternal/perinatal educational programs.**

***What steps will the applicant or its service delivery provider(s) take to reduce MATERNAL-associated morbidity and mortality for patients in the Chattahoochee County ERZ?**

***? What steps will the applicant or its service delivery provider(s) take to reduce NEONATAL-associated morbidity and mortality for patients in the Chattahoochee County ERZ?**

▼ Destinations/Clinical Data/Outcomes

*Please describe the destination protocol for 911 transports for PREGNANT patients, including those in active labor, in the Chattahoochee County ERZ (should include the specific names of hospitals and their designation status).

*Please describe the destination protocol for 911 transports for NEONATAL patients the Chattahoochee County ERZ (should include the specific names of hospitals and their designation status).

*Please describe the protocol that the applicant or its contracted service delivery provider will use for maternal hemorrhage in the Chattahoochee County ERZ.

*Please describe the protocol that the applicant or its contracted service delivery provider will use for maternal severe hypertension in the Chattahoochee County ERZ.

*Please describe the protocol that the applicant or its contracted service delivery provider will use for eclampsia in the Chattahoochee County ERZ.

▼ Education for EMS Personnel

*Describe the annual MATERNAL/NEONATAL care education that will be provided by the applicant or its contracted service delivery provider(s) to EMS personnel working in the Chattahoochee County ERZ:

➔ Save and Continue

Page O: Community Paramedicine Questions

▼ Community Paramedicine

***For the Chattahoochee County ERZ, will the applicant or its contracted service delivery provider(s) have a Mobile Integrated Healthcare/Community Paramedicine Program?**

☒ Yes

☐ No

***For the MIH/CP program, please describe the program and its clinical goals**

➔ Save and Continue

Page P: Training

▼ Training

In addition to the training that you detailed on the Systems of Care tabs for Cardiac, Stroke, Trauma, Pediatrics, and Maternal/Neonatal Care, please provide a summary of the annual education provided by the applicant or its contracted service delivery provider(s) to EMS personnel working in the Chattahoochee County ERZ.

***Description of Training Program**

➔ Save and Continue

Page Q: Subsidy Requirements

▼ Subsidy Requirements

Please note that the Council is NOT able to obligate the County to pay any subsidy to the applicant that is selected for the ERZ.

*Is this zoning proposal based on the applicant needing ANY subsidy from Chattahoochee County?

- ☐ Yes
☒ No

If you answer YES:

▼ Subsidy Requirements

Please note that the Council is NOT able to obligate the County to pay any subsidy to the applicant that is selected for the ERZ.

*Is this zoning proposal based on the applicant needing ANY subsidy from Chattahoochee County?

- ☒ Yes
☐ No

*Please indicate the required ANNUAL subsidy amount:

*Has the applicant discussed its subsidy needs with Chattahoochee County?

- ☐ Yes
☐ No

If you answer YES again:

▼ Subsidy Requirements

Please note that the Council is NOT able to obligate the County to pay any subsidy to the applicant that is selected for the ERZ.

*Is this zoning proposal based on the applicant needing ANY subsidy from Chattahoochee County?

- ☒ Yes
☐ No

*Please indicate the required ANNUAL subsidy amount:

*Has the applicant discussed its subsidy needs with Chattahoochee County?

- ☒ Yes
☐ No

*Please give a detailed description of the response from Chattahoochee County when the subsidy was discussed with them:

→ Save and Continue

Page R: Attachments – for Clinical Protocols and any Additional Attachments

▼ Clinical Protocols

***Please upload a PDF file of the Clinical Protocols for the applicant or its contracted service delivery provider(s).**

⊕ Upload File

*Name

Document Type

EMS Clinical Protocols ▼

✖ Remove

➕ Add Another

▼ Additional Attachments

The applicant may supply any additional information that it feels may assist the Regional 7 EMS Council in making its recommendation to the designee of the Board of Public Health. Such information shall be attached below as a PDF file, and shall be limited to not more than 10 single-sided pages.

Please upload Supplemental Document as a PDF file (must not be more than 10 single-sided pages)

⊕ Upload File

Name

Supplemental Document

Document Type

Supporting Documents ▼

➡ Save and Continue

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▼ Attestation

As the authorized agent for the agency named on this application, I hereby attest to the following:

- All of the information provided on this application/proposal is truthful and accurate.
- If the applicant is awarded the status as the Designated 911 Zone Provider for the Chattahoochee County ERZ based on this application:
 - The applicant agrees that it will hold all responding agencies (itself and/or its contracted service delivery providers(s)) to the standards specified in this application/proposal.
 - Any changes to the standards specified in this application/proposal from the applicant or its contracted service delivery provider will be to increase the economy, efficiency, and benefit to the public welfare for 911 responses in the Chattahoochee County ERZ.

***Authorized Agent Attestation Signature**

Username: david.newton

Password:

☒ Submit