Request for Applications:   
Critical Access Hospital and Emergency Medical Services  
Simulated Emergency Response Event and Team Training

BACKGROUND:

The Oregon Office of Rural Health (ORH) recognizes that Oregon’s Critical Access Hospitals (CAHs) are uniquely partnered in work with local Emergency Medical Services (EMS). Well-practiced, targeted emergency response, delivered effectively and efficiently, improves outcomes for patients, providers and payers.

ORH is pleased to announce two sponsored simulation training opportunities for CAHs and their partner EMS agencies to strengthen existing emergency response. The awards are made possible with Health Resources and Services Administration (HRSA) Rural Hospital Flexibility Grant funds.

OPPORTUNITY OVERVIEW:

ORH seeks applications from Oregon CAHs and their EMS partners to participate in onsite or virtual, real-time emergency response scenario and simulation-based team training, conducted with Healthcare Safety Solutions (HSS) (formerly the Idaho Simulation Network).

The CAH applicant must include at least one affiliated or external EMS agency partner that will participate. A unique element of the team-based training is a simulated, field-based emergency event to enable practice of real-time EMS response and transfer of care to the CAH. In consideration of the ongoing public health emergency, virtual didactic and event training options are available as needed.

Hospitals are invited to submit applications, to include:

* Proposal to measurably improve emergency response and care transition:

*Applicants shall clearly identify the partnership elements and proposed measurable outcomes they wish to target for improvement through participation in the simulated response and team training. Applications must identify at least one EMS agency participant and three ways simulation and team-based training is anticipated to improve the partnered emergency response, including measures which will be used to assess success/improvement.*

**AND**

* Identification of the value of team-based training to emergency response efforts:

*Applicants should identify how participation in the emergency response simulation and training would be used to strengthen the current emergency response programming/partnership. Applicants shall clearly identify a minimum of three targeted areas of improvement and how they will measure strengthened teams. For example: clearer communication during transfer of care, as measured by implementation of call-back communication; improved documentation of care as measured by chart review; train to use current best practices for emergency response, as measured by use of standard, appropriate assessment tools by all teams.*

Applications should include a clear explanation for their motivation to strengthen CAH and EMS partnership. Projects should lead to measurable improvement to emergency response services, continuity of care and the health outcomes for targeted practices and patients.

KEY DATES:

Proposals Due: March 15, 2021 5 p.m. PST

Selected Awardees Notified: March 19, 2021 5 p.m. PST

Project Period Close: August 31, 2021

ELIGIBLE APPLICANTS:

The training opportunities are open to all Oregon CAHs, with the goal of strengthening their EMS partnerships. Any CAH staff member may apply, with approval from their hospital leadership and EMS partner agency (see Attachment A).

AWARD DETAILS:

The awards provide for an emergency response scenario simulation, coordinated by HSS, and the didactic component Simulation Resource Team training. Training can take place over several days as needed. Similar trainings typically cost $10,000-$15,000. Scenarios will incorporate telehealth where applicable, have a virtual component option (as appropriate during ongoing COVID response) and include:

* The simulation of an emergency response event, as identified by the awardee (for example; pediatric trauma, obstetric emergency, MVA, etc.);
* A progressive response scenario with the partner EMS agency transporting the simulated patient to the hospital where stabilization occurs and air medical services or additional transport need is assessed;
* Team-based care and communication methodology to ensure CAH staff and EMS providers efficiently work together to respond to the emergency event;
* An immediate onsite debriefing/evaluation session for each training to assess measureable outcomes;
* Hospital ownership of the event recording and simulation response observation checklist for reference upon approval of facility’s Chief Executive.

The Office of Rural Health will fund participation for two (2) CAH participants, selected based on the competitive application.

AWARDEE REQUIREMENTS:

Awardee participants will be required to:

* \*Schedule a full day emergency response scenario onsite in their region and at their CAH, coordinated with their identified EMS partner and HSS;
* \*Participate in the event debriefing and response review;
* \*Assist efforts by ORH to replicate similar program(s) by providing any requested feedback.

\*Virtual completion of any and all of the training components is available as needed during the pandemic response.

APPLICATION INSTRUCTIONS:

Applications should include the following items in the order listed below. Please use the titles provided for each section. Please use 12-point Times Roman font for text, and no smaller than half-inch margins. Proposals should be submitted in a single PDF document via email to Rebecca Dobert at [dobert@ohsu.edu](mailto:dobert@ohsu.edu) by **March, 15 2021 at 5 pm PST**. All complete submissions will receive confirmation of receipt.

I Cover Sheet (Attachment A)

Please complete all sections of the Application Cover Sheet (Attachment A) including signatures. This page should be included as the first page in the full application.

II Executive Summary (Attachment B, Maximum 1 page)

Provide a brief summary of the proposal including:

* Overview of existing or proposed EMS collaborative work:
  + Key project personnel;
  + Targeted patient population, improvement areas or emergency scenarios and why;
  + Anticipated improvements for targeted areas.

III Participation Request (Attachment C, Maximum 2 pages)

Provide a detailed request for participation, including:

* Detailed description of proposed goals of participation in the team-based emergency response simulation;
* A brief description of the CAH team(s) anticipated to participate in the training, including roles and activities (planning coordinator, trauma team lead, etc.);
* Description of current or historic EMS collaboration, and proposed EMS team roles and project responsibilities;
* Targeted program, response and/or patient care improvements and how outcomes will be measured.

IV Statement of EMS Collaboration (Attachment D, Maximum 1 page)

Applicant hospitals must provide a statement of collaboration from their EMS service partner, affiliated or external. Statements should document:

* Current or historic partnership efforts, if applicable. This can include collaborative training, improvement projects, process review--any work jointly undertaken by a CAH and an EMS service (affiliated or external) in order to improve response times, care outcomes, and/or transitions of care. Please include any known/measured improvements since undertaking collaboration.
* If no partnership exists, CAHs and EMS should document plans of intent to sustain collaborative work, and build on team-based training if selected to participate in the HSS simulation.

REVIEW CRITERIA

Applications will be reviewed for eligibility. Eligible applications will be scored and undergo a comprehensive evaluation by an impartial review by ORH. Applications will be assessed with regard to the following review criteria:

|  |  |
| --- | --- |
| **Section** | **Points available** |
| Motivation to strengthen emergency response programming and partnerships, identification of EMS partner and clearly defined goals and measures for improving collaboration. | 35 |
| Description of rationale for requested emergency scenario, anticipated benefits of training and metrics/reporting to measure improved care/outcomes as a result. This includes proposed baseline measures. | 35 |
| Statement of collaboration/clarity of partner roles and inclusion in participation planning. | 30 |
| **Total** | **100 points** |

ORH may reject applications are incomplete, or if the proposed projects do not meet the intent of the grant opportunity.

QUESTIONS

Please send questions about these opportunities to Rebecca Dobert at [dobert@ohsu.edu](mailto:dobert@ohsu.edu) | 971.271.0481.

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U2WRH33327, Rural Hospital Flexibility Program. This information or content and conclusions are those of the author and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS or the U.S. Government.*

ATTACHMENT A: APPLICATION COVER SHEET

Hospital Name:­­­­­­­­­­­­ ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Project Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Tax ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital CEO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Grant Agreement that may result:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this page and submitting an application, the following persons certify that the following statements are true:

1. The Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin.
2. Information and costs included in this application shall remain valid for 90 days after the application due date or until a grant is approved, whichever comes first.
3. The statements contained in this application are true and complete to the best of the Applicant’s knowledge and the Applicant accepts as a condition of the grant, the obligation to comply with the applicable State and Federal requirements, policies, standards and regulations. The undersigned recognizes that this is a public document and open to public inspection.
4. The Applicant, by submitting an application in response to this Request for Grant Proposals (RFGP), certifies that it understands that any statement or representation contained in, or attached to, its application, and any statement, representation or application the Applicant may submit under any grant awarded under this RFGP, that constitutes a “claim” (as defined by the Oregon False Claims Act, ORS 180.750(1)), is subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.
5. *The Applicant has read and agrees to all grantee requirements. Failure to meet* ***all*** *of the requirements will result in the hospital no longer being eligible for grant funding from the Office of Rural Health through 2018.*

Project Director Name | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

CEO Name | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_