

**Emergency Medical Services for Children
Innovation and Improvement Center**

Announcement Type: New and Competing Continuation

Announcement Number: HRSA-16-052

Catalog of Federal Domestic Assistance (CFDA) No. 93.127

**Technical Assistance Webinar Questions and Program Responses
November 5, 2015**

Note: The Technical Assistance (TA) webinar and responses may be found at <https://hrsa.connectsolutions.com/p5hfxnilnon/>. Frequently asked questions (FAQs) are posted on the HRSA site at <http://www.HRSA.gov/grants>.

1. By 2017, at least 90% of the EMSC State Partnership recipients will be prepared for the prehospital baseline assessment of the new EMSC performance measures.

What is the definition of "by 2017" -- 1/1/2017 or 12/31/2017?

Response: The annual budget period for the Emergency Medical Services for Children (EMSC) state partnership (SP) program is March 1st to February 28th. During this budget period, EMSC SP grantees will be required to collect data from all EMS agencies, with the technical support of the National EMSC Data Analysis Resource Center, and the EMSC Innovation and Improvement Center (EIIC) will provide subject matter expertise on the performance measures and guidance. EMSC SP grantees will begin collecting data on March 1, 2017. The EIIC will be responsible for ensuring EMSC SP grantees understand the new EMSC performance measures and have resources and tools to educate local stakeholders on the intent of the performance measures in order to garner support.

What does "prepared" mean? Ready to start collecting data, finished collecting data?

Response: It is as you suggest ready to start collecting data. Additional details are provided above. Applicants must explain what strategies and methods will be used to support the grantees.

2. From the grant FOA: "The EIIC will launch QI collaborative activities with at least two distinct cohorts of EMSC grant recipients and relevant SMEs across the four-year cooperative agreement program. " The grant throughout refers to "collaboratives". Is the intent of the FOA to describe 2 separate topics for collaboratives or two distinct stakeholders for one collaborative.

Response: Two collaboratives with key stakeholders and subject matter experts. Over the next four years, the purpose of forming collaboratives will be to address key areas of technical support needed and topics of focus where collaborative work with subject matter

experts is needed. As one example, during the first year of the EIIC, data reported by EMSC SP grantees on the status of achieving EMSC performance measures 71-80 will be made available to the EIIC recipient. A review of one particular performance measure shows that only 10 of the 58 SP grant recipients have established a pediatric medical recognition system (PM 74) and 48 are striving to develop such a system but are at different phases of development. The EIIC will be expected to form a collaborative of subject matter experts to help guide and support grantees to move to the next step. EIIC applicants are expected to describe how this will be done. This would be one collaborative cohort.

3. NEDARC: Is the data hosting and analytics for a QI collaborative required to be done through NEDARC? If so, does the grant need to account for NEDARC time or is this an implied effort of NEDARC?

Response: The EIIC applicant does not need to account for NEDARC time but should describe how they will work in partnership with NEDARC.

4. Who will be the Project Officer?

Response: Ms. Theresa Morrison- Quinata – tmorrison-quinata@hrsa.gov

5. By 2019, at least 30% of hospitals will show an increase in their Pediatric Readiness score by 10%. --- -is this measured on a statewide level or a national level?

Response: It is measured at a statewide level. The goal is to help each state achieve an increase.

6. On pg. 4:HRSA Involvement

Participate in regular meetings and/or communications with the recipients to assess progress (at minimum quarterly check-ins, in person at least twice a year). Does this mean that all grantees need to meet with EIIC personnel twice a year, or that HRSA staff will meet with the EIIC twice a year?

Response: This is the responsibility of HRSA staff.

Will the site visit be where the EIIC is located or does the EIIC staff need to travel to DC?

Response: This is referring to HRSA involvement and responsibilities. Based on the needs of the site to be visited, EIIC subject matter experts will be required to travel to attend the site visit to provide expertise.

7. Pg 11: Disseminate Tools, Products, and Findings.

The collaboratives could be organized based on specific performance measures, strategies or regions. These collaboratives and PDSA cycles may overlap, and will be hosted virtually with at least one time in-person annually. One time what? In person meeting?

Response: Yes, page 11 is referring to an in person meeting

8. Webinar Software from HRSA or budgeted?

Response: Page 11 webinar - the recipient is expected to have the capability described. The EIIC will coordinate, host and facilitate webinars which offer accredited continuing education (CE) units. Webinars should be accessible simultaneously by at least 500 attendees/viewers. All webinars must be archived and accessible for the duration of this cooperative agreement and must be transferrable to a publicly accessible federal web-based platform upon completion of this cooperative agreement

9. “Facilitate, manage and coordinate technology to host an EMSC Program website; provide web-based education; manage web-based collaboratives and meetings; create collaborative workspace; and interact frequently using social media and other technology available to reach a broader audience.” Can this be outsourced or does this imply building this internally?

Response: An applicant can choose to contract activities and need to explain that in the application and budget.

10. In the meeting with 250 grantees, will they be supporting their own travel and lodging?

Response: Yes, each EMSC grantee is required to budget for specified EMSC-hosted meetings.