

September 22, 2021

Whatcom County EMS Council
1212 Indian Street/PO Box 5125
Bellingham, WA 98227

RE: Community Based Training Grant Application

To: North Region EMS and Trauma Care Council,

Please find my application for the Community Based Training Grant enclosed.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Tiffene Hanson". The signature is written in a cursive, flowing style.

Tiffene Hanson, EMT-P
Whatcom County Fire District 7

North Region EMS & Trauma Care Council

to avoid any confusion or missed invoices, and clearly state what Hospital or EMS Agency the reimbursement check is to be made to.

North Region EMS & Trauma Care Council Community Based Training Grant Application		
Application must be submitted and reviewed by your Local EMS Council Office.	<ul style="list-style-type: none"> Applications must be evaluated by your Local EMS Council to be eligible. Your local council may have a more specific deadline. Late or incomplete applications will not be accepted. Answer all questions <i>in the spaces and format provided.</i> Do not use smaller than 10 point type. Signature of the applicant and/or authorized representative is required. Submit support materials behind the application (brochures, references, samples, equipment descriptions, etc.). 	
1. Contact Information	Organization: Whatcom County Fire District #7	
	Primary Contact: Tiffene Hanson	
	Address: 2020 Washington St	
	City: Ferndale	Phone: 360.483.4588
	Zip: 98248	Fax: 360.483.4585
	E-mail: communityparamedic@wcfd7.org	Website: www.wcfd7.org
	Federal Tax ID#: #47-0937382	
	Fiscal Year End Date: December 31	
	County: Whatcom	
2. Summary	Project/Equipment/Grant Title: Safe at Home—Staying independent and healthy	
Short Description (Limit 5 Lines): This pilot project goal is to reduce fall related 911 calls/responses and reduce reoccurring falls for adults 65 years old and older. A community paramedic will conduct a patient centered intervention, educate the patient on fall risks, identify and mitigate environmental home fall hazards and refer patient to other community resources as needed.		
Project Budget: \$ 15,682	Amount Requested: \$ 5,602	
3. Detailed Description: Explain the proposal/activity/project/training and how it benefits the North Region. How will you spend the money? What do you plan to do? When? Where? Include specific information regarding cost, dates, location, and activities, as well as general information regarding the content and significance of the proposal.		

Project Description:

This pilot project called **“Safe at Home- Staying Independent and Healthy”** is modeled after the King County Emergency Medical Services “One Step Ahead Fall Prevention Program” where it saw a decrease of reoccurring falls within the cohort of 83% and a reduction of 911 calls and 911 fall calls post intervention (See chart)

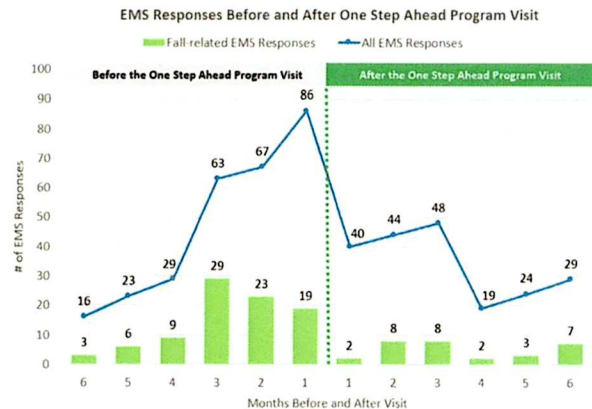
It is anticipated that WCFD7 will assess approximately 20 homes/individuals during the grant timeframe. A “Community Paramedic” will conduct a patient centered intervention including a mobility

assessment, fall history and medication review and make referrals to the Northwest Regional Council Area Agency on Aging to meet other needs of the fall patient. A home safety walk through will be accomplished that will identify fall hazards and mitigate those hazards by installing the necessary DME’s and wall bars at no cost to the patient.

This pilot project could be easily duplicated in other fire department response areas, therefore reducing future falls in the 65 years and older population.

Evaluation:

This project will conduct a phone survey 2 to 3 weeks after the intervention asking if additional assistance is needed and if any of the suggested home improvements were made, or if they were connected with the AAA or PCP. At 3 to 4 months post intervention a phone survey will be conducted asking specific questions related to falls and other health issues, and an analysis of participants’ EMS responses 6 months pre/post of the intervention



4. Summarize the Three Principal Objectives:

Objective 1: Identify fallers in independent homes or apartments

Strategies/tasks to reach objective:

1. Firefighters will refer qualified fall patients to the Community Paramedic program.
2. The Community Paramedic(CP) will data dive on Image Trend to also identify qualified fallers

Objective 2: Educate fallers on how to reduce fall risks

Strategies/tasks to reach objective:

1. Conduct a patient-centered intervention that includes a patient mobility assessment, medication reconciliation, medical history review, and discuss other health issues
2. Refer fall patients to the Area Agency on Aging for further community resources to address: mental health issues, home chores, transportation needs, etc
3. Refer fall patient to their PCP if patient needs physical/occupational therapy or to address other health issues-pending patient approval for release of information
4. Refer fall patients to evidenced based exercise program

Project Evaluation:

Objective 1: Reduce reoccurring falls and 911 calls/responses within this cohort by 25%

1. Contact participants by a phone survey 2-3 weeks and again at 3-4 months post intervention asking specific questions regarding-recommended home environmental changes, follow-up with AAA or PCP, 911 call/ fall history post intervention, etc
2. Review EMS cohort 911/EMS response data 6 months pre/post intervention comparing # of pre EMS responses to post intervention EMS responses within the cohort
3. Track # of referrals that are made to the AAA for additional social services as needed

5. Agency Information: Describe the mission and/or goals of your organization. How does the proposed project relate to and enhance them? Why is the proposed funding request a priority at this time?

Mission Statement:

Whatcom County Fire District No. 7 pledges to provide trained personnel, apparatus, equipment and facilities to meet the public's request for fire, emergency medical services, hazardous materials and disaster response and to promote fire prevention, safety, medical education and enforcement of life safety codes.

Agency Goals:

1. We still strive to be leaders within the EMS community and always lead by example. We will work hard at being a seamless part of the community that we live in.
2. We will take opportunities to engage our public, when they are presented to us.
3. We will be active in community groups, service organizations and in general, give back to the citizens whenever possible.
4. We will strive to always be approachable and will go out of our way to provide help to the community, in whatever way we can.

Whatcom County Fire District No. 7 (WCFD7) covers 72 square miles in and around the City of Ferndale, and serve the Cherry Point Industrial area of Whatcom County. The department has 49 career employees and 75 volunteers. Over 11,000 residents are served by Whatcom County Fire District 7. In 2020, WCFD7 responded to 142 fall related incidents to people 65 years old and older. Of which 116 were in single family homes, apartments and mobile homes. 50-70% of falls occur in the home and 50% of all accidental deaths that occur at home are caused by falls. By reducing reoccurring falls, we meet our #3 and #4 agency goals.

It is estimated by 2034, the older adult population will out-number children and starting in 2030, older Americans will make up to 21% of the population, up from 15% today. The number of 85+ year olds will also triple.

US Census-The US Joins other Counties with Aging Populations

The project will be expanded with other community partnerships and funding opportunities that include private ambulance, hospital trauma program, hospital foundation, civic groups, private businesses and other fall prevention advocates. With expansion of the project to include other community partners we meeting our agency goals #1 and #2

North Region EMS & Trauma Care Council

6. BUDGET: Expenditures and Income			
Description	North Region Grant	Matching/In-Kind *Include agencies providing support	Grand Total
Meetings/Events/Education mileage	\$1,680		\$1,680
Equipment safety devices- wall bars & DMEs	\$3,372	[Type text]	\$3,372
Contractual Services (Marketing materials, patient assessment forms, surveys, etc)	\$550	[Type text]	\$550
Other Expenses (describe)	[Type text]	\$10,080	\$10,080
Other Expenses (describe)	[Type text]	[Type text]	[Type text]
Grand Totals	\$5,602	\$10,080	\$15,682

7. Budget Narrative: Use this space to provide additional information about your budget and expenses. Is this a continuing project? If so, how will it be funded in the future?

Below is the detailed budget for all expenses—not all DME's will be provided per household -pending patient needs will determine exact DME needs to assist in their ADL's. Installation of DME's will be accomplished by the Community Paramedic. Pending project outcome will determine project future

ITEM	QTY	<u>COST+</u> tax	Item #	Manufacturer	TOTAL
Tub Grab Bar	10	64.88	G98006H	Medline	648.8
Adjustable toilet safety frame	10	47.88	ISG1392KD	Invacare	478.8
Handheld showerhead	14	21.44	20373501	McKesson	300.16
Wall Grab Bar 2 per home	40	48.6	G81020KEH	Medline	1944
Marketing brochures					250
Educational/survey materials- printing					300
Transportation/mileage = .56pm					1680
60 trips @ 50 miles RT					
TOTAL					5601.76

8. Signature: The signatory declares that she/he is an authorized official of the applicant and is authorized to make this application. She/he will assure the funds received as a result of this application are used only for the purposes set forth herein.

 
Signature of Applicant or Authorized Signer Date

Application Review Criteria

Application will be reviewed for funding recommendation according to the following ranking criteria as listed in the Criteria Matrix. The Criteria Matrix is as follows:

1. Eligibility as a licensed EMS Provider in the North Region (licensed EMS providers, first responder organizations, injury prevention organizations, EMS training centers, academic institutions and others related to EMS).
2. Purpose- Does it improve the existing quality of prehospital EMS activities or services, decrease patient mortality and morbidity; or expand the extent, size or number of existing prehospital activities or services?
3. Does it provide for countywide or multiple agency application/participation?
4. Does the project include written, measurable, obtainable objectives?
5. The project is clearly described.
6. There is strong evidence that the project is responsive to the defined need and is service driven rather than agency driven.
7. The work plan is clearly identified/ defined.
8. There is strong indication the project is not replacing or unnecessarily duplicating existing equipment and is for only those items necessary to accomplish the objectives.
9. The budget is reasonable.
10. The project application, overall, is clear and complete.