Welcome & Introductions

Exhibit 1A Subcommittee Roster
Exhibit 1B Subcommittee Meeting Minutes from January 20, 2011

Background:
Goal of this subcommittee is to review EMS resource gaps and develop a plan to allocate grant funding.

Action:
Roster provided for information only. Group to edit and approve minutes from previous meeting.

Minutes:

Minutes approved with addition to Robert Holloway in attendance via
teleconference from January 20 meeting

2. 7:45 Required Minimal EMS AMI Equipment & Capabilities

Kevin

Background:
Each EMS Agency is completing the AHA Memorandum of Understanding (MOU) to participate in this initiative and agree to the following:
This honorarium is provided for EMS agency to purchase, repair or update the following essential equipment that must be in good working order and in place by January 31, 2010 (and which must remain in good working order throughout the term of this agreement):

- Working 12 lead EKG on every EMS Agency truck
- Transmission of 12 lead EKG for 100% of all suspected AMI patients to intended receiving Hospital
- Equipment capable of capturing and storing electronic patient medical records compliant with the NEMSIS data set.

Action:
Review to inform the next agenda item on additional EMS funding opportunities.

Minutes:

- All MOUs remaining to be signed are in the final process
  - Super Bowl and legal has delayed Dallas Fire Rescue
  - Not wanting to rush the process due to data collection from each participating agencies
  - Those associated with Biotel will be easier to accesses to export into UT Houston
  - Those not associated with Biotel their vendors have been contacted
  - Anticipate receiving the first data in April
  - There are 6 EMS agencies that do not transmit at this time
  - There are some EMS agencies that have the equipment, but cannot transmit
  - One EMS agency that has nothing
  - Sunnyvale ability to transmit stopped in December, they need to get onto the Biotel server that Mesquite uses.
    - They are suppose to be able to get Philips to transmit to Lifenet
      - Philips is able to transmit to Lifenet
• Will talk to Phillips IT personnel, to come up with a solution
• Need the assessments to determine the needs and it’s part of the agreement
  o It doesn’t designate who needs to complete the form, just that the person is knowledgeable with regards to their agency
• Agencies should be reporting 100% of all AMI patients
  o There may be occasions may not met 100%, due to time of transport, technical issues
  o Must always try to attempt to transmit
  o If not able to transmit due to technical difficulties, must report issues to management, those goes back to accountability
  o If someone does not want to transmit for personal issues, that must be address to appropriate personnel
  o Richardson has experienced call drops, in order to have transmitting equipment working properly again must shut down and reboot
  o Richardson has also just starting transmitting in the last 3 to 5 months, so it’s a learning curve
    ▪ That will be part of the protocols and will be part of what you are suppose to do and place it to memory
  o Also is getting the hospitals to appreciate the data that’s being sent to them
    ▪ Medical City has been making sure to do just that, there was a case where Richardson’s Lifenet transmit was the only 12 lead that was used
    ▪ It’s a culture change, part of what the education subcommittee will be working on
    ▪ Paula, Texas Health Presbyterian Dallas has received an increase of transmissions to Lifenet and had 3 activations from the field
    ▪ Hospitals must provide feedback to EMS agencies they do not received the transmit
    ▪ Asking each one of the agencies to run a report to specifically capture, “Did your EPCR get tagged as being a cardiac call?”
    ▪ So the data will show the calls received by each agencies
      • Which is part of the data asked to be
completed (i.e. X agency had 6 calls in a quarter, Y agency had 25) that will show the population being served, the age of the population

- Question: Will it also show the social economic? (i.e. 20% were Asians)
  - Gender
  - Zip Code
  - All that type of data
- UT Houston will be able to analyze the data and see if it was a gender issue, social economic issue, demographic area
- The reports that the hospitals send to Action Registry will have all the demographics on it
- This will help to pinpoint some things in a particular area
- Help AHA to focus on those areas that the data shows may need attention

- Each agency has an EPCR capable of capturing the NEMSIS data set
  - Garrett from Garland stated they went live Tuesday and are now transmitting 12 leads, using RescueMedic as ePCR
  - Talking to vendors of the electronic records through EMS agencies, to talk about the specifics of what can and cannot be added to make it easier for documentation
    - Intermedix
    - EmerinData
    - ESO
    - RescueMedic
    - National Reimbursement Services
  - Due to the routine of narrative charting may take some time to get use to easy charting once it’s available
    - Steve has been tracking the progress from RescueMedic of the items used for easy charting such as
      - Did you ask for field activation?
      - Did you transmit the data
      - Caught one mistake, when going to validate the report it did not pick up
      - Must ask vendor to activate fields
  - Chris is having problem with ESO running extraction of data, Steve from Irving and Highland Park are using ESO, their
actual report that they are running to send is all included in the data, trying to eliminate the extra data it’s just a generic data pool

- Russell to call them
- Highland Park has a year-to-year contract with them and it’s up, so may want to add that information

- Action item
  - Reviewing the data spreadsheet
  - Showing what is missing for each agency
    - All MOUs are in the last stages of signing
    - Baseline Assessment
      - DFW Airport, will change to show received
      - Grand Prairie, will change to show received
      - Sasche, still need
    - 8 EMS agencies in the process of receiving their checks
    - Will need to have W9 form for record keeping and tax purposes
    - EMS agencies should take a look at is still missing from their agency
    - Russell will contact those agencies missing forms
    - Question: Are the stipend check cut on the 31st or 30th of June or there about?
      - It’s a benchmark, it will have a lot to do with the Stakeholders and what they approve

3. 7:50  Grant Funding  
Craig

Exhibit 3A AHA Dallas Caruth EMS Honoraria Funding as of 2/16/11

Background:
A total of $600,000 has been provided in the AHA Dallas Caruth grant to eliminate EMS equipment gaps to providing optimal AMI patient care. Exhibit 3A details the projected allocation (for initial equipment gaps and data submission) and remaining funds. MOU completion status will affect the amount available for additional equipment gaps.

Action:
Review exhibit information to identify any incorrect information and funding calculations. MOU suggested deadline for EMS was to be on February 14, 2011. Process to identify and fill gaps to be discussed later in the agenda.

Minutes:
• Reviewing the total grant fund of $600,000, will have $124,000 left for Equipment/resources gaps
  o Will make a determination based on your knowledge about what exactly someone needs and presented to the voting members for approval
  o New EMS Liaison (Russell) will help to make sure a lot of this is being taking care
  o Dawn ask Chris to submit the form for additional funding, the form is in the agenda packet and asked him to contact Russell

4. 8:05 Equipment Allocation Process & Timelines  Kevin
Exhibit 5A Proposed EMS Equipment Allocation Timeline

Background:
A formal application process must be established to determine EMS equipment allocation. A proposed equipment allocation process and timeline are listed in Exhibit 5A.

Action:
This committee will review the process and timelines voted from the previous meeting.

Minutes:
• Reviewing the Proposed EMS Equipment Allocation Timeline
  o Moved timelines to try and accommodate the time needed to maybe find other companies/agencies that are will purchase the items needed, in order to save money to use it somewhere else

5. 8:30 Application and Informational Material  Craig
Exhibit 6A Application for EMS AMI Equipment Funding

Background:
A formal application must be created and distributed to each EMS agency. Application is attached.

Action:
This form was sent to agencies for their review and completion.

Minutes:
Also to date we’ve only had one submit the request for additional funds, knowing that’s not the case we don’t want to present it to the Stakeholders as such

Dawn suggested this subcommittee have a teleconference with the voting member to vote on it once all appropriate applications are received, because we may not have it ready to present on March 3rd but don’t want to wait until the next Stakeholders meeting in June

Also making sure agency understand it doesn’t have to be a big ticket item could be something like SPO2, or you have a lifepak 12 and don't have ETCO2 on it

Could consider it for PIP contract or EPCR contracts

Russell may have a meeting with co-chairs next Friday to check the process and decided what to do then

Russell to also take a look at the benefit of the request (i.e. if agency is request 12 or 15 pack how much data will they be submitting to AHA)

When send the email regarding equipment needs, state the agencies must send back the form whether or not they need any equipment needs

We want review each request to see the benefit for that agency to receive the equipment (i.e. how much data are they submitting to AHA) in order to submit it to our voting members

Also looking at the greatest needs

Also when submitting add the total cost, attach a quote

Question: Do we know what the minimum standards are, yes the MOU states the minimum standards

We want to make sure we all meet the minimum standards

6.  8:50  Review Action Steps/Next Meeting Date  Kevin

Action:
Summarize a list of action steps from today’s agenda and confirm next meeting date(s).

Minutes:

- Dawn will add as an addendum to the agenda, if all is done on March 1st
- Voting members in meeting confirm will attend March 3rd meeting, Lt. J.D Yates the only one not able to attend
• Change the meeting date from March 17th to March 10th

7.  9:00  Adjourn

Adjourned 8:26

Craig
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Welcome & Introductions

1. 7:30 Welcome & Introductions

   Kevin

   Exhibit 1A Subcommittee Roster

   Exhibit 1B Subcommittee Meeting Minutes from December 9, 2010

   Background:
   Goal of this subcommittee is to review EMS resource gaps and develop a plan to allocate grant funding.

   Action:
   Roster provided for information only. Group to edit and approve minutes from previous meeting.

   Minutes:

   - Add Laura Hillary to roster
• Subcommittee was asked to review and vote on the minutes from the previous meeting
  o Minutes were previously sent via email for vote, however moving forward we will vote to accept the minutes at each scheduled subcommittee meetings
  o The minutes were approved as is

2. 7:45 Required Minimal EMS AMI Equipment & Capabilities  Kevin

  **Background:**
  Each EMS Agency is completing the AHA Memorandum of Understanding (MOU) to participate in this initiative and agree to the following:
  This honorarium is provided for EMS agency to purchase, repair or update the following essential equipment that must be in good working order and in place by January 31, 2010 (and which must remain in good working order throughout the term of this agreement):
  • Working 12 lead EKG on every EMS Agency truck
  • Transmission of 12 lead EKG for 100% of all suspected AMI patients to intended receiving Hospital
  • Equipment capable of capturing and storing electronic patient medical records compliant with the NEMSIS data set.

  **Action:**
  Review to inform the next agenda item on additional EMS funding opportunities.

  **Minutes:**
  • Dawn/Kevin had a teleconference about the transmission of 12 lead EKG for 100% of all patients, and how that was a concern back in December
  • Agreement will be that you (EMS agencies) still get as close to the 100% as we can, but there’s the understanding that there are going to be those 3 minutes out from the hospital or you are just so busy that you don’t have a chance to do that or equipment failure
    o Accountability will be instilled to the agencies for compliance
    o Also if we are encountering equipment failure we need to notify the EMS Chief/Admin or whoever so that we can figure out is it on our end or the receiving hospitals, just so that you
are covered in case it’s brought up and you stated it’s been broken for the past two months and no one was notified
  o Also to give us a chance to work with the hospitals if you noticed that the transmissions have just been sitting on the fax machine

• As far as the group here who’s able to transmit and who is not
  o Irving first to work with Lifenet
  o Medical City of Arlington has just
    ▪ HCA system has a Lifenet system in their hospital, all 10 facility have it, working with Arlington to provide the remaining EMS agencies with the equipment needed to transmit.
  o Garland is still working with them to get their Lifenet system up and running
  o Liz from PhysioControl helped Dawn with list of what each EMS agency had as far as equipment, to give us (AHA) an idea of the equipment needs, there is an application of commitment for additional funding
    ▪ PhysioControl will work with each agency with regards to the “needed” equipment
    ▪ Trades will be made for monitors in hand
    ▪ We are working with them on that, but they don’t want to give us $4,000 for it and it’s only 3 years old granted it’s still not working but every time we send it in to Zoll they tell us that it is

• The list of equipment is incorrect. It was suggested to all to review each agencies and send updates to Dawn
• We (Sachse) don’t have any capability to transmit to the two hospitals we transport to for STEMI they have the ability to receive them we just don’t have anything available
  o What equipment are you using, Rick stated they are using Physio that’s their frontline they have one Philips not being used, got two frontline MICU running two Physio Lifepack 12s
  o Ronnie from HCA to call Rick to discuss

• There was a statement regarding having trouble with Bluetooth not working properly
  o It doesn’t seem to matter which devices you are using the Bluetooth capability doesn’t seem to work well
  o Kevin stated that they setup theirs to do either or, but everybody just cables it just seems to be that the cabling works 100% of the time and the Bluetooth works 5% of the time, tech guys tell you to cable it
• Has anybody dealt with the Bluetooth issue on the Panasonic Toughbook deal and actually fixed it
  o We’ve tried it in Sachse and just went cable
  o We met last week with Dell and we are going to demo some tablets the new Toughbook from Dell and that’s one of the things we are going to work on with them
  o We are ready all we have to have are monitors that are capable of doing that
  o Kevin stated try to do is give you the ROC study pricing
  o Maybe we should start thinking about putting the money into the Bluetooth cable piece
  o Reduce pricing on the cables if a large amount of them are bought

• Equipment capable of capturing and storing electronic patient records so that EPCR, everybody is in place to do that that there is not anybody that’s not utilizing EPCR in the field right now is there
  o Garland isn’t but we are working on it
  o Dawn talked to UT Houston yesterday they were discussing discussions with Emergin data and Intermedix companies
    ▪ UT Houston has some instruction for exporting the data
  o Also in addition to that the non-Biotel, there is the Data Use Agreement form we (AHA) have to have
    ▪ We (AHA) cannot transfer the data unless we have that form
  o Updates to RescueMedic data fields
    ▪ In outcome section it now shows “Was 12 lead data transmitted?” it’s either yes, no, or n/a and “Was cath lab activated by field personnel?” yes, no, or n/a
    ▪ It can be set as an absolute field
    ▪ Is everyone documenting if they activated from the field even if there’s not a specific data field
      • Yes, and they have been told it’s imperative
  o Can those data fields also be set to the other devices
    ▪ Physio has a completely separate chest pain section and it covers everything
    ▪ Are they going to open that up or do we need to contact them individually to make changes
    ▪ On those chest pain items those are easiest to add, let me Kevin know if they give you problems and I’ll follow up on my side

3. 7:50 Grant Funding

Kevin
Exhibit 3A AHA Dallas Caruth EMS Honoraria Funding as of 1/11/11

Background:
A total of $600,000 has been provided in the AHA Dallas Caruth grant to eliminate EMS equipment gaps to providing optimal AMI patient care. Exhibit 3A details the projected allocation (for initial equipment gaps and data submission) and remaining funds. MOU completion status will affect the amount available for additional equipment gaps.

Action:
Review exhibit information to identify any incorrect information and funding calculations. Discuss proposed new MOU deadline for EMS to be February 14, 2011. Process to identify and fill gaps to be discussed later in the agenda.

Minutes:

• Do we know which of the EMS agencies still have not turned in their MOUs
  o We have 7 outstanding EMS MOUs, they have some issues that they are working through
    ▪ i.e. Dallas and DFW a lot of the issues has to do with Super Bowl
    ▪ The one agency that Dawn hasn’t been able to communicate with is Wilmer
      • Asked for help from the committee members
      • They only have one truck, their monies are not a big part but if they decide not to participate their money will go back into the funds
      • Talked to captain in Wilmer and he does want to do it, he’s just been in school for the past two weeks and is just now catching up
  
• TLC is a new finding for us (AHA), they have 2 trucks serving Seagoville
  o Seagoville has contracted out TLC for their 911 call services and because of that we cannot leave out the citizens of Seagoville because they’re (TLC) a for profit organization
  o How about Balch Springs, it contracted Careflite
    ▪ They have not responded to any of our (AHA) communications and this has been documented to make sure we were covered
• Also this subcommittee suggested January 14 for deadline to turn in MOUs
• This is about the February 14 date if that’s okay with everyone that we extend it one additional month, can we make it official and vote
  o The 14th deadline was just for the departments that have already turned in their stuff to get them up and going and anybody after that just falls in after
  o It was suggested that you get everybody’s paperwork in so we could move forward and get that money out, if we have all the forms in place which include the
    ▪ MOU
    ▪ Data Use Agreement (for non-Biotel)
    ▪ Addendum to the MOU
    ▪ Payment Request Form
    ▪ W9
    ▪ Baseline Assessment
• Highland Park Equipment Assessment has old information
  • Dawn to send out to EMS agencies for update
  ▪ Yes we are going to still move forward with those that already have all their documents in
  ▪ two forms:
    • W9
    • Sign out of how you want to receive your funds (i.e. directly to a certain individual in the fire station, direct deposit)
  • Do a run list today of who’s done it and who needs to do it
  • We are sending all these types of documents to the voting member, however if this is something we need to start including you all we will
  • Start sending it to the voting member and anyone who’s actively in the subcommittees
• One thing you all should have received from AHA about the honorarium that Dawn sent out, it will show you when the payouts are going to be throughout this grant process like the initial stipend
  o It will provide you with the timeline
  o It’s got on there what the payment are suppose to be based off the number of active MICUs or ambulances you have on the list
  o It will give you an idea to go back and tell your chief or
whoever what the amount is and when to expect it

- It is considered a gap if you are unable to transmit
  - It states that in the MOU that it’s suppose to be cardiac related
- For the March 3 Stakeholder meeting we’ll have specifics that we’ll vote on that we’ll bring to that committee from this group
- Want to go on record and thank Ronnie for helping a ton of the departments out and let your CEO know that we appreciate that
- Kudos to Dawn when a part of HCA and Paula with THR for getting the processes going in getting equipment needs for the EMS agencies per Mr. Ikler

4. 8:05 Equipment Allocation Process & Timelines

Kevin

Exhibit 5A Proposed EMS Equipment Allocation Timeline

Background:
A formal application process must be established to determine EMS equipment allocation. A proposed equipment allocation process and timeline are listed in Exhibit 5A.

Action:
This committee will review, edit and approve the proposed process and timelines.

Minutes:

- For the equipment to be approved by the voting members
  - The committee needs to complete the recommendations by February 18th to present on the March 3rd agenda
  - If not that will move everything to the June group meeting
  - We may need to decide to meet one more additional time before the 17th or expend the meeting to an hour and half or two hours
  - We should have a good idea by then what everyone needs
  - At the very least we can vote on moving the funds for the ones that have everything completed
    - Dawn will research when the first checks will be sent out
    - Kevin to talk to Tami to ask who can be present for DFR
5. 8:30  Application and Informational Material

Exhibit 6A Draft Application for EMS AMI Equipment Funding

Background:
A formal application must be created and distributed to each EMS agency. A draft application is attached.

Action:
Revise the draft documents and determine date for sending to agencies

Minutes:

- This application has been sent with the agenda
  - It’s used for any additional equipment needed
  - It talks about the verification of what is the minimal requirement and then if there is additional equipment
  - This will be filled out by the EMS agency for anything extra you are wanting
  - What I (Dawn) have to do and probably with your (committee) help is look at the list and look at the critical needs
    - Because what I anticipate is we’ll get a $300,000 need list and we only have $124,000 to spend
    - We’ll take the list and look at what the critical needs is and priorities that
    - For example one of the agencies is not transmitting because they don’t have anything, so that’s going to be at the top of the list
    - We have to decide what is the highest priority, we anticipate to get a $300,000-$ 500,000 additional even though we are going to give out $600,000
    - Is the wording on the form appropriate for everyone, it pretty much spelled out check here check there and put in what you want
  - The only is it states MOU completed, now that we have several documents needed is that going to change anything
  - MOU should be sufficient
  - Most of the bigger departments are already transmitting, but the departments that aren’t transmitting when are we looking to have them up and running
• Send in your updates of the equipment you have and the need equipment request so that we can have it ready to look at our next meeting and get it ready to send it for vote
• Make sure you negotiate prices with Physio
• Also Dawn state to Liz they need to start doing training of their equipment to the EMS agencies

6. **8:50**  Review Action Steps/Next Meeting Date  
**Action:**
Summarize a list of action steps from today’s agenda and confirm next meeting date(s).

**Minutes:**

**AHA:**
- Dawn to send out the equipment list
- Dawn to send out check list of items still need (i.e. MOUs, W9)
- Check on the Bluetooth and cable (Kevin stated he could do that too)
- Something in writing specific on what you can spend the money on

**Members:**

- Turned in run sheets
- Those that are non-Biotel to talk to Jami from Houston on how to export their data

Next meeting Feb 17th

7. **9:00**  Adjourn  

Adjourned 9:10 am
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Completed MOU to date $253,000
Total EMS Equipment Grant Funding $600,000
Funds Remaining $347,000
If All sign MOU $475,600
Total EMS Equipment Grant Funding $600,000
Funds Remaining $124,400
### AHA Dallas Caruth Initiative
#### Subcommittee EMS Resources
#### Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Priority</th>
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<tbody>
<tr>
<td><strong>Subcommittee Meeting</strong></td>
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<tr>
<td>January 20, 2011</td>
<td>• MOU completion and proposed deadline</td>
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<tr>
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<td>• Grant funding update (committed and available funds)</td>
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<tr>
<td></td>
<td>• Review minimal EMS equipment requirements</td>
</tr>
<tr>
<td></td>
<td>• Creation of EMS equipment funding process &amp; application</td>
</tr>
<tr>
<td></td>
<td>o Identify information needed for subcommittee</td>
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<tr>
<td></td>
<td>o Create application &amp; promotional language</td>
</tr>
<tr>
<td></td>
<td>o Finalize timeline to submit</td>
</tr>
<tr>
<td>February 17, 2011</td>
<td>• Review available grant funding</td>
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<td>• Review current EMS Equipment</td>
</tr>
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<td>• Review submitted EMS Equipment Funding Applications</td>
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<td>• Finalize requirements for agencies receiving funds</td>
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<td>• Finalize subcommittee recommendations on new EMS equipment to fund with available resources</td>
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<tr>
<td><strong>Stakeholder Committee</strong></td>
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<tr>
<td>Meeting March 3, 2011</td>
<td>• Members to discuss subcommittee recommendations and approve or reject</td>
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<td>o If rejected, identify additional information needed from the subcommittee and time for Stakeholder Committee to review for vote</td>
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<td><strong>Subcommittee Meeting</strong></td>
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<tr>
<td>March 17, 2011</td>
<td>• If not approved on 3/3/11, review additional information needed and adjust timeline</td>
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<tr>
<td></td>
<td>• If approved on 3/3/11:</td>
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<tr>
<td></td>
<td>o Identify process to distribute funds from AHA</td>
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<tr>
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<td>o Create process and form to document acceptance of the equipment funding (i.e. RFP needed?)</td>
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<tr>
<td>April 21, 2011</td>
<td>• Review equipment RFPs</td>
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<td>• Update on funds distribution and continue through completion</td>
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<tr>
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<td>• Update on equipment purchasing and continue through completion</td>
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<td>• Update on agency training on new equipment placement and educational needs</td>
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<tr>
<td>May 19, 2011</td>
<td>• Reports from receiving agencies on equipment placement and educational programs completed</td>
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<td>• Develop evaluation process to identify impact</td>
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<td><strong>Stakeholder Committee</strong></td>
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<tr>
<td>Meeting June 2, 2011</td>
<td>• Report on funding allocation and equipment placement</td>
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A specific goal of the AHA Dallas Caruth Initiative is to ensure every EMS Agency in Dallas County has the minimal equipment necessary to ensure delivering optimal care for Acute Myocardial Infarction (AMI) patients. Grant funding is available for current equipment and capability gaps and the EMS Resource Subcommittee will review applications to determine most appropriate and effective use of grant resources. Please note this funding is available for a limited time and all applications must be received by Tuesday, February 14 (8 pm CST), with all requested information completed for consideration. The application and allocation process and timeline is available from AHA staff or at www.heart.org/caruth.

EMS Agency Name: __________________________ MOU submitted? Yes No*
Application Submitted by: __________________________ Application Date: __/__/____

* note that the MOU must be submitted to be eligible for additional equipment funding

Verification of Minimally Required Equipment and Capabilities

The initial honorarium was provided for EMS agency to purchase, repair or update the following essential equipment that must be in good working order and in place by January 31, 2010 (and which must remain in good working order throughout the term of this agreement).

By submitting this document, the Applicant attests that the EMS Agency listed has the following equipment in good working order and the capabilities as listed (please initial):

_________ Working 12 lead EKG on every EMS Agency truck

_________ Transmission of 12 lead EKG for 100% of all suspected AMI patients to intended receiving Hospital

_________ Equipment capable of capturing and storing electronic patient medical records compliant with the NEMSIS data set.

Additional Equipment Requested

Please list below in order of priority.

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<th>Total Cost*</th>
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* Total Cost includes if this is a one-time purchase or recurring fees – please describe