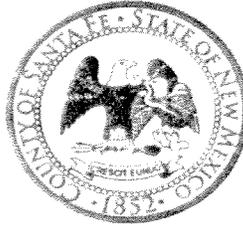


2013-0264-FD/MS

Daniel "Danny" Mayfield
Commissioner, District 1

Miguel M. Chavez
Commissioner, District 2

Robert A. Anaya
Commissioner, District 3



Kathy Holian
Commissioner, District 4

Liz Stefanics
Commissioner, District 5

Katherine Miller
County Manager

February 5, 2013

New Mexico Trauma System Fund Authority
c/o State Trauma Coordinator
NM DOH EMS Bureau
1301 Siler Road, Building F
Santa Fe, NM 87507

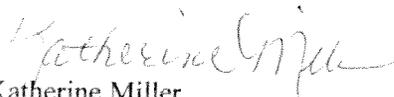
To Whom It May Concern:

This letter grants permission for the Hondo Fire District, Santa Fe County Fire Department, to submit the attached New Mexico Department of Health Trauma System Fund Application.

Santa Fe County, as the Authority Having Jurisdiction over the Hondo District, is in support of this application and recognizes that any Memorandum of Understanding issued in regard to this application for grant funding is deliverable based.

Thank you for your consideration.

Sincerely,


Katherine Miller
County Manager
Santa Fe County

**NEW MEXICO
DEPARTMENT OF
HEALTH**

**Trauma System Fund
FY 14**



**T r a u m a S y s t e m
D e v e l o p m e n t
A p p l i c a t i o n**

NEW MEXICO DEPARTMENT OF HEALTH TRAUMA SYSTEM FUND APPLICATION

for

TRAUMA SYSTEM DEVELOPMENT

Guidelines for Applications

State Fiscal Year 2014

01 July 2013 – 30 June 2014

Overview

This document describes the required process for eligible trauma system development projects to receive funding for State Fiscal Year 2014 (FY14). Funding will be issued through a separate agreement between each approved organization and the New Mexico Department of Health (DOH) Memorandum of Agreement (MOA) process.

In 2006, the New Mexico Legislature passed House Bill 266, the Trauma System Fund Authority Act (TSFAA), in response to a 2005 Governor's Trauma Task Force study on the crisis in trauma care in New Mexico. The Task Force committee's report "New Mexico TRAUMA CARE CRISIS 2006." described the crisis and mitigation recommendations that prompted the TSFAA to establish a Trauma System Fund Authority (TSFA). The TSFA has clear direction and purpose to: sustain existing trauma centers; support the development of new trauma centers; develop a statewide trauma system; and, distribute the trauma system fund created by the TSFAA.

The TSFA established general guidelines for trauma system development funding use. However, the TSFA delegated the application process and the review of all applications to the Trauma Advisory and System Stakeholders Committee (TASSC). TASSC presents prioritized funding recommendations to the TSFA, which has final authority for funding allocations.

This document provides guidance for completing the application and describes the procedures for application submission and funding approval.

Funding Focus

The Governor's Task Force Report stated that a trauma system matches the needs of the traumatically injured person to the facility with the resources to treat the patient and achieve the best possible outcome. A trauma system is an organized, pre-planned approach to caring for the severely injured patient, which facilitates optimal outcomes (i.e., life vs. death, health vs. disability). It includes a continuum of care: injury prevention, emergency medical services, community hospital emergency departments, hospital-based trauma centers, hospital inpatient care, rehabilitation, and outpatient follow-up treatment. Applicants for funding must address how proposed projects will provide support to trauma system development in New Mexico and are in alignment with the New Mexico Department of Health Strategic Plan as presented in the TSFA System Development Application appendix.

Accountability

This section describes requirements for agencies applying for TSFA funding for FY 14. Funding will be allocated through an MOA between each approved organization and the DOH. **No MOA task may be started until the entity has received an MOA signed by the Secretary of the Department of Health.**

Receipt of funds is deliverable based. All funded agencies must submit documentation of the project's phases or its completion by submitting reports, receipts for purchases, and/or other documents as required by the MOA in a format designated by the DOH Emergency Medical Systems Bureau (EMSB). **If your agency is governed by a county or tribal authority, a letter from the authority, signed by the authority, for permission to submit this application must accompany this application. The letter should acknowledge that the authority recognizes that any MOA issued is deliverable based.**

Funded agencies or facilities whose projects result in personnel certification or a certificate of course completion must demonstrate proof of successful certification or course completion by submitting documentation as specified in the MOA. It is the responsibility of the funded agencies or facilities to submit a record of all costs and activities related to the administration of the project to the DOH EMSB MOA Monitor (MM) as detailed in the finalized MOA. To ensure

accountability and to maintain an informed TSFA membership, the MM shall then provide the TSFA with updates detailing project status.

All funded agencies must participate in their local trauma system development meetings (ReTrACs, RACS, liaisons and others) for the purposes of trauma system development and strategic planning.

Work on any funded project cannot begin until the MOA has been signed by the Entity and DOH. EMSB cannot accept receipts or other documentation dated prior to the dates of MOA signatures.

Funds for projects must be expended by June 10, 2014. The MM must receive all documentation of completed deliverables by June 10, 2014. Funding recipients who cannot complete projects by June 10, 2014 must submit a written request to re-allocate funds into the next fiscal year to the MM detailing the reason for non-completion and expected completion date. The MM must receive the request prior to March 1, 2014. The MM will then present the request to the TSFA at their next regularly scheduled meeting. However, if the MOA deliverables are incomplete and the MM does not receive a request for an amended completion date, the TSFA may request the return of funds and may deny future funding.

Eligible Costs

Eligible costs will be considered for funding. Priorities for trauma funding will include, in no particular order: equipment, training, improvement of injury data collection, support for traumatic injury prevention programs, and rehabilitation programs.

Examples of trauma specific eligible costs are, but are not limited to: educational offerings culminating in an emergency medicine certificate, CEU or license; purchase of equipment that allows sustainable educational classes; injury prevention equipment or programs; rehabilitation equipment or programs; trauma equipment for the field or hospital; telemedicine programs; or data collection.

Examples of costs that are NOT eligible for funding include items such as FTE positions, fringe benefits, indirect costs, office supplies, land purchases, purchase or maintenance costs of vehicles, construction costs, and day-to-day operating expenses (fuel, rent, insurance payments, food, etc). Partial reimbursement for existing salaries is an allowable cost when services being delivered are otherwise allowable, for example, education, training or other programs as listed above.

A minimum of 10% matching contributions as cash, or in-kind, toward the project is required. Cash or in-kind contributions can be, but are not limited to: funds from other sources, funds possessed by the applying agency, donations of funds or goods from the community, and/or donations of personnel time, and can include the above excluded items as specified not eligible for funding.

TSFA reserves the right to change or amend eligible costs and/or the percent of required matching contributions/in kind.

Incurred Costs and Unfunded Applications

The TSFA reserves the right to reject any or all applications and is not liable for any costs incurred by the applicant. Any costs incurred in the preparation the application shall be borne by the applicant.

Submitting an application does not ensure funding from the TSFA. If projects are funded, any project costs incurred prior to the effective date of the MOA will not be reimbursed.

Assistance in Preparing Applications

Your EMS Regional Office is available to assist you in completing a quality, competitive application. Applications must be reviewed, approved, and signed by the applicant's EMS Regional Office prior to submission to the EMSB. The Regional Office must attest to your participation in area ReTrACs, RACs, or liaison committees. Requests for Regional Office assistance and/or review must be received by phone, e-mail, or mail at least 6 weeks prior to the application submission deadline.

Please contact your EMS Regional Office:

EMS Region I – 505.792-6632
EMS Region II – 575.524.2167
EMS Region III – 575.769.2639

APPLICATION PROCESS

Application Submission

The submission deadline to the EMS Regional Offices for review and signatures is close of business January 21, 2013. Completed applications must be in the EMSB office by the close of business March 4, 2013. Submit one (1) original application and three (3) copies. Do not bind or staple the application. The original application must be single sided. You may use double sided printing for the copies. Incomplete, handwritten, late, or faxed applications will be rejected, as will letters of support submitted separately from the application. Documents cannot be replaced, deleted, or modified after the due date.

Submit the completed application to:

State Trauma Coordinator
NM DOH EMS Bureau
1301 Siler Road, Building F
Santa Fe, NM 87507

Application Content

NOTE: This is a revised application. Please read each section carefully and structure your response to address the topic. Cutting and pasting from past applications may provide inappropriate responses.

Applications must be **typed** or **computer generated** on letter-sized paper with content described below. The original application must contain original signatures. **The EMSB will reject incomplete, handwritten, or faxed applications.**

A completed application must include: (Brief examples from frequently missed sections are included. Please adapt your answers as necessary.)

- A. Project description (A brief and concise sentence or two describing your project)
 - Be as specific as possible; for example: Our project is to conduct a 1 hour educational offering about bicycle safety at Einstein Middle School during Parent/Child Day, Nov 2 and purchase 50 bike helmets to distribute during this event to children who are at risk for injury.
- B. Project analysis
 - 1) Describe the problem this project addresses
 - Example: Children whose parents cannot afford bike helmets or children who just do not wear bike helmets can sustain injuries. Our service responded to 17 bike injury calls last year. Twelve children were not wearing helmets and sustained head injuries requiring transport to the hospital. Children need bike helmets and need education to convince them to wear helmets.
 - 2) Provide evidence based project support
 - Example: Use of a bicycle helmet can prevent or lessen the severity of brain injury during a bicycle crash. (AM Academy of Pediatrics: PEDIATRICS Vol. 108 No. 4 October 2001, pp. 1030-1032)
 - **If an agency is applying for funds, the agency must include a statement of efficacy supported by a statement of the scope of impact for services:**
 - How many runs the agency completes per year
 - The population of the agency's service area.
 - How many people in the service area need the education or face expiration of licenses or certifications within the fiscal year of the application. Include any other pertinent information.
- C. Project logistics
 - 1) A detailed description of the steps you will take to complete the project
 - 2) A timeline for completion of each phase or section of the project

D. Project impact

- 1) A description of how the project supports the NM DOH Strategic Plan (included in Appendix A)
- 2) A description of how the project will improve the trauma system
- 3) A description of how results will be measured and reported to the assigned MOA monitor at the EMSB

E. Summary Cost of Project

- Add all costs of the project, for example: 1 hour of teaching at \$30.00, 2 hours to distribute bike helmets at \$30.00, and 25 bike helmets \$10.00 each for \$250.00 Project cost = \$310. In-kind contributions of time for teaching and distributing bike helmets = \$60.00. Total request from TSFA (\$310.00 minus \$60.00) = \$250.00.

Example:

Project components	Anticipated cost	Matching contributions or In-Kind	Actual Request from TSFA
teaching	\$30.00	\$30.00	0.00
distributing	\$30.00	\$30.00	0.00
helmets	\$250.00		\$250.00
Total project cost	\$310.00	\$60.00	\$250.00

PLEASE REVIEW YOUR ARITHMETIC

F. Detailed Budget

- A detailed budget narrative detailing specific expenditures
- Amounts and sources of cash or in-kind contributions
- Quote pages for equipment and/or services- Quote pages should be on the vendor's letterhead, contain the date of the quote, and signature of the person authorized to issue the quote. Pages from catalogs may be used to justify costs.

G. Prioritization of project components if funding request is partially granted.

- There is a potential that TSFA may not grant full funding but may grant partial funding for certain aspects of the project. TSFA asks that you prioritize those parts of the project you will complete if TSFA awards partial funding. If you will not accept less than full funding, please state so, but be aware that this statement may preclude your organization from receiving any funding.

H. A minimum of three project specific letters of collaboration/support.

- **If the project involves other entities, ex. the high school, then the collaborating entity must submit a letter of support for the project.** Each collaborative relationship specifically referred to in the application must be documented with a Letter of Collaboration from the partnering entity that describes mutual participation in the planning of the proposed activities, as well as capability and commitment to carry them out as delineated. Letters must address HOW the project will strengthen trauma system partnerships within the project area.
- No letters of collaboration/support will be considered if submitted separately from the application. Form letters are not recommended.

I. Previous years' TSFA funding and funding amounts. Attaching deliverables from past projects is not necessary

J. Disclosure of a funding request to the EMS Fund Act for the same project, portions of the project, or for a similar project

K. Disclosure of a funding request to another source or sources for the same project or portions of the same project

Application Review, Evaluation Process and Criteria

All application projects will be categorized as having a local, EMS region, or statewide impact. All completed applications will be reviewed, evaluated, and prioritized employing the following evaluation process. Reviewers will assign a competitive numerical value to each application based on content and completeness. The highest attainable score for

each section is located on the application to the right of the section heading. The reviewers will also assign a numerical value for the priority of each project based on needs of the region. The Trauma System Fund Authority will have final approval on project funding.

Local and regional projects will be reviewed, evaluated, and prioritized by:

- Affiliated EMS Regional Office and the EMSB
- TASSC TSFA application review committee, taking into consideration recommendations from the affiliated Regional Offices and the EMSB
- TASSC General Committee, taking into consideration recommendations from TASSC TSFA application review committee
- TSFA for final approval and allocation of funds, before July 31

Statewide projects will be reviewed, evaluated, and prioritized by:

- All EMS Regional Offices and the EMSB
- The Trauma Advisory and System Stakeholder Committee (TASSC) TSFA application review committee taking into consideration recommendations from the EMS Regional Offices, and the EMSB
- TASSC General Committee, taking into consideration recommendations from TASSC TSFA application review committee
- TSFA for final approval and allocation of funds, before July 31

Evaluation criteria include, but are not limited to:

- Project service area
- Type of organization providing service
- Project description
- Description of the problem
- Evidence/research basis for project
- Project timeline
- Project's impact on the trauma system
- Total cost of project including strength of cash/in kind contributions
- Strength of letters of collaboration/support
- Past performance
- Project's priority as determined by Regional need

The maximum points for each answer are located to the right of the section

**T r a u m a S y s t e m
D e v e l o p m e n t
A p p l i c a t i o n**

Begins on the next page

**Please return type written or
computer generated application
to the NM Department of Health**

Attention:

**State Trauma Coordinator
NM DOH EMS Bureau
1301 Siler Road, Building F
Santa Fe, NM 87507**



NEW MEXICO TRAUMA SYSTEM FUND APPLICATION
for
TRAUMA SYSTEM DEVELOPMENT
 State Fiscal Year 2014
 01 July 2013 – 30 June 2014

Due Date:
March 4, 2013

AMOUNT REQUESTED \$ 12,267.18

Instructions: Every question must be answered. If a section does not apply to your organization, put N/A in the blank. Send one (1) original application with original signatures and three (3) copies to the following address. Applications must be in the EMSB office by close of business March 4, 2013. The EMSB will reject INCOMPLETE, HANDWRITTEN, LATE, OR FAXED APPLICATIONS. Documents cannot be replaced, deleted, or modified after submission to the EMSB.

**NM Department of Health
 EMS Bureau/Trauma Program
 1301 Siler Road, Building F
 Santa Fe, New Mexico 87507
 505-476- 8200**

If you have any questions, or need assistance with the application process, please contact your EMS Regional Trauma Coordinator or the Trauma Systems Manager at the address above.

Applying Agency / Service / Organization

Agency Name: Hondo District, Santa Fe County Fire Department
35 Camino Justicia

Address: **Street / Mailing Address**
 Santa Fe City NM 87508 Zip +4
 Adam Stively State

Applicant/Contact:

Contact Person for this Application	Title
505 670 1995	505 992 3073
505 670 1995	astively@comcast.net
Telephone #	Fax Phone #
	E-mail Address

Check (X) appropriate Regional EMS Office affiliation:

Region I **Region II** **Region III**

Fiscal Agent or CFO: Santa Fe County
 County / Municipality / Hospital / Other

Address: 35 Camino Justicia **Street / Mailing Address**
 Santa Fe City NM 87508 Zip +4
 David Sperling County Fire Chief

Contact Person:

	Name	Title
505 992 3076	505 992 3073	dsperling@co.santa-fe.nm.us
Telephone #	Fax Phone #	E-mail Address

B. Project analysis**20 points**

- 1) In detail, describe the problem the project will address
- 2) Justify that the project is evidence based –include reference citations and attach applicable journal articles (see pg. 4 b2)

This powered stretcher will provide an ergonomically-improved situation for EMS responders who will no longer manually lift patients in the transport stretcher. Many EMS agencies have moved to this modern stretcher because of the benefits they provide to the EMS providers. The Hondo District responded to 346 medical emergencies in FY-2012 which resulted in hundreds of manual lifts performed by EMS personnel. Our district serves an estimated 7500 permanent residents and is also home to a busy Interstate 25 corridor.

A May 31, 2011 study published in Applied Ergonomics indicated a 47% decrease in EMS provider injuries associated with the implementation of battery-powered stretchers compared with the older style manual stretcher (please see attached abstract summary).

C. Project logistics**20 points**

- 1) Describe in detail the steps you will take to complete the project
- 2) Include a time line for completion of the project's phases or sections (The project must be completed by June 10, 2014)

Step 1, research product: complete January 10, 2013. Stryker Power-Pro XT identified as the equipment of choice.

Step 2, receive quote for equipment: complete January 15, 2013

Step 3, receive award: pending

Step 4, write purchase order request: projected date, award + 14 days

Step 5, procure equipment: projected date, award + 60 days

Step 6, complete training of personnel on new equipment: projected date, award + 90 days

Step 7, initiate use of new equipment by trained personnel: projected date, award + 90 days

Step 8, report successful implementation to Santa Fe County Fire Administration and EMS Bureau: projected date, award + 90 days

D. Project Impact**40 points**

Describe how the project:

- 1) will improve emergency medical services and/or the trauma care system across the state (DOH FY13 Strategic Plan objective)
- 2) outcome(s) will be measured and reported to the Emergency Medical Systems Bureau/Trauma Program

1. This project proposes to procure and implement the use of modernized, reliable equipment used in direct patient care. Such equipment will result in a faster and more reliable response by EMS personnel, expediting the care of the sick and injured, and therefore impacting trauma care in our response areas. Hondo regularly responds with a regional partner (SF County Medic 80) and both provides and receives mutual aid on EMS responses from the Eldorado Fire District. Both of these agencies have Power Pro stretchers, and procurement of the same will allow regional consistency. This stretcher consistency allows any patient to be loaded on any of the four medical transport units which is particularly valuable in multi-patient scenarios.

2. Successful implementation of a battery-operated stretcher has a distinct improvement in decreasing the workload on EMS responders and a proven record of injury prevention. As a volunteer system, our district has a responsibility maintain the health and well-being of our responders. Injured volunteers result in loss of response personnel and a compromised ability to respond to community emergencies, not to mention a quality of life impact for the injured responder.

Hondo will be very pleased to report to the EMS Bureau and to TSFA the results of procurement execution and a successful equipment implementation.

E. Project cost summary: list project components and budget amounts below
Administrative costs cannot exceed 10% of the project cost.
20 points

Project Components	Anticipated Cost	Matching Contributions, cash or in-kind	Actual Request (Total cost of project minus matching value)	
Stryker Power Pro XT stretcher w/add on accessories (see attached quote)	\$13,630.20	\$1,363.02	12,267.18	Total Costs
	\$	\$	-	Matching contributions, cash or in-kind at least 10% of the total project costs
	\$	\$		
	\$	\$		
	\$	\$		

	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Total cost of project	13,630.20	Total	1,363.02	12,267.18
				Actual request

F Detailed Budget

20 points

Attach a separate page(s) that includes a detailed budget listing specific expenditures and matching contributions. Add the dollar amount from other funding sources for this project but explain that funding in sections J and/or K. Verify all expenditures on an attached price quote page(s) on the vendor's letterhead. The quote page should include a description of the service or equipment, the cost of the service or equipment, a date the quote originated, and a signature of the person authorized to issue the quote. Catalogue pages may substitute for a quote page.

Label the page(s) "Section F Detailed Budget" then pages 1F, 2F, 3F ...

NOTE: Make pages F & G clear and concise. That budget information will be used to prepare the budget section of the MOA should TSFA fund your project.

G. If TSFA partially funds your project, what parts of the project can you complete with 75% funding, 50% funding, 25% funding? There is a potential that TSFA may not grant full funding but may grant partial funding for certain aspects of the project. TSFA asks that you prioritize those parts of the project you will complete if TSFA awards partial funding. If your organization will not accept less than full funding, please state so, but be aware that this statement may preclude your organization from receiving any funding. **List on a separate budget page, the parts of the project and budget associated with each part you will complete if funded at 75%, 50% and 25%. Label that page G.1.**

10 points

H. Letters of Collaboration/Support

20 points

A minimum of 3 letters of collaboration or support are **required, and must be submitted with your application.** No letters of collaboration and/or support will be considered if submitted separately from the application. Letters must address how the project will strengthen trauma system partnerships within the project area. See page 5 for more information about letters of collaboration/support. Form letters are not recommended.

I. Has the TSFA funded your entity in previous years?

YES

NO

If yes, list the years your entity was funded and the amount of funding received:

J. Has your entity applied to the EMS Fund Act for FY14 funds for this project, a portion of this project, or for a similar project?

YES

NO

If yes, state the amount of your request and for what you will use EMS funds.

K. Has your entity applied to other funding sources for this project or a portion of this project?

YES

NO

If yes, list the years your entity was or is funded and the amount of funding received or expected:

L. Is your agency is governed by a county, tribal or other authority?

YES

NO

If yes, your agency must submit a letter from the governing authority. (attach and label as L1)
See page 2, Accountability, for information about the letter.

ASSURANCES

The following are required assurances associated with your Statewide Trauma System Development Funding project for Fiscal Year 2013:

- We agree that funds received through this distribution will be used only for the purposes stated in the application and under the conditions expressed in the resultant MOA or its approved amendment(s);
- We agree that we will provide some support and involvement either by cash and/or in kind contributions as described in this application;
- We understand and agree to comply with all applicable requirements of the New Mexico Department of Health;
- We agree that the information contained in this application is true and correct to the best of our knowledge; and,
- We agree to participate in trauma planning committees as referenced on Page 2, Accountability.

Project Coordinator	Person Authorized to sign MOA/agreement, for example; CEO, CFO, County/City Manager, or Tribal Governor or President
Name: Adam Stively	Name: Katherine Miller
Title: EMS Captain	Title: County Manager
Address: 35 Camino Justicia attn: Hondo Fire	Address: 102 Grant Avenue
City, State, Zip: Santa Fe, NM 87508	City, State, Zip: Santa Fe, NM 87504
Telephone: 505 670 1995	Telephone: 505 986 6200
Cellular: 505 670 1995	Cellular:
Fax: 505 992 3073	Fax: 505 995 2740
Email: astively@comcast.net	Email: countymanager@santafecountynm.gov
Signature: <i>Adam P Stively</i>	Signature: <i>Katherine Miller</i>
Date: 31 JANUARY 2013	Date: 1/14/13

Alternate Contact Person	Medical Director or Program Director (required for project as per scope of practice)
Name: Tom Chilton	Name: Michael Mestas
Title: District Chief	Title: EMS Captain
Address: 35 Camino Justicia attn: Hondo Fire	Address: 35 Camino Justicia
City, State, Zip: Santa Fe, NM 87508	City, State, Zip: Santa Fe, NM 87508
Telephone: 505 690 7423	Telephone: 505 992 3075
Cellular: 505 690 7423	Cellular: 505 670 6408
Fax: 505 992 3073	Fax: 505 992 3073
Email: Tom@discoveryexhibits.com	Email: mmestas@co.santa-fe.nm.us
Signature:	Signature:
Date:	Date:

Approved as to form
 Santa Fe County Attorney
 By: *[Signature]*
 Date: *January 16, 2013*
JMB 1/12/13



NEW MEXICO TRAUMA SYSTEM FUND
for
STATEWIDE TRAUMA SYSTEM DEVELOPMENT
 Request for Applications
 for State fiscal year 2013
 01 July 2012 – 30 June 2013

APPLICANT CHECKLIST

Please review the following checklist to assure that you have addressed pertinent information and included required additional pages with your application.

Have you completed or included in your application:

	YES	NO
1. Requested funding amount indicated in the space provided on Trauma System Development Application page 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Proper applying agency/service/organization contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Regional EMS Office affiliation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Fiscal agent information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Indication of service area of project	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Type of Agency / Service / Organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. The type of project	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Required regional signature	<input type="checkbox"/>	<input type="checkbox"/>
9. Project description (section A)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Project analysis (section B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Project logistics (section C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Project impact (section D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. A budget summary and a detailed budget including price quotes on vendors' letterheads or pages from a catalogue (sections E & F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Prioritization of project components if awarded less than 100% funding (section G)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. A minimum of 3 letters of collaboration/support (section H)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Funding history (sections I, J, K,)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Letter of permission to submit application included if governed by a county, tribal authority or other entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Original signatures on the assurance page	<input checked="" type="checkbox"/>	<input type="checkbox"/>

APPENDIX A

DOH STRATEGIC PLAN

OBJECTIVES:

- Improve emergency medical services and the trauma care system across the state.
- Reduce intentional and unintentional injury.

F. Detailed Budget

Equipment cost	TSD App Request	10% Matching*	Shortfall
\$13,630.20	\$12,267.18	\$1,363.02	\$0.00

*Matching funds will come from a "244 account" which consists of funds earned by the Hondo Volunteer Fire District by providing fire and EMS services at wildland fire incidents and movie filming sets. This work results in funds paid to the district which are then subject to rules of fiscal management per the guidelines of Santa Fe County.

Note: There are no administrative costs required for this project since installation, training and use will be provided by district volunteer personnel.

G. TSFA Partial Funding Scenarios

The following include predicted results of partial funding scenarios as requested by the TSFA in section G of the application. Because the requested item is a single piece of equipment without personnel costs, there does not appear to be many opportunities for piecemeal purchasing.

- a. 75% funding: There is a good chance the Hondo membership will vote to approve 25% matching funds to complete the entire requested project, though competing funding priorities could potentially interfere.
- b. 50% funding: It is unlikely this project will be completed at the 50% funding level.
- c. 25% funding: It is very unlikely this project will be completed at the 50% funding level.

Heidi McGregor
Territory Manager

3800 E Centre Ave
Portage, MI 49002
t: 817 923 8008 X f: 505 212 0143
heidi.mcgregor@stryker.com
www.ems.stryker.com



EMS Equipment

Quotation

Date: 1/15/2013

Customer Number:

PO Number:

Company: Santa Fe Cnty Fire Dept Contact: Adam Stively Phone: 505-667-0795 Fax: 505-992-3073 Email: astively@comcast.net	Billing Address: 35 Camino Justicia Santa Fe, NM 87508	Shipping Address: (if different) 35 Camino Justicia Santa Fe, NM 87508
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Qty	Item #	Name	Price	Total
1	6506-000-000	POWER-PRO XT (6506)	\$11,842.20	\$11,842.20
1	6500-215-000	POWER-PRO XT 3 Stage IV Pole (Patient Right)	\$260.00	\$260.00
1	6082-502-010	POWER-PRO XT Adjustable Wheel Lock (Dual)	\$0.00	\$0.00
1	6500-147-000	POWER-PRO XT Equipment Hook	\$39.20	\$39.20
1	6500-001-027	POWER-PRO XT In-Fastener Shut-Off Bracket	\$0.00	\$0.00
1	6500-082-000	POWER-PRO XT Litter (Gatch/Trendelenburg)	\$604.00	\$604.00
1	6500-002-150	POWER-PRO XT Mattress (G-Rated)	\$0.00	\$0.00
1	6500-141-000	POWER-PRO XT Oxygen Bottle Holder (Fowler)	\$196.80	\$196.80
1	6500-002-030	POWER-PRO XT Restraint Package (G Rated)	\$0.00	\$0.00
1	6060-936-017	POWER-PRO XT Safety Hook (Short)	\$0.00	\$0.00
1	6500-028-000	POWER-PRO XT SMRT 110V AC Option (inc. 2 paks & 1 c	\$0.00	\$0.00
1	6506-038-000	POWER-PRO XT Steer Lock	\$580.00	\$580.00
1	6500-128-000	POWER-PRO XT Storage Flat (Head End)	\$108.00	\$108.00
1	7777-881-669	Warranty-2 year part labor & travel - 3 year limited powertrain	\$0.00	\$0.00
Sub Total				\$13,630.20
Shipping & Handling				
Taxes			0.000%	\$0.00
TOTAL				\$13,630.20

Signature:

Title: Territory Manager

Terms: Net 30 days, FOB Origin

Order Subject to approval by Stryker Corporation. Taxes will be invoiced as a separate item when applicable. Credit cannot be allowed on returns of special or modified items. All approved returns will be accepted ONLY in Kalamazoo, Michigan. Proposals are effective 30 days from submittal.

Comments: Sales tax not calculated into pricing.

Office Use Only:

Thank you for your business.

PubMed

Display Settings: Abstract



Appl Ergon. 2012 Jan;43(1):198-202. doi: 10.1016/j.apergo.2011.05.001. Epub 2011 May 31.

Evaluation of occupational injuries in an urban emergency medical services system before and after implementation of electrically powered stretchers.

Studnek JR, Mac Crawford J, Fernandez AR.

Carolinas Medical Center, The Center for Prehospital Medicine, PO Box 32861, Charlotte, NC 28232, USA.
jonst@medic911.com

Abstract

Musculoskeletal injuries are frequently reported among Emergency Medical Services (EMS) professionals. The objective of this study was to evaluate occupational injuries in an urban EMS system before and after implementation of hydraulic stretchers. Data for this analysis were obtained from Austin Travis County EMS (A/TCEMS). In December 2006, A/TCEMS placed into service electrically powered patient stretchers. The pre-intervention period was between 01/01/1999 and 12/31/2006, and the post-intervention period was between 01/01/2007 and 4/30/2008. Incidence rate calculations were performed for four injury sub-groups and rate ratios (RRs) and corresponding 95% confidence interval (CI) were presented. There were 2087 and 706 person-years of observation pre- and post-intervention, respectively. The incidence rates for overall injury pre-intervention and post-intervention were 61.1 and 28.8 per 100 FTE, with a corresponding RR of 0.47 (95% CI 0.41-0.55) indicating a significant decrease in the rate of injury. The subcategory of stretcher-related injuries had the lowest RR (0.30; 95% CI 0.17-0.52) when comparing pre- and post-intervention time periods.

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PMID: 21632034 [PubMed - indexed for MEDLINE]

MeSH Terms

[LinkOut - more resources](#)



City of Santa Fe Fire Department

P.O. Box 909, 200 Murales Road · Santa Fe, New Mexico 87504
(505) 955-3110 · FAX (505) 955-3115

Date: January 30, 2013

To: New Mexico Trauma System Fund Authority
c/o State Trauma Coordinator
NM DOH EMS Bureau
1301 Siler Road, Building F
Santa Fe, NM 87507

From: Santa Fe Fire Department
PO Box 909, 200 Murales Road
Santa Fe, NM 87504

To Whom It May Concern:

I am writing this letter to express our support for the Hondo District of the Santa Fe County Fire Department ("Hondo") New Mexico Department of Health Trauma System Fund Application.

The Santa Fe Fire Department ("SFFD") and Hondo currently cooperate in the provision of emergency medical and fire protection through an Automatic and Mutual Aid agreement. Further, there is a response area to which both the SFFD and Hondo respond, and within which units from both agencies often work together.

The SFFD fully supports the equipping and modernization that Hondo is trying to accomplish, and feel the funds this grant will provide will help these efforts. Specifically, we know that the purchase of this equipment will make the members of Hondo more capable when responding within our shared response area, and when we call for assistance. We encourage you to award Hondo the requested funds, and are available to provide further support if needed.

Respectfully-

Barbara Salas
Fire Chief
Santa Fe Fire Department



El Dorado Fire and Rescue Service

144 Avenida Vista Grande
Santa Fe, New Mexico 87508
505-466-1204

January 28, 2013

New Mexico Trauma System Fund Authority
c/o State Trauma Coordinator
NM DOH EMS Bureau
1301 Siler Road, Building F
Santa Fe, NM 87507

Sir or Madam,

I am writing this letter to support the Trauma System Development Application of the Hondo Fire Department (HFD) in Santa Fe County, NM. The El Dorado Fire & Rescue Service is a neighboring fire department to HFD and we share a common border with them along some of the busiest service areas for our respective departments.

We maintain mutual aid agreements with HFD for both fire as well as EMS calls. We regularly provide backup EMS services in the Hondo District as they do in Eldorado when we receive multiple calls in our region or the regional med unit is not available. Since Hondo provides services along the I-25 corridor, it is not uncommon for Eldorado to assist in multi-vehicle or multi-patient accidents.

We train regularly with HFD including monthly EMS training in the Eastern Region of Santa Fe County. During emergency runs or trainings it is helpful to use the same equipment on all of our med units, to use common response procedures and terminology and to be familiar with the skill sets of adjoining EMS agencies. The Hondo and Eldorado Fire Departments both provide ALS level care and are two of the most active volunteer EMS providers in Santa Fe County.

Thank you for your consideration and please let me know if you require additional information or if you have any questions about my support of Hondo's application.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen F. Tapke".

Stephen F. Tapke, Chief
El Dorado Fire and Rescue Service
eldoradofire@comcast.net