



**EMS MATCHING GRANT APPLICATION**

**FLORIDA DEPARTMENT OF HEALTH  
Emergency Medical Services Program**

**Complete all items unless instructed differently within the application**

**Type of Grant Requested:**     Rural     Matching

**ID. Code (The State Bureau of EMS will assign the ID Code – (leave this blank))** \_\_\_\_\_

|   |                         |
|---|-------------------------|
| 1. <b>Organization Name:</b> Hernando County  |                         |
|   |                         |
| 2. <b>Grant Signer:</b> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application) |                         |
| <b>Name:</b> Steve Champion   |                         |
|   |                         |
| <b>Position Title:</b> Chairman, Board of County Commissioners  |                         |
|   |                         |
| <b>Address:</b> 15470 Flight Path Dr  |                         |
|   |                         |
|   |                         |
| <b>City:</b> Brooksville  | <b>County:</b> Hernando |
| <b>State:</b> Florida   | <b>Zip Code:</b> 34604  |
| <b>Telephone:</b> (352)754-4000   | <b>Fax Number:</b>      |
| <b>E-Mail Address:</b>  |                         |

|   |                                  |
|---|----------------------------------|
| 3. <b>Contact Person:</b> (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.) |                                  |
| <b>Name:</b> Scott Hechler  |                                  |
|   |                                  |
| <b>Position Title:</b> Fire Chief   |                                  |
|   |                                  |
| <b>Address:</b> 15470 Flight Path Dr.   |                                  |
|   |                                  |
|   |                                  |
| <b>City:</b> Brooksville  | <b>County:</b> Hernando          |
| <b>State:</b> Florida   | <b>Zip Code:</b> 34604           |
| <b>Telephone:</b> 352-540-4353  | <b>Fax Number:</b> (352)540-6710 |
| <b>E-Mail Address:</b> ktrout@hernandocounty.us   |                                  |

4. **Legal Status of Applicant Organization (Check only one response):**

(1)  Private Not for Profit [Attach documentation-501 (3) ©]  
 (2)  Private for Profit  
 (3)  City/Municipality/Town/Village  
 (4)  County  
 (5)  State  
 (6)  Other (specify): \_\_\_\_\_

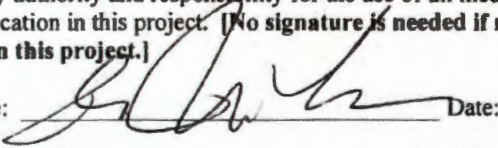
5. **Federal Tax ID Number (Nine Digit Number).** VF 59-1155275\_ \_ \_ \_ \_

6. EMS License Number: 2703 Type:  Transport  Non-transport  Both

7. Number of permitted vehicles by type: \_\_\_\_\_ BLS; 16 ALS Transport; 16 ALS non-transport.

8. Type of Service (check one):  Rescue;  Fire;  Third Service (County or City Government, non-fire);  
 Air ambulance;  Fixed wing;  Rotowing;  Both;  Other (specify) \_\_\_\_\_.

9. **Medical Director of licensed EMS provider:** If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. [No signature is needed if medical equipment and professional EMS education are not in this project.]

Signature:  Date: 12-28-2011

Print/Type: Name of Director Dr. Michael LoGuidice S.R.

FL Med. Lic. No. 0S8587

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

**If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.**

10. **Justification Summary:** Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

A) Problem description (Provide a narrative of the problem or need).  
 B) Present situation (Describe how the situation is being handled now).  
 C) The proposed solution (Present your proposed solution).  
 D) Consequences if not funded (Explain what will happen if this project is not funded).  
 E) The geographic area to be addressed (Provide a narrative description of the geographic area).  
 F) The proposed time frames (Provide a list of the time frame(s) for completing this project).  
 G) Data Sources (Provide a complete description of data source(s) you cite).  
 H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

**Next, only complete one of the following: Items 11, 12, 13 or 14. Read all four and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all, that credible before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.**

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five-year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS, and other healthcare staff. Use no more than two additional one-sided, double-spaced pages for your response. Include the following: N/A

- A) How many people received the training this project proposes in the most recent 12-month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five-year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one-sided, double-spaced pages for your response. Include the following. N/A

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five-year plan?

**Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.**

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one-sided, double spaced pages for this item.

N/A

**ALL APPLICANTS MUST COMPLETE ITEM 15**

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double-spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule, or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
  - 1) EMS services on a county, multi county, or area wide basis.
  - 2) Single EMS provider or coordinated methods of delivering services.
  - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

| <i>Work Activity</i>              | <i>Number of Months After Grant Starts</i> |            |
|-----------------------------------|--|------------|
|                                   | <i>Begin</i>                               | <i>End</i> |
| Order 30 IV pumps and accessories | 0  | 2          |
| Inservice training on equipment   | 2  | 3          |
| Distribute to field units         | 3  | 4          |

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

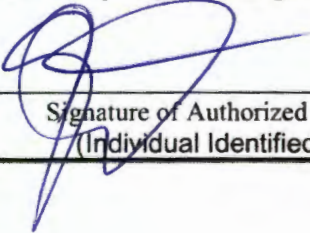
The EMS County grant funds were utilized to purchase much needed training mannequins for airway training and CPR training for infants, pediatrics and adult training. If awarded, there would be \$1,239.55 that could be applied to the EMS matching grant.


|  |                |  |
|--|----------------|--|
| 18. <b>Budget:</b>   |                |  |
| <b>Salaries and Benefits:</b> For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours. | <b>Costs</b>   | <b>Justification:</b> Provide a brief justification why each of the positions and the numbers of hours are necessary for this project. |
| N/A  | 0              | N/A  |
| TOTAL:   | <u>\$ 0.00</u> | Right click on 0.00 then left click on "Update Field" to calculate Total   |

|  |   |   |
|--|---|---|
| <b>Expenses:</b> These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category). | <b>Costs:</b> List the price and source(s) of the price identified. | <b>Justification:</b> Justify why each of the expense items and quantities are necessary to this project. |
| N/A  | 0   | N/A   |
| TOTAL:   | <u>\$ 0.00</u>  | Right click on 0.00 then left click on "Update Field" to calculate Total                                  |

|   |  |   |
|---|--|---|
| <b>Vehicles, equipment, and other</b> operating capital outlay means equipment, fixtures, and other tangible personal property of a non-consumable and non-expendable nature, <u>and</u> the normal expected life of which is 1 year or more. | <b>Costs:</b> List the price of the item and the source(s) used to identify the price. | <b>Justification:</b> State why each of the items and quantities listed is a necessary component of this project. |
| N/A   | 0  | N/A   |
| TOTAL:  | <u>\$ 0.00</u>   | Right click on 0.00 then left click on "Update Field" to calculate Total  |

|  |                     |  |
|--|---------------------|--|
| <b>State Amount</b><br>(Check applicable program)        |                     | Right click on 0.00 then left click on "Update Field" to calculate Total |
| <input checked="" type="checkbox"/> Matching: 75 Percent | <u>\$ 48,088.95</u> | Right click on 0.00 then left click on "Update Field" to calculate Total |
| <input type="checkbox"/> Rural: 90 Percent               | <u>\$0.00</u>       | Right click on 0.00 then left click on "Update Field" to calculate Total |
| <b>Local Match Amount</b><br>(Check applicable program)  |                     | Right click on 0.00 then left click on "Update Field" to calculate Total |
| <input checked="" type="checkbox"/> Matching: 25 Percent | <u>\$ 16,029.65</u> | Right click on 0.00 then left click on "Update Field" to calculate Total |
| <input type="checkbox"/> Rural: 10 Percent               | <u>\$ 0.00</u>      | Right click on 0.00 then left click on "Update Field" to calculate Total |
| <b>Grand Total</b>                                       | <u>\$ 64,118.60</u> | Right click on 0.00 then left click on "Update Field" to calculate Total |

|  |                        |
|--|------------------------|
| <b>19. Certification:</b>  |                        |
| My signature below certifies the following.  |                        |
| I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and, on any attachments, are true, correct, complete, and made in good faith.  |                        |
| I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.  |                        |
| I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received and can exercise that right.  |                        |
| I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Weekly</i> , and that 21 days after this advertisement is published, I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.   |                        |
| I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant. |                        |
| Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept any attached grant terms and conditions and acknowledge this by signing below.  |                        |
| <br>_____<br>Signature of Authorized Grant Signer<br>(Individual Identified in Item 2)  | 06/14/2022<br>MM/DD/YY |

**APPROVED AS TO FORM  
 AND LEGAL SUFFICIENCY**  
 BY   
 County Attorney's Office

**THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.**

FLORIDA DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES (EMS) GRANT UNIT

**REQUEST FOR GRANT FUND DISTRIBUTION**

In accordance with the provisions of section 401.113(2) (a), *Florida Statutes*, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

**DOH Remit Payment To:**

A finance person in your organization who does business with the state should provide the address and corresponding 9 and 3 digit numbers of this part of the form, but it should be signed by the person identified in Item 2, 1<sup>st</sup> application page.

Name of Agency: Hernando County

Address in State: 15470 Flight Path Drive

Financial System  
Brooksville, FL 34604

Federal 9-digit Identification number: 59-1155275 3-digit seq. code

Authorized Official: [Signature] 1/25/22 6/14/22  
Signature Date

Steve Champion, Chairman  
Type or Print Name and Title

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
BY [Signature]  
County Attorney's Office

Sign and return this page with your application to:

Florida Department of Health  
Emergency Medical Services Unit, Grants  
4052 Bald Cypress Way, Bin A-22  
Tallahassee, Florida 32399-1722

Do not write below this line. For use by State Emergency Medical Services Section

Grant Amount for State to Pay: \$ \_\_\_\_\_ Grant ID: Code: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of State EMS Unit Supervisor Date

Approved By: \_\_\_\_\_  
Signature of Contract Manager Date

State Fiscal Year: 2021 - 2022

|                          |             |            |                    |                 |
|--------------------------|-------------|------------|--------------------|-----------------|
| <u>Organization Code</u> | <u>E.O.</u> | <u>OCA</u> | <u>Object Code</u> | <u>Category</u> |
| 64-61-70-30-000          | 03          | SF003      | 751000             | 059999          |

Federal Tax ID: VF \_\_\_\_\_ Seq. Code: \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_

## 10. **Justification Summary**

### **A. Problem description**

Between October 1, 2020, and September 30, 2021, Hernando County Fire and Emergency Services (HCFES) responded to 37,850 total calls and transported 22,871 patients. During that time there were 4,102 patients that required I.V. fluids and 367 patients that required the use of continuous I.V. medication. There were 70 interfacility hospital transports that required the use of an I.V. pump.

The use of I.V. infusion pumps in the prehospital setting in the United States has been steadily increasing based on the safety of the patient and the role of EMS performing critical care interfacility transports. Modern infusion pumps have evolved based on the medication safety with built in drug libraries and the ability to restrict the ranges medications that may be administered.

According to a survey in San Diego County (Vilke et al, 2009) 9.1% of responding paramedics reported committing a medication error over the previous 12 months. The types of errors include, dose-related errors (63%), protocol errors (33%) and wrong medication errors (4%).

A study (Hubble et al, 2000) tested the drug dosage capabilities of 109 practicing paramedics. The average drug calculation examination score was 51%, with fewer than 30% of participants scoring 70% or above. The researchers found that paramedic calculation performance was poor, with intravenous flow rate and medication bolus problems calculated in 68.8% of the cases. These miscalculations can lead to additional patient deterioration.

Another study (Boyle and Eastwood, 2018) supported similar international studies where paramedic's ability to undertake mathematical and drug calculations without a calculator varies, with some results highlighting the paramedics mathematical skills as a potential risk to patient safety.

### **B. Present situation**

HCFES responds to all scene calls and Interfacility transfers with an advance life support transport unit. We currently have no I.V. infusion pump on any apparatus within the county. The lack of Intravenous infusion pumps relies on the abilities of the paramedic to perform mathematical calculations during times of extreme stress when managing critical patients. In addition, certain medication infusions that have become an industry



standard among emergency departments and various EMS services such as Nitroglycerine, Labetalol, Norepinephrine, Cardizem, and Nicardipine. The ability to administer these life-saving medications are not possible due to the lack of an infusion pump. Additionally, current ACLS medication carried by our ALS units that require a continuous infusion such as Amiodarone, Dopamine, Magnesium Sulfate, and Lidocaine are being hung by gravity without the use of a pump. The drip rate and dosing of these medications is being calculated by watching the drip chamber on primary and secondary I.V. tubing and counting drops over 30 seconds.

For Interfacility transports I.V. pumps are borrowed from the local emergency departments. Because each hospital utilizes a different pump, the crew may not be familiar with their operation and lead to inadvertent medical error. This current practice will deprive emergency departments of needed equipment until in the ambulances returns from the interfacility transport.

### **C. Proposed solution**

Implementing I.V. infusion pumps in all ambulances will increase the ability to properly manage patients of all ages by reducing medication error. The use of I.V. infusion pumps will also allow for the expansion of the current medication HCFES will be able to administer to be in line with best industry practice. Hernando County Fire and Emergency Services would like to purchase twenty-eight (28) I.V. Infusion Pumps equipping all our current ambulances and an additional two (2) for Logistics to have on hand for maintenance and repair.

### **D. Consequences if not funded**

Hernando County Fire and Emergency Services will continue to utilize traditional primary and secondary I.V. tubing and manually calculate medication drips. For Interfacility transports we will have to borrow I.V. pumps from the local emergency departments. Because each hospital utilizes a different pump, the crew may not be familiar with their operation and lead to inadvertent medical error. In addition, HCFES will not be able to expand its medication to stay in best industry practice until the following fiscal year if there is adequate budgetary funding.

### **E. Geographical area to be addressed**

Hernando County is located on the central-west coast of Florida north of Tampa Bay. It is bounded by the Gulf of Mexico on the west, Citrus County to the north, Sumter County to the east, and Pasco County to the

south. Hernando County stretches 37 miles east to west, and 18 miles north to south for a total of 478.3 square miles, (approximately 306,000 acres). The Tampa-St. Petersburg-Clearwater MSA (Metropolitan Statistical Area) checked in with a Census 2020 population of 3.24 million, with 194,515 living in Hernando County. According to the U.S. Census Bureau, the county has a total area of 589 square miles (1,526 km<sup>2</sup>), 478 square miles (1,239 km<sup>2</sup>) is land and 111 square miles (287 km<sup>2</sup>), 18.80% is water.

**F. Proposed time frame**

HCFES will commit to the following proposed timeline if funding is approved:

| Action  | Personnel Responsible     | Completion Date                                |
|---|---------------------------|--|
| Order 30 Sapphire infusion pumps with primary and secondary tubing. | Chief Wannan              | 8 weeks after approved funding                 |
| Begin in service Training on new IV Pumps                           | Training Captain Moulton  | Completed approximately 2 weeks after delivery |
| Distribute to 13 ALS Units  | Logistics Manager Russell | 1 day after completion of training             |

**G. Data sources**

- Hernando County Fire and Emergency Services data collection from Image Trend
- Hernando County website ([www.hernandocounty.us](http://www.hernandocounty.us))
- Vilke, et al, *Paramedic self-reported medication errors*, 2009. <https://pubmed.ncbi.nlm.nih.gov/16997774/>
- Hubble MW, Paschal KR, Sanders TA. *Medication calculation skills of practicing paramedics*, 2000. <https://pubmed.ncbi.nlm.nih.gov/10895922/>
- Boyle, M and Eastwood, K *Drug calculation ability of qualified paramedics: A pilot study*, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5717374/>

**H. Statement**

Hernando County Fire and Emergency Services received an award last year from this grant for the purchase of (4) Zoll Z-Ventilators. We are applying for this grant to equip all our ambulances with I.V. Infusion pumps to reduce and eliminate in medication errors and expand the role into critical care interfacility transports.

11. **Outcome for Projects That Provide Direct Services to Emergency Victims**

**A. Quantify situation for the most recent 12 month (data on deaths and injuries).**

Hernando County Fire and Emergency Services responded to 22,871 emergency medical calls in FY 2021 that resulted in the transport of a patient to the hospital. Additionally, there were 70 critical care interfacility hospital transports that required the use of an I.V. infusion pump. Based on the nature of pre-hospital emergency care, data concerning deaths and injuries is not recorded after transfer to the Emergency Department. Because the standard of care within the hospital setting is the use of a I.V. infusion pump, the benefits have been well established backed by decades of scientific research and studies.

**B. Estimate 12 months after outcome on A**

The addition of thirty (30) I.V. infusion pumps will equip our ALS ambulances with two (2) each and leave two (2) additional pumps as a spare for maintenance and repairs.

**C. Justify B and A**

In FY 2021, Hernando County Fire and Emergency Services (HCFES) had 4,102 patients that required the use of I.V. fluids. The agency also had 367 patients that required continuous medication infusions. There were 70 critical interfacility transport that required the use of an I.V. infusion pump. In FY 2015, HCFES ran 28,951 total calls. In FY2020 HCFES ran 37,850 total calls, 60.4% (22,871) of which are EMS patient transports to the hospital. HCFES has increased its overall call volume 31% over the past 5 years.

**D. What other outcomes of this project do you expect?**

- With an infusion pump, a paramedic can program the pump to deliver fluids at a specific time, quantity, and rate.
- Infusion pumps offer significant advantages over manual administration of fluids, including the ability to deliver fluids in tiny volumes, and the ability to deliver fluids at precisely programmed rates or automated intervals. This is especially important in the treatment of pediatric patients.
- Patients are also kept safer by infusion pumps through minimizing the risk of either under or over-infusing a patient
- They allow HCFES to create a standard for drug libraries within the pump to ensure the right dosing is being administered to patients.

- Reduce the dependency of the transferring hospital to supply I.V. Infusion pumps of inter-facility transports. This also ensures the hospital has adequate resources on hand to manage its own patients.
- Having a standard Infusion Pump allows the Paramedic to have adequate training on its use and function. Currently all hospitals utilize a different make and model I.V. pump, which could lead to errors due to lack of training on that specific medical equipment.
- I.V. infusion pumps allow for the expansion of current medications being carried by ALS transport units to be consistent with industry standards for patient care.

**E. How does this integrate into your agency's five-year plan?**

Strategic planning sessions include providing the most advanced life support equipment available for all patients. If awarded, this grant will assist in achieving this goal equipping 100% of ALS ambulances with two (2) Intravenous infusion pumps each, as well as two (2) spare pumps for Logistics for repairs and maintenance. Hernando County will assume and budget for the maintenance of these devices over the next five years.

**15. Statutory Considerations and Criteria**

**A. Serve the requirements of the population which it will impact.**

As the population of Hernando County ages and more skilled nursing homes are added, these devices will allow Hernando County paramedics to treat our critical patients more effectively and efficiently while minimizing medication errors. The I.V. infusion pumps will also allow the expansion of Intravenous medication such as Labetalol, Norepinephrine, Nitroglycerine, and Nicardipine so we can be in line with the best industry practice. HCFES is an ISO rating 2 and works every day to improve all areas of the department to ensure all patients receive the latest ALS treatment. This grant will enable us to improve our service.

**B. Enable emergency vehicles to conform to state standards. – N/A**

**C. Enable Vehicles to contain minimum equipment – N/A**

**D. Enable vehicles to have direct communications. – N/A**

**E. Enable your Organization to improve or expand the provision of:**

- 1) **EMS services on a county, multi county, or area wide basis.** HCFES has automatic mutual aid agreements with all departments that surround our current response area, and this equipment will be provided for those calls as available.
- 2) **Single EMS provider or coordinated methods of delivering services.** N/A addressed above
- 3) **Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.** N/A