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00:00:04.130 --> 00:00:19.099

Max Sevareid: Hello, and welcome to the EMS Focus Webinar series hosted by the National Highway Traffic Safety Administration's Office of Emergency Medical Services. My name is Max Sevareid, and I'm an Emergency Medical Services Specialist

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00:00:19.100 --> 00:00:31.130

Max Sevareid: with the NHTSA Office of EMS, and I'll be the moderator for today's session. Today's webinar, Safe Streets and Roads for All Grants, Preparing a Strong Post-Crash Care Application.

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00:00:31.130 --> 00:00:45.500

Max Sevareid: This webinar will examine how EMS agencies have successfully applied for Safe Streets and Roads for All grants before. We will use the acronym SS4A for the Safe Streets and Roads for All grant program throughout this webinar.

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00:00:47.040 --> 00:00:53.909

Max Sevareid: Today, you'll hear from a number of participants in the program and program leads.

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00:00:54.040 --> 00:01:08.280

Max Sevareid: Carolyn Mulvihill, Program Evaluation Lead for the SS4A and Reconnecting Communities programs in the Office of Infrastructure Deployment within our U.S. Department of Transportation will start the webinar off.

6

00:01:08.630 --> 00:01:26.439

Max Sevareid: Following, Dr. Julie Stille, Associate Professor at the University of Missouri, Department of Emergency Medicine, will talk next. Then lastly, Dr. Scott Youngquist, Professor of Emergency Medicine, University of Utah, and Medical Director of the Salt Lake City Fire Department and 911.

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00:01:26.740 --> 00:01:41.869

Max Sevareid: All three will share guidance, lessons learned, and best practices for the SS4A application process, and this will include strategies for collaboration with your partners and identifying joint opportunities to strengthen your applications.

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00:01:44.510 --> 00:02:02.970

Max Sevareid: This webinar series is designed to provide useful information for the EMS stakeholder community about federal, state, and local participation in planning, design, and advancement of emergency medical services. Today's webinar is being recorded and will be posted soon on EMS.gov.

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00:02:02.970 --> 00:02:12.290

Max Sevareid: For more information on EMS focus webinars, please access archived recordings or learn more about our Office of EMS by visiting ems.gov.

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00:02:12.470 --> 00:02:21.709

Max Sevareid: Feedback or questions about this specific webinar can be sent to NHTSA.SS4A@dot.gov.

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00:02:22.870 --> 00:02:35.350

Max Severeid: Before we begin, let me cover a few quick housekeeping items for today's webinar. Closed captions are available. Simply click the Show Captions button at any time to enable this feature.

12

00:02:36.850 --> 00:02:54.230

Max Severeid: Let's also start by taking a moment to discuss the focus of our mission at the NHTSA's Office of Emergency Medical Services. Our office supports treatments, improvements for motor vehicle crash victims, and all other patients in the out-of-hospital setting nationwide, and we do this

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00:02:54.230 --> 00:03:10.390

Max Severeid: by three things. Bringing together data experts in identification of critical issues in the EMS field. Second, collaborating with partners, including federal agencies, national organizations, and more to address those issues. And lastly.

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00:03:10.390 --> 00:03:15.530

Max Severeid: Promoting awareness, education, best practices, and evidence-based guidelines.

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00:03:16.300 --> 00:03:19.880

Max Severeid: It's now my pleasure to introduce our first speaker today.

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00:03:19.880 --> 00:03:36.710

Max Severeid: Carol Movahill is the Program Evaluation Lead for the SS4A and Reconnecting Communities programs within the Office of Infrastructure Development... sorry, Infrastructure Deployment within our U.S. Department of Transportation. She'll share an overview of the SS4A program.

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00:03:36.710 --> 00:03:37.879

Max Severeid: With us today.

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00:03:37.980 --> 00:03:38.880

Max Severeid: Carolyn.

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00:03:42.510 --> 00:03:44.190

Carolyn Mulvihill: Good morning, everyone.

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00:03:44.220 --> 00:03:53.849

Carolyn Mulvihill: Yeah, I'm going to be giving a short overview of the program before we get into some specific examples of grantees to the program. So the...

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00:03:53.850 --> 00:04:18.359

Carolyn Mulvihill: The program was established in the Infrastructure Investment and Jobs Act in 2021. That law established the program to support regional, local, and tribal initiatives to prevent roadway deaths and serious injuries. The program supports the Department of Transportation's National Roadway Safety Strategy with the goal of zero deaths and serious injuries.

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00:04:18.360 --> 00:04:20.320

Carolyn Mulvihill: On the nation's roadways.

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00:04:27.380 --> 00:04:46.850

Carolyn Mulvihill: There we go. So the program was authorized by Congress to provide \$5 billion in grants over 5 years. This year, which is fiscal year 2026, will be the fifth and final year of the program with its existing funding. It may continue or may not, but we're not certain of that, but we do know that we have one more year of funding.

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00:04:46.850 --> 00:04:54.280

Carolyn Mulvihill: The Notice of Funding Opportunity for this year has not been published yet, but we're expecting it very soon, with any luck in the next couple weeks.

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00:04:54.690 --> 00:05:13.129

Carolyn Mulvihill: The foundation of the SS4A program is the development of a comprehensive safety action plan. We're going to be talking a lot about that today. And that plan uses data, involves a variety of safety stakeholders, and includes public engagement to identify the biggest safety problems in a community.

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00:05:13.170 --> 00:05:22.559

Carolyn Mulvihill: That effort can then create a list of priority safety projects and strategies that can address those safety problems that have been identified.

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00:05:22.560 --> 00:05:34.959

Carolyn Mulvihill: The program allows for multiple types of interventions to increase safety in roadway systems, and these interventions can include infrastructure and behavioral and operational activities.

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00:05:35.190 --> 00:05:43.130

Carolyn Mulvihill: If you're not familiar with the safe system approach, which is noted on this slide, you can check out our website for more information about that.

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00:05:47.960 --> 00:05:59.840

Carolyn Mulvihill: So the program has two types of grants, planning and demonstration grants, and implementation grants. We're not going to go into a ton of detail on these today, but we wanted to give you an overview of what they are.

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00:05:59.920 --> 00:06:13.079

Carolyn Mulvihill: You can find a lot of resources on our SS4A website to better understand these funding options, as well as in the NOFO and the webinars that we'll be having once the NOFO is published.

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00:06:13.780 --> 00:06:31.040

Carolyn Mulvihill: So, planning and demonstration grants fund three different sets of activities. The first is developing a comprehensive safety action plan, the second is conducting supplemental planning in support of an action plan, and the third is carrying out demonstration activities in support of an action plan.

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00:06:31.110 --> 00:06:52.129

Carolyn Mulvihill: Many EMS and public safety agencies apply to develop a post-crash care plan, or to pilot whole blood or emergency communications programs. These are eligible activities under the program, as long as there is an overarching safety action plan for your jurisdiction, which we'll talk about a little bit on the following slides.

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Carolyn Mulvihill: Or it's eligible if the activities are applied for in conjunction with developing a safety action plan. You can also apply to update a safety action plan to include post-crash care activities, as many action plans don't already include those activities.

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00:07:10.050 --> 00:07:26.090

Carolyn Mulvihill: For implementation grants, those grants fund implementation of projects and strategies that are identified in an action plan, including any required planning and design for those projects. And those grants can also include supplemental planning and demonstration activities.

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00:07:26.090 --> 00:07:38.780

Carolyn Mulvihill: This can include a... this can include a broader implementation of a whole blood or emergency communications programs going beyond pilot programs that you might undertake under a demonstration activity.

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00:07:39.240 --> 00:07:50.399

Carolyn Mulvihill: For this type of application, you need to have an eligible action plan that identifies, again, those types of public safety or post-crash care activities as projects or strategies in that plan.

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00:07:56.670 --> 00:08:14.539

Carolyn Mulvihill: So, what is a Comprehensive Safety Action Plan? For this webinar, we wanted to highlight this plan, as some of your agencies may not have a history of coordinating with transportation agencies in your area that might have already developed this type of plan, so we wanted to provide some clarity around what exactly this means.

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00:08:15.140 --> 00:08:30.529

Carolyn Mulvihill: Comprehensive safety action plans are plans developed to address roadway safety challenges in your community. The plans must be multimodal and multidisciplinary in nature and use data-driven approaches to identify safety issues.

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00:08:30.530 --> 00:08:49.939

Carolyn Mulvihill: They also support the implementation of projects and strategies, as I mentioned, with the goal of reaching zero fatalities and serious injuries. And again, an eligible action plan must be in place prior to applying for an implementation grant or a planning and demonstration grant that doesn't involve developing an action plan.

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Carolyn Mulvihill: For an action plan to be eligible for the program, it needs to be primarily focused on addressing roadway safety for multiple modes of transportation, like roads, transit, etc, and it must meet the requirements of our self-certification eligibility checklist, which is available on the SS4A website, so you can check that out to see all the different pieces of that plan. Some examples of plans that may

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Carolyn Mulvihill: the criteria are listed here, Vision Zero Action Plans, Local Road Safety Plans, and Tribal Transportation Safety Plans.

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00:09:30.290 --> 00:09:44.909

Carolyn Mulvihill: If another jurisdiction, like a metropolitan planning organization or a county, has an action plan that meets the eligibility requirements, an applicant can use that plan in their application, as long as it covers their entire geographic boundaries.

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00:09:45.040 --> 00:09:53.879

Carolyn Mulvihill: Implementation grant applications require a complete eligible action plan that also includes the project or strategy that you're proposing for funding.

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00:09:54.120 --> 00:10:11.280

Carolyn Mulvihill: If your plan is strictly focused on post-crash care or emergency response, you'll likely need to include another plan in your application that addresses other roadway safety elements, such as, mentioned before, a local roadway safety action plan, or a safe roadway safety plan from a county or an MPO.

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Carolyn Mulvihill: Again, this SS4A website has a lot of resources about action plans, such as what qualifies as an eligible plan for the purposes of the program, or how to develop a complete action plan.

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00:10:27.590 --> 00:10:44.729

Carolyn Mulvihill: Over the past 4 years of the program, we've identified some common issues with action plans that are submitted to us, and some of these issues are listed here. As mentioned before, action plans need to be comprehensive of the transportation system in your jurisdiction, both in terms of transportation modes and in terms of geography.

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Carolyn Mulvihill: It also needs to be developed with public involvement, and needs to reference the activities that you're proposing.

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Carolyn Mulvihill: Now, these plans can take a number of years to develop, so if you don't currently have one, you should consider reaching out to another agency that covers your jurisdiction, or apply for funding to develop a plan.

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00:11:01.800 --> 00:11:14.909

Carolyn Mulvihill: You can't quickly create a document for the purposes of your SS4A application. Also, the analysis, projects, and strategies for an action plan need to go beyond what's required for the SS4A application.

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Carolyn Mulvihill: And in addition to that, geospatial analysis, including a map with crash analysis results, is a requirement for action plans, and project time ranges can be either specific dates or year ranges.

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00:11:39.480 --> 00:11:40.480

Carolyn Mulvihill: Right there.

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00:11:45.460 --> 00:11:46.210

Carolyn Mulvihill: Okay.

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00:11:46.840 --> 00:11:50.699

Carolyn Mulvihill: Now, if you're asking, is my action plan eligible?

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00:11:50.700 --> 00:12:14.919

Carolyn Mulvihill: You can use the self-certification eligibility worksheet that I mentioned, and to confirm if your action plan is eligible as an SS4A approved action plan, we offer a pre-application action plan review once the NOFO is published. The deadline for sending in your plan or plans for review and instructions for that process will be included in the NOFO and will be available on our website. Now, this process is only for review

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00:12:14.920 --> 00:12:22.410

Carolyn Mulvihill: of the self-certification eligibility worksheet and your action plans. We don't... we're not able to pre-review other application materials.

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Carolyn Mulvihill: If you don't have an eligible action plan, or you're not sure if that one exists, these steps are a good place to start.

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00:12:32.710 --> 00:12:47.230

Carolyn Mulvihill: Transportation partners in your area may have a better idea whether a plan already exists, since this is traditionally a plan that's developed by a transportation planning agency. And again, if an eligible plan doesn't exist, you can apply for SS4A funds to develop one.

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00:12:51.980 --> 00:13:02.619

Carolyn Mulvihill: And finally, we understand that for some of you, an SS4A application might be your first funding... federal funding request, and you might not be familiar with the process for applying for federal funding.

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Carolyn Mulvihill: To support our applicants, we've created a series of resources to help you develop a successful application. These include checklists, frequently asked questions, and step-by-step instructions on how to get the required data points. These are all available on our website, so we encourage you to explore that if you're thinking about applying and while you're developing your application. We're also going to update our website based on questions that come into the program

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Carolyn Mulvihill: once the NOFO is released, so keep checking, because we may be developing new materials.

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Carolyn Mulvihill: Another website that's available, has a lot of resources, is the SS4A Clearinghouse, which you can either Google or link from our... the main SS4A website. That site includes examples of action plans that have been developed using SS4A funds.

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00:13:47.900 --> 00:14:10.379

Carolyn Mulvihill: And as I mentioned, we'll also be holding a number of How to Apply webinars that'll be posted on our website. So if you plan on applying, please plan to participate in those. We highly recommend that you review the materials on our website, as well as participating in one of those webinars, so that you make sure that you have all the latest information from the program to help you put together an application.

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00:14:10.700 --> 00:14:13.750

Carolyn Mulvihill: And with that... I will...

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00:14:14.810 --> 00:14:17.939

Carolyn Mulvihill: We will be moving on to our next presenter.

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00:14:19.610 --> 00:14:35.410

Julie Stille, PhD: Hi, my name is Julie Stille, and I'm an Associate Research Professor in the Department of Emergency Medicine at the University of Missouri. I'm very happy to talk to everyone today about our specific SS4A submission process.

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00:14:37.580 --> 00:14:56.310

Julie Stille, PhD: To start out, our project focuses on work in Columbia, Missouri, which... and some unincorporated areas of Boone County, which is the county where the city resides, which is halfway between the larger metropolitan areas of Kansas City and St. Louis, if you guys are not up on your Missouri geography.

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00:14:56.340 --> 00:15:08.940

Julie Stille, PhD: The curators of the University of Missouri is an umbrella that is classified as a political subdivision in which the University of Missouri fits in, and our target population is about 140,000 people.

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Julie Stille, PhD: And what we submitted was a planning and demonstration grant where we were hoping to conduct demonstration activities only.

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Julie Stille, PhD: The University of Missouri and the curators houses the University of Missouri Hospital, which is our region's only Level 1 trauma center with a catchment area of about 26 counties in Missouri. And I am the academic research partner for our hospital-based

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Julie Stille, PhD: ground ambulance service. So the goal of our demonstration grant is to deploy advanced emergency response to critically injured patients

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Julie Stilley, PhD: and filling a significant gap in our local emergency response infrastructure.

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00:15:51.380 --> 00:15:54.409

Julie Stilley, PhD: Ultimately, to reduce mortality.

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00:15:54.930 --> 00:16:08.049

Julie Stilley, PhD: We plan to do this with enhanced response with initiation of prehospital blood transfusion, advanced medical equipment for airway and imaging, and prehospital medications like antibiotics and paralytics not yet deployed with our service.

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00:16:08.050 --> 00:16:16.680

Julie Stilley, PhD: We plan on optimizing our development and our deployment of this advanced response, with location optimization and timing predictions.

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00:16:16.770 --> 00:16:32.679

Julie Stilley, PhD: And, adjusting our dispatching criteria from our local PSAP, our public service access point, working towards a partner response for this advanced response. We hope to improve our critical care competencies for all of our responders as well.

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00:16:36.230 --> 00:16:53.819

Julie Stilley, PhD: So, EMS agencies in our state, in the state of Missouri, do a really decent job of coming together to discuss our shared pain points across our state. We found that EMS agencies don't exist in a vacuum very well, and lots of agencies identify problems with each other.

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00:16:53.900 --> 00:17:11.279

Julie Stilley, PhD: And, experience those sorts of problems and really learn about the solutions to those. So we realized very early on that some of our EMS agencies in our state were starting to deploy prehospital blood transfusion administration protocols

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Julie Stilley, PhD: But no one seemed to have cracked the code yet with our blood bank partners for good blood rotation stewardship, and that seems like a very critical piece in a prehospital blood transfusion administration program.

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00:17:25.770 --> 00:17:40.979

Julie Stilley, PhD: We also identified from our blood banks, at least locally, that they were a bit unconvinced that EMS agencies could even afford the proper technology to actually satisfy the requirements that they are under, some pretty strict requirements.

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Julie Stilley, PhD: And as our, in our local area, we weren't quite sure about our patient landscape.

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Julie Stilley, PhD: Who would benefit most from something like prehospital blood or, advanced airway systems using advanced equipment, etc?

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00:17:57.880 --> 00:17:59.190

Julie Stilley, PhD: So the...

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00:17:59.200 --> 00:18:08.740

Julie Stilley, PhD: we actually were inspired about this time last year, from a webinar hosted from previous grantees, shout out to the University of Arizona.

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00:18:08.740 --> 00:18:19.640

Julie Stilley, PhD: who spent a lot of time talking about what made them eligible for their SS4A grant project and their grant process, which really helped us to dig in and think, do our

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00:18:20.240 --> 00:18:27.480

Julie Stilley, PhD: initiatives and our target programs would they fit into the SS4A, greater ecosystem?

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00:18:27.920 --> 00:18:45.899

Julie Stilley, PhD: So then we really set out to understand if we were actually eligible, and we found out that we were a political subdivision, and that there were actually several qualifying safety action plans, or organizations with safety action plans that we could potentially connect to. So check, check on both of those things.

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00:18:46.940 --> 00:18:53.159

Julie Stilley, PhD: And then we, a bit, honestly, kind of shopped around. We went to work trying to ask

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Julie Stilley, PhD: previous collaborators, in particular our academic safety engineers at the University of Missouri, if they knew if there would be those organizations who might be really interested in a partnership with us in EMS. And after a couple of connections, we actually found out our local city government was a very recent, previous

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00:19:12.080 --> 00:19:19.210

Julie Stilley, PhD: SS4A awardee In... to update their action plan, and they were actually...

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00:19:19.370 --> 00:19:34.409

Julie Stilley, PhD: even better for us, they admitted that the post-crash care section in their safety action plans previously had been really lacking, and they were looking for a way to really bolster and improve their previous plan. It was... it was... it was...

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00:19:34.500 --> 00:19:49.770

Julie Stilley, PhD: a great coincidence that we were kind of looking for each other, even if we didn't know it. So they immediately invited me to talk with their stakeholder groups to understand if those stakeholder groups would support the plan that we had, and were hoping to submit.

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00:19:50.070 --> 00:19:55.190

Julie Stilley, PhD: I also needed to collect the required transportation safety and crash data.

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00:19:55.250 --> 00:20:10.700

Julie Stilley, PhD: To really build the case for our proposal. So, I did that quite easily. The SS4A website did a really good job outlining the expectations of what data was necessary, what, and what resources we could use.

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00:20:10.700 --> 00:20:20.100

Julie Stilley, PhD: if we didn't have that readily, if we didn't use it all the time. And I didn't, at the time, use these resources very readily. So, what I did was look at the,

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00:20:22.130 --> 00:20:35.059

Julie Stilley, PhD: fatal accident reporting system database in Census.gov, to try to collect the crash and safety data in my area, and I highly recommend, as you consider

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00:20:35.060 --> 00:20:43.310

Julie Stilley, PhD: potentially submitting for your own SS4A proposal, I recommend you using these data sources to really build your case.

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00:20:44.510 --> 00:21:01.429

Julie Stilley, PhD: So moving on from proposal to partnerships, we were really able to leverage our existing relationships to really, establish and promote the connections that we had around in the traffic safety sphere. I committed to joining some traffic safety advisory groups.

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00:21:01.430 --> 00:21:12.060

Julie Stilley, PhD: No matter the outcome of our proposal and our submission. And this has really blossomed into a lot of relationships that I hadn't anticipated, including disseminating broad

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00:21:12.150 --> 00:21:23.200

Julie Stilley, PhD: post-crash care education to traffic safety groups at our state and at our regional level. And I often catch myself saying the same things, like, oh, I think that...

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00:21:23.590 --> 00:21:33.600

Julie Stilley, PhD: idea for a physical barrier is a great idea, but make sure it's wide enough to fit a fire truck through, and things of that nature. And I've also invited

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00:21:33.600 --> 00:21:48.869

Julie Stilley, PhD: other first responder groups with me, whether it's my local, law or fire, or even some of our EMS agencies around the state. I've sort of dragged our neighbors along with me as we disseminate this post-crash care, as part of the Safe Systems approach to really highlight it.

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00:21:52.740 --> 00:22:07.369

Julie Stilley, PhD: So, I'm just gonna finish up very quickly here. As you consider your own submission, and if you qualify, what I recommend, that there are four key things I want you to take away. So, I want you to identify your EMS initiatives

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00:22:07.860 --> 00:22:23.440

Julie Stilley, PhD: That really aligns with the safety goals, though I encourage you to look at NHTSA and the Safe Streets for All website to understand where your initiatives might actually fit in the Safe Systems Approach, and are these things aligned, and

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00:22:23.620 --> 00:22:27.659

Julie Stilley, PhD: Could it be a good match for you to...

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00:22:27.740 --> 00:22:46.329

Julie Stilley, PhD: apply for this funding. Number two, definitely confirm your eligibility, and most importantly, connect to an action plan, as it was stated, you probably are not often connected to the traffic safety groups actually developing these action plans, and so it's, very useful

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00:22:46.360 --> 00:22:51.340

Julie Stilley, PhD: And important to identify the action plan that harmonizes best with your initiatives.

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00:22:51.440 --> 00:23:06.689

Julie Stilley, PhD: Use transportation safety and crash data to build your case for your activities. If you can't convince others that the... that your demonstration activity is useful by providing evidence that the crashes exist,

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00:23:06.690 --> 00:23:11.459

Julie Stilley, PhD: it won't get very far. And then, number 4, learn from your colleagues.

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00:23:11.550 --> 00:23:29.520

Julie Stilley, PhD: Please utilize the existing relationships you have now to understand where you can connect into the traffic safety sphere. Make new partnerships and new relationships now, before you actually prepare your proposal. It will definitely help you in the future. And I'm ready to...

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00:23:30.970 --> 00:23:35.809

Julie Stilley, PhD: say good luck to everyone, and I'm gonna pass it along to Dr. Youngquist.

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00:23:40.010 --> 00:23:58.559

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: Greetings to you all from Salt Lake City. It's my pleasure to join you this morning to discuss our approach to the SS4A grant. There's a lot of overlap with what Dr. Stilley talked about, so I'll reinforce some of the same key themes, but we also encountered some special difficulties

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00:23:58.560 --> 00:24:02.880

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: putting together our grant, and so I'll talk about those as well.

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00:24:04.000 --> 00:24:18.249

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: This is our region of interest here for the grant. This is Salt Lake County. It is about 1% of the land mass of Utah, but represents 36% of the population of the state.

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00:24:18.250 --> 00:24:26.140

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And our activity is, for supplemental planning and demonstration, in this grant award.

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00:24:28.230 --> 00:24:38.090

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: So, our grant covers multiple EMS agencies, and this was one of the big lifts of this application was to coordinate

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00:24:38.090 --> 00:24:57.440

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: with all of our surrounding EMS agencies in Salt Lake County, and get them on board, get them interested in ideas around improving crash safety and the post-response of EMS and 911 after someone has been injured in a roadway accident.

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00:24:57.460 --> 00:25:09.769

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And fortunately, we meet on a monthly basis with all of these folks. I'm over the Salt Lake City Fire Department. I have a colleague here at the university who is over the Unified Fire Authority.

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00:25:10.000 --> 00:25:31.690

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: another one over West Valley City, which represents the largest concentration of the population. So these other ones are smaller fire departments, but we coordinate closely with them to make sure that our protocols are aligned, and that we're all aware of each other's activities in EMS, so that, you know, if someone has a new program that we want to

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00:25:31.690 --> 00:25:40.929

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: copy in our area, our particular service area, we can do that. I will mention that we've wanted to do prehospital blood for some time.

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00:25:41.120 --> 00:26:04.979

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: West Valley City has pioneered this in Salt Lake County. They're the only ones providing a blood unit right now, and that only stood up, in December of 2025, with a lot of heavy lifting. But we had been in talks with blood banks and, figuring out how much a blood program would cost, because we all feel like this is one way to save lives from

121

00:26:04.980 --> 00:26:10.649

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: accidents on roadways. And so, having a blood program is something we've wanted for a long time.

122

00:26:10.850 --> 00:26:29.219

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: We also became aware of this grant through our combined fellowship activities with the University of Arizona. We have an EMS fellowship that combines didactics over Zoom, with a Four Corners group of folks, Colorado and Arizona and New Mexico.

123

00:26:29.560 --> 00:26:48.910

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And so we heard about this successful award at the University of Arizona, and then, like Dr. Stilley, we attended an SS4A webinar just like this one, and we took copious notes and said, I think we can do this in Salt Lake City. So hopefully this is as helpful to you today as it was for us last year.

124

00:26:49.150 --> 00:27:12.819

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: One of the first questions we asked ourselves is, do we have a comprehensive Safety Action Plan? I had never heard of this before, and so I'm glad Carolyn gave us some idea what these are, but I was able to, through asking some questions and Googling and things like that, find out that we have this body called the Wasatch Front Regional Council, which does hold the Comprehensive Safety Action Plan

125

00:27:12.820 --> 00:27:15.010

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: for our region.

126

00:27:15.010 --> 00:27:28.769

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And, we were able to go to their website, and there was an executive summary, but also the full comprehensive safety action plan. So the next step was for us to read this and figure out what they had actually proposed in terms of post-incident crash care.

127

00:27:28.990 --> 00:27:42.990

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: there was really just one little line that talked about future endeavors to improve post-crash care, but the folks at the Wasatch Front Regional Council are, largely traffic safety engineers, and so

128

00:27:42.990 --> 00:27:54.910

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: If they had talked to us before developing this plan, I wasn't a part of those discussions, but it was an opportunity for us to connect, just like Dr. Stilley did, with their Comprehensive Safety Action Plan.

129

00:27:54.910 --> 00:28:15.300

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And after reading this, we found there was one area we could point to to say, hey, we're going to focus on these supplemental activities to bolster our existing comprehensive safety action plan. I'm not sure what we would have done if we didn't have a comprehensive safety action plan that would have certainly required a bigger conversation with folks who, you know, these types of folks to develop this.

130

00:28:15.300 --> 00:28:30.930

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: But, having one was actually quite helpful for us, since we're focused on medical care and not on things like, you know, separating pedestrians from, from traffic and, separating bicyclists from traffic and things like that.

131

00:28:31.190 --> 00:28:41.959

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: So, if you don't have a Comprehensive Safety Action Plan, this is a great opportunity to collaborate, and it is in a smaller way if you already have one.

132

00:28:42.840 --> 00:28:53.300

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: So, prehospital blood, I mentioned, was one of those things we were very interested in as a broader county community of EMS agencies.

133

00:28:53.320 --> 00:29:13.920

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And so, we discussed, what should we put into this application? What things do people want? And funding for prehospital blood was a big one. The costs of just buying coolers and setting up a program were not in the budgets of these municipalities. They had tight budgets.

134

00:29:14.250 --> 00:29:18.529

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And so this was an opportunity to put this program together to help save some lives.

135

00:29:18.530 --> 00:29:43.400

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: The other thing they were interested in was hospital data exchange. This is the software side ability for their records to be connected to inpatient records, so that if they responded to a crash scene and took care of a patient, they could actually see what were the injuries that were found, and what was the patient's ultimate outcome in the hospital. We do this on a case-by-case basis.

136

00:29:43.400 --> 00:30:00.310

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: currently, but not with... not comprehensively. And so, hospital data exchange, we felt, would allow our providers to become better by knowing the outcomes of their patients, seeing what sort of injuries they might have missed, and what they can do better next time.

137

00:30:00.650 --> 00:30:04.809

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And so that was also in our ask for the program.

138

00:30:04.960 --> 00:30:23.600

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: We also had, the opportunity to expand an existing program of physician scene response as part of our fellowship, part of any EMS fellowship, really, is, scene response by the fellowship... the fellows and their supervisors, the physician... attending physicians that are EMS

139

00:30:23.600 --> 00:30:45.119

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: board-certified, providers. And so we were doing this on a limited basis, we still are, but it sort of depends on people's clinical schedules, and, this isn't, this isn't something we do Monday through Friday, it's more like one day a week sort of thing. This allows us to be on the streets more and respond to these trauma

140

00:30:45.120 --> 00:30:57.909

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: accidents, when they occur. And part of our planning is to figure out when, when we wanted to be available. When were the... when were most of these accidents and injuries occurring?

141

00:30:57.910 --> 00:31:16.459

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: and make sure we are available to respond to this. And we would carry some of the advanced techniques that physicians can do, you know, up to including REBOA and field thoracotomy, providing RSI on scene when EMS agencies don't have that capability.

142

00:31:16.460 --> 00:31:20.529

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And, like, Dr. Stilley mentioned, antibiotics for open fractures.

143

00:31:20.920 --> 00:31:25.289

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: So, this allows us to respond, in a broader...

144

00:31:25.290 --> 00:31:48.320

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: way to these, these, roadway incidents. And then we also looked to fund PhD epidemiologists who could also guide our efforts in terms of where and when we want to be in the Valley. Since this is 800 square miles of area to cover, we can't be everywhere at once. We want to strategically position the vehicle

145

00:31:48.320 --> 00:31:56.000

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: Such that we can respond to most of the critical incidents. So those were the... the basis of our...

146

00:31:56.070 --> 00:32:02.529

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: program that we were requesting in terms of accidental, in terms of, supplemental activities.

147

00:32:02.590 --> 00:32:13.420

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: This was largely funding the programs and not the equipment, so we didn't ask them to purchase us a vehicle. We did ask for some limited equipment for the blood transfusion program.

148

00:32:13.480 --> 00:32:34.749

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: Mostly we want to show that this can make a difference. We want to show it in a sustainable way, so that we can go to the state legislature after these funds have expired and say, look what we've been able to do. We think you should fund this, going forward, these activities, on a local level, so that we can continue to provide great care for patients that have been injured.

149

00:32:36.580 --> 00:32:56.770

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: There's also a halo effect of these things. Obviously, having physicians available, we're gonna be able to do beds, roadside teaching of EMS, we could be available for additional incidents, and the level of care that you get improved through something like hospital data exchange.

150

00:32:56.770 --> 00:33:05.270

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: also extends to medical cases as well. And we didn't write this into our application, but obviously there are halo benefits to all of these programs.

151

00:33:05.270 --> 00:33:10.790

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: That will extend to patients beyond those who are just injured, on freeways and roads.

152

00:33:10.790 --> 00:33:27.629

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: So, one of the things we ran into that was a difficulty was figuring out who would be the sponsor for the grant. The University of Utah made a lot of sense. They were our home institution for the investigators in this grant. We had grant writers available, the medical directors were here.

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00:33:27.630 --> 00:33:34.210

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: The problem was, we found out they were already planning their own institutional submission, with another group.

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00:33:34.640 --> 00:33:52.770

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: We didn't, we asked to be put in contact with them so that we could see if we had overlapping activities. We didn't think so, since we're the only emergency physicians and EMS folks on campus. But the university said, no, that's a blinded process, sorry, we're not gonna... we're not gonna let you, talk to them or collaborate with them.

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00:33:52.770 --> 00:34:00.940

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: So we went to the county, which obviously is the municipality that covers the entire service area.

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00:34:01.010 --> 00:34:21.719

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And they, they are used to, receiving grants, but not like this. So we had to hold a couple discussions with the Deputy County Mayor and talk to her about the plans. She thought this was a great idea, but was outside of the usual scope of grant activities of the county, but ultimately they agreed to be the sponsor with reassurances that we would be carrying out

157

00:34:21.719 --> 00:34:38.580

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: the activities, that were contracted in the grant, and we would make sure we would perform the reporting duties and administration of the grant as much as we were able to as a subcontractor here at the university. So, that was a little bit of a hitch where we almost,

158

00:34:38.580 --> 00:34:49.269

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: ran out of options, but Salt Lake County ended up being a great partner for this, and ultimately made a lot of sense in terms of the home for the grant.

159

00:34:51.389 --> 00:35:14.169

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: There's a cost match requirement, which was something we had to address, and so this required pretty high-level discussions at the university if they were going to bear the cost

of the cost match. And, they were... they agreed to do that both on a dollar basis and an alternative approach using what are called waived indirects to cover the cost match. Usually, the university takes a certain amount of indirect

160

00:35:14.170 --> 00:35:26.509

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: costs for the administrative aspects of a grant, and so we were able to work that out. There's a lot of sweat equity that's also going into this grant, a lot of unpaid costs.

161

00:35:26.510 --> 00:35:36.020

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And, while we don't have funds yet, we're doing a lot of planning in advance that is unfunded, to help match that cost requirement.

162

00:35:36.510 --> 00:35:40.619

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: But that was another issue to... to figure out in our area, for sure.

163

00:35:43.040 --> 00:35:56.500

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And then, I'll just leave you with a final thought that you want to make this a team effort. One of the things that was emphasized last year, was to, discuss this broadly with the other stakeholders, so,

164

00:35:56.500 --> 00:36:21.350

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: we wanted to, make sure that we didn't... we weren't competing with, like, Salt Lake City municipality, and have an overlapping effort, you know, in terms of our grants that the, that NHTSA would have to look at and go, wait, these guys also say they're going to be doing the same thing here, you know, so it requires a lot of coordination and playing nice in the sandbox, and

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00:36:21.350 --> 00:36:24.890

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: It requires asking for help, frankly, from a lot of people.

166

00:36:25.030 --> 00:36:41.759

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And, we did get a letter of support from our Wasatch Front Regional Council that holds the Comprehensive Safety Action Plan, letters of support from other stakeholders, in order to show that, hey, we're all working together here in Salt Lake City to make this work.

167

00:36:41.770 --> 00:36:46.030

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And with that, I will end my presentation. Thank you so much.

168

00:36:51.060 --> 00:37:11.039

Max Severeid: The 2026 Safe Streets and Roads for All Notice of Funding Opportunity is targeted for posting on the DOT website very soon, and our Office of EMS will share it directly via GovDelivery email announcement, so keep an eye out for that. And we'd recommend checking the SS4A website daily at this stage.

169

00:37:11.280 --> 00:37:29.770

Max Sevareid: You can also scan the QR code here to access that page quickly and find application details, timelines, contact information to post any questions or send any questions, as well as postings for potential webinars soon to assist applicants. Those are not yet scheduled, but we hope they will.

170

00:37:30.560 --> 00:37:44.769

Max Sevareid: Thanks again to our speakers for sharing their time and their insight. Would actually like to take a few moments now to talk about, go into some questions of our two successful award recipients, and it'd be great if both

171

00:37:44.770 --> 00:37:52.490

Max Sevareid: Both doctors could chime in on some of these questions. We have a good amount of time now, I think, for some of these questions, but the first question

172

00:37:52.490 --> 00:38:00.259

Max Sevareid: How did you first locate your community's action plan, and how did you get involved in discussing it initially? Dr. Stilley?

173

00:38:02.330 --> 00:38:08.230

Julie Stilley, PhD: So the first thing I did after last, the last webinar...

174

00:38:08.230 --> 00:38:26.490

Julie Stilley, PhD: was literally Google Safety Action Plan. And, then I started to understand a bit of the language, so I can make my search a little bit more specific. But ultimately, I used the Safe Streets for All website, which led me then to a link which had a map.

175

00:38:26.570 --> 00:38:43.830

Julie Stilley, PhD: So, others can find a map and see if your jurisdiction meets one of the awards... grant awards. Luckily, mine did, and I had a couple of options to understand what those awards were, and if they included, development of an action plan.

176

00:38:43.850 --> 00:38:46.749

Julie Stilley, PhD: Or an update of an action plan, as it were.

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00:38:47.820 --> 00:38:48.880

Max Sevareid: Dr. Youngquist?

178

00:38:50.720 --> 00:39:05.720

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: I pretty much did the same thing as Dr. Stilley, so googling the action plan. I can't remember if I found it that way. I also spoke, though, with our Salt Lake City grant writers who were familiar with the process, and they said, oh yeah, you...

179

00:39:05.720 --> 00:39:12.299

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: the Wasatch Front Regional Council is who you want to talk to, where you want to go, so, with a little bit of,

180

00:39:12.380 --> 00:39:22.550

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: direct questioning of folks who were in the know, and Google searching, somehow I got to their webpage, and then started emailing their contact person.

181

00:39:23.810 --> 00:39:39.060

Max Sevareid: For both of you, if you brought data from sources like NEMSIS, the National EMS Information System, or your local EMS data, as well as Fatality Analysis Reporting System data, which is FARS data that our agency, NHTSA, manages.

182

00:39:39.060 --> 00:39:47.569

Max Sevareid: When you brought in that kind of data, what stood out or surprised your partners, and what data would you recommend folks bring to the table? Dr. Stilley, first?

183

00:39:47.730 --> 00:39:54.549

Julie Stilley, PhD: So I think... the... The... the initial look is...

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00:39:55.260 --> 00:40:03.180

Julie Stilley, PhD: is surprised that somebody has access to EMS data. So, I feel like our safety partners, felt

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00:40:03.180 --> 00:40:19.580

Julie Stilley, PhD: or have felt historically, like, some of the information that they have about safety, especially in the post-crash care setting, was limited. In our case, it's limited to law enforcement information, which can be a little bit subjective, depending on severity of the crash and what happens to that patient.

186

00:40:19.580 --> 00:40:33.249

Julie Stilley, PhD: But they were very enthusiastic that I might be able to fill in some of the blanks, potentially, with our local information. They had never heard of NEMSIS, really, and

187

00:40:33.510 --> 00:40:37.510

Julie Stilley, PhD: They were relying solely on the resources that they had in the past.

188

00:40:38.710 --> 00:40:39.640

Max Sevareid: Dr. Youngquist?

189

00:40:39.840 --> 00:40:52.880

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: Yeah, we found something similar. So I... I was largely unaware of our crash statistics until I did tap into those databases. So it was interesting to see, that

190

00:40:53.170 --> 00:41:05.729

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: it looked like our comprehensive Safety Action Plan was probably working a little bit. We had reduced fatalities from a certain high, and my awareness, was really limited to, like,

191

00:41:05.730 --> 00:41:25.619

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: signs that we have on overpasses that say, you know, zero fatalities, number of... number of deaths this year, but that's for, like, the entire state of Utah. So drilling down into the crash data, I was able to see that a lot of the roadway incidents in Salt Lake City were auto-pedestrian injuries and deaths.

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00:41:25.690 --> 00:41:31.529

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And then we have, obviously tra- obviously a freeway.

193

00:41:31.540 --> 00:41:51.720

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: deaths and, morbidity as well. The reporting is pretty interesting, if you haven't looked at it, to get kind of a comprehensive view of your community. But we did take that and put that into our application, that we were aware of the current number of deaths.

194

00:41:51.720 --> 00:41:56.930

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: In the county, and that our goal was to reduce this through the program.

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00:41:58.580 --> 00:42:11.050

Max Sevareid: Could you each share the funding amount for your federal award, and how you came up with that figure? And then maybe, now that you've been awarded, would you think differently if you were to go backwards?

196

00:42:11.350 --> 00:42:12.430

Max Sevareid: Dr. Stilley?

197

00:42:14.200 --> 00:42:18.760

Julie Stilley, PhD: So, the funding award that we,

198

00:42:19.040 --> 00:42:27.049

Julie Stilley, PhD: were notified about is about \$4.6 million, and that includes mostly equipment and...

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00:42:27.050 --> 00:42:44.220

Julie Stilley, PhD: personnel time, so the actual response time of our critical response, which I will say does include a small snippet of physicians' scene time as well. Physicians are expensive, did you know that? And rightfully so, they bring a fantastic wealth of experience and knowledge.

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00:42:44.260 --> 00:42:47.840

Julie Stilley, PhD: Looking back,

201

00:42:48.400 --> 00:42:55.749

Julie Stilley, PhD: Would I change the amount? I don't think so. I think we're very excited to see what... what...

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00:42:56.270 --> 00:43:00.809

Julie Stilley, PhD: will happen, with this award and this, this, this funding, so...

203

00:43:01.160 --> 00:43:02.080

Max Severeid: Dr. Youngquist?

204

00:43:02.340 --> 00:43:13.889

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: I think our... our grant is pretty similar, I'm guessing. Somewhere... somewhere close to \$5 million is what we were awarded for the grant period, and

205

00:43:14.160 --> 00:43:29.269

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: I think we were pretty close to the maximum for our... for this type of activity. We tried to include everything we could that we thought would benefit the community and that would improve the EMS response.

206

00:43:29.270 --> 00:43:50.710

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: If we could... if we had unlimited ability to ask, we probably would have included additional activities around the 911 call centers and looked for areas where we could bolster that. But we did run into, basically, the limits of this particular application pretty quickly.

207

00:43:50.710 --> 00:44:08.880

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: personnel time and those activities. It is expensive to put physicians on the streets, but we're hoping that with lives saved, we can show, like I mentioned, additional funders in the future that this is a worthwhile program to continue.

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00:44:10.080 --> 00:44:19.030

Max Severeid: As you began working with your partners, what questions came up, and what do others should... what others should know before you started those conversations?

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00:44:19.460 --> 00:44:20.519

Max Severeid: Dr. Stilley?

210

00:44:20.810 --> 00:44:28.180

Julie Stilley, PhD: So, I immediately thought of my early conversations with our blood bank partners.

211

00:44:28.180 --> 00:44:41.019

Julie Stilley, PhD: And they were quite hesitant. They had been hesitant for a while about prehospital blood transfusion, and it was an immediate no as I started the conversation. It was...

212

00:44:45.300 --> 00:45:00.189

Julie Stilley, PhD: and in good faith, they are... they have to have a lot of regulations that we... we don't... I don't deal with it on a regular basis. They are... they are... they are mountains of regulations that they have to deal with, and... and I understand, giving up some of

213

00:45:00.300 --> 00:45:02.929

Julie Stilley, PhD: That control and having it

214

00:45:03.230 --> 00:45:10.839

Julie Stilley, PhD: Drive around on our streets seems a bit, out of... out of the norm, and sometimes maybe hard to understand how that might work.

215

00:45:10.840 --> 00:45:27.589

Julie Stilley, PhD: But I was equipped with some of the technology that we are purchasing, and some of the specifications that that technology can bring. I think Dr. Youngquist mentioned some coolers, so high-tech coolers that can have great connectivity directly to them.

216

00:45:27.590 --> 00:45:34.379

Julie Stilley, PhD: And so they can understand and track the quality of the prehospital blood, for example, as it goes. And that...

217

00:45:34.600 --> 00:45:48.659

Julie Stilley, PhD: made them take a pause and think, yeah, we... we should think about this, actually. If you knew that there were regulations, and you knew that you had a technology to maybe satisfy those regulations, maybe this does...

218

00:45:48.800 --> 00:45:52.410

Julie Stilley, PhD: It is time for us to have a deeper conversation about how to make this feasible.

219

00:45:54.820 --> 00:45:55.260

Max Severeid: Dr. Youngquist?

220

00:45:56.460 --> 00:46:00.240

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: Yeah, when we started discussing this, a lot of...

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00:46:00.560 --> 00:46:09.580

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: people wanted to know what is... what is my obligation, and what is going to be my ongoing cost for supporting this? You know, they're always...

222

00:46:09.640 --> 00:46:27.969

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: with any program, there are going to be hidden costs. It might be training time, it might be, you know, if equipment breaks down and there's not, funding for backup, things like that. So, municipalities have.

223

00:46:27.970 --> 00:46:43.019

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: thin budgets for EMS, unfortunately. You know, it's one of those things where they go to their city council every year and request an increase, and are lucky if they're flat for the year, and they don't cut their budget a lot of the time, depending on how the tax season has gone.

224

00:46:43.020 --> 00:46:52.669

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: So they don't want to be stuck with, obligations that they can't meet for the program, and so we needed to make sure

225

00:46:52.880 --> 00:47:10.229

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: we accounted for that, and that, we as the grant holders, tried to make sure we were bearing the costs of, everything that we could to make this as easy for, the participating EMS agencies as possible. And so,

226

00:47:10.480 --> 00:47:27.190

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: We had to also tell them, though, that we can't, you know, guarantee there won't be additional costs to you, but the benefits here will outweigh those costs in terms of the good publicity that you will get for doing this work, this advanced work in trauma care for the lives saved.

227

00:47:27.190 --> 00:47:34.160

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: Those sorts of things will make your mayor and city council very happy, very excited about the program.

228

00:47:34.170 --> 00:47:44.239

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And so, it's a little bit of salesmanship that's involved to get everybody on board, because people... people are a little cautious by nature about,

229

00:47:44.240 --> 00:47:57.099

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: getting stuck with unfunded obligations. We also ran into the same blood bank issues. You know, blood is... it's not like epinephrine or TXA or something, where you just can take it and start using it.

230

00:47:57.100 --> 00:48:06.549

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: It's a biologic that has tons of FDA regulation around it, and so blood banks are naturally very cautious about not getting in trouble by some,

231

00:48:06.690 --> 00:48:12.850

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: by use of blood that is outside of FDA standards.

232

00:48:13.180 --> 00:48:32.039

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: So they don't want... they don't want a significant amount of transfusion reactions, they need to be able to contact, females of childbearing age if they're getting, low-titer, Rh-positive blood, for example, just to, let them know, give them counseling, things like that. So there are a lot of issues to be worked out.

233

00:48:32.040 --> 00:48:49.160

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: in advance with the blood banks alone, as Dr. Stillely mentioned. Fortunately, our directors of blood banks are very supportive of the idea that blood saves lives for patients when given early in hemorrhagic shock, and that it reduces downstream blood use considerably as well.

234

00:48:49.520 --> 00:49:02.569

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: And so, we took a lot of lessons from San Antonio, groups like STRAC that have been doing this for a while to approach our blood banks and tell them, look, we're willing to set up blood drives, heroes in arms sort of

235

00:49:02.570 --> 00:49:19.840

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: things where we're... our EMS agencies will donate blood to help replenish the supply, and help you identify additionally donors that, we have in our services that are, like, you know, universal donors that can be part of what's called our TITAN program of,

236

00:49:19.840 --> 00:49:28.640

Scott T. Youngquist, MD, MS, FACEP, FAHA, FAEMS: of O-negative blood donors, for example. So, there's a little bit of horse trading there with the blood banks, but those were the main issues we ran into.

237

00:49:31.660 --> 00:49:39.659

Max Severeid: Well, thank you all for your unique perspectives, Dr. Stillely and Youngquist, and also Carolyn for talking program details from our DOT.

238

00:49:39.720 --> 00:49:53.730

Max Severeid: We are very excited by the opportunities the SS4A program may provide yet again this year for our EMS partners to apply for grant funding directly, or with other local transportation, health, or safety partners, or otherwise.

239

00:49:53.730 --> 00:50:04.220

Max Severeid: EMS has had success getting awards funded in prior years of the Safe Streets and Roads for All grant program, and we know that success can continue this year with your applications.

240

00:50:04.220 --> 00:50:19.649

Max Severeid: Review the SS4A website to see if a local partner in your area already has an SS4A award, and a comprehensive safety action plan. You may be able to provide critical input to that plan if it doesn't yet have strong EMS strategies.

241

00:50:20.180 --> 00:50:37.429

Max Severeid: That plan might also support an additional demonstration or implementation grant application. So, put on your thinking caps, get your pens out to write a short narrative, find your local partners that you know who've already written grant applications before. It's actually easier than you might think.

242

00:50:37.670 --> 00:50:51.479

Max Severeid: Take a look at the SS4A.gov website. We'd love the U.S. Department of Transportation to help advance EMS motor-vehicle crash strategies, including prehospital blood transfusion. So we thank you, our three speakers.

243

00:50:51.480 --> 00:51:04.520

Max Sevareid: We thank you, also our EMS partners, volunteers, and providers. Your work is critical for the safety of our public. So thank you all for joining us today, and we hope to see you at a future EMS Focus webinar.