



KBEMS Pilot Program Guidance

There is no traditional “application form” to apply for a KBEMS pilot program, nor is there an application fee. Applications must be in the form of a proposal that contains all ten (10) sections explained below. An application will be considered complete when all required information for all ten (10) sections is submitted to the Kentucky Board of Emergency Medical Services. Incomplete submissions will not be processed. Please feel free to contact the Kentucky Board of EMS office if you have any questions about the KBEMS pilot program.

Section 1: Letter of Intent

This is a letter, on the letterhead of the KBEMS licensed service(s) or TEI applying for approval of a pilot program, formally requesting consideration. It should state the service’s intent to support and staff the project for a maximum of one (1) year as described in the remainder of the attached guidance. The letter should be signed by the Chief Executive Officer/ Director of the agency whose name is on file in the KBEMS office.

Section 2: Type of Pilot Program

The KBEMS licensed EMS agency shall submit a proposal for the clinical pilot program that addresses the following:

- a.) **Background/Significance:** Describe the rationale for the pilot program, citing relevant research. Identify what questions remain and how the proposed pilot program will address these questions. Specify how the Pilot program may improve the quality of care in the EMS System.
- b.) **Objectives:** List the objectives upon which the outcome of the pilot program will be based. Identify the predictor and outcome variables and the expected outcome of the pilot program.
- c.) **Design/Methods:** Identify the type of study, describe the project design and the methods used to collect data and avoid bias.
- d.) **Evaluation:** Describe the data management and statistical methods that will be used to evaluate the data. Include standards or benchmarks proposed.
- e.) **References:** Attach copies of references cited in the protocol.

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(859) 256-3565 1 (866) 97-KBEMS Fax: (859) 256-3128
Email: KBEMS@kctcs.edu Website: kbems.kctcs.edu

Section 3: General Project Description

Describe the community/communities to be served, the Service base location(s) to be employed, the community health need being addressed, and the methodology for addressing the need (including any enhancements of the EMS response system that will result.) It is not required that all pilot program operations be initiated simultaneously at all locations, but a general plan for implementation should be described with specific geographical service area for the project well defined within the description.

Section 4: Patient Interaction Plan

Describe the nature of anticipated patient care and diagnostic interactions. Specify how the patient population may be positively affected by changes to accepted scope of practice or training curriculum. Address concerns of any possible adverse patient outcomes associated with implementation of the program.

Section 5: Staffing Plan

Who will be providing clinical services and how will these services fit within the normal EMS staffing of the Service? On what type of schedule will these services be made available? Will the program require more or fewer staff than normally appropriate?

Section 6: Training/Educational Plan

What training and/or educational methods will be provided to enable providers to deliver the services described above? Who will be responsible for training oversight and coordination and what are the qualifications of this educator? Curriculum and training outlines, as well as a resume/CV for instructors must be included. All investigators or clinicians practicing within the scope of the pilot program must complete training in Human Subjects Research at <http://phrp.nihtraining.com/users/login.php> and present evidence of completion for all staff participating in the project prior to initiation of the Pilot Program.

Section 7: Medical Direction/Quality Improvement Plan

Describe the agency Medical Director(s) involvement in the service's operation and its quality improvement program. Identify any specialty physician that will provide specialized medical oversight for pilot programs, and define and document specific clinical protocols that will be utilized during the program, as well as any specialized credentialing processes for participating staff.

Section 8: Data Collection/ Quantitative Reporting

Describe what data demonstrates the need for this project, if any. Collect and reference data to demonstrate the impact of this project on the population served. Describe the data reporting plan, and what quantitative data will be reported to the Board during the program. Quarterly reporting is required for all projects. This information will be presented to the Medical Oversight Committee.

Section 9: Human Subjects Review Board

A formal request for review must be made to the KCTCS Human Subjects Review Board. The KCTCS HSRB Expedited or Full Review document must be completed and submitted with the Pilot Program application package. The requesting agency/TEI will be notified of the meeting date of the HSRB and attendance at the HSRB meeting will be required for continued project consideration.

- **EXPEDITED REVIEW** is conducted by the HSRB for protocols involving a normal population of subjects who are exposed to no more than minimal risk.
- **MINIMAL RISK** means that the probability and magnitude of harm or discomfort anticipated in the research is not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical psychological examinations or tests.

Section 10: Memorandum of Understanding

A formal memorandum of understanding must be executed between the KBEMS licensed EMS agency and the Kentucky Community and Technical College System & Kentucky Board of Emergency Medical Services. 202 KAR 7:601 Section 15 (5) should be addressed within the memorandum of understanding.

The MOU will be executed following complete approval of the program and processes by the Kentucky Board of Emergency Medical Services.

Submission Process:

Applications may be submitted via:

E-Mail: kbems@kctcs.edu

Mail:

Kentucky Board of Emergency Medical Services
ATTN: Pilot Programs
300 North Main Street
Versailles, Kentucky 40383

Any amendment to the original Pilot Project must be submitted as a new project, and will be evaluated independently of any other project of the requesting agency.

A PROJECT MAY ONLY BEGIN AFTER YOU HAVE BEEN NOTIFIED THAT THE BOARD HAS REVIEWED AND APPROVED YOUR RESEARCH. APPROVAL IS EFFECTIVE FOR A MAXIMUM OF ONE YEAR FROM BOARD MEETING DATE.