



Instructional Program Review – Annual Update

Date:	November 16, 2021
Program and Department:	Emergency Medical Services
CTE Program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Additional programs included in this review:	
Date of last comprehensive review:	2016
Submitted By:	Susan Roehl
Attachments (* as needed):	<input type="checkbox"/> 6-year assessment plan – All programs, when applicable <input type="checkbox"/> 2-year scheduling plan <input type="checkbox"/> Justification for Resource Requests (if needed)

I. Alignment of the Program with the AHC Mission

AHC Mission: Allan Hancock College provides quality educational opportunities that enhance student learning and the creative, intellectual, cultural, and economic vitality of our diverse community.

a. Have there been any changes that would require a change to your Program Mission?

No

b. Explain how your program mission aligns with the college mission.

The college mission and values can be found here:

http://www.hancockcollege.edu/public_affairs/mission.php

The Allan Hancock College Emergency Medical Services (EMS) Training Program is dedicated to the delivery of quality initial and ongoing education and training to all involved in both the public and private EMS arena. We strive to deliver this education and training in a manner that is conducive to the respectful, impartial and dignified treatment of all students, staff and patients.

It is the goal of this training program to create, maintain, and update relevant courses that instill compassion, competence, confidence, excellence, and leadership; all skills that shall serve as a foundation to create healthcare providers dedicated to the art of science of delivering high quality emergency medical care and transportation to the sick and injured.

We have a widely diverse student body in terms of age, ethnicity, sex, income in our EMS programs.

II. Student Success, Program Accessibility and Program Capacity

*Data for this section will be provided by the office of Institutional Effectiveness. Copy and paste data tables into this form.



PERKINS IV Core Indicators of Performance by 6-digit Vocational TOP Code
 Summary Detail Report for 2020-2021 Fiscal Year Planning

ALLAN HANCOCK COLLEGE

125000 Emergency Medical Services

	Core 1 Skill Attainment			Core 2 Completions			Core 3 Persistence		
	Percent	Count	Total	Percent	Count	Total	Percent	Count	Total
Program Area Total	17.91	12	67	100.00	62	62	86.15	56	65
Female	16.67	4	24	100.00	22	22	90.91	20	22
Male	18.60	8	43	100.00	40	40	83.72	36	43
Non-traditional	0.00	0	0		0	0		0	0
Displaced Homemaker		0	0		0	0		0	0
Economically Disadvantaged	21.82	12	55	100.00	50	50	84.91	45	53
Limited English Proficiency	0.00	0	0		0	0		0	0
Single Parent	0.00	0	4	100.00	4	4	50.00	2	4
Students with Disabilities	50.00	1	2	100.00	1	1	100.00	1	1
Technical Preparation		0	0		0	0		0	0
District	17.91	12	67	100.00	62	62	86.15	56	65
State	49.26	9,984	20,270	95.33	14,120	14,811	87.00	17,096	19,650

	Core 4 Employment			Core 5a NT Participation			Core 5b NT Completion		
	Percent	Count	Total	Percent	Count	Total	Percent	Count	Total
Program Area Total	87.93	51	58		0	0		0	0
Female	76.19	16	21		0	0		0	0
Male	94.59	35	37		0	0		0	0
Non-traditional	0.00	0	0		0	0		0	0
Displaced Homemaker		0	0		0	0		0	0
Economically Disadvantaged	85.11	40	47		0	0		0	0
Limited English Proficiency	0.00	0	0		0	0		0	0
Single Parent	75.00	3	4		0	0		0	0
Students with Disabilities	100.00	1	1		0	0		0	0
Technical Preparation		0	0		0	0		0	0
District	87.93	51	58		0	0		0	0
State	87.37	10,650	12,075	100.00	14	14		0	0

The DR notation indicates privacy requirements - EDD requires that counts less than six not be displayed.

Performance Rate Less Than Goal is Shaded

Core 1 - Skill Attainment, GPA 2.0 & Above: 88.42% Performance Goal - (2017-2018)
 Core 2 - Completions, Certificates, Degrees and Transfer Ready: 89.00% Performance Goal - (2017-2018)
 Core 3 - Persistence in Higher Education: 91.00% Performance Goal - (2017-2018)
 Core 4 - Employment: 73.23% Performance Goal - (2017-2018)
 Core 5 - Training Leading to Non-traditional Employment: Greater than 19.93% Participation & 23.97% Completion - (2017-2018)
 Source: CCCC MIS Database, EDD Base Wage File, CSU Chancellor's Office, UC Office of the President, 2000 Census, Student Loan Clearing House

a. Please comment on data and trends

The areas that need improvement are skill attainment and persistence. Persistence is not surprising as the EMS 301 is a one semester course and many go directly into the field and do not continue their education. I do believe new data will show this changing. Degrees is encouraged throughout and I see many more students with the goal of an A.S. in EMS.

Skill attainment is also noted as low percent. When looking at special groups, lower socioeconomic, single parent, females we see a lower the goal rating. These reports are from 2017-2018 so we are unable to appreciate the changes I have done in the programs addressing these ratings. What has been found: 1. Many students drop after getting their financial aide, (that has diminished), many drop midway as they begin to not attend (programs such as alert, LAP, writing centers) and being in constant communication with students has improved their completion. 2. Students drop in EMS 102 when, in the last 3 weeks of school, they have a paper due.

- b. If this year's figures for the program are below the set standard explain steps you will take to improve.

Many changes have been made to improve the below target goals. I have increased quizzes (practice) and provide an in-depth review of each test breaking down where errors are made, changed books and homework that offer options on obtaining data (EMS 301) where you can have the book read to you, watch video's. I have developed a mentor program within the class to enable students in test taking or skill taking to complete. I have used Kahoots however I would like to use it more giving students ample practice test to take for practice for national registry exams.

In the EMS 102's (large group) the class is a GE course. Many students take the course but as the papers are due they stop attending. I have required the student submit a rough draft for feedback. Turn it in is in canvas helping them with plagiarism and more. I also believe obtaining a program (and adding the advanced option) using "Grammarly" I feel would enhance and enable the students to be successful. I would like to do a pilot study to see the efficacy of this program.

[Grammarly.com - Grammarly - AI-Powered Writing Enhancement](https://www.grammarly.com)

[Ad-https://www.grammarly.com/writing/assistant](https://www.grammarly.com/writing/assistant)

Communicate With Impact. Ensure Everything You Write Comes Across The Way You Intend. Present Your Best Self Every Time You Type. Make Your Writing Clear and Engaging. Eliminate grammar errors. Plagiarism Detection. Easily improve any text.

Finally, the writing center at AHC is excellent. I talk about the program, have staff come and talk to the students but I do not see many using it. I will convene with the director and seek improvement in the usage.

I believe obtaining these 2 programs as well as the change in books and homework online with a plethora of ways to learn will modify these lower scores and lead to more retention, completion and persistence.

- c. If your program offers certificates and/or degrees, has existed for at least five years and has awarded fewer than 6 degrees/certificates over the last two years explain the reason for the low number and your plan to improve.

EMS currently offers an associate degree as well as 2 certificates of achievements. The EMS program is in a “revitalize” stage. In January the new advisory committee convened. During the meeting I was able to brief members with the history of AHC EMS, the current courses (Content goals and missions included) and closing with the “vision” of where we would like to go to meet and community’s needs.

One of the visions is to develop a paramedic program I feel will greatly assist AHC students with their efforts to compete for positions into the workforce as well as obtain an associate degree.

Update: the paramedic program development is continuing to move forward with a start date of fall of 2022. The courses have been submitted to AP&P and the final 3 are at the senate level for approval. This program will add a certificate of Achievement -Paramedicine.

Students obtaining EMS degrees has increased just in my observations and engagement with students. I do not have current data to submit at this time.

- d. Describe how the program works to promote student success (completions job placement, transfer). Include teaching innovations and use of academic and student support.

The quantitative study tracking student outcomes is near development and we be ready to begin collecting data from students that have graduated from the EMT Academy. We will be collecting data from students graduating from Spring 2016 to current. This study includes attempts / success and failures of taking the NREMT (National Registry of Emergency Medical Technology) both skills testing and the written exam, did they obtain a certificate or association degree or move on for a 4 year education and degree or further, Did the students go into the workforce as an EMT or was the EMT certification a stepping stone for Fire, Nursing, Law Enforcement or Paramedic.

This data can support programs in many directions: expanding programs, sunsetting courses, developing new courses,

- e. List any notable accomplishments of the program (student awards, honors, or scholarships can be listed here also)

2020 EMS Scholarship recipients David Conable and Jacqueline Cruz and in 2021 Jose Meraz and Sarah Concepcion

III. Quality and Innovation in the Program and Curriculum Review

Please refer to the current SLO data set for your program found at:

http://research.hancockcollege.edu/student_learning_outcomes/matrix.html#Top

- a. Are you on track in your assessment plan for course and program SLOs? If not, please explain why.

Yes, EMS 306, EMS 102 and EMS 301 all have strict guidelines as they are run under national and state regulations and are being followed and met. Additional courses such as EMS 130 , EMS 300 , EMS 307 have met 100% institutional standards. This being said I will be looking into the SLO's with my PTF and making sure we are utilizing this to monitor our SLO's for compliant in the fall and spring. We will also discuss if we need to shift our SLO focus to other components to make sure our courses maintain current and proper focus.

- b. Have you shared your assessments or improvement plans with your department, program or advisory committee? If so, what actions resulted? If not, how do you plan to do so in the future?

I have shared improvement plans with my department, staff, community collaborates such as hospitals and EMS providers. I have met and worked with other educators in these fields offering my expertise in both cognitive and didactic training that incorporate basic theory, county and state new protocols and their implementation. Some examples of the collaborative training that I offer is courses such as Basic ECG and Understanding Sepsis at Lompoc Hospital. I teach both Lompoc and Santa Maria Fire and work in collaboration with SBCo EMSA for skill updates and training as well as EMT theory and refresher of skills. This collaboration is essential for programs to build connections within our community.

The 2021 Advisory Committee meeting was held both live and online. Many were unable to attend so a follow up survey monkey was sent out related to the support in both the Paramedic program and the EMS programs in general. It was evident in the responses that there is overwhelming support for the development of the paramedic program to begin. Equipment, instructional support and commitment to the advisory meeting was > 95. The county remains in need of paramedics and will continue to need positions filled as paramedic positions have increased for SBCo fire going to a majority of staff to become Fire Paramedic from their current position of Fire EMT. The data overwhelmingly demonstrates the need for paramedics in the state of California as well as the shortage in our county. In both the private and county programs paramedics are in shortage and the demand is increasing by 15%. All parties involved offered their assistance and support with developing and supporting the success of a new Paramedic Academy at the AHC PSTC.

AHC PSTC is one of the national state-of-the-art law enforcement, fire, environmental and EMS facilities in the nation. We have well-established and respected programs. With the increased requests for paramedics as well as the rapidly trending demand for Firefighter Paramedics this Paramedic Academy will greatly assist our AHC students to compete for positions in the workforce.

- c. Did any of section, course or program improvement plans indicate that your program would benefit from specific resources in order to support student learning and/or faculty development? If so, please explain.

We were able to obtain the SmartMan and SmartBaby manikin through prioritization funding most recently which will enable us to not only be compliant with American Heart Association (required to have manikins that gave feedback on the technique of the trainee) but track each students monthly on their technique which includes chest compression rate, rhythm, depth and recoil. SBCo EMS has one of the highest cardiovascular arrest survival rates in the nation. The county acquired both the utilization of the “pit crew Cardiopulmonary resuscitation” as well as the tracking of skills utilizing the smartMan. AHC teaches both AHC CPR as well as SBCo Pit crew technique.

The “Stop the Bleed” program that we are trained and staffed (8 instructors plus collaboration offered from Marian, SB Cottage Hospital, UCSB and Lompoc Hospital) to present to both the staff of AHC as well as the students is on a slight delay. We have obtained funding and acquired ____ stop the bleed kits and wall cases that are being placed around the SM Campus. Both the EMS 301 and 102 courses all provide the training and certification for hemorrhage control campaigned as “Stop the Bleed”. Active shooting events are a potential and we owe it to our students and staff to be prepared. By the time EMS arrive it is often too late, we must train our staff and students to be prepared for this worst-case scenario.

AHC EMS offered on 2 separate days (one at SM Campus, one at LVC) an American Heart Association Heartsaver CPR / AED training for Professional development for all staff. We certified a total of 36 participants. Aside from this course, AHC EMS has attended 3-5 career days in both Lompoc and Santa Maria City educating and supporting students that might be interested in entering the world of EMS. COVID has disrupted our training for faculty to be trained in both CPR and Stop the Bleed. This will return as COVID transmission and infectious rate diminish and are deemed safe.

- d. In reviewing your outcomes and assessments have you identified any and all that indicate a modification should be made to the course outline, the student learning outcomes or the program outcomes? Please state what modifications you will be making.

Books have been updated. Courses will be submitted as DE so the instructor can opt to run hybrid if health concerns arise.

- e. Have all course outlines been reviewed within the last 5 years? If not, please explain the plan to bring course outlines up to date and include timelines for the review and submission to AP&P.

I have begun the updates in course outlines through CurriQuNet starting with courses that are currently being offered. I had begun sunseting courses however I put that on hold as I began to look at the development of a paramedic program.

The challenge is finding staff to bring on board that has the basic requirements required by the national accreditation and AHC.

- f. For **CTE courses/programs only**, as per §55003, have prerequisites, corequisites and advisories (PCAs) for courses and/or programs been reviewed within the last 2 years?

Yes this is an on-going as errors have been found and resubmitted for amendment. This is dynamic as evaluations of success and difficulty in success are evaluated.

The paramedic program requires a current EMT certification as well as 1,000 hours working in the field. The other requirement is attending an Anatomy and physiology course(s). I have developed a Anatomy and Physiology for Prehospital personnel that will fulfill this requirement. It is offered in the Spring. The first EMSP 300 will run in S22. The class is filling up.

AHC EMS will be utilizing survey monkey for course evaluation from our students (starting this F21). The organized structure of survey monkey will provide a summary of data that can enable our staff to implement changes for program and instructional improvement.

IV. Focus and Engagement of the Program

- a. Summarize major trends and opportunities as well as challenges that have emerged in the program

It is always a challenge to develop a strong EMS program at the community college level. The high cost of student/ staff ratio, necessary equipment, hospital and ambulance experiences can cost the college funds that typically are balanced by course that do not require near the cost. Finding the funding, fulfilling national state and country requirements of personnel as well as working in such a tight budget is challenging. There are ways to make it work in these difficult times, greater collaboration with community EMS, creative teaching, and applications for institutional and other outside finding, however, funding consistency within the college is essential. In order to remain compliant in Federal, State, ad County regulations we must maintain a specific student to instructor ration, have equipment and supplies that not only make a superior learning environment but many are and will be mandatory. We have a EMT academy is the foundation for students moving onto fire, police, paramedic and nursing programs. Skills taught in the EMS program saves lives, period. This program is essential to the students in our schools and without question to the lives in our community. Studies show those that apply for a job in the community that live in the community are more likely to stay. All EMS programs look at this when making decisions on whom to hire. As we build more programs in at are in need in both our state and more specifically in our community we are enabling the student to stay in our community. This only builds bridges, strengthens the cohesiveness of our community.

Most recently (March 31st) the EMS staff and students from the EMT Academy volunteered at the “Open streets” with many other AHC programs. We chose to bring an ambulance and lay out manikins to teach “hands only” CPR. It is with great pride that I watch a student teach both parents and their 2 teenage children this life saving technique. Part of the joy was watching her teach both parents whom were Spanish speaking only. This only encouraged me to get the CPR Course in Spanish developed and available by Spring 2020 for our 75% Hispanic community members. This is how Hancock builds bridges and empowers through education.

Update: I have found a local EMT-P that has taught CPR courses in Spanish that will be coming on board as PTF. She will be spear-heading these courses as well as teaching in the Paramedic program.

Challenges at the teaching level is retaining students, which with new early alerts, LAP and other student support programs at AHC and the education of our staff our retention has significant improved. Teaching during “COVID days” has added a huge stressor to the faculty and students and demanded the safety structure to keep all students and staff well. The PSTC and our staff and students have been compliant and supportive. It has been very challenging days.

Teaching is dynamic. Knowledge changes, students change and we must be adaptable to fulfill the needs. On-line courses are a major component that we must offer. I will expand in this area once I have the paramedic program off it’s feet.

b. List any (internal or external) conditions that have influenced the program in the past year.

COVID, new policies in both the LEMSA (Local Emergency Medical Services Association) and national in reference to student training opportunities. AHC and state mandates on COVID exposures, health status has required all staff to teach using ERT. We have been continued to teach live since COVID was initially identified as a pandemic. However we have offered Zoom classes for non-skills days to diminish exposure potentials. Our department (all all levels) has worked endlessly to diminish the health risks to all.

Data for Program with Vocational TOP Codes (CTE)

Please review the data and comment on any trends.

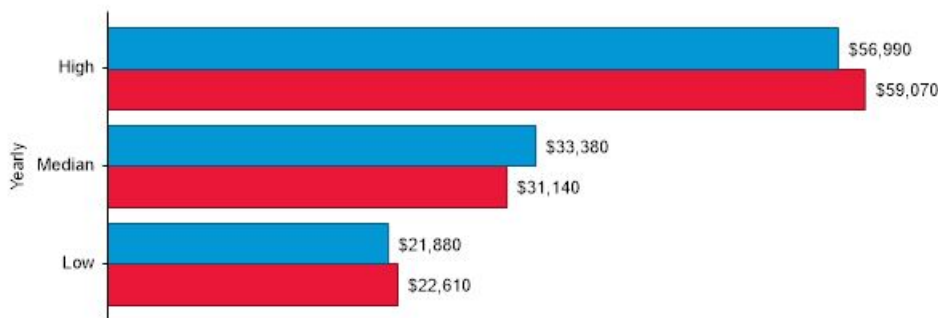
Search by Occupation **Location**

Emergency Medical Technik California **Search** 🔍

Wages for Emergency Medical Technicians and Paramedics in CALIFORNIA

[View Table](#) : [View Chart](#) : [View Map](#)

[View Hourly Wages](#)



Search by Occupation **Location**

Projected Employment for Emergency Medical Technicians and Paramedics in CALIFORNIA

[View National Data](#)

[View Table](#) : [View Chart](#) : [View Map](#)

National	Employment		Percent Change	Projected Annual Job Openings*
	2016	2026		
United States	248,000	285,400	15%	19,400

State	Employment		Percent Change	Projected Annual Job Openings*
	2016	2026		
California	18,500	22,400	+21%	1,580

*Projected Annual Job Openings refers to the average annual job openings due to growth and net replacement.

c. Current industry employment and wage data (please cite sources)

Per AMR SBCo starting salary hourly for paramedics is \$21. 86. Currently AMR is 10 paramedics short with a fleet of 65 medics. In 2018 they were short in SBCo 12 paramedic requiring mandatory overtime. They are aggressively looking for paramedics to join this branch of AMR. They can receive a \$5,000 signing bonus that requires a 2 year commitment to AMR.

SBCo Fire employ 78 firefighter paramedics. They are in the process to hire 9 more by the end of the year. They anticipate continuing need for paramedics annually, related to retirements, promotions and other vacancies. In the future the majority of new hires will need to be paramedic licensure and they are actively interested in supporting internal firefighters to attain their paramedic education to meet their needs.

d. Industry employment and wage trends

See above

e. TOP code employment CORE indicator report

f. Advisory committee recommendations

The most recent advisory committee meeting, many new faces were present. The message from the stakeholders was clear: They need a local Paramedic Academy to support the needs of their current paramedic needs and for generations to come. Assistance and support were offered in both training personnel, training equipment and clinical capabilities.

Update: Survey monkey data:

Summary:

To further quantify the need of a paramedic course in our community, questions were asked evaluating the communities support or views (Advisory committee members) for the development of the paramedic program at AHC.

The initial development was after the 2019 Advisory when the topic was broached. The response was overwhelmingly in support. The shortage was present, staff were working mandatory overtimes and the trend was not demonstrating obtaining paramedics from outside the county. Retention entered into the picture as personnel were tired.

The development began at that point looking at regions, location of other programs, costs, staff, locations etc evaluating if this is a feasible and appropriate program to add to the AHC EMS program.

Feedback from the advisory board continues to be in full support.

1. How favorable is your organization to supporting the paramedic program at Allan Hancock College? Score 3.5 / 4, Very supportive and extremely supportive
2. Rank the importance to having a paramedic program in SB county? Score 3/3 (100%) support the importance
3. How would the paramedic program benefit your organization? Type in response.

“We currently send paramedic students out of the area. Having a local program would benefit SBCo Fire by reducing this cost, but more importantly be able to collaborate with AHC on benefiting the region’s paramedic needs.”

“We love paramedic students in the ED. They get the experience and we get extra help.”

“It would provide quality, standards-based education and training.”

“As a BLS provider, this gives us a significant direction and tremendous cost savings to have a local provider of education. Its costs 100K+ to send a firefighter to paramedic school. If we had a local program offered on a shift basis, much of that cost would be eliminated. This is a huge benefit for all our agencies that are struggling financially.”

“Santa Barbara County Fire Department is the largest ALS Service provider in the County. As such, having a local education program to train paramedics will be of tremendous support to the hiring of qualified candidates that have ties to our local communities.”

“Having a local Paramedic program would greatly improve the likelihood that SMR would be able to shift to an ALS department. Further, SMR would like to be active supporter of programs encouraging potential candidates to look into the EMS field.”

1. How would the AHC Paramedic program benefit our community?

A majority felt the school can provide a continuous pool of paramedic students that have been trained in the community that they can find job opportunities. Filling currently vacant position assisted the workforce in this county.

2. Do you envision your organization working in collaboration with AHC's Paramedic program?

100% of those surveyed envision working collaboratively with AHC's Paramedic programs (and other EMS courses).

3. In what capacity do you see your organizations role in reference to AHC's paramedic program?

All voiced support in reference to participating the advisory committee providing input for development and program structure as well as enhancing instruction with skilled paramedics either working for AMR or SBCo Fire.

Jennie Simon from SBCo Fire is working on obtaining a simulation manikin that will be housed at AHC for Paramedic Student use as well as SBCo Fire access for supplemental education and ongoing training. AHC will be providing all their advanced courses required on a regular basis which include AHA's Advanced cardiac life support and Pediatric Advanced Life support (30-60 firefighter paramedics annually).

Staff from SBCo Fire, Marian Medical and American Medical Response ambulance service have been hired as PTF or IA supporting the program.

Unequivocally, the support is voiced from the advisory board that the EMS community wants and needs the AHC Paramedic Program to start in F22 and support their own departments and programs. This is a win-win for Santa Barbara County EMS.

V. Continuous Improvement of the Program

a. Status of Final Plan of Action – Post Validation

Summarize the progress made on the recommendations from your last comprehensive program review plan of action

From the advisory committee conducted by our previous Director Doug Dickson, we were asked to offer more skill sign off for recertification. We will be offering more regular sign off starting this semester. We had our first one and the numbers were low. After and months prior I continually get requests to test and evaluate national registry and state skills. Where the problem lies is that we need to get the word out. It might work to offer through outreach education and select days, I will have to follow up to see if this is feasible.

The second request is developing an ambulance driving course. I set up a PD with Robert Reid to run the course however we had to reschedule due to 2 of the instructor that were to attend had mandatory overtime to work with AMR. We have created a flyer for the LE 341, "non law EVOC" that will focus on ambulance driving. Eventually we will develop an EMS course that is cross listed with the LE 341 that will fulfill these requests. AHC is one of 3 colleges in the nation that have a skid ambulance vehicle.

Update: this was put on hold due to COVID.

We also lost one ambulance due to an animal strike while driving the ambulance for a maintenance drive. The ambulance was totaled. We have acquired a new ambulance from Fresno and AMR has offered us an additional ambulance to have for both EMS and LE use. We were able to redeem money for the totaled ambulance by the insurance company to pay for the "new" used ambulance from Fresno.

The paramedic program is coming to fruition. It still required a steady focus on the goal. National Registry accreditation and the LEMSA approval are the next step. Continued acquisition of equipment necessary to run the program as well as staff recruitment. Creating course syllabus and working with Jones and Bartlett for testing, skills evaluations and more through their nationally approved program called FISDAP is also in progress.

PLAN OF ACTION	ACTION TAKEN/RESULT AND STATUS
<p>Obtained required new equipment for the paramedic program, hired new staff, layout of instruction rooms, labs, national accreditation submission, local accreditation submission, clinical locations expansion, staff hiring.</p>	<p>See below for equipment acquisition. 4 PTF have been brought in as well as 5 IA's. We will need more IA's to assist in the lab with a required 1:6 (instructor: student) ratio. 5-118 building will be the new Paramedic classroom (at this point of planning). Applications have been created. The AHC webpage is in the process of being updated. A new PTF hired is assisting with the National accreditation initial submission (has he has 30 years of experience starting, running a paramedic program and being on the national accreditation site visit team). Hospital clinical site(s) has expanded and in the process of creating a contact for students to do required training.</p>
<p>Explore and create CPR and first aid courses taught in Spanish</p>	<p>American Heart Association has developed new DVD's for Spanish speaking Heartsaver and BLS courses. We intend to further investigate moving forward with such classes for 2020. Obtaining Spanish speaking certified AHA Instructors is critical to move forward. <u>Update:</u> I have found a paramedic that has taught CPR in Spanish and is in the process of applying to the college as PTF.</p>
<p>Design new courses to best utilize new training complex in Lompoc: Paramedic Academy and a 2 year EMT to Fire Medic pathway. Paramedic Academy target start date of Fall 2022.</p>	<p>The adding of various new courses to accommodate this new training complex will be an ongoing endeavor. Once key focus is the Paramedic Academy to meet the community needs and offer skills and certifications that bring you into the work force depending on your end goal in EMS from EMT, fire academy and paramedic academy from 17 weeks to 2 years and obtain an associate degree at the completion. We have acquired rooms for the paramedic training, new equipment and hired new staff.</p>

b. List any new resources that the program received in the past year and the results

Source	Specific Resource	Est. Amount \$	Impact on program or course outcomes
Instructional Supplies	Individual CPR mask for both adult and infant with a one way valve.	\$ \$10 per student	Required per AHA to have read outs for all manikins for all courses (required by spring 2019)
Instructional Supplies- Paramedic program 2020	<ul style="list-style-type: none"> • Loaded simulated medicine box • Man-laerdal filter and lungs 	\$ 9,000	

	<ul style="list-style-type: none"> • Life form Pediatric injectable training arm • Life form adult injectable training arm • Adult Head on base/ Cricoid sticker trainer • Adult/child/infant CPR mask soft case • Simman gun shot arm • simman gun shot leg 		
Instructional Supplies- Paramedic program 2021	<ul style="list-style-type: none"> • LLEAP license to activate the LLEAP software for PC • LLEAP implementation / engineer to set up • LLEAP teaching with 1 day training course. (virtually 8 people / 8 hour course) • Computer (Dell) includes text support • All-in-one monitor (24 In) • Left arm skin replacement • Right arm skin replacement • Simman 3G Batteries Quantity • Cricothyroid Tape • Upper teeth • Lung bag • Pediatric Multi-Venous IV Training Arm Kit • Male Multi-Venous IV Training Arm Kit, Tan 	\$50,000	Currently being ordered 11/21 ACLS, PALS and PHTLS instructor courses are for AHC to build a pool of instructors to teach these classes in the proper ratios.

	<ul style="list-style-type: none"> • Female Multi-Venous IV Training Arm Kit, Brown • Simulaids Pediatric ALS Trainer • Laerdal Cricoid Stick Simulator Replacement Neck Skin – Light • Laerdal Compact Suction Unit LCSU4 (300ml) • Simulaids Sucking Chest Wound • Life/form® Basic Child CRiSis Manikin w/Advanced Airway Management • Hyfin Chest Seal Twin Pack by North American Rescue • Medi-Pak Suction Tube, Yankauer Non-Vented • Magill forceps • Magill forceps child • PediMate • bike pump • Endotracheal cuffed oral 6.5mm • Endotracheal cuffed oral 7.0mm • Endotracheal cuffed oral 7.5mm • Endotracheal cuffed oral 8.00mm • Disposable ET Stylet, 10fr • KING VISION VIDEO LARYNGOSCOPE - COMPLETE KIT • BROSELOW PEDIATRIC 		
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	<p>EMERGENCY TAPE – 2019</p> <ul style="list-style-type: none"> • Infant/ Pediatric immobilization Board • Endotracheal Tube Introducer (Bougie), Adult • ARS FOR NEEDLE DECOMPRESSION • Laerdal Pneumothorax Trainer • EZ-IO G3 POWER DRIVER • EZ-IO ADULT NEEDLE - 25MM • EZ-IO PEDIATRIC NEEDLE - 15MM • BROSELOW PEDIATRIC RESUSCITATION SYSTEM • Flow-Safe II® CPAP with Child Mask with Straight Swivel Port, Headstrap, Nebulizer, Tee, O2 Tubing • Flow-Safe II® CPAP with Large Adult Mask with Straight Swivel Port, Headstrap, Nebulizer, Tee, O2 Tubing • Life form deluxe crisis manikin child • CoAEMSP LoR Application Fee • Self Study Report Evaluation Fee • Preliminary Site Visit Fee 		
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	<ul style="list-style-type: none"> • ACLS instructor course(completed) • PALS instructor course • PHTLS instructor course 		
Prioritization funds-Paramedic	30 -Ipad air, ambulance garage	\$30,000	
Prioritization funds- All other EMS programs	Refrigerator, golf cart, battery operated gurney, 4 batteries for gurneys.	\$ 50,000	
EMS needs	Pulse oximetry (10), batteries for our used Life Pak and Zoll portable used monitors /defibrillators, glucometers (with test strips (contour Next EZ)	\$350.00 \$ 600.00 \$417.00	Used for both EMT and Paramedic programs for basic training. We will need a new Life Pak 15 to stay current with what AMR uses. I obtained isimulate that are simulations for the Life Pak 15 but it can't fully replace the real item.

c. List any new or modified recommendations below, including rationale for these in the table.

Program Improvement Plan (Program ,Priority Number, year)	Anticipated Outcome (Goal)	Program Goal Status (Indicate if this goal is ongoing from a previous Annual Or Comprehensive Program Review or new this year).	Alignment to Strategic Directions and planning goals (see " Alignment to Strategic Directions" Attached	Activities	Justification (Evidence of need)	Resource Request (From table Below)	Anticipated Completion Date or On-going
Simman Skin and other repairs modifications	Provide state of the art use of simman manikins for EMT training	Ongoing		EMT academy simulations	We have 3 simman manikins of different generations. 2 are not repairable, however the 3G is. Having a SIMMAN is the gold standard in EMS and medical education.	CTEA? Workforce?	Ongoing goal for completion Jan 2022.

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d. Summary of request for resources (please attach resource request form). Please list the type of request (facility, technology, staffing, equipment, other) and rank their priority.

Resource Requests (Program, RRX year)	Item	Program Goal	Type	One-time cost	On-going cost (per fiscal year)	Anticipated Completion Date or On-going
EMS lab Technology Needs		Electronic equipment need to create simulation training lab: software, computers, ceiling mounted video cameras, pick-up microphones, and speaker systems		\$25,000		
Paramedic Academy Development (see below)						

Item	Cost	Number	Total Cost	Company
loaded Simulated Medication Box	\$ 655.00	2	\$ 1,310.00	DiaMedical USA
Isimulate SimVS Platform	\$ 3,995.00	2	\$ 7,990.00	Worldpoint
Laerdal Neonatal Intubation	\$ 607.00	2	\$ 1,214.00	Worldpoint
Laerdal Infant Intubation	\$ 745.00	2	\$ 1,490.00	Worldpoint
Laerdal Adult Airway Management	\$ 2,215.00	2	\$ 4,430.00	Worldpoint
Pediatric Intubation	\$ 1,435.00	2	\$ 2,870.00	Worldpoint
Cricoid Stick Simulator	\$ 577.00	2	\$ 1,154.00	Worldpoint
Portable IV Hand Kit	\$ 212.25	2	\$ 424.50	Worldpoint
Portable IV Arm kit	\$ 212.25	2	\$ 424.50	Worldpoint
Pediatric Injectable Training arm	\$ 433.75	2	\$ 867.50	Worldpoint
Venipuncture & Injection Training Arm	\$ 580.25	2	\$ 1,160.50	Worldpoint
Cook Emergency Pneumothorax Set	\$ 198.00 per kit	10	\$ 1,980.00	Chinook Medical
Emergency Cricothyrotomy Kit	\$ 202.96 per kit	10	\$ 2,029.60	SAS-Southern Anesthesia Surgical
Intravenous Kit	\$ 19.95 per kit	20	\$ 399.00	Rescue Essentials
Intubation Bag	\$ 24.50 per kit	20	\$ 490.00	DiaMedical