



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

FEB 3 1992

Supervisor Terrence L. Pitts
Chairman, MIHTC Project Committee
MCMC Box 185, 8700 W. Wisconsin Avenue
Milwaukee, Wisconsin 53226

Subject: Grant No. EUR-0037-G-00-2018-00

Dear Mr. Pitts:


Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D.") hereby provides to Milwaukee International Health Training Center Consortium (hereinafter referred to as "MIHTC" or "Grantee") the sum of \$780,000 in support of the program entitled "Emergency Medical Services Training in Poland" as more fully described in Attachment 2, entitled "Program Description".

This Grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives through the estimated completion date of February 5, 1994. Funds disbursed by A.I.D. but uncommitted by the Grantee at the expiration of this period shall be refunded to A.I.D.

The total estimated amount of the program is \$2,394,965. Initial funding herein obligated is in the amount of \$780,000 (hereinafter referred to as "Obligated Amount"), and the incremental (additional) funding of \$1,614,965 may be provided, subject to availability of A.I.D. funds, after the effective date of this grant. Such incremental funding, if authorized, shall be provided through grant modifications. A.I.D. shall not be liable for reimbursing the Grantee for any costs in excess of the obligated amount.

This Grant is made to the Grantee on the condition that the funds will be administered in accordance with the terms and conditions as set forth in this Cover Letter, Attachment 1, entitled "Schedule", Attachment 2, entitled "Program Description", and Attachment 3, entitled "Standard Provisions", which together constitute the entire Grant document and have been agreed to by your organization.

Please acknowledge receipt of this Grant by signing all copies of this Cover Letter, retaining one copy for your files, and returning the remaining copies to the undersigned.

Sincerely,

Jean M. Hacken
Grant Officer
Division A, AOT Branch
Office of Procurement

Attachments:

1. Schedule
2. Program Description
3. Standard Provisions

ACKNOWLEDGED:

Milwaukee International Health Training Center

BY: 

TYPED OR PRINTED NAME: Terrance L. Pitts

TITLE: Chairman, MIHTC Project Committee

DATE: 2/14/92

2

FISCAL DATA

A. GENERAL

- A.1. Total Grant Amount: \$2,394,965
- A.2. Total Obligated Amount: \$780,000
- A.3. Project No.: 180-0037
- A.4. A.I.D. Project Office: EUR/DR/HPN, Julia Terry
- A.5. Funding Source: A.I.D./W
- A.6. Paying Office: Office of Financial Management
FA/FM/CMPD/DC - Room 700 SA-2
Washington, D.C. 20523-0209
- A.7. TIN: 39-6005-720

B. SPECIFIC

- B.1.(a) PIO/T No.: 180-0037-3-2622405
- B.1.(b) Appropriation: 72-11X1010
- B.1.(c) Allotment: 184-62-180-01-69-21
- B.1.(d) BPC: QAIX-92-32180-IG-12
- B.1.(e) Amount: \$780,000

3

ATTACHMENT 1
SCHEDULE

ATTACHMENT 1

SCHEDULE

A. PURPOSE OF GRANT

The purpose of this Grant is to provide technical assistance to Poland to strengthen the Emergency Medical Services in three cities, as more specifically described in Attachment 2 of this Grant entitled, "Program Description."

B. PERIOD OF GRANT

B.1. The effective date of this Grant is the date of the Grant Officer's signature on the Grant Cover Letter, and the estimated completion date is February 5, 1994.

B.2. Funds obligated hereunder are available for program expenditures for the estimated period from the effective date of this Grant to approximately February 5, 1994.

C. AMOUNT OF GRANT AND PAYMENT

C.1. The total estimated cost of the program described in Attachment 2 of this Grant is \$2,394,965.

C.2. The total amount of the A.I.D. contribution to the total estimated program costs shown in C.1. above, to be provided through this Grant (hereinafter referred to as "Total Grant Amount") for the period shown in B.1. above is \$2,394,965.

C.3. A.I.D. hereby obligates the amount of \$780,000 (Hereinafter referred to as "Obligated Amount") for program expenditures during the estimated period set forth in B.2. above.

C.4. Payment shall be made to the Grantee in accordance with procedures set forth in the Standard Provision entitled "Payment - Letter of Credit", as set forth in Attachment 3.

D. GRANT BUDGET

D.1. The following is the Budget for this Grant. Except as specified in the Standard Provision of this Grant entitled "Revision of Grant Budget", as set forth in Attachment 3, the Grantee may adjust budget amounts within the total agreement amount as may be reasonably necessary for the attainment of program objectives.

D.2. Budget

	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>TOTAL</u>
<u>U.S. Budget</u>			
Salaries/Wages	\$490,722	\$424,994	\$ 915,716
Fringe Benefits	132,972	116,961	249,933
Consultants	14,117	9,210	23,327
Travel/Per Diem	222,240	62,940	285,180
Exp. Supplies/Mater.	18,930	11,960	30,890
NonX Equipment	18,500		18,500
Subcontracts	21,600		21,600
Other Direct Costs	<u>544,066</u>	<u>36,976</u>	<u>581,042</u>
SUBTOTAL	1,463,147	663,041	2,126,188
Indirect Costs	<u>97,863</u>	<u>47,697</u>	<u>145,560</u>
TOTAL U.S.	<u>\$1,561,010</u>	<u>\$ 710,738</u>	<u>\$2,271,748</u>
<u>Poland Budget</u>			
Salaries/Wages	13,800	18,282	32,082
Fringe Benefits			
Consultants			
Travel/Per Diem	7,630	53,095	60,775
X Supplies/Mater.	9,000	9,360	18,360
NonX Equipment			
Subcontracts			
Other Direct Costs		<u>12,000</u>	<u>12,000</u>
TOTAL POLAND	<u>\$30,480</u>	<u>\$92,737</u>	<u>\$123,217</u>
		GRAND TOTAL	\$2,394,965

[NOTE: A.I.D. funds may not be used to pay or supplement the salaries of host country government personnel.]

D.3. Inclusion of any cost in the budget of this Grant does not obviate the requirement for prior approval by the Grant Officer of cost items designated as requiring prior approval by the applicable cost principles (see the Standard Provision of this Grant set forth in Attachment 3 entitled "Allowable Costs") and other terms and conditions of this Grant, unless specifically stated in Section J. below.

E. REPORTING REQUIREMENTS

E.1. Financial Reporting

E.1.(a) Financial reporting requirements shall be in accordance with the Standard Provision of this Grant entitled, "Payment - Letter of Credit," as set forth in Attachment 3.

6

E.1.(b) All financial reports shall be submitted to A.I.D., Office of Financial Management, (FM/CMP), Washington, D.C. 20523. In addition, three copies of all financial reports shall be submitted to the A.I.D. Project Office specified in the Cover Letter of this Grant.

E.1.(c) With the exception of the final financial report, all financial reports shall be submitted within 30 days following the end of the reporting period. The final financial report shall be submitted within 90 days following the estimated completion date of this Grant.

E.2. Program Performance Reporting

The Grantee shall submit the following:

E.2.(a) Workplans

The initial workplan shall include an implementation plan for the initial, authorized year of the project. It will be due within 45 days after the signature date of the grant, and shall indicate the timing, by month, of the various components and subcomponents of the program over the 12 month period of implementation. It shall indicate the responsible organization and/or individual for each subcomponent or activity.

At least 45 days before the end of the initial workplan period, the Grantee shall submit a workplan for the next 12 month period. If the Grant is authorized for a third year, a workplan for the third year of the project will be due at least 45 days before the end of the year covered by the second workplan.

E.2.(b) Quarterly Reports by Reference to Quantifiable Indicators and Other Evaluation Benchmarks

E.2.(b)(1) The Grantee shall submit five copies of quarterly program performance reports which coincide with the financial reporting periods described in Section E.1. above to the A.I.D. Project Office specified in the Cover Letter of this Grant, and to the A.I.D. Representative (or AID Affairs Officer, Economic Section at the Embassy) of the country where the program is being undertaken. These reports shall include quantitative and qualitative measures of performance; shall be submitted within 30 days following the end of the reporting period; and shall briefly present the following information:

E.2.(b)(1)(A) Implementation status including a comparison of actual accomplishments with the established evaluation benchmarks for the period, the findings of the investigator, or both. If the output of programs can be readily quantified, such quantitative data shall be related to cost data for computation of unit costs.

1

E.2.(b)(1)(B) Reasons why established goals were not met, if applicable, including any problems or difficulties requiring U.S.G., possibly host country, or implementing organization attention.

E.2.(b)(1)(C) Summary financial report of all project expenditures, by subcomponent.

E.2.(b)(2) Between the required performance reporting dates, events may occur that have significant impact upon the program. In such instances, the Grantee shall inform A.I.D. as soon as the following types of conditions become known:

E.2.(b)(2)(A) Problems, delays, or adverse conditions that will materially affect the ability to attain program objectives, prevent the meeting of time schedules and goals, or preclude the attainment of work units by established time periods. This disclosure shall be accompanied by a statement of the action taken, or contemplated, and any U.S.G., or possibly host country, assistance needed to resolve the situation.

E.2.(b)(2)(B) Favorable developments or events that enable time schedules to be met sooner than anticipated or more work units to be produced than originally projected.

E.2.(b)(2)(C) If any performance review conducted by the Grantee discloses the need for change in the budget estimates in accordance with the criteria established in the Standard Provision of this Grant entitled "Revision of Grant Budget", the Grantee shall submit a request for budget revision to the Grant Officer and the A.I.D. Project Officer specified in the Cover Letter of this Grant.

E.2.(b)(3) Quarterly updates and proposed modifications of annual work plans, specifically to include travel projected for the subsequent quarter.

E.2.(c) Annual Report of Project

The annual report will be submitted to both ENE/DR, A.I.D. Washington and to the A.I.D. Representative (or the AID Affairs Officer, Economic Section at the Embassy) of the country where the program is being undertaken. The annual report will substantively review performance against planned quantitative and qualitative measures, including a discussion and analysis of the success of the program's impact per the established mechanism(s) for measuring the partnership's impact on (a) excess mortality and morbidity rates for the chosen medical problem in the area served by the Eastern European partner; (b) knowledge and skills of each partners' staff; and (c) the extent to which the partners incorporate joint activities into their individual operations. Incremental funding will be

9

contingent on submitting complete reporting, effectively resolving implementation problems, as well as on the availability of funds and any revisions in the overall program structure that A.I.D. may require.

Within 60 days following the estimated completion date of this Grant the Grantee shall submit five copies of the final report as indicated in the preceding paragraph. It should include: (1) an executive summary of the Grant's accomplishments or failings; (2) a description of the Grant activities from its inception; (3) significance of these activities; (4) comments and recommendations; (5) a fiscal report that describes in detail how the Grant funds were used.

E.2.(d) Evaluations

E.2.(d)(1) The project will be closely monitored on a continuing basis by the Project Office shown in the cover letter of this Grant (under Fiscal Data, Item A.4.).

E.2.(d)(2) An independent evaluator will assess the effectiveness of the health care partnership. Grantee shall cooperate fully with the assessment of partnership activities.

F. Closeout Procedures (OMB Circular A-110)

1. This paragraph prescribes uniform closeout procedures for AID grants and cooperative agreements.

2. The following definitions shall apply for the purpose of this paragraph:

(i) Closeout. The closeout of a grant is the process by which AID determines that all applicable administrative actions and all required work of the agreement have been completed by the grantee and AID.

(ii) Date of completion. The date of completion is the date on which all work under grants is completed or the date on the award document, or any supplement or amendment thereto, on which AID sponsorship ends.

(iii) Disallowed costs. Disallowed costs are those charges to a grant that AID or its representative determines to be unallowable, in accordance with the applicable Federal cost principles or other conditions contained in the grant.

9

3. AID closeout procedures include the following requirements:

(i) Upon request, AID shall make prompt payments to a grantee for allowable reimbursable costs under the grant or agreement being closed out.

(ii) The grantee shall immediately refund any balance of unobligated (unencumbered) cash that AID has advanced or paid and that is not authorized to be retained by the grantee for use in other grants or cooperative agreements.

(iii) AID shall obtain from the grantee within 90 calendar days after the date of completion of the agreement all financial, performance, and other reports required as the condition of the grant. AID may grant extensions when requested by the grantee.

(iv) When authorized by the grant, AID shall make a settlement for any upward or downward adjustments to AID's share of costs after these reports are received.

(v) The grantee shall account for any property acquired with AID funds, or received from the Government in accordance with any provisions of this grant.

(vi) In the event a final audit has not been performed prior to the closeout of the agreement, AID shall retain the right to recover an appropriate amount after fully considering the recommendations on questioned costs resulting from the final audit.

G. INDIRECT COST RATES

Pursuant to the Standard Provision of this Grant entitled, "Negotiated Indirect Cost Rates - Provisional" and "Negotiated Indirect Cost Rates - Predetermined", a rate or rates shall be established for each of the Grantee's accounting periods which apply to this Grant. Pending establishment of revised predetermined, provisional or final indirect cost rates for each of the Grantee's accounting periods which apply to this Grant, provisional payments on account of allowable indirect costs shall be made on the basis of the following negotiated provisional rate(s) applied to the base which is set forth below.

(See next page.)

<u>Description</u>	<u>Rate</u>	<u>Base</u>	<u>Period</u>	<u>Type</u>
Indirect	8.00%	1/	Term of Grant	Provisional
Indirect	6.04%	2/	Term of Grant	Provisional
Fringe	25.00%	3/	Term of Grant	Provisional
Fringe	34.50%	4/	Term of Grant	Provisional

- 1/ Base: Total direct cost incurred by Medical College of Wisconsin.
- 2/ Base: Total direct costs incurred by Milwaukee International Training Center/Milwaukee County.
- 3/ Base: Medical College of Wisconsin personnel salaries.
- 4/ Base: Milwaukee County Medical Complex personnel salaries.

H. TITLE TO PROPERTY

Title to property purchased by the Grantee under this Grant shall be vested in the Grantee. The Standard Provision of this Grant entitled "Title to and Care of Property (Grantee Title)" applies. Disposition of property shall be in accordance with said Standard Provision.

I. PROCUREMENT AND (SUB)CONTRACTING

I.1. Authorized Geographic Code

All services shall have their nationality in the United States (A.I.D. Geographic Code 000) or the Cooperating Country (Poland, A.I.D. Geographic Code 181), except as A.I.D. may otherwise agree in writing. The authorized source and origin for all goods/commodities shall be in accordance with the Optional Standard Provision entitled, "A.I.D. Eligibility Rules for Goods and Services (November 1985)". Requests for deviations to this requirement must include a full justification to be submitted to the Project Office indicated in the cover letter of this Grant. Approval of the Grant Officer and the Project Office is required before procurement of this nature can be undertaken. Ocean shipping financed by A.I.D. under the program shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

Although not yet implemented into the A.I.D. Handbooks, A.I.D. Geographic Code 935 has been amended to include the Cooperating Country.

I.2. Procurement Cost Detail

Whenever feasible, the lead U.S. grantee and/or its subgrantees will be responsible for purchasing the U.S. equipment and commodities required for the technical assistance components of the program. This equipment must be specifically and directly linked to the training programs undertaken under the various subcomponents.

I.3. Local Cost Financing

Local cost financing is hereby authorized under this Grant, provided such financing falls within the legitimate needs of the Program Description of Attachment 2, and does not exceed the following limitations:

a. Procurement locally of items of U.S. origin up to a per transaction limit of the local currency equivalent of \$100,000.

b. Procurement locally of items of non-U.S. origin up to a per transaction limit of the local currency equivalent of \$5,000.

c. Commodities and services available only in the local economy (no specific per transaction value applies to this category). This category includes the following items:

(1) utilities - including fuel for heating and cooking, waste disposal and trash collection;

(2) communications - telephone, telex, fax, postal, and courier services;

(3) rental costs for housing and office space;

(4) petroleum, oils, and lubricants for operating vehicles and equipment;

(5) newspapers, periodicals, and books published in the cooperating country, and

(6) other commodities and services (and related expenses) that, by their nature or as a practical matter, can only be acquired, performed, or incurred in the cooperating country.

In cases where local cost procurements are expected to exceed the above limitations, and authorization for such procurement does not already exist in the Grant, the Grantee must obtain approval from the A.I.D. Grant Officer prior to proceeding with the procurement.

Except as otherwise changed by the above limitations, the conditions of the Optional Standard Provision entitled Local Cost Financing (November 1988), hereby incorporated into this Grant, apply, including paragraphs (b), (c), (d), (e), and (f).

I.4. Government Owned Organizations

A Government Owned Organization, i.e., a firm operated as a commercial company or other organization (including nonprofit organizations other than public educational institutions) which are wholly or partially owned by governments or agencies thereof, are not eligible as suppliers of goods and commodities, commodity-related services, or services (other than commodity-related services), except as the Grant Officer may otherwise agree in writing.

I.5. Travel

The standard provision entitled "Air Travel and Transportation" which requires advance notification of the Project Officer of the Grantee's travel intentions overseas, is required. The Grantee is also required to provide advance notification of intention to travel to the Embassy or A.I.D. Mission in the Cooperating Country.

All air travel and transportation under this grant are required to be made on U.S. flag carriers to the extent service by such carriers is available, in accordance with the aforementioned Standard Provision.

J. SPECIAL PROVISIONS

For the purposes of this Grant, references to "OMB Circular A-122" in the Standard Provisions of this Grant shall include the A.I.D. implementation of this Circular, as set forth in Subpart 731.7 of the A.I.D. Acquisition Regulation (AIDAR) (48 CFR Chapter 7).

J.2. Equipment and Other Capital Expenditures

J.2.(a) Requirement for Prior Approval

Pursuant to the Standard Provisions of this Grant entitled "Allowable Costs" and "Revision of Grant Budget," the Grantee must obtain A.I.D. Grant Officer approval for the following:

Purchase of General Purpose Equipment, which is defined as an article of nonexpendable tangible personal property, the use of which is not limited only to research, medical, scientific, or other activities (e.g., office equipment and furnishings, air conditioning equipment, reproduction and other equipment, motor vehicles, and automated data processing equipment, having a useful life of more than two years and an acquisition cost of \$500 or more per unit.)

J.2.(b) Approvals

In furtherance of the foregoing, the Grant Officer does hereby provide approval for the following purchases, which shall not be construed as authorization to exceed the total estimated amount or the obligated amount of this Grant, whichever is less (see Section C. above):

1. IBM compatible computer (2)
2. Lap-top computer (1)
3. Laser printer (2)
4. Portable printer (1)
5. Photocopy machine (1)
6. Desktop photocopy machine (1)
7. Desk (1)
8. Facsimile machine (3)
9. Typewriter (3)
10. Videocassette player/recorder (3)

J.3. Consultant Fees

Compensation for consultants retained by the Grantee hereunder shall not exceed, without specific approval of the rate by the Grant Officer, either the highest rate of annual compensation received by the consultant during any full year of the immediately preceding three years, or the maximum rate of a Foreign Service Officer, Class 1 (FS-1), as periodically amended, whichever is less. A daily rate is derived by dividing the annual compensation by 2,087 and multiplying the result by 8.

K. ORDER OF PRECEDENCE

In the event of any inconsistencies in this Grant, they shall be resolved by applying the following descending order of precedence:

- Attachment 1 - Schedule
Cover Letter
- Attachment 3 - Standard Provisions
- Attachment 2 - Program Description

- 14 -

L. STANDARD PROVISIONS

L.1. The Standard Provisions set forth as Attachment 3 of this Grant consist of the following Standard Provisions marked by an "X", which are attached hereto and made a part of this Grant:

**L.2. MANDATORY STANDARD PROVISIONS FOR U.S.,
NONGOVERNMENTAL GRANTEES**

- (X) Allowable Costs (November 1985)
- (X) Accounting, Audit, and Records (September 1990)
- (X) Refunds (September 1990)
- (X) Revision of Grant Budget (November 1985)
- (X) Termination and Suspension (May 1986)
- (X) Disputes (November 1989)
- (X) Ineligible Countries (May 1986)
- (X) Debarment, Suspension, and Other Responsibility Matters (March 1989)
- (X) Nondiscrimination (May 1986)
- (X) U.S. Officials Not to Benefit (November 1985)
- (X) Nonliability (November 1985)
- (X) Amendment (November 1985)
- (X) Notices (November 1985)

**L.3. OPTIONAL STANDARD PROVISIONS FOR U.S.,
NONGOVERNMENTAL GRANTEES**

- (X) Payment - Letter of Credit (November 1985)
- () Payment - Periodic Advance (January 1988)
- () Payment - Cost Reimbursement (November 1985)
- (X) Air Travel and Transportation (November 1985)
- (X) Ocean Shipment of Goods (May 1986)
- (X) Procurement of Goods and Services (November 1985)
- (X) AID Eligibility Rules for Goods and Services (November 1985)
- (X) Subagreements (November 1985)
- (X) Local Cost Financing (November 1988)
- (X) Patent Rights (November 1985)
- (X) Publications (November 1985)
- (X) Negotiated Indirect Cost Rates - Predetermined (May 1986)
- (X) Negotiated Indirect Cost Rates - Provisional (May 1986)
- (X) Regulations Governing Employees (November 1985)
- (X) Participant Training (May 1986)
- (X) Voluntary Population Planning (August 1986)
- (X) Protection of the Individual as a Research Subject (November 1985)
- (X) Care of Laboratory Animals (November 1985)
- (X) Government Furnished Excess Personal Property (November 1985)

15.

- (X) Title To and Use of Property (Grantee Title)
(November 1985)
 - () Title To and Care of Property (U.S. Government
Title) (November 1985)
 - () Title To and Care of Property (Cooperating
Country Title) (November 1985)
 - () Cost Sharing (Matching) (November 1985)
 - (X) (1) Use of Pouch Facilities (November 1985)
 - (X) Conversion of United States Dollars to Local
Currency (November 1985)
-

1. The address in paragraph (a) (4) of this Provision should be changed to add -0001 after 20523 (the zip code).

16

ATTACHMENT 2
PROGRAM DESCRIPTION

PROGRAM DESCRIPTION

EXECUTIVE SUMMARY

1. The Milwaukee International Health Training Center (MIHTC), in association with its consortium member institutions - the Medical College of Wisconsin (MCW), Milwaukee County Medical Complex (MCMC) and the Children's Hospital of Wisconsin (CHW) of the Milwaukee Regional Medical Center (MRMC), proposes to implement a Partnerships in Health Care Project targeting emergency medical services (EMS), particularly pediatrics, in the cities of Bialystok, Krakow and Lodz, Poland. The Poland partnership, already structured, includes a municipal government, municipal departments of health, a medical academy and hospital medical centers.

The Project will implement a core group of activities aimed at improving EMS competencies and institutionalizing EMS training capacity in the three cities. Core activities will include the training of 18 participants/visiting faculty in Milwaukee (six from each city) as providers and instructors in advanced life support, and the subsequent training by the instructors of 300 EMS personnel in Poland (100 in each city); the upgrading of "reanimation" (emergency) ambulance pediatric and adult medical equipment; and the establishment of emergency medicine information/learning resource centers in the three cities and the Ministry of Health and Social Welfare (MOH) in Warsaw. The Project will also develop an injury control strategy, emphasizing pediatrics, as a basis for developing a model program in Bialystok.

Extending over a two-year period, the project will be of a scale that will produce a systemic impact on EMS in the three cities and assure continuity.

Goals and Objectives

Goal - MIHTC in collaboration MCMC, CHW, and MCW will build on the partnerships formed in Poland with the Municipality of Bialystok; the Copernicus Medical Academy and the Municipal Health Department, Krakow; and the Polish Mother's Memorial Hospital, Lodz, to strengthen the EMS systems in the three cities by designing and implementing strategies to improve patient management at the scene of the emergency, during transportation and in the hospital emergency department, with the aim of reducing the incidence of avoidable mortality and disability associated with trauma and emergency medical conditions.

The Partnership will implement the following objectives:

- A - Build and institutionalize an EMS training capacity in Poland to improve emergency care at the scene, during patient transport and in the hospital emergency department.
- B - Upgrade ambulance medical equipment, especially in "reanimation" (emergency) ambulances.
- C - Establish emergency medicine/learning resource centers in each of the three cities and in the MOH Warsaw.

D - Develop an injury control implementation plan as the basis for introducing a model program in Bialystok.

2. The technical and managerial resources of the U.S. Partner will be provided by MIHTC and its collaborating institutions. MIHTC has existing affiliation agreements with MCW and CHW establishing administrative and programmatic relationships. By virtue of its status as a program of Milwaukee County, MIHTC and MCMC, an acute general public hospital, operate within the common governance and administrative structure of Milwaukee County Government.

MIHTC, as the applicant agency to the Partnerships grant program, will have overall responsibility for Project management, with the MCMC Fiscal Administration assuming responsibility for budget and finance and the business aspects of the Project. Medical, technical and training resources will be provided by MCMC, CHW and MCW, primarily through the Emergency Medicine/Trauma Center (EM/TC), MCMC and the Pediatric Emergency and the Critical Care Services of CHW. The Project Director and Co-director and all staff physicians who will be involved in the Project hold faculty appointments at MCW.

The Eastern European Partners in Bialystok include the Municipality, on behalf of the Health Department, under whose direction the ambulance/emergency system operates, the Medical Chamber and hospitals designated to receive emergencies. This partnership is documented in a Memorandum of Understanding entered into by MIHTC and the President of the Municipality in May, 1991. Commitments made in the course of on-site meetings in Bialystok between an MIHTC team and representatives of various medical institutions reinforce the formal agreement.

In Krakow, Memoranda of Understanding were entered into by MIHTC and the Copernicus Medical Academy and the Municipal Health Department. The formal commitments to the Partnership by the Director of the Municipal Health Department and the Rector of the Copernicus Medical Academy assure that EMS personnel of the ambulance/emergency system, which operates under the direction of the Health Department, and faculty of the Medical Academy, who will be involved in training as participant/visiting faculty in Milwaukee and as instructors in Krakow, will be available to the Project.

The administrative, clinical and educational sectors of the Polish Mothers' Memorial Hospital, Lodz, have pledged their participation. The Director, on behalf of the institution, and MIHTC entered into a Memorandum of Understanding formally committing the institution to the Project, affirmed its intent to work jointly with other institutions and programs as deemed necessary to carry out the Project.

3. Funding is requested from USAID in the amount of \$ 2,946,008 for a two year project. This budget will defray all the direct and indirect costs of the project. No other sources of funding will be sought.

C. Program Narrative

1. Program Definition and Scope

Introduction: The proposed Partnership Project between Milwaukee International Health Training Center (MIHTC)/Milwaukee Regional Medical Center (MRMC) and the cities of Bialystok, Krakow and Lodz, Poland is designed to reduce the incidence of avoidable mortality and prevent or limit disability associated with trauma, poisonings and acute medical conditions by improving patient management (a) at the scene, (b) during transportation, and (c) in the hospital emergency department, with special reference to pediatric emergency care. This will be accomplished by enhancing the emergency medicine competencies of the ambulance/emergency system and hospital emergency department personnel in the three communities, upgrading reanimation ambulance medical equipment, and establishing emergency medicine Information Learning Resource Centers. The Project also will develop an injury control strategy, emphasizing pediatrics, as the basis for the introduction of a model program in Bialystok.

Trauma and poisonings are the third most prevalent cause of death in Poland (Ministry of Health 1989 Statistical Bulletin) and the leading cause of death among youth (Gorynski P. and Roszkowska H. "Trauma and Poisoning in Children and Adolescents in Poland from 1980 to 1985 in the light of data on hospitalization. I. Hospitalization of Children and Adolescents in Poland for Trauma and Poisoning by Demographic Characteristics," Journal Przegląd Epidemiologiczny, 43(4):415-25, 1989). They are also the leading causes of hospitalization in this age group.

80% of the deaths caused by trauma and poisoning in children and adolescents occur out of hospital, either at the scene of the accident or in the home. Of the deaths in hospital, nearly 40% occurred on the first day of hospitalization (Gorynski P. and Roszkowska H., "Trauma and Poisoning in Children and Adolescents in Poland from 1980 to 1985 in the light of data on hospitalization. III. Hospital Mortality of Children and Adolescents in Poland from Trauma and Poisoning," Journal Przegląd Epidemiologiczny 43(4):433-7, 1989).

It is postulated that many of the pediatric deaths, as well as deaths due to trauma and acute emergency medical conditions in adults both prior to and shortly after hospitalization, can be avoided by improving emergency medical services (EMS) at the scene of the emergency, during transportation and in the hospital emergency department. MIHTC/MRMC, in partnership with medical institutions and local governments in Poland, and the Emergency Department/Trauma Center, supported by specialty services at Milwaukee County Medical Complex (MCMC), the Children's Hospital of Wisconsin (CHW), Froedtert Memorial Lutheran Hospital (FMLH), and Medical College of Wisconsin (MCW) faculty, proposes to implement

a program to reduce excess mortality and prevent or limit disability associated with trauma and acute emergency medical conditions.

The proposed Project will extend over a two year period. It will be of a scale to produce a systemic impact on EMS in the three cities. A strategy of interdigitating core activities -(a) EMS training, (b) the upgrading of ambulance medical equipment, and (c) the development of emergency medicine information/learning resource centers (ILRC) - will be implemented in the three cities and provide a foundation for the institutionalization and continuity of these activities.

Both the implementation of the Project and the prospects for its continuity will be facilitated and supported by the stated policy of the Ministry of Health and Social Welfare (MOH) to strengthen the ambulance/emergency system network in Poland. Correspondingly, the Memoranda of Understanding between MIHTC and the administrative, academic and medical entities of the three cities creating partnerships in pursuit of the goals and objectives of the proposed Project, will improve the potential for its success.

Goal: MIHTC, in collaboration with MCMC, CHW and MCW, will build on the partnerships formed in Poland with the Municipality of Bialystok; the Copernicus Medical Academy and the Municipal Health Department, Krakow; and the Polish Mother's Memorial Hospital, Lodz to strengthen the EMS systems in these communities by designing and implementing strategies to improve patient management (a) at the scene of the emergency, (b) during transportation of the patient, and (c) in the hospital emergency department, with the aim of reducing the incidence of avoidable mortality and disability associated with trauma and emergency medical conditions. An injury and poison control strategy as the basis for introducing a model program in Bialystok will be developed.

Objectives and Strategies

OBJECTIVE A. Build and institutionalize an EMS training capacity in Poland to improve emergency care at the scene, during patient transport and in the hospital emergency department.

Strategies

- Train in Milwaukee and certify 18 Polish physicians, six from each city, as Advanced Trauma Life Support (ATLS), Advanced Cardiac Life Support (ACLS), and Advanced Pediatric Life Support (APLS) instructors.

- Train in Poland and certify, as appropriate, 300 EMS personnel, (100 from each city), including physicians, dispatchers, nurses, technicians and drivers.

OBJECTIVE B. Upgrade ambulance medical equipment, especially in "reanimation" (emergency) ambulances.

Strategies.

- Determine the medical equipment needs, especially pediatric, in reanimation and regular ambulances in the three cities.
- Procure necessary medical equipment and outfit ambulances to meet defined standards, giving priority to reanimation vehicles.

OBJECTIVE C. Establish four emergency medicine information/learning resource centers (ILRC), in each of the three cities and in the MOH/Warsaw.

Strategies

- Identify space to house the four centers.
- Recruit and train a center manager for each of the 3 city locations.
- Procure and install collections, learning materials and equipment, computer, and office equipment and furniture.
- Procure and install classroom equipment and supplies.

OBJECTIVE D. Develop an injury control implementation plan as the basis for introducing a model program in Bialystok.

Strategies

- Identify relevant local organizations and select lead agency.
- Gather and analyze data on principal causes of injury.
- Design appropriate interventions and develop implementation plan.
- Recruit and train in Bialystok an injury control coordinator.

Background and Rationale: In March 1990, MIHTC staff, at the direction of the MIHTC Project Committee Chairman, prepared a position paper on the development of a health training initiative in the new democracies of Eastern Europe. An article by the Chairman proposing such an initiative was published in the

22

Milwaukee Journal eliciting interest and support from the health, elected official, business and civic leadership sectors of Milwaukee and, particularly, among those of Polish heritage.

Representatives from the Milwaukee community participating in missions to Eastern Europe established contacts on behalf of MIHTC with medical centers in Poland. As a result of these contacts and a Milwaukee County Government initiative to develop a sister community relationship with Bialystok, MIHTC entered into communication with medical centers in Bialystok, Lodz and Krakow. This led to a number of requests for assistance, primarily in the form of faculty exchanges and training, to support medical programs and activities in Poland.

The RFA program of USAID, "Partnerships in Health Care," provided MIHTC an opportunity to respond to these requests in a structured, substantive way. In consultation with emergency medicine clinical faculty and the administrations of MCMC, CHW and MCW, emergency medical systems, emphasizing pediatrics, was selected as the topic for address in the grant application.

A team led by Supervisor Terrance L. Pitts, elected government official and Chairman, MIHTC Project Committee and Committee on Health, Milwaukee County, and comprising Dr. Joseph C. Darin, Professor and Chairman, Emergency Medicine/EDTC; Dr. Thomas B. Rice, Chief, Pediatric Critical Care, CHW; Dr. Stephen W. Hargarten, Senior Staff Physician, Emergency Medicine/EDTC; Dr. John R. Petersen, Director of Medical Services, MCMC; Dr. Julian B. De Lia, Senior Staff Physician, Dept. of Obstetrics and Gynecology; Supervisor Anthony Czaja, elected government official, Milwaukee County; Robert de Wolfe, Director of Training, MIHTC; and Dr. Frederick Tavill, Project and Medical Director, MIHTC, made a fact-finding trip to Poland May 20 - 31, 1991. The itinerary included visits to the Polish American Children's Hospital and Pediatric Institute, Copernicus Medical Academy and Municipal Health Department in Krakow; Polish Mothers' Memorial Hospital and the central ambulance/emergency facility in Lodz; the Municipal and Provincial Government leadership and their respective medical officers of health, and representatives from the central/ambulance emergency facility, the Medical Chamber and Voivodship Hospital in Bialystok; and the Department of Health Care, MOH/Warsaw.

Extensive information was gathered in the course of meetings with local government leaders, clinicians, medical faculty and academic administrators, ambulance/emergency system physicians, MOH officials, local health department and medical institution physicians. Site visits were made to ambulance/emergency systems facilities and hospital emergency departments.

The team's on-site assessment validated the choice of EMS, specifically the ambulance/emergency system and hospital emergency department, as the topic area to be addressed. The Memoranda of

Understanding entered into in the course of the trip further supported this choice and will ensure the participation of key public administration bodies, clinical public health and medical academic centers of the three cities in the proposed joint venture, increasing the potential for its success.

Of critical importance in securing an understanding of the nature, organization and activities of the ambulance/emergency system and gaining insight into current policy, were the data and information furnished to the MIHTC team during meetings with MOH officials. The MOH Report, "Actual Problems in Emergency Care and Transport," April 26, 1991 (translated), provides a comprehensive overview of the ambulance/emergency system nationally; a statistical profile, including modes of transportation and emergency care provided at the scene and during transportation; and non-emergent patient utilization data.

The Report proposes a number of changes both to rationalize patient utilization of the system and to enhance its emergency intervention capabilities. It defines the role of the ambulance/emergency system to include intervention at the scene, transportation of emergencies with appropriate life support personnel and equipment, maintenance of an EMS information system, and participation in injury and poison control programs. It notes that modifications or changes in the system must reinforce the population's confidence in accessibility to EMS and the system's ability to provide high quality emergency care. No additional resources will be made available, it being considered that the existing system, through structural modification and redirection of resources, has the potential to adapt to needed change.

The following are points and recommendations made in the report which the MIHTC/Poland Partnership Project will address:

- the introduction of structured training in emergency medicine to improve the competencies of all levels of EMS personnel, including periodic recertification;
- the provision of advanced life support training to physicians of the ambulance/emergency system;
- the development of protocols and algorithms to aid physicians in the more effective and efficient management of patients using EMS;
- the promotion of professional growth and job satisfaction among physicians and other members of the EMS team;
- the upgrading of ambulance equipment, particularly in reanimation vehicles, coupled with an increase in the number of reanimation ambulances and teams;

- the introduction of the emergency medical technician and "paramedic" roles into the emergency team, and first-aid training for the public, including cardiopulmonary resuscitation training; and
- the training of dispatchers to more effectively screen, evaluate and assign calls within the ambulance/emergency system, including the development of protocols and algorithms to support and facilitate this function.

Overview of the Polish Ambulance/Emergency System: The nation-wide ambulance/emergency system network in December 1990 comprised 427 facilities of which 15 were organizationally independent and 412 associated with health departments and hospitals. These were supplemented by 39 air ambulance units (3 in Warsaw). The average radius of operation of a facility is about 30 Kms. for "regular" ambulances and 45 Kms. for reanimation ambulances. The network had a complement of 4,717 ambulances, a ratio of 1 ambulance to 8,048 persons. There were 165 emergency reanimation ambulances; 1 to 230,000 persons.

In 1990 there were 372,300 ambulance runs in response to accident calls (9.7 runs per 1,000 population) and 3,523,700 ambulance runs for illness calls (97.7 runs per 1,000 population). The ratios of ambulance runs for accidents and illness varied by a factor of 4 for accidents and 2 for illness between areas of high to low utilization.

The annual total of ambulatory care visits to all facilities was 6,063,600, a ratio of 157.2 visits per 1,000 population. This ratio varied by a factor of 5 between areas of high to low utilization. In addition to providing ambulatory care services, ambulance/emergency system facilities have a limited number of inpatient beds for observation and short term stay purposes. 8,150 emergency air transports were recorded.

Of 3,896,000 ambulance runs to accident and illness calls, 1,258,000 (32.3%) were transported to hospital. Of 372,300 ambulance runs made for accident calls, 51,500 or 14% were for children. Home accidents made up 50% of all accident runs, workplace accidents 10% and road accidents 40%. 80,100 deaths were recorded as occurring before the arrival of the ambulance or during transport to hospital.

On-Site Observation of Emergency Medicine/Ambulance Service: Warsaw and Lodz: The emergency physician members (Drs. Darin, Hargarten and Rice) of the MIHTC team had the opportunity to visit and observe, on-site, the pre-hospital emergency systems of the two largest cities of Poland, Warsaw (Pop. 2,417,923) and Lodz (Pop. 1,143,414). The systems are similar and have a number of problems in common. In comparison to the systems of the USA and U.K., the major areas of deficiency are:

- Lack of a system for rapid ambulance response, which is key in the care of cardiac and trauma victims.

In both cities there is a centrally located ambulance response point with upwards of seven ambulances responding to calls. Ambulances should be singularly located at widely dispersed points.

- Lack of standards for the training of all ambulance personnel.

Reanimation (Advanced Life Support - ALS) ambulances are staffed with a driver, orderly, nurse and physician. The driver has no EMS training, the orderly very little and the nurse and physician operate without protocols. All of the physicians, a truly dedicated group, agreed that specific training requirements and management protocols (ACLS, ATLS) were needed.

- Lack of basic rescue equipment and state of the art ALS equipment and supplies.

Cervical spine immobilization material was not in evidence and was not used in field situations. Defibrillators were extremely heavy and located in areas of the ambulance that led us to believe that they never left the ambulance. Splinting materials were archaic. All medications were in glass ampules which are extremely dangerous to personnel (potential risk for AIDS infection). In the Milwaukee system, only two medications are in ampule form, both with safety "snap offs." Many of these deficiencies could be corrected at modest expense.

- Lack of training for ancillary EMS personnel such as EMS dispatchers and first responders.
- The MOH report recognizes the need to foster professionalism in the Polish EMS system. MIHTC team's EMS specialists agree and are of the opinion that an increased level of training and the development and utilization of nationally accepted treatment protocols are essential. These will result in a sense of accomplishment and potential for career advancement for EMS personnel and an increased level of professionalism throughout the EMS service.

The team found the EMS personnel, particularly the nurses and doctors, to be a dedicated group of people, who are tremendously overburdened by the over-utilization of the system. They need and most importantly are willing to accept assistance. The Project is designed to target their needs.

26
2

Trauma and Poisonings Mortality Data: Injuries, including traffic accidents, suicide and poisonings, are the third most prevalent cause of death in Poland. Compared to other European countries, Poland ranks fourth highest in deaths due to injury and poisoning and second highest in deaths due to traffic accidents (WHO 1990 Annual Statistics).

Mortality rates rose in 1989 in most age groups, the largest increase occurring in males between 15 and 43 years old, the group in which trauma and poisonings are the leading cause of death (WHO 1990 Annual Statistics and Ministry of Health 1989 Statistical Bulletin). Trauma and poisonings were the leading causes of hospitalization in the age group 15-19 years, with twice as many males being hospitalized as females. 80% of deaths due to trauma and poisonings among children and adolescents occurred out of hospital, either at the scene of the accident or in the home. No information was given on deaths occurring in the course of ambulance transport. The main causes of death in hospital were head injury, spinal fractures, internal organ trauma, burns and poisoning (Gorynski P. and Roszkowska H., 43(4):433-7, 415-25, 1989).

PROPOSED ACTIVITIES

In addressing the ambulance/emergency medical and hospital emergency department systems in Bialystok, Krakow and Lodz, the Project aims for a systemic impact on a scale that will:

- reduce mortality due to trauma, poisoning and acute medical emergencies by improving emergency medical care at the scene, during transportation, and in the hospital emergency department;
- improve the emergency medicine knowledge and skills of a "critical mass" of EMS personnel and their clinical and service system management capabilities in a manner that develops and institutionalizes EMS training capacity in Poland;
- result in the development of an implementation plan for a model injury control program.
- strengthen MIHTC/MRMC international health training capacity in emergency medicine, with particular emphasis on the design of cross-cultural programs and activities, sustainability and systemic change;
- provide valuable experience in organizing international collaborative scientific ventures and disseminating their products, e.g. new knowledge acquired and the application of

such knowledge in the form of scientific papers and publications.

The main thrusts of the proposed Project - EMS training, upgrading of ambulance medical equipment and emergency medicine information/learning resource centers - will be addressed over a Project term of two years. Training activities will include an initial phase of "training of trainers" in Milwaukee as providers and instructors in emergency medicine, followed by a phase of intensive in-country EMS training in the three cities. Ambulance medical equipment in the three cities will be assessed and upgraded according to recommended standards, with priority being given to reanimation vehicles. Four specialized emergency medicine information/learning resource centers, one in each of the three cities and the fourth in the Department of Health Care, MOH/Warsaw, will be established. The resource centers will play a key role in supporting in-country training, and making available and disseminating emergency medicine informational materials.

To support and facilitate the development and implementation of the in-country activities, three technical/consultative meetings will be hosted in turn by each of the three cities. The meetings will be attended by representatives from each training component, MIHTC/MRMC, and invited representatives from the MOH/Warsaw and the USAID Office for Poland.

A national invitational Emergency Medicine Conference will be held in the latter part of the second year. Its purpose will be to give visibility and recognition, nationally and amongst the countries of the region, to the USAID - MIHTC/MRMC "Partnerships in Health Care" Project and its accomplishments.

A study of poisonings and trauma in children and youth will be conducted in Bialystok. The study findings will form the basis for the formulation of an implementation plan for a model injury control program, and as baseline data against which the impact of educational/ preventive interventions would be measured.

TRAINING

Training will take place in two phases - training of trainers in Milwaukee through sequential courses offered to three groups of participants from each of the three cities, followed by a series of intensive courses organized jointly by the trainer groups and MIHTC/MRMC in the three cities. Each group will comprise six physician-participants of appropriate specialty backgrounds selected from the ambulance/emergency system, medical education, hospital medical chamber and other appropriate sectors. The Project Co-director for Technical Assistance will participate in the selection process. Participants will be required to commit to serving as instructors in at least four of the five projected in-

country courses and attending the three technical consultative meetings.

Milwaukee-based Participant Training and "Training of Trainers"

Didactic training and observational study experiences in advanced life support knowledge, skills and techniques in the areas of pediatric, cardiac and trauma management will be offered sequentially to each group of six physicians. The training provided would lead to certification by the appropriate national bodies - the American Academy of Pediatrics, the American Heart Association, the American College of Emergency Physicians and the American College of Surgeons - and will include training for accreditation as instructors. Individual members of the group wishing to pursue their own specialty interests, particularly as these relate to emergency medicine, will rotate through the appropriate departments of MRMC teaching hospitals as visiting faculty.

The stay in the U.S. will be ten to twelve weeks. Instruction will be organized and conducted under the direction of the Project Co-director for Technical Assistance assisted by the Associate Directors for Pediatric and Adult Medicine. Intensive instruction in English at the ESL laboratory at the University of Wisconsin/Milwaukee will be provided as necessary.

The site of training will be the ED/TC Center. The Center is physically connected with CHW, MCMC and FMLH. As a Level I comprehensive trauma center, the ED/TC operates twenty-four hours a day, year round. The Center also houses Milwaukee County's Paramedic Communications Base and provides MRMC's Flight for Life Aero-medical program. Trainees will have the opportunity to observe and study these activities.

Training in Poland

A series of five courses, each of approximately one-week duration, for a total of fifteen courses over the Project term, will be organized in each of the three cities. Twenty participants will be enrolled in each course, including emergency medicine physicians and other EMS personnel. Planning and implementation of the courses will be carried out by the Milwaukee-trained instructors in association with a Milwaukee consultant/facilitator. The facilitator's presence will allow the courses to meet the requirements of U.S. national bodies for certification of the trainees, assuming this would be acceptable to the appropriate Polish authorities.

While the in-country courses will focus on advanced life support training for trauma, cardiac and pediatric management, appropriate level courses also will be developed and offered for dispatchers, nurse attendants and driver-stretcher bearers. In conjunction with

organizations such as the Polish Red Cross, the EMS instructors, with the assistance of MIHTC/MRMC consultant/facilitators, will develop and offer first-aid and cardiopulmonary resuscitation training to the general public.

It is projected that this approach will promote institutionalization of EMS training in the three cities, which could serve as demonstration sites for other communities wishing to improve their EMS systems.

UP-GRADING AMBULANCE MEDICAL EQUIPMENT

Ambulances will be categorized and recommended medical equipment lists by ambulance type developed in accordance with existing standards. Ambulances will be surveyed to determine pediatric and adult medical equipment needs by category. In consultation with the appropriate authorities, equipment will be procured to outfit ambulances in accordance with recommended standards, with priority being given to reanimation vehicles.

In-country training will be closely coordinated with the outfitting of ambulances to ensure that the EMS personnel will have the opportunity to promptly apply the training received.

EMERGENCY MEDICINE INFORMATION/LEARNING RESOURCE CENTERS (IRLC)

The purpose of the IRLCs will be to serve as information/learning resources for the EMS instructor teams and staff, other clinical and academic health professionals and organizations such as the Polish Red Cross, which engage in first aid and CPR training. They will be established in each of the three cities and in the MOH/Warsaw. The IRLCs will provide information (books, journals, audio visuals, micro-computer software) in the areas of emergency medicine/trauma, emergency care nursing and related core clinical subject areas; self-tutorial audio visuals in emergency medicine and nursing; computer assisted instruction in emergency medicine and nursing; patient/public education; and continuing medical education.

The IRLCs will be equipped to maximize the use of their resources and facilitate the sharing of resources among the three cities. The equipment will include an IBM or IBM compatible micro-computer with a modem and such software as an electronic spreadsheet for management and accounting functions, word processing, telecommunications and data base management. They will also be equipped with a fax machine, a desktop photocopier, typewriter, tape recorder, selected teaching equipment and office furnishings.

The IRLCs will be dedicated primarily to serving the information/educational needs of emergency medicine instructors and EMS personnel. Information needs beyond this level will require the centers to network with major medical libraries in the area.

Staffing: One FTE office manager will be hired and trained to manage each of the IRLCs in the three cities. The office manager will have a minimum of two years of university training or equivalent, be fluent in English, and have micro-computer/typing skills. S/he will be trained in routine office management procedures, accounting/bookkeeping functions, basic library/information skills, scheduling and statistical records maintenance, and the use of a micro-computer. S/he will act as the library manager for the provision of information services and will provide administrative/logistical support to training programs.

INJURY AND POISON CONTROL PROJECT IN BIALYSTOK

Model statutes promulgated by MOH for ambulance/emergency system facilities propose "participation in preventive undertakings, having as goals the limitations of accidents and their consequences to life and health." The MOH deems that injury prevention and poison control are important aspects of EMS.

It is proposed to design and develop an implementation plan for a model injury and poison control program in Bialystok with special emphasis on pediatrics. Bialystok enjoys a sister community relationship with Milwaukee County. The population of the Municipality is approximately 300,000 and that of the Voivodship, including the Municipality, 700,000. The size of the community, its sectors and institutions lends itself to the developmental processes and activities involved in the design of a model injury prevention and poison control program. A successful effort in this regard could serve as a demonstration for the formulation of both regional and national agendas promoting injury prevention and poison control activities.

An agenda for a Bialystok district injury prevention and poison control program emphasizing pediatrics will include:

- Identification of a lead agency in the Bialystok district.
- Identification of local organizations which have injury prevention, poison control or the acute care of injuries as a component of their activities.
- Identification of key individuals, physicians and community leaders, who are active or interested in the treatment and prevention of injuries and poisonings.
- Identification of the main injury poison problems in the region and their comparison to the national statistics with particular attention to rural versus urban problems.
- Identification of current regional injury prevention and poison control strategies.

- Development of a model program targeting leading injury and poisonings problems.

A national agenda will include:

- Identification of the lead agency in the MOH.
- Identification of organizations with country-wide mandates involving injury, alcohol, highway safety, poisoning prevention, etc.
- Identification of the main injury and poison problems in Poland.
- Identification of existing national strategies, e.g. seat belt laws.
- Identification of existing legislative committees, such as health committees, to implement the National Agenda.

Workshops at the local level will include the science of injury and poison control; the delineation of data needs and the development of a data-base to define priorities to be addressed and provide a base-line against which to measure the impact of interventions; the development and implementation of appropriate legislative strategies; the design of a surveillance system; and the development and implementation of intervention strategies appropriate to the local situation. Constituencies will be cultivated among physicians and other health professionals including EMS personnel, health professions students, legislators, civic leaders, educators, trade unions, industry, and organizations such as the Polish Red Cross.

Injury and poison control activities will be managed by a program director recruited in Poland, assisted by a team of consultant/facilitators from Milwaukee. The program director should be associated with an agency such as the local health department, Polish Red Cross, Medical Academy, Medical Chamber, to provide an organizational base and the necessary support for the Project, and a context for its institutionalization and continuity.

32

PROGRAM IMPACT

(a) Excess Mortality and Morbidity: Ambulance/emergency system facilities are required to maintain an EMS basic data set addressing primarily services' utilization. These form the basis for statistical administrative reports to the MOH/Warsaw, where they are processed for inclusion in the national health statistics annual report. With the necessary approvals, it is proposed to review the data set and modify it, as necessary, to include pre-hospital and hospital mortality due to trauma, poisonings and acute medical emergencies.

To the extent that data is available, retrospective statistical analysis will be performed to establish a baseline for pre-hospital and hospital EMS mortality rates. Absent such data, an EMS mortality information system will be developed and processed electronically using the computer facilities of the ILRC. Mortality statistics in Project Year 1 will establish a baseline against which to measure change in Year 2 and beyond.

Municipal vital statistics records will be reviewed to determine the feasibility of conducting secondary analysis of EMS related mortality. The feasibility of linking this data set to the existing EMS basis set will be studied. This could provide a basis for identifying mortality trends due to injuries, poisonings and selected acute medical emergencies, including associations between mortality profiles and Project interventions.

The Project Director and Associate Director, in consultation with the Chairman of the Biostatistics and Epidemiology unit, MCW, will identify counterparts in Poland to design and implement EMS mortality studies.

(b) Knowledge and Skills: The Milwaukee and Poland training components will be amenable to evaluation in terms of the number of individuals trained, the type of training provided and the competencies attained by the trainees.

The use of ILRC facilities will be systematically recorded to assess utilization.

(c) Joint Activities: Requests for team consultation and EMS training, the presentation of papers on EMS topics at scientific meetings, and jointly offered scientific papers will be indicators of the acknowledged expertise and reputation of the Partners.

D. PROGRAM MANAGEMENT

1. Nature of Planned Partnership and Partnership's Capacity to Manage Joint Activities

The MIHTC/MRMC - Poland EMS Partnerships Project builds on the MIHTC consortium structure which has been specifically adapted to respond to the management and technical assistance requirements of the grant guidelines. The Poland entities of the partnership are the Municipality of Bialystok on behalf of the Municipal Health Department; the Copernicus Medical Academy and the Municipal Health Department, Krakow; and the Polish Memorial Mothers' Hospital, Lodz. The Table of Organization (T of O) (see page 17) depicts MIHTC as the applicant agency with lead responsibility for the conduct of the Project. Governance-wise, the Project will be subject to the oversight of the MIHTC Project Committee, a standing body of the Milwaukee County Board of Supervisors.

At the programmatic level the T of O shows the two main components of the U.S. partnership: (a) MIHTC with overall responsibility for management and administration, supported by the MCMC Fiscal Administration; and (b) MCMC, CHW and the MCW, the collaborating clinical and academic institutions of MRMC, responsible for all medical, technical and training activities furnished primarily by the Emergency Medicine/Trauma Center, MCMC, and Pediatric Emergency Services, CHW.

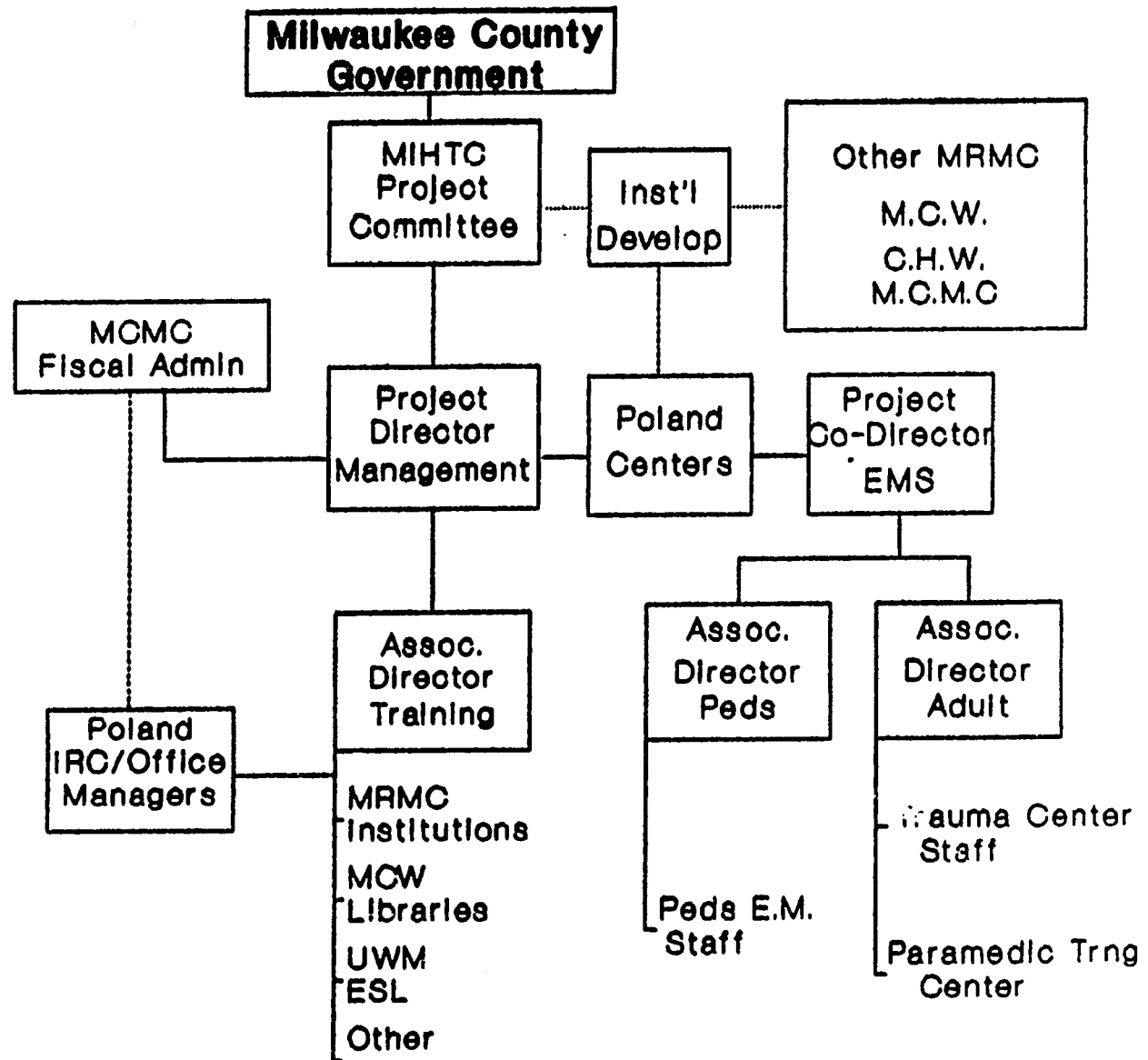
The MIHTC Project and Medical Director will serve as the Project Director and will be directly responsible for all aspects of the Project's management. He holds the rank of Associate Professor, Department of Preventive Medicine, MCW. He will be assisted by the MIHTC Director of Training who will act as Associate Director with responsibility for the management and coordination of the Project's core activities, program monitoring and internal evaluation.

The training and technical assistance component will be directed by the Project Co-director EMS who occupies the positions of Professor of Surgery and Chairman, Department of Emergency Medicine, MCW, and Director of Emergency Services, MCMC. The Project Co-director will be assisted by the Associate Director - Pediatrics who is Chief of Pediatric Critical Care at CHW and Associate Professor, Department of Pediatrics, MCW. Also assisting the Project Co-director EMS will be the Associate Director for Adult Emergency Services, a senior staff physician at the ED/TC and Assistant Professor, Department of Emergency Medicine, MCW.

The fiscal, budget, procurement, and related business functions involved in the Project, both in the U.S. and Poland, will be managed through the Fiscal and Business Departments of MCMC, which already provide these services to MIHTC. MCMC Fiscal Administration will assign specific personnel to these functions. They will establish business systems including appropriate reporting to the MCMC Fiscal Administration, supervision and audit. They will also will be responsible for the

fiscal and administrative training of the IRLC office managers.

The Project Director and Co-director will work cooperatively in their respective spheres of activity, in the U.S. and Poland, with final responsibility and accountability for the Project resting with the Project Director.



MIHTC/MRMC-Poland Partnerships Project

2. Qualifications of Individuals Responsible for Managing the Program (U.S. and Eastern European Partner Organizations)

MIHTC, as the lead agency of the Milwaukee international health consortium, functions primarily in a training management capacity. It mobilizes, deploys, monitors and evaluates the faculty and professionals of its member institutions that participate in joint ventures conducted under MIHTC auspices. Its structure, experience and management capability are, therefore, appropriate to the needs of the proposed Project.

The designated Project Director has served as Project and Medical Director of MIHTC since its founding in 1986. He is conversant with the development and management of programs and activities requiring multi-institutional participation at the governance, administrative, and programmatic levels. Prior to his appointment as the MIHTC Project and Medical Director, the designated Project Director was the Project Director for the Milwaukee Long Term Gerontology Center, (1981-85). The Long Term Care Gerontology Center program, one of eleven federally funded Centers nationally, was organized as a consortium with the MCW serving as the lead agency. The consortium included multiple health professions academic departments in a number of institutions of higher education, the Milwaukee County Office on Aging, the State of Wisconsin Bureau on Aging, and a number of clinical geriatric programs based in teaching and community hospitals and nursing homes.

The designated Project Co-Director is Professor and Chairman of the Department of Emergency Medicine, MCW, and Director of Emergency Services, MCMC. In addition to having extensive experience in emergency medicine clinical practice, education, training and research, the designated Co-project Director played a key role in the development of both Milwaukee County's EMS system and the ED/TC Level I Comprehensive Trauma Center. The designated Project and Co-Project Directors previously collaborated in the development and implementation of a free-standing inner-city ambulatory center for urgent and non-urgent medical services.

Institutional Development and Coordination: The mobilization of institutional constituencies to support the development of the Partnerships Project and assure its continuity is of critical importance to success. The institutional commitment already apparent in the Project must be maintained and fostered, particularly at the governance and executive levels.

As a public/private partnership, the functional interaction between MIHTC and the MRMC institutions involved in the Project must be efficient and effective. It must be anticipated that during the course of the grant program some shifts may be required in the scope and emphasis of various activities with corresponding policy adjustments among the MIHTC/MRMC institutional components.

At the conclusion of the grant, MIHTC will seek to assure a continued effort on the part of the MRMC partners to sustain the activities of the grant program. During the MIHTC team's recent visit to Poland, the Medical Centers requested assistance that falls outside the bounds of the Partnerships Project. It is hoped that during the course of the grant program such requests would be studied and, as feasible, relationships between MIHTC/MRMC and its partners in Poland enlarged with new funding generated to accommodate the requests.

Institutional and programmatic initiatives and the funding required to implement them would be facilitated through an "institutional development function". This function would also encompass the establishment of relationships with the private not-for-profit and for-profit sectors aimed at mobilizing their support for the Partnerships Project and other program initiatives. For example, the Hospital Association of Greater Milwaukee and the associations representing the hospitals of the region would be solicited for appropriate supplies and equipment for Poland and other countries. Contacts would be arranged between local and regional manufacturers of medical and dental equipment and supplies, hospital related general equipment, furnishings and appliances, and appropriate agencies in Poland, to facilitate entry into the burgeoning health care markets of Eastern and Central Europe.

To implement the institutional development function, it is proposed that a full-time liaison/coordinator position be created. The position would be supported half-time by the Project and half-time by the MCW administration, with the recommendation the position be established in the Office of the President, MCW, to facilitate access to the governance and executive levels of MRMC institutions and other sectors.

The Project Director and Co-Director will each devote 0.5 FTE for the entirety of the of the Project. The Associate Directors for Pediatrics and Adult Emergency Services will each commit 0.5 FTE to the Project. The Associate Director - Training will devote 0.5 FTE time and effort to the Project. One FTE (combined administrative and fiscal personnel) from MCMC Administration and Fiscal Department will be assigned to the Project.

Attachment 1 contains the CV's of the 5 principal professional personnel of the US Partner.

Poland: In Bialystok the overall management of the Partnerships' activities will be assumed by Dr. Stanislaw Boczon, International Affairs, Medical Chamber of Bialystok and Chief Radiologist of the Voivodship Hospital; in Krakow, Professor Andrzej Szczeklik, M.D., Rector, the Medical Academy of Copernicus University; and in Lodz, Professor Tomasz Pertynski, M.D., Ph.D., Director of the Polish Mothers' Memorial Hospital. These individuals or their designees will assume the role of Project Director (see Memoranda of Understanding, Attach 3) for the partnerships' activities in their respective jurisdictions. It is estimated that this will require the commitment of 10% time from each of the Project Directors over the term of the grant. The Project Directors

will be aided in day-to-day operations by the three proposed full-time IRLC managers.

3. Implementation Plan (Attachment 2)

E. Organizational Background

1. US Partner

a. Description of Partner Organization: The Milwaukee International Health Training Center (MIHTC), the applicant agency, will assume the lead administrative and managerial role in the implementation of the Partnerships for Health Care Project. MIHTC, which was established in 1986, receives Institutional Development Grant funding from the U.S. Agency for International Development with matching funds from Milwaukee County. It is organized under the auspices of Milwaukee County Government which has vested program oversight in the MIHTC Project Committee comprising representatives from the County Board of Supervisors, County Executive's Office, County Board staff, Department of Intergovernmental Relations, Department of Health and Human Services and the Milwaukee County Medical Complex. The Chairman of the MIHTC Project Committee also chairs the Milwaukee County Committee on Health. MIHTC's status as a County Government program facilitates its access to a broad range of health, education and community service related resources in the Milwaukee area. MIHTC staff includes a Project/Medical Director, Assistant Director, Director of Training, Administrative Assistant and secretary.

With a 1991 annual budget of \$460,500, MIHTC organizes, facilitates and manages training programs through formal affiliations and working associations with an academic regional medical center (MRMC), institutions of higher education and technical training, a municipal health department, community-based health and human services programs, and a multi-national company. The goal of MIHTC is to work with developing countries to enhance the skills of their health personnel to improve resource utilization and strengthen service delivery systems.

Since 1986 MIHTC has provided individualized and group training in Milwaukee and overseas to over 320 participants from 18 countries in the fields of health service delivery, management and health education and promotion.

b. Institutional Capacity of US Partner: MIHTC will collaborate with three of its MRMC consortium member institutions in implementing its proposed "Partnerships in Health Care" program with Poland: the Medical College of Wisconsin (MCW), Milwaukee County Medical Complex (MCMC) and Children's Hospital of Wisconsin (CHW). All three institutions, along with MIHTC, are located on the Milwaukee County campus - Milwaukee Regional Medical Center. They have been selected because of their demonstrated technical and human resource expertise in emergency medical service delivery systems.

The Medical College of Wisconsin (MCW) is a private, independent institution comprising medical and basic medical science schools for the training of physicians and biomedical scientists. It also offers extensive graduate and post-graduate training programs for physicians and medical scientists. MCW faculty, which staff the Milwaukee County Medical Complex and Children's Hospital of Wisconsin, specialize in all areas of medicine. In addition, the faculty attract more than \$35 million annually in research funding and is among the top third of medical schools in the nation in federal research funding support.

Although in-patient and out-patient care is provided primarily at the acute care facilities on the campus of the Regional Medical Center, MCW physicians participate in clinical programs based at 16 community and specialty hospitals and/or health centers. This network also provides additional educational opportunities to supplement and complement the student learning experience by providing avenues for participation in medical and social programs in inner city and rural settings.

MCW faculty include 682 full-time members, 70 part-time and another 1,595 practicing physicians who volunteer their time as clinical faculty. Its accreditations include: Liaison Committee on Medical Education, North Central Association of Colleges and Schools, and the Accreditation Councils for Graduate Medical Education and Continuing Medical Education.

MCW offers a 3-year Emergency Medicine Residency Program in which residents spend half their time in the emergency department and the remainder in specialty rotations. Residents learn about a wide range of emergency medical services including the operation of a large urban emergency department, the Milwaukee County Paramedic System and inter-hospital transports. Research is a requirement of the program and residents are involved in activities that encompass pre-hospital care, cardiac and trauma resuscitation, and clinical emergency department studies.

The Milwaukee County Medical Complex (MCMC), accredited by the Joint Commission on Accreditation of Health Care Organizations, is a major general and tertiary care public and teaching hospital for adults and children, with 338 beds and more than 13,000 admissions this past year. Founded in 1852, MCMC has a 1991 operating budget in excess of \$ 170 million. It has a national reputation for its programs in cancer detection and treatment (Cancer and Blood Diseases, Radiation Oncology and Bone Marrow Transplantation); physical medicine and rehabilitation; orthopaedic surgery; cardiology; ophthalmology at the Eye Institute; obstetrics and gynecology; neonatology; radiology and nuclear medicine with world-class imaging options, including magnetic resonance imaging; emergency and trauma care with Flight for Life helicopter and air ambulance service.

MCMC operates a large outpatient care program, with more than 140,000 patient visits in 1990. It comprises four general medical and family medicine clinics (Family Health Center, General Medical Clinic, Urgent

Care Clinic and a community-based health services clinic convenient to inner city residents) plus outpatient day surgery in all appropriate surgical services.

The MCMC Bridge Building houses the Emergency Department/ Trauma Center (ED/TC), a Level I Trauma Center open 24 hours/day, 365 days/year, with separate sections for pediatric and adult emergency services. It also serves as home to the Flight for Life aeromedical program and Milwaukee County's Paramedic Communications Base. MCMC and the ED/TC also provide training courses for Trauma Nurse Specialists and oversee the Milwaukee County Paramedic Training Center. More than 50,000 patients received emergency care at MCMC last year.

The Children's Hospital of Wisconsin (CHW), a 224-bed, pediatric regional medical center, is a comprehensive, acute care facility providing care for children of all ages. With more than 50 outpatient and specialty clinics, the hospital treated more than 15,000 inpatients and 60,000 outpatients in 1990.

A major pediatric teaching hospital, CHW is directly affiliated with the Medical College of Wisconsin and with eight schools of nursing. An estimated 70% of Wisconsin's pediatricians have received training at CHW.

In addition, CHW operates Adolescent Clinics designed to meet the health and psychosocial needs of children; provides non-emergency services for children, Children's Urgent Care, at various locations; and staffs the Children's Dental Center Clinics.

CHW treated more than 33,000 emergency patients in 1990 in the pediatric section of the Emergency Department/Trauma Center (ED/TC), which is staffed by 12 pediatric emergency physicians and 40 ACLS (advanced cardiac life support) certified registered nurses, who provide 24-hour care for all types of emergency cases. The ED/TC has four Advanced Life Support rooms and a trauma room staffed 24-hours/day by a 15-member trauma team.

CHW's ED/TC shares common ambulance and walk-in facilities with MCMC, with patients being directed from the triage desk or paramedic base to the appropriate institution.

The special qualifications of staff of MIHTC, MCW, MCMC, and CHW who will be involved in the Project, including on-going work in the area of emergency medical services and injury control are referred to in section D. 2 (Program Management) above.

c. Operational Commitment: MIHTC and the collaborating MPMC institutions (MCW, CHW, and MPMC) have committed significant resources to ensure the success of the Partnerships in Health Care Project.

As the potential Grant recipient, MIHTC will be responsible for the oversight, management and administration of all program activities. The operational commitment of MIHTC in terms of staff time to fulfill this responsibility is broken down as follows:

- 50% FTE for 2 years for F. Tavill MD, DPH, MIHTC Project/Medical Director to serve as Project Director
- 50% FTE for 2 years for B. de Wolfe MPH, MIHTC Training Director time to act as Associate Project Director for Training
- one full-time secretary for 2 years

The MCW, CHW, and MPMC will also make significant operational and institutional commitments to the Partnerships in Health Care initiative.

- The Fiscal Administration Dept. of MPMC has allocated 1 full time equivalent staff for 2 years for the Project's financial administration;
- 50% FTE for 2 years for J. Darin MD, Chairman, MCW Dept. of Emergency Medicine and Director of the MPMC Emergency Services as Project Co-Director for project management and technical assistance in training and EM equipment upgrade
- 50% FTE for 2 years for Tom Rice MD, Faculty MCW Pediatrics and Chief CHW Pediatric Critical Care as Project Associate Director for Pediatrics for technical assistance in Advanced Pediatric Life Support Training, and in pediatric injury control joint research and program design
- 50% FTE for 2 years for Stephen Hargarten MD, MPH, Faculty MCW Emergency Medicine and senior staff MPMC ED/TC as Associate Project Director for Adult EM for technical assistance in ALS training and in injury control joint research and program design
- 50% FTE for year one for Christine Walsh MD, Faculty MCW Pediatrics and Director CHW ED/TC for technical assistance in APLS training
- 100% FTE for year one for an Emergency Medical Technician/Paramedic Trainer from MCW Emergency Medicine for training in ALS
- Consultant time of Patrick Brennan MA, Faculty and Director, MCW Medical Libraries for technical assistance in development of EM Information Resource Centers and training of IRC Managers
- Consultant time of an MCW behavioral scientist for the development of an Injury Control program

- Use for clinical/observational training of 18 physicians from Poland in year one of facilities, departments and services including, but not limited to: MCMC ED/TC, MCMC EMS Communication Center, MCMC "Flight for Life" aeromedical transport service, MCMC paramedic ambulance service, MCMC intensive care units, CHW ED/TC, CHW Pediatric Emergency Transport, CHW intensive care units, CHW Poison Control Center, the Emergency Operating Center for Disaster Planning and Management of MCMC.

2. Eastern European Partner

a. Description of Partner Organizations: Bialystok - MIHTC and the Municipality of Bialystok, on behalf of the Health Department, entered into a Memorandum of Understanding with MIHTC committing to the implementation of the proposed Program. The President of the Municipality, Mr. Lech Rutkowski, has assigned Dr. Boczon to serve as liaison and provide oversight for the proposed partnership activities. Dr. Boczon will coordinate involvement of the Municipal and District Departments of Health, the ambulance/emergency system, the Medical Chamber, and the hospitals designated to receive emergencies in the proposed Partnership activities. Bialystok is in the process of constructing a new ambulance/emergency system facility to be completed by the end of 1991. Provision is being made within the facility for a training center to house the Partnerships' proposed IRLC.

Krakow - The Partnerships' EMS activities in Krakow will be organized in conjunction with the Copernicus Medical Academy and the Municipal Health Department. The Academy of Medicine, founded in 1364, comprises three faculties, Medicine and Dentistry, Pharmacy and Nursing. The faculty include 120 full-time professors and associate professors with assistant professors and instructors numbering close to 1,000. There are approximately 2,500 students enrolled among the three faculties of the Academy. The University Hospital, serving as the teaching and research institution of the Academy, has approximately 1,800 beds encompassing a wide range of medical specialties. The University Hospital system is a key provider of medical care to Krakow and serves as a referral center for Southern Poland.

Lodz - The Polish Mothers' Memorial Hospital in Lodz is a recently constructed facility that includes two major complexes, obstetrics/gynecology and pediatrics. There is a total of 1,100 beds - 390 obstetrics/gynecology, 220 neonatal and 40 for neonatal intensive care. The pediatric complex has 490 beds. In addition to serving Lodz and environs, the hospital draws patients from the surrounding metro region. The institution has dedicated space for a training facility and an information science department which could house the IRLC.

b. Capacities of Eastern European Partners to Participate in Proposed Activities: Bialystok - The Office of the President of the Municipality, on behalf of the Health Department, will serve as the Project lead agency. The Municipality, jointly with the District

Administration, is responsible for the ambulance/emergency system. A new facility for the system is under construction and is due to be completed in 1991.

Explicit commitments to participate in the proposed Project activities, both in Milwaukee and Bialystok, have been received from the President of Municipality, the Council, the District President and Council, and the health departments of the two administrations. These will ensure that EMS personnel will fully participate in the Project, and be supported in their efforts to apply in the field the activities projected for Bialystok. Additionally, the hospitals responsible for providing emergency medical care and the Medical Chamber have committed their support to the Project.

A critical aspect of the Project is the recruitment of appropriate participants for training in Milwaukee. These will be of the caliber of visiting faculty to ensure that maximum benefit is realized from the training and observational study experiences to be offered in Milwaukee. Correspondingly, the standing of these individuals in Bialystok, as clinical and medical education specialists, will assure both high quality in-country training programs and the growth of a constituency for EMS.

Krakow - The involvement in the Project of the Copernicus Medical Academy, a prestigious health professions academic institution, and the Municipal Health Department, responsible for the ambulance/ emergency service system, assures both the education, training and administrative commitment to the Project. The Medical Academy and the Health Department will work cooperatively in all phases of the Project. Participants selected for training in Milwaukee will include Medical Academy faculty who, as visiting faculty, will have the opportunity to formally and informally relate with emergency medicine and related specialty faculty of the MCW.

Lodz - The Polish Mother's Memorial Hospital, has two on-site ambulances. As a referral and teaching hospital it is committed to improving pre-hospital EMS, with particular reference to obstetrical/ gynecological and pediatric emergencies. In conjunction with the Municipal ambulance/emergency system and other appropriate medical institutions, the Hospital will assume the lead role in participating in all aspects of the Project pertaining to Lodz. The Hospital, with its emphasis on obstetrical/gynecological and pediatric EMS will, as needed, be available as a resource to share in the development of these aspects of EMS in the other cities.

c. European Partners' Operational Commitment to the Program:

Bialystok - MIHTC has received documented commitments (Memoranda of Understanding, see Attachment 3) in support of the proposed Partnerships Project at three levels - local government, institutional governance/administration and program operation. At the government level, the Municipality and Voivodship of Bialystok, in the persons of the Presidents of the jurisdictions, have expressed their commitments to

the Project - the President of the Municipality as the signatory to the Memorandum of Understanding, and the President of the Voivodship, verbally in the course of a meeting with the MIHTC team in Bialystok, May 29, 1991.

At the administrative level, the Directors of the Health Departments of the Municipality and Voivodship, under whose direction the ambulance/emergency system operates, support the Project implicitly by virtue of their governments' commitments and explicitly as expressed to the MIHTC team in meetings in Bialystok.

Krakow - The Director of the Municipal Health Department has formally committed his Department, which is responsible for the Krakow ambulance/emergency system, to the Project. This commitment is documented in the Memorandum of Understanding (Attachment 3). Similarly, the Rector of the Copernicus Medical Academy pledged the support of that institution, its programs and faculty.

Lodz - The Director of the Polish Mother's Memorial Hospital has committed the institution, both at the administrative and programmatic levels, to the implementation of the Project's activities (see Memoranda of Understanding, Attachment 3), including the organization of the necessary in-country joint activities.

The Memoranda of Understanding, the on-site discussions held in May between the MIHTC team and the representatives of the several institutions and administrations in the three cities, and subsequent communications have made explicit the following commitments by the European Partners:

- Six participants/visiting faculty from each of the three cities, for a total of 18 individuals, will attend ten-week sessions in Milwaukee for training as providers and instructors in ALS and clinical observational study in related medical specialties. The time commitment involved in this aspect of training is the equivalent of 3.46 person years, at the level of physician faculty and senior physician staff.
- In-country training will involve the conduct of five one-week training sessions in each of the cities, with 20 EMS personnel being enrolled in each session. For the three cities combined this totals 300 EMS personnel, the equivalent of 5.77 person years. This does not include the time commitment for the group of trainers.
- Partners will make available the space and other facilities required for the conduct of in-country training.
- Partners will give access to and cooperate with MIHTC/MRMC management and clinical/training personnel in the development of the core activities of training, ambulance medical equipment outfitting and the establishment of ILRC in the three cities, and the formulation of an injury control implementation plan for

Bialystok.

d. Evidence of the European Partner's agreement to participate:
Attachment 3 comprises the four Memoranda of Understanding entered into by MIHTC and the European partner institutions. The Memoranda represent the culmination of several meetings held in the three cities between the MIHTC/MRMC team and the leadership and staff of the governmental units and medical institutions in Poland.

The nature and scope of the proposed emergency medicine activities reflect the outcome of extensive discussions. Roles and responsibilities were broadly delineated and accepted. The Memoranda provide a framework and impetus for the prompt implementation of a program which is well understood and has been agreed to by the U.S. and Eastern European Partners.

Student Internships in International Health

The Partnerships Project offers a unique opportunity for student interns from Milwaukee Public Schools, area colleges and universities, and health professions' schools to be exposed to and learn about the field of international health. There is scant information available to students about international health and development and, as a consequence, awareness of career opportunities in these fields.

It is proposed that a student internship experience be developed by MIHTC to expose students to international health, in particular training, and provide them with opportunities to learn about health needs and services in other countries. The interns will observe the process of international health training and interact formally and informally with participants trainees. This will provide the interns with cross-cultural experiences to stimulate interest in international health and development, motivate them to explore such programs as the Peace Corps, and encourage them to pursue career opportunities in these and related fields. The exposures and experiences realized by the interns will significantly enrich their lives and those of their families and communities.

It is proposed that 16 student interns a year be recruited into the program. These would comprise 8 high school seniors, 4 college and 4 health professions' students. The program will extend over six weeks or equivalent (e.g. 12 weeks of half-time or 24 weeks at quarter-time). It will include precepted observational study of training programs, attendance at formal group discussions, participation in social events, both formal and informal.

Student high school seniors would be paired with college level students. Through the personal relationships established, the student interns and their families will be encouraged to host participant trainees, making them welcome in the community and accompanying them to recreational, entertainment and cultural events; helping them find appropriate

churches to attend, and providing assistance in such activities as shopping.

The student internship experience will be directed by the Institutional Development Coordinator with MIHTC staff serving as preceptors. The Institutional Development Coordinator and MIHTC staff will hold tutorial sessions for the interns to review and discuss their experiences and assigned readings. The program will be coordinated with the Milwaukee Public Schools, colleges and health professions' schools. Arrangements will be made for interns to be eligible to receive both school and college credits. Stipends will be paid to defray travel and incidental expenses. Continuation funding will be sought from foundations, etc., to maintain the program beyond the Project grant term.

The Grantee's clarifications and revisions dated August 22 and August 28, 1991, are incorporated herein by reference.

ADDENDUM TO MIHTC PROGRAM DESCRIPTION

In addition to the activities described in the foregoing, MIHTC intends to carry out the following additional training activities:

I. WARSAW

Three representatives from the Ministry of Health and Social Welfare, Warsaw, will be designated by the Director of the Health Care Services Department and the Office of the Minister. Each participant will spend one month in Milwaukee for observational study of area-wide EMS. Emphasis will be placed on professional, technical and continuing education and training activities; the use of emergency medical technicians and paramedical personnel; coordination and involvement of fire and police departments; and operational efficiency based on appropriate utilization (e.g. public education, availability of walk-in primary care services, etc.). Additionally, the participants will receive orientation and training at the Medical College of Wisconsin (MCW) Libraries in the appropriate use of the EMS Library and the Information Resource Center to be established at the Ministry of Health, Warsaw. This will include establishing linkages, through the MCW Library, with U.S. emergency medicine databases.

II. Bialystok

Three representatives from Bialystok involved in the Model Injury and Poison Control component, the Project Coordinator and two lead community volunteers to be selected by the President of the Municipal Council, will attend a one month observational study experience in Milwaukee in the latter part of the first year of the grant. The purpose of the study experience will be to gain firsthand knowledge of multi-sectoral representation and input; legislative, educational, and technical aspects of accident prevention and poison control; and the design, implementation and operation of a poison control center.

48