

STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

Emergency Medical and Trauma Services Section Activity Report **D. Randy Kuykendall, Deputy Director** **Michelle Reese, EMTS Section Chief** **Health Facilities and EMS Division** **Oct. 4, 2012**

This report is submitted as a record of key activities by the Emergency Medical and Trauma Services Section for the period July through September 2012.

Organizational Effectiveness

During the last quarter, two positions have been filled. Mr. Matthew Paswaters has been appointed to the Boards and Commissions/Contracts Coordinator position. Matt comes to the section after a long career as a contract compliance coordinator with the Colorado Department of Transportation. His new duties include supporting the meetings and activities of the SEMTAC, serving as liaison between the department and the RETACs, coordinating the quarterly RETAC forums, and monitoring all contracts between the department, RETACs and EMTS grant recipients. We are very pleased to have Matt's experience and expertise as a part of the department.

Ms. Barb Foster has been appointed to the position of Professional Standards Program manager. Her responsibilities include overall management and leadership of the section's EMS provider certification and education functions, EMPAC activities, and air ambulance licensing program. Barb is a career EMS professional and educator, having served as an EMS training center director, EMS coordinator, and one of the founders of Colorado's EMS educator program. Barb's experience will ensure that the section's service to Colorado's EMS professionals will continue at the highest possible level.

Mr. Mike Gullatte, the EMTS section Enforcement Coordinator, has accepted a new position as a criminal investigator at the Department of Regulatory Agencies and his last day with the section is October 13. Over the past two years, Mike has coordinated the section's investigative and background review processes. During this time, he ensured departmental compliance with the national professional disciplinary monitoring system and developed this process into an established and efficient component of Colorado's EMS provider certification system. His contributions to the EMTS system are sincerely appreciated. This position will be updated and posted as soon as possible.

The Grants/Web Coordinator and Trauma Program Assistant positions have been updated and posted with the selection process currently underway. Both of these positions will be filled during the upcoming quarter. Finally, the former Education and Credentialing Supervisor position has been re-designed to focus on issues around overseeing investigations/enforcement and regulatory development and is undergoing internal departmental review prior to being approved for recruitment. Please welcome both Matt and Barb to the EMTS section and as additional positions are filled, the community will be kept informed.

Professional Standards Program

Barb Foster, Professional Standards Program Manager
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EMS Provider Certification

During the first eight months of 2012, the certification unit issued 4,192 EMS Provider certificates. As of August 31, 2012, there are 16,897 certified EMS Providers in Colorado: 12,593 EMTs, 4 Advanced EMTs, 643 EMT-Intermediates and 3,657 Paramedics. The total count of certified providers is up by 297 providers from the same period in 2011. New and renewing certificates continue to outpace expiring certificates by a ratio of 3:1. Certification Specialist Mike Gerber has also been working diligently to upgrade the www.coems.info website in anticipation of a new look and content management system that went live in late August. The certification unit also continues to work on the transition to an online certification process via the ImageTrend licensing management system. Significant set up work has been completed and it is expected the new system will be in testing by October 2012. We hope to implement the new system for public use in early 2013.

Proposed revisions to the Rules Pertaining to Emergency Medical Services, Chapter One, EMS Education and Certification, have been developed to implement the provisions of House Bill 12-1059. These provisions include exempting Colorado certified EMS providers who have been called to federally funded active duty to serve in a war, emergency or contingency from professional competency requirements upon certification renewal, recognizing military continuing education for certification renewal and exempting military personnel and spouses stationed in Colorado from most initial certification requirements. After recommendation for approval from the State Emergency Medical and Trauma Services Advisory Council, the proposed rules will be presented to the Board of Health for adoption in January 2013.

For more information concerning EMS provider certification, contact the Certification Unit at (303) 692-2980 or Barb Foster at barb.foster@state.co.us.

Education and Training

A number of Colorado's EMS education programs have recently renewed their recognition status with the department. One new CE group has been approved for Hinsdale County EMS. AEMT courses continue to be introduced in a number of locations across the state. The department also held the first conference call for education programs on September 11 with the objective of improving communications between the department and the 130+ EMS education programs in the state. The call was well received and is expected to be held every quarter. For more information concerning EMS education programs, contact Joni Briola at joni.briola@state.co.us.

Emergency Medical Practice Advisory Council (EMPAC)

The scope of practice waiver submission deadlines are the first business day of April, July, October and January. Waiver requests will continue to be reviewed quarterly at the February, May, August and November EMPAC meetings. The department also expects to make a listing of current waivers available on our website before November 1, 2012. The EMPAC has begun a process to update the Practice Rules (6 CCR 1015-3, Chapter Two) with an anticipated June 2013 effective date for the updated rules. Information on draft rules will be available on our website. A draft set of rules for public comment is expected to be released after the November EMPAC meeting. Stakeholders are welcome to provide comments on the practice rules anytime using an online survey available through the EMPAC section of our website. For more information concerning EMS scope of practice and the EMPAC, contact Joni. Briola at joni.briola@state.co.us.

Ground Ambulance Technical Assistance

Approximately 210 ground ambulance services are licensed by counties in Colorado. The EMTS section provides technical assistance upon request of local governments and in conjunction with the RETACs. The

department recently concluded a consultation in Dolores County with a final presentation to local stakeholders on August 6, 2012. Work is beginning on the consultation report for Jackson County with anticipated on site work in late October and a final report presentation projected by February 2013. A consultation has also been requested by Washington County and is expected to occur in the spring of 2013. For more information concerning technical assistance, contact Sean Caffrey at sean.caffrey@state.co.us.

Air Ambulance Licensing

As of September 30, 2012, there are 21 Colorado licensed air ambulance services in Colorado. One new service, AeroCare Medical Transport Systems of Sugar Grove, Illinois, was added. For more information concerning air ambulance licensing, contact Sean Caffrey at sean.caffrey@state.co.us

Emergency Medical Services for Children (EMSC)

EMSC is a federal partnership grant funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. As a state partnership grantee, the department maintains a partnership with the University of Colorado Denver to assist with EMSC activities and to provide Joe Darmofal, the Colorado EMSC Coordinator. The coordinator also continues to be active in pediatric EMS education and outreach across the state. For additional information on the EMSC Program contact Joe Darmofal at Joseph.Darmofal@ucdenver.edu or Sean Caffrey at sean.caffrey@state.co.us.

EMTS Investigations

Michelle Reese, EMTS Section Chief
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During this period, 4 EMS Provider certifications were placed on probation and 1 certification was revoked. Additionally, 193 background investigations were completed on new and renewal applicants and the EMTS Section responded to 2 written complaints.

As mentioned previously, the EMTS Section Enforcement Coordinator has accepted a position with the Department of Regulatory Agencies effective October 15, 2012. Until this vacancy is filled, please contact Michelle Reese for additional information regarding EMTS investigations.

Funding Program

Jeanne-Marie Bakehouse, Program Manager
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Colorado Resource for EMS and Trauma Education (CREATE)

In August, the Colorado Rural Health Center had received, processed and approved enough education grant requests that the fiscal year 2013 funds became committed. The program is temporarily not accepting applications, until such time that reversion dollars may become available. Even though the fiscal year officially started July 1, 2012, awards for educational courses that have class end dates in this fiscal year have been being reviewed since Jan. 2012. The \$410,000 plus available for awards this fiscal year lasted about eight months, and while indicative of a system that works quite well, the funds were certainly awarded more quickly than anticipated. The Education Review Committee, the Colorado Rural Health Center, the Public Policy and Finance Committee and the department are all working toward finding short-term and long-term alternatives in an effort to keep the education grant funds more viable throughout the year.

Provider Grants and System Improvement Funding Requests

Fiscal year 2013 began on July 1, 2012. Awards were announced in mid June, and a total of \$6,136,325 was awarded for both provider grants and system improvement funding requests. First quarter progress reports were

due Sept. 30, 2012 and a handful of projects have already been completed and closed out. Work has already begun in anticipation of next fiscal year's grant cycle, which opens on Dec. 15, 2012.

Emergency Grants

Two emergency grants were received in the first quarter. Costilla County Ambulance, \$155,000 new ambulance, not funded; Arkansas Valley Ambulance, \$11,672 ambulance repairs, funded.

Regional Emergency Medical and Trauma Advisory Councils (RETACs)

Matthew Paswaters

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All fourth quarter activity reports, end of year financial reports and biennial plan updates were submitted by the RETACs. The September quarterly RETAC forum was held September 4-5 at the department. The location for the three (12/5-6, 3/6-7, 6/5-6) remaining forum meetings is still being negotiated with a few locations in Colorado Springs and will be announced soon. SEMTAC members are encouraged to attend these future events.

Trauma Program

Grace Sandeno, MPH, Trauma Program Manager

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Trauma Reviews/Designations

In the past quarter, the Trauma Program completed a total of twelve facility reviews including triennial reviews at:

Penrose Hospital (Level II, Colorado Springs) All state criteria were fully met at this facility, and staff is requesting a recommendation from the SEMTAC.

Memorial Hospital (Level II, Colorado Springs) All state criteria were fully met at this facility, and staff is requesting a recommendation from the SEMTAC.

Keefe Memorial Hospital (Level IV, Cheyenne Wells) All state criteria were fully met. The facility was recommended for designation by the DRC, and the department redesignated the facility for three years.

Kit Carson County Memorial Hospital (Level IV, Burlington) All state criteria were fully met. The facility was recommended for designation by the DRC, and the department redesignated the facility for three years.

Lincoln Community Hospital (Level IV, Hugo) The facility had two items met with reservations and three criteria that were not met. The reviewers recommended that the facility be designated with a plan of correction and a re-review in one year. The facility was recommended for designation by the DRC with a plan of correction and a re-review in one year. The department followed that recommendation and has redesignated the facility for three years with a re-review in 2013.

The Medical Center of Aurora (Level II) All state criteria were fully met at this facility, and staff is requesting a recommendation from the SEMTAC.

University of Colorado Hospital (Level II, Aurora) Three state criteria were not met. The reviewers recommended that the facility be designated with a plan of correction and a re-review in one year. Staff is requesting a recommendation from the SEMTAC.

Delta County Memorial Hospital (Level IV) One state criteria was not met (regarding ATLS for a physician). The facility was recommended for designation by the DRC with a plan of correction, and the department redesignated the facility for three years.

Yampa Valley Medical Center (Level IV, Steamboat Springs) – Scheduled 9/20/12

Summit Medical Center (Level III, Frisco) – Scheduled 9/21/12

Southwest Memorial Hospital (Level IV, Cortez) – Scheduled 9/26/12

Mercy Medical Center (Level III, Durango) – Scheduled 9/27/12

Six facility reviews are planned for the next quarter.

Trauma Consultations and Outreach Visits

Technical assistance visits were conducted at San Luis Valley Regional Medical Center (Alamosa), Arkansas Valley Regional Medical Center (La Junta), McKee Medical Center (Loveland), Lincoln Community Hospital (Hugo) and Gunnison Valley Hospital.

Statewide Trauma Advisory Committee (STAC)

The committee had an interim meeting to take public comment on the draft recommendations from the Rapid Planning Event. Written comments were solicited between the July SEMTAC meeting and the September 5 meeting at which time the group received additional public comment. All written and a summary of verbal testimony are available on the department's website, cotrauma.info

Designation Review Committee (DRC)

The committee meetings were cancelled for July and August because there were no action items. The committee met in September, discussed two facilities and recommended that both be designated, one with a plan of correction and one with a plan of correction and a re-review in a year.

Trauma System Rapid Planning Event (RPE)

The committee's draft recommendations were presented to the SEMTAC during the July meeting. The STAC was assigned responsibility to review and comment (based on public comment) to SEMTAC by October. The interim STAC meeting was entirely regarding the current draft. Additional work will take place at the October 3 STAC meeting and will be reported to SEMTAC on October 4.

Weekly Updates

"EMTS on the Go" has been published weekly during the quarter to a very broad audience. Non-emergent educational and funding resources as well as meeting announcements come via this tool.

Communications

Bill Voges, Communications Program Coordinator
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The EMTS Section continues to support the implementation of the Statewide Digital Trunked Radio (DTR) system. Since the statewide communications plan has been finalized, the communications program staff continues to educate and inform EMS system users in "best practices" on how to integrate DTR into their daily operations. Staff has also continued their work to identify the various mechanisms being used to maintain hospital-to-field communication throughout the state and enhance inter-agency interoperability capabilities.

Located throughout the state, the infrastructure currently consists of 213 active APCO P25 digital trunked radio sites operating on four zone controllers and utilizing frequencies in the 700MHz/ 800MHz bands. There are additional funded Digital Trunked Radio (DTR) remote sites throughout the state that are in the planning and engineering stages for installation.

To be compliant with the Federal Communications Commission's (FCC) narrowband mandate, all VHF (150.000 - 174.000 MHz) and UHF (450.000 - 512.000 MHz) frequency spectrum must be transitioned from wideband (25khz channel spacing) to narrowband (12.5khz channel spacing) by January 1, 2013.

EMS and Trauma Data Program

Steve Boylls, Jesse Hawke

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The EMTS Data Program continues to work with EMS agencies using third party vendor software to establish an Administrative Web access and a process for submitting XML data to the *ImageTrend* database. Numerous agencies that were not previously reporting to the state are now actively using *ImageTrend* as their data collection software. Several online webinars on system administration and use of the State Bridge, Field Bridge and Report Writer applications will be scheduled in the last quarter of 2012.

To date, 70% of the agencies reporting are compliant (i.e., have reported within the past 90 days). Eighty-four agencies are currently using the *ImageTrend* software for submission of their patient care reports. There are approximately 1.7 million records in the EMS database. The Data Program will continue to assist agencies that choose to use the *ImageTrend* software and also provide technical assistance to agencies using other third party vendor software. We want to continue to solicit the needs of all EMS agencies as to any future data reporting requirements. In addition, the Data Program will continue to develop ad-hoc reporting to accommodate data requests and other data driven requirements as needed. Please contact Steve Boylls at (303) 692-2994 if you have questions pertaining to access, training or any other general questions about the *ImageTrend* system.

The EMTS Data Program has provided the results from analysis of trauma registry data for several task forces/projects of the Statewide Trauma Advisory Committee, particularly those working on trauma benchmark reports. Staff has also completed several data requests for various other interested parties including assessments of trauma patient outcomes at the Level I, II, and III Colorado trauma facilities, characteristics of pre-hospital providers and patients in southern and southwest Colorado, and EMS and Trauma Registry data quality/validity reports.

Medical Direction

Arthur Kanowitz, MD FACEP, State EMTS Medical Director

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Regional medical direction initiatives in Colorado continue. Although there seems to be a consensus among stakeholders that regional medical direction programs are beneficial and will provide significantly more benefit as they mature, questions about how to fund the programs remain.

At the interim Public Policy and Finance Committee meeting in August, the discussion centered on potential options for funding, including:

1. RMD funding should be through a competitive process in which the RETACS must apply for the funds every year as part of the regular grant process;
2. There should be an option for multi-year funding of RMD programs;
3. A set of responsibilities and specific deliverables should be required to obtain funding;
4. Funding should be tiered based on the level of deliverables that are being developed and met by the region.

Further discussions will occur at the next Public Policy and Finance Committee meeting; however, the current method of funding the RMD programs will continue until the SEMTAC makes a recommendations and the department completes changes.

Some of the RETACs are having difficulties with turnover in the regional medical director position. The San Luis Valley RETAC recently replaced Dr. Jay Mathers as the regional medical director when he left Rio Grande Hospital to practice in the Durango region. He is being replaced by Dr. Pat Thompson, an emergency medicine physician who grew up in the

valley, currently practices at all three hospitals in the valley, and has a good relationship with many of the San Luis Valley EMS agencies.

The current list of regional medical directors includes:

SERETAC	Dr. Kevin Weber
SECRETAC	Dr. Kevin Weber
SLVRETAC	Dr. Pat Thompson replaces Dr. Jay Mathers
SWRETAC	Dr. Michelle Flemmings
Western Region	Dr. Andy Gross and Dr. Dave Dreitlein
NWRETAC	Dr. Bill Hall
MHRETAC	Dr. Josh Hellers
FHRETAC	Dr. Jeff Beckman
P2PRETAC	Dr. Dave Ross and Dr. Marilyn Gifford

A summary of current regional medical direction activities for each of the RETACs is available upon request.

Respectfully Submitted,

October 4, 2012