

Regional Emergency Medical
& Trauma Services
Systems Development Biennial Plan

Plains to Peaks RETAC
Plan Cycle
July 1, 2013 – June 30, 2015

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Section 1: RETAC Overview:

Mission Statement:

“To facilitate and improve the delivery of quality emergency medical and trauma services in the five county Region”

Description:

The member counties of the Plains to Peaks RETAC include Cheyenne, El Paso, Kit Carson, Lincoln, and Teller. A brief description of each county follows along with a summary of the entire Region.

Cheyenne County is located on the east central plains and encompasses 1781 square miles. The topography is generally flat with rolling hills and normally dry creek beds. The 2012 census data estimates the population of Cheyenne County at 1874 (1.05 persons/square mile). There has been a steady decline of about 21.7% since 2000 but a modest 2.1% increase from April 2010 to July 2012. The following table shows general demographics for Cheyenne County.

Percent population > 65 years	Percent population White	Percent Population Hispanic	% w/ High School Diploma	% w/ Bachelors degree	Average Median Income	% below poverty level
17.8%	87.1%	10.3%	84.1%	15.6%	\$47188	9%

The economy of Cheyenne County is supported mostly by agricultural production, government services, and energy production. Cheyenne County continues to rank in the top three Counties statewide for total oil and gas production. In addition, there is potential for wind farm development on the northern border of the county in the next few years.

In a frontier county such as Cheyenne, an urban center is sometimes defined as a cluster of homes with a post office. Using that definition, there are four within Cheyenne County. Cheyenne Wells is the county seat and is home to about 846 residents or 45% of the total population. Other towns include Kit Carson, Arapahoe, and Wild Horse. The remainder of the population lives in private residences on agricultural property. US Highway 287 enters the County on the southern border and exits the western border and is known as the “Ports to Plains” transportation highway. This federal designation encourages semi-trailer freight traffic moving from southern ports in Texas to the Canadian border. The Colorado Department of Transportation data indicates that semi-trailers account for over half

of the total traffic in some areas of the highway. This amount of heavy freight traffic impacts the local emergency responders to prepare for the inevitable wrecks that historically occur on this two lane highway. In addition to US Hwy 287, the federally designated “High Plains Highway”, US Highway 385, transects the County’s eastern area and also includes a significant amount of freight traffic. US Highway 40, CO Highway 59, and CO Highway 94 along with numerous county maintained roads carry much of the heavy industrial traffic associated with agriculture and energy production.

The Cheyenne County Sheriff’s Office houses the only Public Safety Answering Point in the County and provides emergency communication services to their officers, one licensed ground ambulance service, and two fire protection districts based in Cheyenne Wells and Kit Carson. The dispatch center is staffed by one person at all times. Cheyenne County Ambulance Service (CCAS) is owned and operated by Cheyenne County government. It is staffed by approximately 15 BLS volunteer providers. The four ambulances are housed in Cheyenne Wells and Kit Carson. There are approximately 150 requests for service each year including inter-facility transfers from the Level IV trauma center in Cheyenne Wells to higher levels of care along the Front Range. Keefe Memorial Hospital (KMH) is licensed as a 13 bed acute care hospital. KMH also operates two outreach clinics in Cheyenne Wells and Kit Carson. Patients transferred by ground or air move to facilities in Colorado Springs and Denver generally. There are no air ambulance services based in the county and they must be requested from the metro areas when needed. This is generally about a 90 minute flight time one way. The two fire protection districts provide support to the ambulance service with rescue and first responder services.

Kit Carson County is just north of Cheyenne County and contains 2161 square miles. Generally flat to rolling hills dominate the topography. The Flagler State Recreation Area is a small reservoir in the west end of the County. The 2012 census data estimates the Kit Carson County population at 8094 (3.75 persons/square mile). This is a moderate decrease of 3.6% since 2010. The following table shows general demographic information about Kit Carson County.

Percent population > 65 years	Percent population White	Percent Population Hispanic	% w/ High School Diploma	% w/ Bachelors degree	Average Median Income	% below poverty level
15.9%	76.8%	19.0%	83.8%	15.4%	\$43194	11.3%

The economy in Kit Carson County has an agricultural base with strong support from tourism (food services and lodging), health care, and government services. In 2010, a 51 megawatt wind farm was also built in the east end of the county with

good prospects for that industry to expand in the next couple years. Corrections Corporation of America has a 1448 bed institution located near Burlington that also helps to drive the economy.

Burlington is the county seat and largest city in the county with around 4254 residents. Other smaller towns in the county include Bethune, Stratton, Vona, Seibert, and Flagler. Interstate 70 runs east/west throughout the County for over 60 miles. The Colorado Department of Transportation estimates 7500-8000 vehicles per day travel through Kit Carson County on Interstate 70. Of this number, approximately 25-30% of the vehicles are semi-trailers hauling freight. Other roadways in the county include US Highway 385, US Highway 24, and CO Highway 59 along with a large number of dirt/gravel roads maintained by Kit Carson County.

The Kit Carson County Sheriff's Office operates the only Public Safety Answering Point in the county. This office also provides all dispatch and emergency response communications for two ground ambulance services and five fire protection districts. The dispatch center completed a significant equipment upgrade three years ago. The center is generally staffed by two communication personnel. Kit Carson County Ambulance Service (KCCAS) is owned and operated by Kit Carson County. The service provides 911 emergency response in the eastern half of the County plus they provide inter-facility transfers from the Level IV Trauma Center to higher level centers along the Front Range. KCCAS responds to approximately 750 requests for service annually from two bases in Burlington and Stratton. There are three full time staff supported by approximately 30 paid on call/per call volunteers. The service has seven ambulances licensed at the BLS level and is able to provide some ALS care with two EMT Intermediates. Community Ambulance Service (CAS) serves the western half of Kit Carson County along with a portion of Lincoln County around the town of Arriba. CAS is a truly volunteer BLS service with approximately 25 volunteers. They have three ambulances based in Seibert, Flagler, and Arriba to respond to 180 requests for service annually. Kit Carson County Memorial Hospital (KCCMH) is a Level IV Trauma Center and Critical Access hospital operated by the Kit Carson County Health Services District. They also operate outreach clinics in Burlington and Stratton. KCCMH works with higher level centers in Denver to provide definitive care for patients requiring such. If KCCAS is unable to transfer the patient by ground, a fixed wing service based in Kansas (Eagle Med) is generally used to move the patient on to the metro area. Lincoln Community Hospital, based in Lincoln County, also operates an outreach clinic in Flagler. The five fire protection districts provide support to the ambulance agency through rescue and first responder services.

Lincoln County provides the western border for both Kit Carson and Cheyenne Counties. Lincoln County encompasses 2586 square miles. Once again, the topography in Lincoln County is very similar to the other eastern plains counties with flat to rolling hills. There are two small bodies of water operated by the state of Colorado as recreational sites: Hugo State Wildlife Area and Karval State Wildlife Area. The 2012 census data estimates the population of Lincoln County at 5453 (2.11 persons per square mile). The county continues to trend a decrease in population losing 15.1% since 2000 and 0.3% since 2010. The following table shows general demographic information about Lincoln County.

Percent population > 65 years	Percent population White	Percent Population Hispanic	% w/ High School Diploma	% w/ Bachelors degree	Average Median Income	% below poverty level
16.9%	78.8%	12.7%	79.9%	12.3%	\$43375	11.1%

The economic base in Lincoln County is agriculture with strong support from tourism (food and lodging), health care, and government services. The state of Colorado has a maximum security prison south of Limon which also affects the economy. Recent years have seen an increase in oil/gas production toward the southern part of Lincoln County and two large wind mill farms with approximately 356 towers has been constructed near Limon with potential for more of both industries in the coming years.

Hugo is the second largest town in Lincoln County and hosts the county seat with a population of approximately 730. Limon has a population of around 1880 and provides much of the retail business in the county. Other towns include Genoa, Arriba, and Karval. Interstate 70 also transects Lincoln County and provides the same challenges for emergency responders as in Kit Carson County. In addition, the heavily traveled US Highway 40/287 noted in Cheyenne County also enters Lincoln County and joins Interstate 70 at Limon. US Highway 24 provides a route between Limon and Colorado Springs. CO Highway 71 also divides the county from north to south. All of these major thoroughfares intersect in Limon thus giving it the nickname of “The Hub City”. Similar to other frontier counties, the network of dirt/gravel roads maintained by county government provide the lifelines for the agricultural lifestyle in Lincoln County.

The Lincoln County Sheriff’s Office operates the only Public Safety Answering Point in the county and provides dispatch and communication services to three law enforcement agencies, five ambulance services, and five volunteer fire departments. The dispatch center is housed in Hugo in the county offices complex along with the Sheriff’s Offices. They generally staff two cross trained jailor/dispatchers at all times. As noted earlier, Community Ambulance Service

has a base in Arriba. Karval Fire Protection District provides BLS ground ambulance transport in the southern portion of Lincoln County. They respond to approximately 20 requests for service each year. Hugo Volunteer Fire Department and Ambulance Service, based in Hugo, respond to approximately 75 requests and provide BLS care. Tri County Fire Protection District, based in El Paso County, provides BLS licensed ambulance transport to approximately 50 square miles of southwestern Lincoln County which is in their fire district. The ambulance services in Karval, Hugo, and Tri County each have about 5-15 volunteers. Limon Ambulance Service (LAS) is an ALS/BLS service operated by the town of Limon out of one base with five ambulances and approximately 30 paid on call/per call volunteers. The service responds to nearly 650 requests for service including 911 calls and inter-facility transports out of the Level IV Trauma Center in Hugo. Lincoln Community Hospital (LCH) is a Critical Access Hospital designated as a Level IV Trauma Center located in Hugo. LCH also operates a clinic within the hospital, another in Limon, and one in Flagler. Plains Medical Center operates a clinic in Limon. LCH also operates a licensed ground ambulance service out of the facility. It is licensed for 911 response but focuses on inter-facility transfers to urban hospitals in Colorado Springs and Denver including critical care patients with their ALS staff. All agencies in the county have the option of requesting air medical services and the vendor varies based on current availability. Each of the fire departments in the county supports the ambulance agencies by providing rescue and first responder care.

El Paso County has by far the largest population base in the Region. The county is 2126 square miles in size with a 2012 census data estimate of 644,964 (303 persons/square mile). This makes El Paso County the largest county in the state of Colorado based on population. Colorado Springs is the county seat for El Paso County and is the second largest city in the state with a 2012 census estimate at 426,388. Both El Paso County and the city of Colorado Springs have experienced double digit growth with an increase of 20.4% and 15.4% since 2000 respectively. Other towns and cities in El Paso County include: Fountain, Manitou Springs, Monument, Palmer Lake, Calhan, Peyton, Green Mountain Falls, Cascade, Rush, Yoder, Ramah, and numerous metropolitan districts adjoining Colorado Springs. General demographics for El Paso County are depicted in the following table.

Percent population > 65 years	Percent population White	Percent Population Hispanic	% w/ High School Diploma	% w/ Bachelors degree	Average Median Income	% below poverty level
10.2%	71.7%	15.4%	92.8%	35.1%	\$57079	11.7%

El Paso County is as diverse within itself as the Region is as a whole. The eastern half of El Paso County closely resembles the frontier counties of Cheyenne, Kit

Carson, and Lincoln in topography and economic drivers. In this area, agriculture is the driving force but is being strongly influenced by the growth of the metropolitan area surrounding Colorado Springs. In general, the school districts are growing rapidly in eastern El Paso County as the population slowly spreads out and more people commute from the rural areas into the population centers. The Interstate 25 corridor running through Colorado Springs is a vibrant growing urban center with influences from industry, tourism, high tech, government services, health care, education, and other service industries. Colorado Springs is home to numerous institutions of higher education including the University of Colorado at Colorado Springs, Colorado College, the United States Air Force Academy, Pikes Peak Community College, the University of Phoenix, and other smaller educational entities. The single most significant factor affecting growth and the economy in El Paso County is the military influence from Fort Carson, Cheyenne Mountain Air Force Base, Peterson Air Force Base, Schriever Air Force Base, Northern Command, the United States Air Force Academy, and other military institutions. Fort Carson especially has seen remarkable growth recently and will soon be welcoming more troops as other bases around the nation are downsized. The area of El Paso County west of Interstate 25 quickly changes once again and becomes a major tourist destination with Pikes Peak and other points of interest on the way to Colorado's Rocky Mountain playground.

As noted, Interstate 25 transects El Paso County north/south and is a major traffic thoroughfare carrying significant traffic loads exceeding 120,000 average daily counts in some areas of the highway. Other major highways in El Paso County include but are not limited to US Highway 24, US Highway 83, US Highway 85, CO Highway 94, and CO Highway 115. Numerous other highways and roads transect the county with both improved and dirt/gravel roads.

All Public Safety Answering Points in El Paso County are serviced by the El Paso/Teller E911 Authority. These PSAPs include: Colorado Springs Police Department, El Paso County Sheriff's Office, Fountain Police Department, Air Force Academy, Peterson Air Force Base, and Fort Carson. These services also provide dispatch services for various agencies within their purview. American Medical Response provides emergency dispatch information to their responding ground ambulance units and others as needed. There are 10 licensed ground ambulance services (nine for 911 calls), two air ambulance services, and 22 additional non-transport fire departments/districts based in El Paso County. All of the non-transport services provide emergency medical care at least at the BLS level. Five of the licensed ambulance services provide ALS care all the time while most of the others are able to provide ALS care some of the time backed up by BLS providers. Some of the services are full time paid staff, some are combination paid/volunteer staff, and others are all volunteer staff. American

Medical Response (AMR) is the contracted provider of ground ambulance transport for El Paso County and is an ALS service. The Emergency Services Authority (ESA) is an intergovernmental organization made up of stakeholders across El Paso County. This organization oversees the county contract with AMR and the nearly 70,000 patient contacts each year. The other licensed transport services provide primary coverage in their fire districts or municipalities and are backed up by AMR. Similarly, these same agencies provide response support to AMR when needed. As of June 2014, the current contract with AMR will expire and there is desire by the city of Colorado Springs to contract with a provider on their own outside of the ESA. Currently, the city of Colorado Springs and the remaining ESA members are pursuing separate contracts. It is unknown the final outcome of this current effort but it will mean significant changes for the EMTS system in El Paso County. The two primary health care providers in El Paso County are the University of Colorado Health-Memorial Health System (UCH-MHS) and Penrose-St Francis Health Services. Memorial Health System was leased by University Hospital in 2012 and became part of that larger system. Memorial Central is a Level II Trauma Center. Along with this change, The Children's Hospital entered into an agreement to operate what was formerly the Children's Hospital at Memorial Hospital. This pediatric center continues to accept the vast majority of pediatric patients in the city and will likely obtain a separate trauma designation in the near future. Memorial North is the other hospital operated by the system and is located on the north side of Colorado Springs and operates as an acute care facility. Penrose-St Francis Health Services is owned by the Centura Health non-profit organization. Penrose Main is a Level II Trauma Center and St Francis Medical Center is a Level IV Trauma Center on the northeast side of Colorado Springs. Both health care systems also operate various urgent care centers within the county. In addition, numerous urgent care centers not affiliated with the two larger systems provide services also across Colorado Springs. The Memorial Star Transport service is based at Memorial Central and services much of the southern and eastern portions of Colorado. Flight for Life's Life Guard 3 is based at St Francis Medical Center and operates in the same general areas.

Teller County provides the western boundary for the Plains to Peaks RETAC. Teller County has the smallest geographic area in the Region at 557 square miles but the second largest population base. The 2012 census data estimates the Teller County population at 23,389 residents (42 persons/square mile). Teller County continues to experience population growth evidenced by the 5.5% increase since 2000.

The following table shows basic demographic information for Teller County.

Percent population > 65 years	Percent population White	Percent Population Hispanic	% w/ High School Diploma	% w/ Bachelors degree	Average Median Income	% below poverty level
14.0%	90.2%	5.6%	94.1%	29.9%	\$57931	7.5%

Teller County’s economy is heavily influenced by tourism as travelers enter the Rocky Mountains for outdoor recreation or drive to Cripple Creek for gaming action. Many of the residents also commute to Colorado Springs for work. Other economic drivers in the county include retail, gold mining, health care, and government services.

US Highway 24 brings many of the tourists from the Front Range and areas east into Teller County and beyond. This busy road carries approximately 24,000 vehicles per day according to the Colorado Department of Transportation statistics. The traffic can be very seasonal and will increase and decrease based on weather and recreational events. CO Highway 67 is the route into Cripple Creek and has numerous large tourist buses bringing gamers from the Front Range cities. Cripple Creek’s population will vary from approximately 1189 full time residents to over 10,000 with tourists during special events such as the annual motorcycle rally. Cripple Creek is also the seat of government for Teller County. At nearly 7200 residents, Woodland Park is the largest city in the county and provides much of the retail opportunities. Other smaller towns include Divide and Florissant. Teller County is also the gateway to the Pike National Forest. Mueller State Park hosts many campers during the year and the Florissant Fossil Beds is also a popular destination.

The close relationship between El Paso and Teller Counties is evident through the El Paso/Teller E911 Authority. This body oversees the Public Safety Answering Points in Teller County which include the Teller County Sheriff’s Office, Cripple Creek Police Department, and the Woodland Park Police Department. There are three licensed ground transport services and seven fire departments. Ute Pass Regional Ambulance District (UPRAD) and SW Teller County Emergency Services (SWTC) are full time ALS services providing most of the ground transport services. UPRAD is a Title 32 Special District and has bases in Woodland Park and Florissant. They respond to over 2000 requests annually with 38 full or part time personnel and six transport units. SWTC is based in Cripple Creek under the auspices of an established health care district. The 31 full and part time staff answer 1350 requests each year. Four Mile Emergency Services is a BLS transport service with limited ALS capability. This all volunteer service responds

as available and is backed up by both UPRAD and SWTC. Four Mile Emergency Services, Inc. is currently planning to release their ground transport license and become strictly a first response agency. This will likely occur by July 2013. Pikes Peaks Regional Hospital opened in late 2007 as an acute care hospital and surgery center. They are a Level IV Trauma Center serving the residents and travelers in Teller County. Patients needing higher levels of care are generally transferred to either of the Level II Trauma Centers in Colorado Springs by air or ground. Air ambulance transport is readily available in Teller County from either of the services based in Colorado Springs. The fire departments in Teller County provide many services to the sick or injured patient including rescue and BLS care.

The Plains to Peaks Region is extremely diverse in all aspects including topography, economics, demographics, and other areas that affect the delivery of quality emergency medical and trauma services. The total land mass of the Region is 9212 square miles with a total population of 683,774 according to the 2012 census data. Within that data is the fact that population density varies from just one person per square mile to 2141 persons per square mile. The city of Colorado Springs has 62.4% of the total population contained in just 2% of the total land area. Including the nearby population centers with Colorado Springs in the data makes the diversity in the Region even more evident. The elevation in Arapahoe (Cheyenne County) is approximately 4000 feet above sea level. Just 150 miles to the west, Pikes Peak (El Paso County) towers above the Front Range at 14,110 feet above sea level.

Economies across the Region have certainly been affected by the national economic picture with job losses and rising consumer prices. Anecdotally, the number of persons using EMS and emergency rooms as their primary care provider appears to be increasing as well. In general, the agricultural community has seen fairly stable commodity prices for the sale of their products but the cost of producing those commodities continues to rise. The El Paso County area and even surrounding counties are affected by the continuing military conflicts around the world as troops and their families are deployed and return from duty. In general this has had a positive impact on the economy but the fact remains that active duty personnel and their families are quite often in lower economic classes. In addition, the military version of insurance (Tri Care) pays similar rates to Medicare which rarely covers the actual cost of providing health care in the pre-hospital or facility setting.

The 13 Public Safety Answering Points in the Region are as diverse as the counties they serve. The El Paso/Teller E911 Authority provides a very stable platform for the 10 agencies they serve. Excellent training and a comprehensive quality improvement process assure a consistently good product is available to the

public and emergency responders. The three frontier counties are continuing to improve their equipment as well as training as they strive to enhance the service provided. This process is still a work in progress but consistent improvement is expected.

The 22 licensed ground ambulance services in the Region also represent most business models from volunteer community services to fire based services to for profit agencies and third service special districts. There are approximately 75,000 requests for service in the Region annually and this number varies from 10 to 50,000 patient transports by individual agencies. An additional 45 agencies provide varying levels of emergency care and are essential in the entire EMTS System. There are nearly 1883 certified emergency responders in the Plains to Peaks Region. Of this number, 88% reside in El Paso County which would be expected due to the larger population. Of the ALS certified emergency responders, 98% of them live in El Paso or Teller County. The Region has a total of five acute care facilities designated as Level IV and two as Level II. Two more acute care facilities are also vital within the system; one of them is located on the Fort Carson military base. Additional clinics, outpatient surgery centers, and other health care institutions augment the total system of care within the Plains to Peaks Region.

Ongoing Organization and Planning Process:

Organization:

The Plains to Peaks RETAC was formed with the signing of an Intergovernmental Agreement (IGA) by the Boards of County Commissioners of Cheyenne, El Paso, Kit Carson, Lincoln, and Teller Counties on November 1, 2000. Cheyenne County agreed to be the fiscal agent for the RETAC. Therefore, the Plains to Peaks RETAC is a local government entity and all business is conducted as a subsidiary unit of Cheyenne County. The Plains to Peaks RETAC is currently in the process of updating the IGA and obtaining new signatures from each of the Boards of County Commissioners. This effort was needed to update some language and to include Pikes Peak Regional Hospital as a voting member. PPRH was started after the original IGA was formed. The IGA establishes the membership of the Council with the respective BoCCs appointing two members representing local government and the pre-hospital community. The IGA further provides for all facilities in the Region designated as trauma centers by the CDPHE to appoint one member. The current membership of the Plains to Peaks Council is depicted in the following table.

Member County	Member Name	Representing
Cheyenne	Commissioner Robert Paintin	Local Government
Cheyenne	Sue Kern, Director, Cheyenne County Ambulance Service	Pre-hospital
El Paso	Imad Karaki, Director, Community Services	Local Government
El Paso	Patty Baxter, Office of Emergency Management	Local Government, Alternate
El Paso	Currently Vacant, awaiting new appointment	Pre-hospital
Kit Carson	Commissioner David Gwyn	Local Government,
Kit Carson	Ted Foth, Director, Kit Carson County Ambulance Service	Pre-hospital
Lincoln	Commissioner Greg King	Local Government
Lincoln	Roxie Devers, County Administrator	Local Government, Alternate
Lincoln	John DeWitt, Office of Emergency Management	Local Government, Alternate
Lincoln	Rob Handley, Director, Limon Ambulance Service	Pre-hospital
Teller	Timothy Dienst, Operations Manager, Ute Pass Regional Ambulance District	Local Government
Teller	Candy Shoemaker, Director, SW Teller County EMS	Pre-hospital
Trauma Facility	Member Name	County Location
Keefe Memorial Hospital	William Giles, Chief Executive Officer	Cheyenne
Kit Carson County Memorial Hospital	Judi Mitchek, Trauma Program	Kit Carson
Lincoln Community Hospital	Mark Morrison, Transport Director	Lincoln
UCH-MHS	Lynn Andersen, Trauma Program Manager	El Paso
UCH-MHS	Shalou Herrera-Puno, Trauma Program	El Paso Alternate
Penrose-St Francis Health Services	Bonnie King, Trauma Program Manager, Penrose Main	El Paso
Penrose-St Francis Health Services	Jody Wallace, Trauma Program, St Francis Med Center	El Paso Alternate
Pikes Peak Regional Hospital	Sherilyn Skokan	Teller

The Plains to Peaks RETAC holds meetings on the third Tuesday of January, April, July, and October. The meeting location moves around the Region each quarter and is hosted by the local RETAC representatives. In 2011 the ability to teleconference was developed.

The Council elects a Chair, Vice Chair, and Secretary/Treasurer from the appointed membership and this group comprises the Executive Council. The Executive Council approves all receipts prior to submission to the fiscal agent for payment. The Regional Coordinator (RC) was hired in 2001. The RC leads the activities of the RETAC at the direction of the Executive Council. The Council Chair appoints committees as necessary to meet the needs of the Region. Currently there are two standing committees: Regional CQI Committee and the Conference Committee. Contracted services are obtained to meet specific objectives when required. This happens most often when grant funding is available to address focused goals of the Council. Currently the RETAC is contracting with Drive Smart Colorado to meet the requirements of a Colorado Department of Transportation grant. The RC is charged with meeting the deliverable requirements of the contract between CDPHE and the RETAC as well as leading the Regional stakeholders to achieve established goals. In addition, the RC provides a link between the local stakeholders of the EMTS system and the regulatory functions of the state of Colorado. The RC is charged with representing the needs and concerns of the entire Region and supplying technical assistance to stakeholders as needed. This is all made possible by the close relationship that the regional council members have with the local EMS councils and trauma facilities.

Needs Assessment and Planning Process:

Local barriers to patient care include great distances in the frontier areas, large populations in the urban center, and significant geography in the mountainous regions. Emergency responders in those areas have developed methods of mitigating the challenge and continue to enhance their efforts. The most consistent challenge throughout the Region is recruitment and retention of qualified staffing. This affects volunteer and paid services as well as facilities at all levels. Health care is a labor intensive field and rarely is an agency or facility overstaffed. Funding to obtain adequate staffing is a consistent challenge as well at all levels. Health care reform is new and the impact is still relatively unknown which hinders the ability to plan in many instances.

The continual maturation of the EMTS system starts at the local level where basic needs are first discovered. From that point the issue is brought to the local EMS council and, if it is not resolved, the regional council. This process allows the stakeholders to prioritize immediate issues and plan for concerns that may develop over time. The SNAP process was valuable because it brought together stakeholders from all levels to consider the EMTS. Ultimately, the SNAP did not uncover significant hidden concerns but did provide a format to discuss those that existed.

The goals for the Biennial Plan are developed over time and with input from a wide variety of stakeholders. Ongoing projects, current issues at the local level, pending issues from the state level, and the desire to continue to develop the EMTS each affect the content of the plan as well as the goals. Draft goals were developed by the council in May 2013 and finalized for the plan in June 2013. The regional coordinator is tasked with researching and writing the draft document which is reviewed by the council for approval. The final product is published to the Regional website and provided to each Board of County Commissioners.

As goals are developed, the implementation is initiated by the Regional staff at the direction of the executive council. Each goal starts out with desired results which are measured throughout the process. In some cases this may be achieved by calculating numbers of attendees at a training event. In other instances, the measurement is less objective and the true results not realized within the time span of one planning period. For example, recruitment efforts at the high school level may not result in a newly certified volunteer for several years. Each goal will be reviewed quarterly at the council level for current status, barriers, and successes.

Section 2: Accomplishments:

The Plains to Peaks RETAC was able to address most of the established goals with varying levels of success. As always, unexpected opportunities arise during a two year planning cycle which must be addressed thus taking time and resources from previously established goals. This cycle was no different.

Recruitment and retention of pre-hospital personnel will always be a goal within the Region. Whether urban or frontier, it seems that this problem will always exist and Regional efforts can only mitigate the issue on a case by case basis. The RETAC did collaborate with the Eastern Colorado Health Occupations (ECHO) network to provide advertising, funding for equipment, training opportunities, and other items to support the frontier services in a large section of the Region. The success of this type of program is difficult to measure. The effort certainly supports the mission of the agencies and therefore is assumed to retain and recruit members. The Region continues to operate a website dedicated to providing information to persons interested in EMS. The joinems.info website receives many hits each month and we receive 2-3 hard inquires each month for more information. Tracking of this data has shown numerous certified individuals over the years. The website had some impact on their decisions and will be continued as funding is available.

The Region once again collaborated with ECHO to provide some education at rural trauma facilities. This focused on coder/biller education and was moderately successful. There were a few hurdles in the beginning but ultimately some opportunities were provided. Additional efforts are needed in this ever changing environment of health care to remain current with billing. The Region supported one rural facility in their efforts to remain within the Trauma System. This involved assistance with a waiver application and continued support where needed. The facility remains viable at this point and the Region is looking forward to a potential Consultative Visit to analyze their situation. This effort may help to provide direction to the local EMTS community as they strive to provide the best system possible within the limits of time and resources.

The RETAC worked closely with the Pikes Peak Regional Medical Response System (formerly MMRS) to create, produce, and educate vast numbers of responders on a common template for MCI response. This project was very successful with requests for the MCI Field Guide and Operations Guide from across the state. Ultimately, this education was provided to responders in both the RETAC region and the MMRS region which provided a standardized template over

10 counties. Education continues as needed with a DVD being created to make the education more accessible to all stakeholders.

The Regional EMS/Trauma Conference continues to be a success and was expanded to three days in 2012 and 2013. The third day provides a pre-conference session on a topic of interest including PEPP/PALS and ASLS. This has been very popular with the attendees and will be continued into the future as funding is available. The 12th annual event was held in May 2013 with consistent attendance and great reviews. Funding for the conference is always a point of concern but the project has shown its worth over time. One attendee noted that he was able to obtain all continuing educational credits necessary for only \$80. That type of feedback encourages the Regional Council to continue the program.

Funding for the RETAC operations remains a point of concern but has been mitigated by the member county's contributions and through successful grant applications which allow for administrative costs. The RETAC has partnered with Woodland Park Ambulance to create an avenue for additional grant funding using a 501(c)3 status. No additional grants have been written to date but the opportunity is available.

The final goal established in 2011 by the RETAC was to support the Advanced EMT level for any agencies wishing to utilize the certification. Ultimately, there was very limited interest in the certification level at this time. The goal was tabled until such time as agencies request the support.

The Region continues to expand efforts through the Regional Medical Direction funding provided by the System Improvement grant funds. A region wide CQI conference was held in June 2012 with good attendance. From this event, the foundation of the Regional CQI Committee was created. The nine member committee now meets every other month. The primary focus of the group at this time is to verify the quality of data available. Once that has been established, the group will select quality initiatives to analyze and then determine if education is needed to enhance the EMTS system. The group is excited about the prospect of doing Regional CQI and is eagerly moving forward.

In conjunction with gathering data for the CQI Committee, the regional coordinator and the council chair made a renewed effort to get out and meet the agencies in the Region. This was an effort to reintroduce the RETAC and to get feedback from local stakeholders regarding the mission of the RETAC. This has successfully provided data for the CQI Committee and information for the council planning efforts.

The Colorado Department of Transportation continues to fund efforts in the RETAC for occupant protection and traffic safety. The RETAC contracted with Drive Smart Colorado in the beginning to lead this project and have been very happy with their work. The RETAC will be entering the fifth year of funding from CDOT in October 2013. The Drive Smart contractor has successfully created and supported coalitions in all five counties in the Region. Local efforts focus on education at all levels from elementary schools to senior centers. Seat belt usage rates are tracked to measure the effectiveness of the programs. While still below the desired levels, seat belt use has improved and efforts will continue to support the program.

The concept of Community Paramedicine is not new but has certainly garnered interest across the RETAC. Two to three agencies are actively pursuing CP programs with others considering the value in their communities. The RETAC has been active in statewide meetings and in providing support to those agencies considering the program.

Healthcare Coalitions have been thrust upon the stakeholders across the Region and the state. The Council considered the most appropriate role for the RETAC in this area and ultimately decided to provide strong support to the developing coalitions across the Region. The RETAC is an active participant in four healthcare coalitions within the Region and will continue to support their activities.

The RETAC continues to support agencies and facilities with grant opportunities and has pursued Regional equipment grants each of the past two years. These grants have been successful in reducing the workload on the local agency and in securing group pricing for all involved. The RETAC stands ready to support initiatives across the Region which will benefit the EMTS system. These tasks are done along with the usual contract deliverables and meetings required to keep the stakeholders in the Region informed about activities at the state and national level.

Section 3: EMTS System Components:

- Integration of Health Services

The Plains to Peaks RETAC was formed by joining two former Area Trauma Advisory Councils together. El Paso and Teller County comprised the Pikes Peak ATAC and Cheyenne, Kit Carson, and Lincoln County were the founding members of the Eastern Colorado ATAC. Because of these previous relationships, the groundwork for collaboration across borders was established which allowed old relationships to flourish and new one to form. Within each of the Counties, an EMS Council or a similar organization exists to address local issues. The appointed members of the Regional Council are all familiar with this process and help to make the connection from the Region to the local level. Some obvious examples of this include the El Paso/Teller E911 Authority which oversees the PSAPs and dispatch centers within the two Counties. The Region has also been able to bring the local County agencies and facilities together for equipment purchases and training opportunities which have helped to standardize both for the benefit of stakeholders.

Local health departments are invited to all quarterly meetings of the RETAC. They are encouraged to participate in Regional events including injury prevention initiatives and they have invited the RETAC to participate in local events such as mass vaccination exercises. They are active participants when planning mass casualty exercises and have been invaluable partners in planning for alternative care sites.

Counties in the Plains to Peaks RETAC are split into two different All Hazard Regions. Cheyenne, Kit Carson, and Lincoln Counties are part of the Northeast All Hazard Region while El Paso and Teller Counties are members of the South Central All Hazard Region. The Regional Coordinator was a very active participant in both All Hazard Regions when they were first formed and worked with other local stakeholders to ensure representation for the emergency medical and trauma community. Over time, the Regional Coordinator has taken a less active role but many others have stepped forward. The Pikes Peak Metropolitan Medical Response System (MMRS) has been defunded by the federal government but the Pikes Peak Regional Medical Response System (RMRS) simply formed and took over the role created by the MMRS. This group has always included the RETAC within their scope and the relationship has benefited both entities.

University of Colorado Health-Memorial Health System and Penrose-St Francis Health Services have been important partners from the beginning of the RETAC.

As Level II Trauma Centers and extremely busy acute care institutions, they have the resources to provide assistance in many areas including education, injury prevention, clinical care, medical direction, and other areas when requested. All facilities within the Region are members of the Council and active participants in all aspects of the EMTS system.

- EMTS Research

Research is a valuable tool in many decisions across the Region. The RETAC applied for grant funding to support a research project in 2012 but were denied. The RETAC applied again in 2013 for a different research project and was denied once again. The Regional Council supports such projects and tries to use data based information to support educational efforts.

- Legislation and Regulation

Stakeholders from the Plains to Peaks Region continue to be active in all aspects of the EMTS at the legislative and regulatory level. They have participated in the passage of SB 2 and continue to support the EMTS Day at the Capitol when it is held. The Council members and Regional Coordinator regularly pass information out to local stakeholders to assure that all who want to know about changes within the rules have a way to get their voices heard. After each SEMTAC meeting, the Regional Coordinator writes a summary of the meeting and provides that to interested stakeholders. While there has never been more than one person from the Region appointed to SEMTAC at the same time, local and Regional stakeholders attend meetings regularly in an effort to keep all involved. This includes all aspects of the EMTS from scope of practice and clinical care to rules related to the EMTS Provider Grant program.

One Council member leads the Chiefs, Managers, and Directors (CMD) group through EMSAC. This group has been very active in contacting legislators statewide and even meeting with lawmakers in Washington D.C. to keep them aware of the unique needs of the EMTS system.

- System Finance

The Plains to Peaks RETAC receives \$150,000 in statutory funding each fiscal year from the HUTF account. The original Intergovernmental Agreement forming the RETAC allows the member Counties to control the funding provided because of their membership. Each County elected to set aside 10% of those funds annually for capital replacement of Regional assets such as a vehicle and larger

office equipment. The EMS Council at the local level prioritizes projects and requests funding from the Region. The Regional Council believes that the local stakeholders know their needs and if the project will enhance the delivery of care within the EMTS, it is funded on a reimbursement basis. The local agencies and facilities also provide many volunteer hours on behalf of the RETAC through planning meetings, goal implementation, education, and other activities.

The Region has been very successful with grant requests through the EMTS Provider process. Initially, these applications were for specific projects but over time the concept of standardized Regional training and equipment requests has been adopted. Through this method numerous agencies and facilities have been able to receive group pricing discounts and enhanced educational opportunities. Other funding sources have included the Hospital Emergency Preparedness Division at CDPHE, the Colorado Department of Transportation, and the Colorado Rural Health Center.

The Plains to Peaks RETAC uses Cheyenne County as a fiscal agent and are therefore considered to be local government. The Council decided to consider the 501(c)3 non-profit status for the option of pursuing additional grant funding. Rather than developing a new non-profit organization, the Council decided to partner with a well-established non-profit for this potential benefit. While no new grant funds have been requested or awarded at this time, the option is available and the RETAC will use the opportunity as needed.

- Human Resources

According to the EMTS Section, there are 1883 certified emergency medical personnel in the Plains to Peaks Region. This includes 1462 EMTs, 2 Advanced EMTs, 32 EMT Intermediates, and 387 Paramedics. This large number of providers is somewhat misleading as they are not spread evenly across the Region. Over 88% of the total number and 88% of the ALS providers are in El Paso County. This makes sense, however, when you consider that over 90% of the calls also originate in El Paso County.

Volunteers provide a significant number of the emergency responders in the Region. This is especially true in the rural and frontier areas. In the three eastern Counties, there are approximately six certified personnel who consider EMS to be their full time job. Some agencies provide “on call” or “per call” stipends but this is still the exception rather than the rule. Combination career/volunteer departments are common in the more urban areas of the Region.

The frontier areas of the Region have the most significant shortage of emergency personnel. This includes not only pre-hospital volunteers but at times clinical staff at the trauma facilities. Every agency and facility experiences some shortage of personnel over time.

- Education Systems

The community college system in Colorado divides the provision of education into specific geographic areas supported by individual colleges. The counties in the Plains to Peaks RETAC are divided among three different community colleges. Kit Carson and Lincoln County are serviced by Morgan Community College (MCC). The Lamar Community College (LCC) service area contains Cheyenne County. Pikes Peak Community College (PPCC) service area contains El Paso and Teller Counties. Each of these colleges has EMT Initial Education Centers, MCC also has an EMT Intermediate Initial Education Center, and PPCC has an EMT Paramedic Initial Education Center. Pikes Peak Community College is the largest EMS educational institution and graduates an average of 200 EMTs and 15 EMT Paramedics each year. The two large health care systems in the Region also provide EMS education. Penrose-St Francis Health Services supports an EMT Basic Initial Education Center and UCH-MHS has both EMT and EMT Intermediate Initial Education Centers. There are a total of eight different EMS Education Groups providing continuing education in a variety of certification levels from EMT to Paramedic. All except one of the education groups is located in the Colorado Springs area. Kit Carson County EMS supports EMT and EMT IV groups.

Both of the larger health care systems sponsor educational conferences each year. These events provide continuing education credits across the spectrum including EMT through Physician. With the tremendous support of Penrose-St Francis Health Services, UCH-MHS, and Pikes Peak Community College, the Plains to Peaks RETAC has also provided a two day BLS educational conference located in the rural area of the Region. The Conference Committee added a third, pre-conference day in 2012. This was very successful and continued in 2013. This entire event has become a fixture over 12 years for the volunteers in not only the RETAC but it also draws attendance from across the state. The RETAC has also provided an ALS conference for two years with the support of Penrose, Memorial, and PPCC. This event has achieved moderate success but demand exists and the effort may be revived during this plan cycle.

The RETAC has helped to facilitate focused education among the Level II and Level IV trauma facilities for several years also. This effort has helped to

strengthen the relationship among facilities while meeting many of the needs at the local level. The success has varied from limited to excellent attendance. Efforts to support and expand this program will continue as this is an ongoing need.

- Public Access

The El Paso/Teller E911 Authority provides services to all Public Safety Answering Points within the two Counties. In addition, they are a training center for many dispatch centers across the state for Medical Priority Dispatch. All calls in these Counties are taken by certified MPD personnel. There is also a sophisticated quality improvement plan in place for these agencies.

Public Safety Answering Points and the corresponding dispatch centers in Cheyenne, Kit Carson, and Lincoln Counties were provided the initial training for MPD through a Regional grant in 2006. The continuation of this project has had varying levels of success. Improvements of facilities and software have also enhanced the level of service provided through the years. Continued advancement is always under consideration and will hopefully be implemented.

911 is the universal emergency number in all Counties of the RETAC. All PSAP/Dispatch centers are also Phase II compliant and have the ability to locate cellular callers.

Automatic External Defibrillators (AED) are becoming more common in public buildings throughout the Region. Every public school in Cheyenne, Kit Carson, and Lincoln Counties has at least one available as well as most of the County government offices. Similar efforts in El Paso and Teller Counties have been successful also. This has greatly increased the public's access to this important link in the chain of survival. In an effort to ensure up to date equipment, the RETAC office sends a monthly email to responsible parties in the eastern counties to remind them to check the status of their AED units. This effort is being expanded into Teller County. In El Paso County, the contracted provided of transport services monitors the status of the AEDs as part of their contract.

- Evaluation

Evaluation at the Regional level is progressing with the support of funding through CDPHE. The RETAC formed a task force to move forward with the development of a Regional CQI plan. This effort produced a general road map for the Region and culminated in a Regional CQI Conference held in June 2012. A Regional CQI

Committee was established in November 2012 and was charged with leading the Regional effort. The committee has been meeting regularly and developed bylaws and a mission statement. The selection of a single quality initiative started the process with the intent of determining the quality of data available at the state level. This effort has achieved limited success to date as the quality has been suspect at best. Additional efforts to obtain quality data are underway and will continue to drive the committee forward.

Evaluation at the local agency level continues and has been enhanced by the Regional efforts. Extensive education was provided to agency directors regarding the need for CQI and agencies have responded positively to the new program.

El Paso County has participated in the national CARES cardiac arrest database program for a couple years. This has required the collaboration of pre-hospital agencies and facilities with very good results. The effort has been very encouraging and has provided incentive for additional efforts in the evaluation arena.

- Communications Systems

The statewide DTR system is effective throughout four Counties in the Region and is the primary means of communication for pre-hospital agencies. The topography in Teller County severely limits the effectiveness and subsequently the usage of the 800 megahertz system. Coverage along the US Highway 24 corridor in Teller County is fair but any distance from that area is sporadic at best.

Cheyenne, Kit Carson, and Lincoln Counties use a combination of DTR, digital pagers, VHF, and UHF for dispatching emergency responders and these remain as a redundant backup for the DTR. Communication between pre-hospital personnel and facilities is accomplished through DTR, cellular phone, and sometimes VHF or UHF. Efforts to reduce the number of radio systems are being considered to simplify local communications. El Paso County is almost exclusively DTR for all communications. Teller County relies on a very strong VHF system supported by the DTR and cellular phones. As pre-hospital agencies bring patients into El Paso County, the DTR system is available and used to communicate with facilities.

Dispatch centers work closely with pre-hospital personnel to establish appropriate talk groups in large events to facilitate communications. The EMS system is also used by facilities for everyday operations as well as mass casualty incidents. Usage of EMS system by dispatch is more universal in El Paso and Teller Counties.

The rural dispatch centers have the capability but additional education is still needed.

- Medical Direction

Since 2007, there has been a concerted Regional effort to standardize pre-hospital medical protocols. All ground ambulance services licensed to provide 911 emergency response utilize the same base protocols with enhancements at the ALS level for some agencies. One hospital based inter-facility ground ambulance service and the ambulance service based on the Fort Carson military reservation are outside of this set. The two major health care institutions also provide medical directors for all pre-hospital agencies except the two previously mentioned. Of this group of physicians, two primary physicians provide the bulk of medical direction in the Region. The working relationship among the health care systems and the physicians is good. The two ground ambulance services outside of the Regional set continue to work closely with all other agencies.

In FY11, the RETAC secured funding to support the concept of Regional Medical direction through the EMTS Section. This funding has allowed stakeholders to get together and develop a strategic plan and greatly enhance the continuous quality improvement processes at the agency and medical director levels. Funding through FY13 has also been consistent and allowed the RETAC to expand the CQI program. Additional funding through FY14 has been requested to continue to support this program.

- Clinical Care

El Paso County has an extensive public health department commensurate with the large population. The other Counties each have public health offices with varying levels of services supported by the state health department.

Tracking pre-hospital destinations is a significantly time consuming process as there are over 70,000 patient encounters annually. The RETAC relies on local directors and facilities for much of this oversight. While rare, if a concern is noted by the local stakeholders, the Region has provided technical assistance to review the event and to suggest modifications. The largest provider of pre-hospital transports does provide a monthly report of "Code 3" emergency returns and this data is reviewed by the Level II trauma centers as well as the RETAC office. Outliers and trends are reviewed by the medical director of that agency.

Each of the designated trauma facilities have established inter-facility agreements with the appropriate higher levels. The RETAC office retains a copy of these agreements but detailed tracking of the day to day operations is beyond the limited resources of the RETAC staff. The triennial trauma designation process also provides an opportunity to review facility practices.

In nearly all areas, emergency extrication services for entrapped patients are provided by local fire departments in their coverage areas. Organized search and rescue teams exist in El Paso and Teller Counties through the Sheriff's offices. Other specialized rescue teams are also available through the Colorado Springs Fire Department and may be requested as needed. A significant effort in Kit Carson County to establish a rescue team specializing in grain storage structure emergencies has been successful and is now a regional resource.

- Mass Casualty

The Pikes Peak Metropolitan Medical Response System (MMRS) has done extensive work with facilities in the area to enhance surge capabilities and to educate stakeholders on those efforts. In addition, the Plains to Peaks RETAC has partnered with the MMRS to continually evaluate and revise MCI planning and tools. During the past fiscal year, training on the new tools was provided across both the RETAC and the MMRS Regions. Funding for the MMRS system in El Paso County by the federal government will end in FY14. Recognizing the benefits of working together collaboratively, the stakeholders with the former MMRS Region have agreed to continue to work cooperatively and have formed the Pikes Peak Regional Medical Response System (RMRS). The RETAC will continue to partner with the RMRS for the benefit of agencies in both regions.

Significant caches of supplies and equipment are available in El Paso County for mass casualty incidents, alternate care centers, and sheltering needs. The other Counties also have supplies and equipment cached for their potential needs. These caches were supported by grants from CDPHE in the past and have been maintained by the local stakeholders. Exercises with the plans and equipment have taken place and there is a process in place to rotate supplies as needed. Each county plans and executes MCI exercises every couple years. The RETAC supports those efforts through training and technical support.

The initial push to get agency personnel trained in the National Incident Management System (NIMS) was successful. The ongoing education of new personnel and implementing updates is available through a variety of sources in the Region. The RETAC has not taken a lead role in these efforts but stands

ready to facilitate if requested. Similarly, the RETAC role in planning for pandemic events has been supportive of the local health departments and offices.

- Public Education

This component does not receive the focus that it could due to limited resources of time and money. Pre-hospital agencies within the Region will certainly try to recognize their personnel during national EMS week but generally little more than that occurs. Facilities are often better in this area because of the advertising they conduct in a competitive environment. Agencies and facilities support efforts such as health fairs when available.

The Council has recognized the need to ensure that stakeholders are aware of the RETAC and the potential benefits of working collaboratively. The Council Chair and the Regional Coordinator began an effort in 2013 to travel the region to meet with agencies and facilities to assess their needs and offer the assistance of the RETAC. This effort will continue through the coming fiscal year and into the future.

- Prevention

Each designated trauma facility in the Region conducts injury prevention programs at various levels for different target audiences. These include efforts across the age spectrum from pediatric helmet education to teen distracted driving to adult falls. The RETAC received funding from the Colorado Department of Transportation to promote vehicle occupant safety and specifically increased seat belt use. The Region contracted with Drive Smart Colorado to meet the goals and objectives of this grant and is currently in the fourth year of funding. The project has been quite successful in developing local coalitions and getting the seat belt message out in the public. Funding for FY14 has been awarded and the coalitions will continue their work. Measurement of seat belt use is an ongoing portion of the project.

- Information Systems

Of the 22 licensed ground transport services in the Region, 17 or 77% are actively providing patient care report data to the state data system. Of the remaining five agencies, one is based on a military reservation and two are licensed but provide transport very rarely. The other two agencies are in the process of meeting the requirement. All designated trauma centers provide data into either the trauma registry or through the Colorado Hospital Association.

As the Regional Medical Direction/Continuous Quality Improvement project moves forward, the remaining agencies will be encouraged to participate in an effort to enhance their service while providing a more complete Regional picture. Many of the smaller agencies are using the state provided Imagetrend software. The other agencies are using a third party vendor software to provide data to the state system. While this meets the requirement of providing data, the translation from the third party vendor to Imagetrend is proving to be less than optimal. Efforts are underway to mitigate this problem so Regional data can be more accurate.

Section 4: Goals and Objectives

Goal #1

A. Goal Statement

The Region will support and enhance existing educational programs while exploring additional avenues to provide high quality education. This will include pre-hospital, facility, BLS and ALS education as needed by local stakeholders.

B. Background

The Rural Regional EMS/Trauma Conference has developed into a staple educational opportunity for emergency responders in the Region and especially for volunteers. Attendance has been consistent with approximately 90 each of the weekend days. The reviews continue to be excellent from attendees with requests for specific topics. Because of the generous support from UCH-MHS, Penrose-St Francis Health Services, and Pikes Peak Community College the cost to attend this conference has remained low while meeting the continuing educational requirements of emergency responders. A typical EMT can obtain the required educational elements in a three year period to maintain Colorado certification for the affordable cost of only \$80. This conference has been able to provide high quality education locally at an affordable cost where none existed previously.

Education at rural facilities is an ongoing requirement and continues to be limited by distances and financial concerns. The RETAC has supported successful programs in the past and will continue to facilitate educational opportunities for all facilities based on their needs and schedules.

High quality education for ALS pre-hospital providers has been requested by multiple stakeholders through the years. The RETAC has provided opportunities with limited success but the need continues. In collaboration with educational stakeholders, the RETAC will again provide advanced life support education aimed at meeting the needs of ALS providers in the Region.

C. Components Addressed

This goal focuses on Education with impacts in the areas of Finance and Human Resources.

D. Project Description

The rural Regional EMS/Trauma Conference was expanded in 2011 with a pre-conference offering. This has been very successful and will be continued. The Conference Committee considers numerous issues when developing the curriculum for each year. These include: requirements for re-certification, requests from attendees, analysis of clinical care through CQI, current issues, and other important factors. Efforts to keep the conference and the content fresh and engaging will continue.

Numerous “card” classes are required or recommended for facilities which include: TNCC, ACLS, ATLS, PALS, RTTD, and others. The RETAC will continue to support the delivery of this education in an efficient and cost effective manner. This can be done through the CREATE grant program and with the support of higher level facilities. Topical education requested by facilities is available and will be supported by the RETAC. As the need for this education arises, the RETAC will work with local stakeholders to recruit the most appropriate education to meet the specific needs.

Maintaining low frequency high acuity skills for ALS pre-hospital providers is difficult in any environment. The RETAC will work with local educational stakeholders to provide opportunities to learn and practice these skills for the benefit of all stakeholders within the Emergency Medical and Trauma System (EMTS).

E. Estimated Cost

The annual rural EMT/Trauma conference costs approximately \$15,000. The real cost of this event is much more but is hidden by the significant amount of in-kind contributions by Memorial Health System, Penrose-St Francis Health Services, and Pikes Peak Community College. The expense of maintaining certifications for facilities in the Region is also significant. The costs which include class registration, travel, backfill, and tracking certifications all contribute to a massive expense to facilities whatever their size and is estimated at well over \$100,000. The effort to provide ALS education is estimated to cost \$10,000 for a conference style event.

F. Desired Outcome

The rural Regional conference will continue to provide high quality, cost effective continuing education for emergency personnel across the Region and the state.

This program supports the retention of emergency responders and enhances the quality of emergency care provided to patients.

Education provided locally to facilities reduces costs and supports high quality clinical care. The RETAC will collaborate with all stakeholders to ensure the availability of required and requested education to support enhanced emergency medical care at all levels.

The RETAC will work with stakeholders to provide high quality advanced education for ALS providers through a mutually beneficial conference or workshop. This will enhance clinical care and support retention of valuable emergency providers.

Goal #2

A. Goal Statement

The RETAC will continue to support Regional Medical Direction/Continuous Quality Improvement programs. These efforts will enhance the delivery of high quality emergency care across the Region.

B. Background

With support from EMTS program funding, the RETAC further developed the Regional Medical Direction efforts begun in previous years. The focus of this effort recently has been the development of a Regional Continuous Quality Improvement program. A Regional CQI plan was created and a Regional CQI conference was held in June 2012. The RETAC created a Regional CQI Committee in November of 2012. The CQI Committee has been meeting on a regular basis. The focus has been to determine the quality of available data before beginning any significant quality initiatives.

C. Components Addressed

This goal focuses on Evaluation with impacts in Education and Clinical Care.

D. Project Description

The Region currently has two primary medical directors who function as the Regional Medical Directors for the RETAC. There are Regional pre-hospital protocols based on those developed by the El Paso County Medical Society. These undergo review and revision on a regular basis and as needed. The Regional CQI Committee is actively working toward developing Regional Quality Initiatives. This effort has been very deliberate as the committee reviews the available data and determines the quality of that data. The Committee will ultimately analyze appropriate quality initiatives and then develop education based on the results of those efforts.

E. Estimated Cost

The RETAC estimates the cost of this project to be \$40,000 annually.

F. Desired Outcome

The RETAC will encourage educational efforts based on the results of data analysis resulting from the efforts of the CQI Committee. This education will enhance and ensure quality emergency medical care across the Region.

Goal #3

A. Goal Statement

The RETAC will support local agencies to determine the potential added value of Community Paramedicine programs within the EMTS. The RETAC will support efforts to enhance the level of emergency care in areas in need of such support.

B. Background

The concept of Community Paramedics is a growing idea across the nation and the RETAC region is no different. As the state of Colorado works to define the role of Community Paramedics within the system, some agencies within the Region are moving forward. Other areas of the Region struggle to have advanced life support in the pre-hospital environment so the Community Paramedic program may be an unattainable goal or the stepping stone to enhanced emergency care. The RETAC will support all areas and agencies in the Region as they consider the role of Community Paramedics in the local medical system.

C. Components Addressed

This goal focuses on Clinical Care with aspects of Education, Human Resources, and Finance also impacted.

D. Project Description

A limited number of agencies within the RETAC are actively pursuing a Community Paramedic program for their system. The RETAC will support those systems as requested. Other areas of the RETAC are aware of the concept and interested in researching the impact and potential benefits for their local systems. The RETAC will actively support their efforts by facilitating meetings, gathering information, and providing other resources as needed to adequately consider the Community Paramedic program potential benefit.

E. Estimated Cost

Research and meetings to adequately evaluate this program is estimated to cost \$15,000.

F. Desired Outcome

Ultimately, the Community Paramedic concept will likely flourish in some areas and fail to provide added value in others, at least in the early efforts. The RETAC will support local stakeholders to develop the most appropriate system for their area.

Goal #4

A. Goal Statement

The RETAC will strive to educate local stakeholders about the role of the RETAC and the benefit of collaborating regionally. The RETAC will continue to incorporate programs and projects that benefit the RETAC stakeholders and develop plans to remain fiscally sound.

B. Background

The Plains to Peaks RETAC was formed on November 1, 2000. The Council will ensure that stakeholders understand the role of the RETAC in the local EMTS and the potential benefits to being a member of this RETAC. The fiscal health of the RETAC is always being monitored and sound fiscal planning is a foundation of any organization.

C. Components Addressed

This goal focuses on Public Education and Finance.

D. Project Description

The RETAC will develop methods of educating local agencies and facilities, local governments, and the general public regarding the role of the RETAC in the local, regional, and statewide EMTS. Steps taken over the past two years to support the operations of the RETAC will be further developed to ensure the fiscal health of the RETAC.

E. Estimated Cost

Estimated cost to accomplish this goal is \$15,000 due to meetings, travel, and supplies.

F. Desired Outcome

The desired outcome of this goal is to ensure that local stakeholders are receiving the most benefit from their RETAC possible. If areas of potential improvement are discovered, additional goals may be developed to ensure agencies, facilities, and the public are receiving added value from the RETAC. This is appropriate for the

operations as well as the special programs provided by the RETAC for local stakeholders.

Section 5: Attest Statement

ATTEST STATEMENT

Biennial Plan

By signing below, the RETAC Chairman and the RETAC Coordinator attest that the information contained in this document, to the best of their knowledge, completely and accurately represents the most current information available to complete the RETAC Biennial plan. The goals and objectives incorporated herein have been reviewed and agreed upon by the RETAC Board of Directors to be included in this document.

Rob Handley
Print Chairperson Name

Chairperson Signature

Signature Date

Kim E Schallenberger
Print RETAC Coordinator Name

RETAC Coordinator Signature

Signature Date

Appendix

Supporting Documents

Attachments

- A. P2P Current IGA**
- B. P2P Proposed IGA**
- C. P2P Bylaws**
- D. P2P Agencies & Facilities**
- E. P2P Map**