

STATE OF COLORADO

John W. Hickenlooper, Governor
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Executive Director and Chief Medical Officer

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, Interim Division Director** **Michelle Reese, Interim Deputy Director** **Grace Sandeno, Interim EMTS Section Chief** **Health Facilities and EMS Division** **September 30, 2013 (for October 24 SEMTAC meeting)**

This report is submitted as a record of key activities by the Emergency Medical and Trauma Services Section for the period July through September 2013.

Organizational Effectiveness

Energy and efforts to fill staff positions continue to be a priority for the EMTS section. We are pleased to announce that Alexandra Haas, JD, has joined our staff. Alexandra started August 19 as the new Regulatory and Policy Supervisor. She has worked for the department for almost five years; her background in enforcement and records management will be a great asset as she works to oversee the regulatory process for proposed rule changes and works with Alison Sleight, our EMTS Enforcement Coordinator, to handle complaints and investigations. She can be reached at 303-692-6339 or alexandra.haas@state.co.us.

We are also pleased to announce that Marschall Smith, MPA, will be joining the Emergency Medical and Trauma Services Section on October 1, 2013, as the Professional Standards Program Manager. Marschall comes to us from the Department of Regulatory Agencies where he oversaw the licensing of physicians and the coordination of several Type 1 (rulemaking) boards including the Colorado Medical Board. As a long-time state employee, Marschall has significant experience in process management and bridging the gap between the public and private sectors. He will retain his current email of marschall.smith@state.co.us and will be available at 303-692-2995.

We are in process of hiring two additional positions: an EMS System Development Coordinator (to replace Sean Caffrey) and a coordinator for both the new Stroke Advisory Board and the STEMI Task Force recently appointed by the governor.

Professional Standards Program

EMS Provider Certification

As of September 23, 2013, there are 17, 243 certified EMS providers in the state: 12, 762 EMTs; 24 AEMTs; 621 Intermediates; and 3,836 Paramedics. The certification unit continues to work on the transition to an online certification process via the ImageTrend licensing management system.

The unit has printed 1,366 certificates from June 28 to September 23, 2013. This is slightly less than last year, likely due to the background check delays seen earlier this year. Average call volume remains at approximately 60 calls per day for assistance in addition to attending to customers in the lobby.

The backlog of CBI background checks has been eliminated, and the majority of checks are now completed in less than two weeks. Thus the time frame for processing applications is now 2 to 4 weeks and in many cases even less.

Governor Hickenlooper issued several executive orders temporarily suspending Colorado EMS provider certification requirements for personnel brought into the state to assist with wildfire suppression efforts. The EMTS Section has policies in place to ensure compliance with the EO. There were no such executive orders regarding the floods; thus the office processed provisional certifications for out-of-state EMS personnel responding to the floods.

For more information concerning EMS provider certification, contact the Professional Standards Program at 303-692-2983 or Grace Sandeno at grace.sandeno@state.co.us.

Education

There are a total of 132 active EMS education programs to date. 36 of these programs are Education Centers. 36 are EMT centers, 22 are Advanced EMT centers, 17 are EMT-Intermediate centers and eight are paramedic centers, down from nine this time last year. (The paramedic program at Colorado Mesa University in Grand Junction was recently deactivated due to low enrollment numbers).

Education Groups are the fastest growing education segment in the State. Ninety-six of the 132 active programs are education groups. There are 132 EMT groups, 42 EMT-IV groups, 77 Advanced EMT groups, 76 EMT-Intermediate groups and 75 paramedic groups. Since the beginning of 2013, six programs have consolidated under the same program number, eight new education programs have been approved and three additional programs are in various stages of the application approval process.

For more information concerning EMS education programs, contact Joni Briola at joni.briola@state.co.us or 303-692-2989.

Emergency Medical Practice Advisory Council (EMPAC)

There are currently 310 active waivers, (down from 532 at the beginning of 2013 due to the adoption of new Chapter Two Rules in April, effective date June 14). A list of current waivers can be found on the EMTS Section website at www.coems.info under Medical Direction.

The EMPAC meeting traveled to Grand Junction in August, with plans to meet outside the Denver metro area once each year.

Four EMPAC member terms are set to expire in October; applications to fill these vacancies have been accepted and are currently being reviewed by the department and the Governor's office. The Council will begin discussing preliminary drafts of rule changes creating the new critical care endorsement at its November meeting.

For more information concerning EMS scope of practice and the EMPAC, contact Joni Briola at joni.briola@state.co.us or 303-692-2989.

Critical Care Endorsement

In March, legislation was passed creating a Critical Care Endorsement (CCE). A task force appointed by the department (made up of members from both the SEMTAC and EMPAC councils), along with many stakeholders, have been meeting regularly to develop recommendations regarding the baseline requirements for providers wishing to obtain an endorsement and creating a potential CCE scope of practice. Preliminary drafts of their suggested changes to Chapter One and Two Rules will be reviewed by the work group and presented at both the October 2013 SEMTAC meeting and the November 2013 EMPAC meeting. Finalized drafts are set to be accepted by the SEMTAC in January 2014 (for changes to Chapter One Rules) and by the EMPAC (for changes to the Chapter Two Rules) at its February 2014 meeting. Implementation must take place by August 1, 2014.

For more information concerning the Critical Care Endorsement, visit the EMTS Section website or contact Joni Briola at joni.briola@state.co.us or 303-692-2989.

Air Ambulance

To date there are 20 licensed air ambulance agencies in Colorado.

EMTS Investigations

Alexandra Haas, Regulatory and Policy Supervisor
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During the third quarter of 2013, disciplinary actions against EMT/Paramedic certifications resulted in the following final dispositions: two revocations and two stipulations for probation. There was one stipulation for a conditional license for an air ambulance. At the present time, there remain six other ongoing filed cases, in which the department is represented by the Attorney General's Office.

Funding Program

Jeanne-Marie Bakehouse, Program Manager
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Technical Assistance

Emergency Medical and Trauma Services Section staff members provide technical assistance to local entities upon request of local governments and in conjunction with the RETACs. Two upcoming consultations will be coordinated through the Northeast Colorado RETAC and the Plains to Peaks RETAC for Phillips County and Cheyenne County, as they were awarded funds through the system improvement funding program.

CREATE

The Colorado Rural Health Center continues to administer the Colorado Resource for EMS and Trauma Education grant program. Read the annual report at the CRHC website at <http://www.coruralhealth.org/programs/create/index.htm>.

Provider Grants and System Improvement Funding Requests

For fiscal year 2014, first quarter progress reports were due Sept. 30. Nearly \$410,000 has been requested for reimbursement so far. Fiscal year 2015 grant applications will open on Dec. 16, 2103, with applications due on Feb. 14, 2014, at 5 p.m.

Emergency Grants

No emergency grants were received in the first quarter of FY14.

Regional Emergency Medical and Trauma Advisory Councils (RETACs)

Matthew Paswaters

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The 2013-2015 RETAC biennial plans were reviewed by SEMTAC in July, and all were found adequate. Fourth quarter activity reports and prior year's financial statements were submitted by all 11 RETACs. The September quarterly RETAC forum was held Sept. 4-5 in Estes Park at the Stanley Hotel, where the major items of discussion were regional medical direction, EMTS Day at the Capitol and data reporting. SEMTAC members are encouraged to attend future RETAC forums. The next forum is scheduled to be held Dec. 4-5 in Loveland.

Trauma Program

Margaret Mohan, RN, Interim Trauma Program Manager

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Trauma Reviews/Designations

In the past quarter, the Trauma Program completed a thirteen triennial, two re-reviews and two new facility reviews.

- Middle Park Medical Center, Kremmling campus (Level IV, Kremmling) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been re-designated for three years.
- Aspen Valley Hospital (Level III, Aspen) where several issues regarding hospital administration and organization were identified. The facility submitted a plan of correction, received a recommendation from the DRC and has been re-designated for three years with a plan of correction and a re-review in a year.
- Castle Rock Adventist Hospital (new Level III, Castle Rock) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been designated for an eighteen month period.
- Arkansas Valley Medical Center (Level IV, La Junta) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been re-designated for three years.
- St. Thomas More Hospital (Level IV, Canon City) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been re-designated for three years.

- Medical Center of the Rockies (Level II, Loveland) where all criteria were fully met. Review results will be considered at the October 24, 2013, SEMTAC meeting for a recommendation from the Council.
- Lincoln Community Hospital (Level IV, Hugo) where all criteria were fully met on the one year re-review.
- McKee Medical Center (Level III, Loveland) where three criteria were met with reservations. The facility has received a recommendation from the DRC and has been re-designated for three years with a plan of correction.
- Lutheran Medical Center (Level III, Wheat Ridge) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been re-designated for three years.
- The Memorial Hospital (Level IV, Craig) where three criteria were met with reservations and one criterion was not met. Review results will be considered at the October 23, 2013, DRC meeting for a recommendation to the department.
- Grand River Medical Center (Level IV, Rifle) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been re-designated for three years.
- University of Colorado Hospital (Level II, Aurora) where all criteria were fully met on the one year re-review.
- St. Francis Medical Center (Level IV, Colorado Springs) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been re-designated for three years.
- Pikes Peak Regional Hospital (Level IV, Woodland Park) where one criterion was not met. Review results will be considered at the October 23, 2013, DRC meeting for a recommendation to the department.
- Sedgwick County Memorial Hospital (Level IV, Julesburg) where there was only one criterion that was met with reservations. Review results will be considered at the October 23, 2013, DRC meeting for a recommendation to the department.
- East Morgan County Hospital (Level IV, Brush) where there was one criterion that was met with reservations and three that were not met. Review results will be considered at the October 23, 2013, DRC meeting for a recommendation to the department.
- Good Samaritan Medical Center (new Level II, Lafayette) underwent both an American College of Surgeons consultative review and a state Level II trauma designation survey on September 29-30, 2013. Review results will be considered at the October 24, 2013, SEMTAC meeting for a recommendation from the Council.

Five facility reviews are planned for the next quarter.

Trauma Consultations and Outreach Visits

Haxtun Hospital, Level IV, Haxtun – orient new Trauma Nurse Coordinator

Mt. San Rafael Hospital, Trinidad – discussion regarding plan of correction and plans for improving the trauma program over the next year

Designation Review Committee (DRC)

The DRC met in July and September to discuss several facilities' reviews and to make recommendations regarding designation to the department.

Statewide Trauma Advisory Committee (STAC)

The committee voted to support the recommendation to change the yearly volume criteria for Level I trauma centers from a minimum of 400 severely injured patients to 320 severely injured patients. Frequency distribution reports, pulled from the data submitted to the trauma registry by Level I - III trauma centers, were reviewed with the committee.

STEMI Task Force and Stroke Advisory Board

The inaugural meeting for both groups occurred on Sept. 10, 2013. Each group plans to meet monthly to begin with as the short and long term goals are determined. Initial legislative reports are due by January 31, 2014.

Emergency Medical Services for Children (EMSC)

Sean Caffrey, EMSC Coordinator

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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 a Colorado EMSC Coordinator.

The department also maintains an advisory committee, the Pediatric Emergency Care Committee (PECC) with 13 members appointed by the department and/or SEMTAC to provide direction to the program. It is chaired by SEMTAC member Dr. Christine Darr. The program purchased a mobile simulation trailer in June that is currently being outfitted for statewide use and will be on display at the State EMS Conference. UCD is currently developing a business model to deploy the laboratory statewide. A number of other special projects are in development utilizing carryover funds from the previous grant cycle. The program has also been active in marketing the Hospital Dashboard component of the ImageTrend StateBridge which makes EMS records available to hospitals in a secure and convenient manner. For additional information on the EMS for Children program visit www.emsccolorado.org or contact Sean Caffrey at 303 724-2565.

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 221 active APCO P25 digital trunked radio sites operating in conjunction with four zone controllers and utilizing frequencies in the 700MHz/ 800MHz bands, out of the 221 radio sites, 28 sites are accessible for aircraft communications. There are additional funded Digital Trunked Radio (DTR) remote sites throughout the state that are in the planning or engineering stages for installation.

The Digital Trunked Radio System (DTRS) will be upgraded from its current version of 7.5 to system release version 7.14 in a three phase approach. The first phase of the upgrade commenced on September 17, 2013, and is scheduled to be finalized in August 2014. With all of the system upgrades, all portable, mobile and console base radios will continue to operate as they do today.

Adams and Weld counties have entered into an inter-governmental agreement, forming the Front Range Communications Consortium (FRCC). They have purchased their own Motorola Astro Project 25 system and plan on transitioning in November 2013.

Health & Safety Data Program (formerly EMS and Trauma Data Program)

Tamara Hoxworth

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To date, 82% (up from 70% last quarter) of EMS agencies reporting data are in compliance (i.e., have reported required data within the past 90 days). There are now approximately 2.2 million records in the EMS database, and 93 agencies are currently using ImageTrend software to submit patient care reports.

Several Colorado hospitals have begun using ImageTrend's Hospital Dashboard and are reporting high levels of satisfaction with this product. The product allows hospitals to view posted trip reports, often in real-time, providing them with additional patient data to help with triage, care and treatment. It also expedites administrative processing by alleviating the need for agencies to physically submit trip reports to facilities and the need for facilities to spend time investigating missing trip reports.

While the EMS data system has been fully compliant with current national standards, as specified by the National EMS Information System (NEMSIS) version 2.2.1, Colorado is planning for the conversion to the NEMSIS 3 platform in 2014-15. Discussions are underway with ImageTrend and other vendors regarding the timeline and implementation of the conversion.

HSD Staff have continued to:

- Provide ongoing technical assistance to transport agencies and trauma centers in EMS and trauma reporting.
- Develop ad-hoc EMS and trauma reports to accommodate data requests and other data driven requirements.
- Assist EMS agencies using third party vendor software to establish an Administrative Web access and process for submitting XML data to the ImageTrend database.
- Monitor monthly EMS data downloads and keep the EMTS Funding Program manager apprised of agencies' reporting compliance.
- Review code lists used by EMS agencies and map non-standard values to align with ImageTrend and NEMSIS code lists.
- Attend quarterly meetings of the State Traffic Records Advisory Committee (STRAC).
- Support data analysis and reporting needs of HFEMS staff in the implementation of House Bill 1294. Staff recently gained direct access to ASPEN compliance data tables.

HSD is participating in the National Highway Traffic Safety Administration's (NHTSA) Quality Review of EMS Performance Measure Data Project. This past quarter, a Memo of Understanding was developed and signed to enable data transfer and encrypted data were safely delivered to the NHTSA contractor.

HSD staff delivered a well-received presentation on data reporting at the Pediatric Emergency Care Committee Meeting in August and successfully completed a new automated process for notifying facilities of HAI missing data. The new process has increased staff efficiency, allowing for more staff time to be spent on data quality and validation. HSD staff is collaborating with the Southern RETAC coordinator to provide Report Writer training for RETAC coordinators and Continuous Quality Improvement personnel statewide and working with Trauma stakeholders to write a grant to fund ICD10 training.

Medical Direction

Arthur Kanowitz, MD FACEP, State EMTS Medical Director
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Last year the SEMTAC approved funding for the Statewide Regional Medical Direction (RMD) Program amounting to \$363,000 per year for three years. However, the process for administering those funds has not yet been determined. Therefore, the regional medical directors and RETAC coordinators met during the September RETAC Forum in Estes Park to discuss recommendations to be presented to PP&F and then SEMTAC at the October meeting.

The following information was agreed upon at that meeting and will be presented and discussed at the PP&F meeting in October:

1. The \$363,000 will be equally divided amongst the eleven RETACS. Therefore, a maximum of \$33,000 will be available to each RETAC to fund its RMD program. Each RETAC RMD Program will be required to submit a request for the amount of funds it needs for the given year. The RETAC may request up to the maximum \$33,000, but the request must be based upon a set of deliverables that the program expects to accomplish during the funded year.
2. Each program will submit an application with the following information:
 - a. Amount of funds requested for fiscal year;
 - b. A summary of the historical and current status of the region's RMD program;
 - c. A summary of the proposed deliverables for the upcoming grant year;
 - d. Supporting documentation for the cost of each deliverable; and
 - e. Criteria by which the program deliverables will be evaluated.
3. Deliverables will vary from region to region based upon the maturity of the RMD Program and regional needs. The document Colorado EMS Regional Medical Direction: Program Positions, Roles, Responsibilities and Deliverables contains a conceptual model of a fully developed RMD Program. As each region develops its RMD program, deliverables designed to develop the major components of an RMD Program (including physician leadership, communication, regionalization and CQI) should be considered.
4. Each RMD program will be evaluated at the end of each fiscal year to determine if it met the stated deliverables. In addition, the entire RMD program will be evaluated to ensure that the program has provided value added for the statewide EMS system.

The regional medical directors met prior to the August EMPAC meeting and agreed to a shared project among the RMDs to distribute a quarterly newsletter that will be distributed to all agency medical directors. The purpose of the newsletter is to encourage communication with agency medical directors. Dr. Bill Hall will be the editor and all RMDs will contribute. The initial edition is expected in December.

Michelle Flemmings, the RMD from the SWRETAC, resigned from her position and has been replaced by Dr. Mark Turpen. Dr. Turpen is the EMS Agency Medical Director for twelve of the ground agencies in the SWRETAC and also the medical director for a large flight program in the SW region. Please welcome Dr. Turpen to his new position.

The regional medical directors are scheduled to meet regularly, prior to the EMPAC meeting, to discuss RMD best practices and statewide medical direction issues, as well as to share peer experiences. The RMDs have agreed to meet on Sunday evenings prior to each EMPAC meeting. However, since the next EMPAC meeting is on Tuesday, Nov. 12 (Monday is Veterans Day) the RMD meeting will likely be Monday evening.

Respectfully Submitted,
October 24, 2013