

STATE OF COLORADO

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Colorado Department
of Public Health
and Environment

Emergency Medical and Trauma Services Section Activity Report **D. Randy Kuykendall, Deputy Division Director** **Michelle Reese, EMTS Section Chief** **Health Facilities and EMS Division** **April 11, 2013**

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

Organizational Effectiveness

Energy and efforts to fill staff positions continue to be a priority for the EMTS section. Interviews to fill the Enforcement Coordinator vacancy have been completed and an appointment to this important position will be accomplished by mid-April. The former Education and Credentialing Supervisor position has been re-designed to focus on issues around managing investigations/enforcement and regulatory development and will be posted within the next few weeks with an appointment shortly thereafter. The Statistical Analyst II position within the Health and Safety Data Program has been posted and should be filled within the next two months.

Mr. Sean Caffrey, the section's EMS System Development Coordinator for the past three years, has accepted a new position with the University of Colorado Health System as an EMS Systems/EMS for Children coordinator as of April 1, 2013. Sean is well known throughout the Colorado EMS and trauma system and has been a valuable member of the EMTS and HFEMSD team. During his tenure with the department, he developed and implemented the EMTS system review program that has provided formalized technical assistance to many communities and counties across Colorado. In addition, he has provided on-going guidance to the many committees, task forces and councils that contribute to improved care and transportation of Colorado's citizens. His many contributions are greatly appreciated and although he is making this change, he will continue to be a valued partner of the statewide EMTS system. Sean's dedication and efforts are greatly appreciated and we look forward to working with him in his new role. Thank you, Sean!

Professional Standards Program

Barb Foster, Professional Standards Program Manager
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EMS Provider Certification

As of March 22, 2013 we have 16,513 certified EMS providers in the state (12,177 EMTs; 8 AEMTs; 623 Intermediates; 3,705 Paramedics). The certification unit continues to work on the transition to an online certification process via the ImageTrend licensing management system

We have received 1,526 applications from Jan 1, 2013 to March 22, 2013. This time last year we processed 1,551. Average call volume is approximately 60 calls per day for assistance in addition to attending to customers in lobby. We have a total of 521 certificates holding for CBI checks.

Requests from military personnel are remaining steady, with no significant rise in the number of applications for this first quarter of 2013. The EMTS section continues to gather information and develop policies to assist veterans or spouses with certification issues and challenges that present with extended deployments. The rules adopted to implement the provisions of House Bill 12-1059 took effect on March 18, 2013.

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

Education

To date there are 130 active EMS education programs. The 35 Education Centers include 34 EMT Centers, 22 AEMT Centers, 17 EMT-I Centers and 9 Paramedic Centers. There are 95 Education Groups in the following categories: 130 EMT groups, 42 EMT IV groups, 77 AEMT groups, 76 EMT-I groups and 75 Paramedic groups. To date there have been 6 new programs approved in 2013. For more information concerning EMS education programs, contact Joni Briola at joni.briola@state.co.us.

Emergency Medical Practice Advisory Council (EMPAC)

Please note there will be a public rule-making hearing for proposed revisions to the EMS Chapter 2 Rules (EMS Practice and Medical Director Oversight) on April 18, 2013.

To date there are 532 current active waivers (a list of current waivers can be found at www.coems.info on the EMPAC page). With the proposed changes to Chapter 2 rules there will be 230 waivers that will no longer be required, as a result of these practices being established within the scope of practice for EMS Providers. These will include: I-Stat, lactate monitoring, C-PAP for EMTs, ODT zofran for EMTs, surgical cricothyrotomy, Inapsine, single lumen airways, solu-cortef, Nicardipine, Octreotide and Protonix.

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

Air Ambulance

To date there are 17 licensed agencies in Colorado. Many agencies' licenses expired in the first quarter and have been renewed. Two agencies elected not to submit applications for renewal.

Ground Ambulance Technical Assistance

Approximately 200 ground ambulance services are licensed by counties in Colorado. The Emergency Medical and Trauma Services Section provides technical assistance upon request of local governments and in conjunction with the RETACs. The department recently concluded a consultation in Jackson County with a final presentation to local stakeholders on Feb. 19, 2013. Onsite work for a consultation in Washington County occurred in late March and a final report is expected for that project by mid-June.

Emergency Medical Services for Children (EMSC)

EMSC is a federal partnership grant funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. As a state partnership grantee, the department maintains a partnership with the University of Colorado Denver to assist with EMSC activities and to provide a Colorado EMSC Coordinator. A new three-year state partnership grant was recently awarded on March 1, 2013 and will continue through Feb. 28, 2017. Sean Caffrey has recently accepted the position as EMSC coordinator with UCD. Major projects currently underway with the program include upgrades to the www.emsccolorado.org website and outfitting of a mobile simulation lab for statewide use. In addition, a survey of emergency

department pediatric readiness is also underway through the end of April. Emergency department representatives can access the survey at www.pedsready.org.

EMTS Investigations

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During the first quarter, 19 investigations were initiated. Twelve of these investigations resulted from criminal charges against EMS providers and 7 resulted from complaints against EMS providers. Dispositions for this time period resulted in the following: 1 revocation, 7 letters of admonition, 3 stipulations for probation, 1 stipulation for suspension, revocation proceedings were begun in 4 cases, and summary suspensions were issued in 2 cases. Please contact Michelle Reese for additional information regarding EMTS investigations.

Funding Program

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CREATE

The Education Review Committee, Colorado Rural Health Center, RETACs, Public Policy and Finance Committee and the department have been working toward finding recommendations for program changes in an effort to improve the CREATE grants program. These recommendations will be presented to the Public Policy and Finance Committee on April 10 for approval and forwarded to the full SEMTAC on April 11. Any changes adopted would become a part of the fiscal year 2014 beginning on July 1, 2013.

Provider Grants and System Improvement Funding Requests

For fiscal year 2013, third quarter progress reports were due March 31 and accumulated reversion dollars are being awarded out. For fiscal year 2014, reviews are being held March through May, with the public notice announcement occurring in June.

Emergency Grants

No emergency grants were received in the third quarter.

Regional Emergency Medical and Trauma Advisory Councils (RETACs)

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All second quarter activity reports and financial statements were submitted by all 11 RETACs. The March quarterly RETAC forum was held March 6-7 in Colorado Springs at the Colorado Springs Marriott, and the next one is scheduled for June 5-6 at the same location. SEMTAC members are encouraged to attend these forums.

Trauma Program

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Trauma Reviews/Designations

In the past quarter, the Trauma Program completed triennial reviews at:

- Rangely District Hospital (Level IV, Rangely) where all criteria were fully met. The facility has received an automatic recommendation from the Designation Review Committee (DRC) and has been redesignated for three years.

- Community Hospital (Level IV, Grand Junction) where one criterion was met with reservations. The facility has received a recommendation from the DRC and has been redesignated for three years with a plan of correction.
- Sterling Regional Medical Center (Level III, Sterling) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been redesignated for three years.
- Colorado Plains Medical Center (Level III, Fort Morgan) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been redesignated for three years.
- Parkview Medical Center (Level II, Pueblo) where several issues regarding performance improvement, one regarding requirements for emergency medicine & the ED and several regarding collaborative clinical services were identified. (Report and recommendation at 4/11/13 SEMTAC.)
- Gunnison Valley Hospital (Level IV, Gunnison) scheduled for review on March 21, 2013.
- North Suburban Medical Center (Level III, Thornton) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been redesignated for three years.
- Poudre Valley Hospital (Level III, Fort Collins) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been redesignated for three years.
- Littleton Adventist Hospital (Level II, Littleton) where several issues regarding performance improvement were identified. (Report and recommendation at 4/11/13 SEMTAC.)

Two facilities received “new facility” reviews, including:

- Rose Medical Center (Level IV, Denver) which is scheduled for review on March 28, 2013.
- Avista Adventist Hospital (Level III, Louisville) where all criteria were fully met. The facility has received an automatic recommendation from the DRC and has been designated for eighteen months.

Six facility reviews are planned for the next quarter.

Trauma Consultations and Outreach Visits

Mt. San Rafael Hospital, Level IV, Trinidad – orient new Trauma Nurse Coordinator

St. Vincent General Hospital District, Level IV, Leadville – orient new Trauma Nurse Coordinator

Parkview Medical Center, Level II, Pueblo – follow up on review findings and plan of correction

Melissa Memorial Hospital, Level IV, Holyoke, - orient new Trauma Nurse Coordinator

St. Josephs, non-designated, Denver – describe the designation requirements and process

Statewide Trauma Advisory Committee (STAC)

The committee considered three waiver applications, discussed the final recommendations from the Rapid Planning Event and implementation plans, discussed the emergency department data that are now becoming available and selected Roger Nagy as a co-chair.

Designation Review Committee (DRC)

The DRC met in January to discuss several facilities’ reviews. In addition, the DRC spent time discussing whether the current recommendation guidelines for the Level III-V facilities should be modified. Additional discussion included the possibility of reviewer training for state reviewers to improve the inter-rater reliability between state review teams. The DRC meetings in February and March were cancelled as there were no action items.

Trauma System Rapid Planning Event (RPE)/Level I Volume Criteria Work Group

Dr. Chris Urbina responded to SEMTAC with information on convening a task force to address the Level I volume criteria. The work group includes representatives from each of the Level I trauma centers (the CEO and the Trauma Medical Director), SEMTAC member Ed Lopez, representing Level III trauma centers, SEMTAC member Roger Nagy representing Level II trauma centers and Walt Biffel serving as a facilitator. The first

meeting of the work group was March 15 and did not provide closure to the issues. The group will meet again on May 1.

Trauma Data

Trauma program staff spent some additional time working with departing staff to prepare for the Level I Volume Criteria Work Group and to assess where different projects were. In addition with the changes in the EMTS data program staffing and organizational structure, staff has played a greater role in working with new staff on trauma registry changes to align the Colorado Trauma Registry with the National Trauma Data Standards. Staff also worked with another CDPHE employee on a project that would review the quality of emergency department data (a new data set) and worked with several RETACs to refine data requests and reports for the RETAC forum.

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 216 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 216 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 Colorado Statewide Interoperability Executive Council (SIEC) in conjunction with the Department of Homeland Security Office of Emergency Communications (OEC) will be hosting free training workshops in the coming months. All training offerings will be held at South Metro Fire Rescue on the dates indicated, with the exception of the one-day Continuity of Operations (COOP) workshop being held at the Montrose Sheriff’s office. Communications Unit Technician (COMT) is a five-day workshop being held May 20-24th. (There are prerequisites for this workshop.) The Continuity of Operations (COOP) workshop is being held in two one-day offerings. The first course offering is June 3, 2013 at the Montrose County Sheriff’s Office. The second course offering will be held on June 5, 2013 at South Metro Fire Rescue. Statewide Communications Interoperability Plan (SCIP) Update workshop is to be held August 5-6, 2013. For more information, contact the swic@state.co.us.

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

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This past quarter, the EMTS Data Program merged with the Patient Safety Program to become the Health & Safety Data (HSD) Program. HSD staff continued to work with EMS agencies using third party vendor software to establish an Administrative Web access and a process for submitting XML data to the *ImageTrend* database. Online webinars on system administration and use of the State Bridge, Field Bridge and Report Writer applications will be scheduled within the coming months.

HSD staff collaborated with personnel from a San Luis Valley EMS agency to coordinate and deliver an in-person *ImageTrend* Report Writer training for the San Luis Valley RETAC. The training was well received and attended.

To date, 70% of EMS agencies reporting data are in compliance (i.e., have reported required data within the past 90 days). Ninety-three agencies are currently using *ImageTrend* software to submit their patient care reports. There are now approximately 1.9 million records in the EMS database. The HSD Program will continue to develop ad-hoc reports to accommodate data requests and other data driven requirements as needed. For questions about access, training or any other general issues about the *ImageTrend* system, please contact Steve Boylls at 303-692-2994.

HSD staff attended the quarterly RETAC forum (3/6/13) where data quality and completeness were discussed and identified as a primary concern. Discussions emphasized the need for continued focus on data quality and completeness. A newly developed data completion report to help EMS agency administrators and RETAC Coordinators identify data collection and reporting issues, was distributed and reviewed by forum participants. Participants were asked for feedback on the form and general consensus was that the form will be helpful and the desired frequency of distribution was quarterly.

HSD staff attended the quarterly meeting of the State Traffic Records Advisory Committee (STRAC). At this meeting, committee members reviewed and voted on grant proposals for National Highway Traffic Safety Association (NHTSA) funds. HSD staff also contributed to the revision of a formal STRAC Memo of Understanding to formalize an agreement among state agencies to implement a statewide traffic data system that delivers timely and accurate data from event to outcome for use by every data consumer involved in making traffic safety decision.

HSD staff presented Trauma Registry data at the Trauma Volume Criteria Setting (TVCS) Work Group meeting held 3/15/13. Additional data will be presented at the next TVCS Work Group meeting to be held 5/1/13.

HSD staff completed data analysis to enable selection of facilities for exemption for extended review. This analysis supported the entire division in its implementation of HB12-1294.

HSD staff completed a grant application to receive NHTSA funding. The application is due to the Colorado Department of Transportation 4/1/13.

Medical Direction

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During the first quarter of 2013, Regional Medical Direction (RMD) Programs made a giant leap in their number one priority, communication. The regional medical directors have been actively building communications between agency medical directors within their regions. In February, seven of the regional medical directors/liaisons participated in the Emergency Medical Practice Advisory Council (EMPAC) meeting and then met after the meeting to share RMD Program best practices from throughout the state. The meeting was well received and will become a regular quarterly meeting so that ideas, issues and best practices from the RMD programs can be shared.

In October 2012, the SEMTAC committed \$363,000 yearly, for three years and from system grants funds to be dedicated to RMD Program development. In order to ensure that these funds are being used to add value to our statewide EMS System, any RETAC that will apply for a share of the funds will be required to submit a list of program deliverables for that grant year, against which a performance review will be based. The SEMTAC Public Policy and Finance (PP&F) Committee is responsible for developing a process by which these funds can

be appropriately distributed to the participating programs. In anticipation of the SEMTAC PP&F meeting in April, the RMDs have been working with their RETAC Coordinators to develop a framework for building and evolving RMD Programs. The framework includes RMD Program positions, roles and responsibilities and program deliverables. The PP&F committee will need to finalize a funding and performance review process and present it to the SEMTAC for approval by October, in order to give the department enough time to put the process in motion for the next systems grant cycle.

Respectfully Submitted,

April 11, 2013