

Regional Emergency Medical & Trauma Services Biennial Plan

Plains to Peaks RETAC
Plan Cycle July 1, 2023 - June 30, 2025

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Section 1: RETAC Structure and Function

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 1778 square miles. The topography is generally flat with rolling hills and normally dry creek beds. The July 2022 census data estimates the population of Cheyenne County at 1732 (1.0 persons/square mile). The population has decreased by 5.6% since 2010. The following table shows general demographics for Cheyenne County based on July 2022 estimates from the census data.

Census Data Estimates for July	Population	Population Change Since 2010	Population Over Age 65	Population w/ High School Diploma	Population w/ Bachelors or Greater	Average Median Income	Population w/o Health Insurance	Population Below Poverty Level
2010	1836		17.4%	84.1%	14.2%	\$46,017		12.0%
2015	1829		18.4%	91.0%	22.5%	\$52,554	18.0%	11.7%
2022	1732	-5.6%	20.6%	93.0%	22.2%	\$69,063	12.8%	12.9%

The percentage of the population over the age of 65 has increased by 3.2% since 2010. The percentage of the population below the poverty level has increased by 0.9% since 2010. The percentage of the population without health insurance has declined 5.2% since 2015 which likely demonstrates an increase in the Medicaid population due to the Affordable Care Act.

The economy of Cheyenne County is supported mostly by agriculture, government services, and energy production. Cheyenne County continues to have significant amounts of oil and gas production. In addition, wind energy has now entered the county with several hundred turbines in place on the northern edge of the county providing 1.5M megawatt hours of energy. Additional turbines are projected in the next five years in the northwest half of the county.

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 an estimated 738 (2021) persons which accounts for 42% of the total population. Other towns include Kit Carson (250), 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 2022 Colorado Department of Transportation data indicates an estimated 4200 vehicles travel the road daily with semi-trailers accounting for nearly 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.

In 2021, the Cheyenne County Board of County Commissioners worked with the Board in Kit Carson County to consider combining the two separate Public Safety Answering Points. The transition was widely discussed and ultimately was completed in 2021. All 911 calls in both counties are now routed through the Kit Carson County Communications Center in Burlington. The project has experienced some growing pains as expected but will ultimately be the best solution for both counties. The Kit Carson PSAP dispatches law enforcement, one ground ambulance service and two fire protections districts located in Cheyenne County along with their duties covering Kit Carson County. Cheyenne County Ambulance Service (CCAS) is owned and operated by Cheyenne County government. It is staffed by approximately 15 BLS volunteer providers. In May 2019, the county commissioners decided to combine the ambulance director position with the office of emergency management into one full time position. The service maintains four ambulances which are housed in Cheyenne Wells and Kit Carson. The agency director wrote and was approved for FY21 and FY22 EMTS Provider Grants for Personnel. This project was initiated to improve the ambulance coverage by the volunteers by providing an “on call” stipend of \$1.00/hour. The project is still underway but has shown promising results. Call volume for CCAS increased during the pandemic and has remained at approximately 200 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. The BLS volunteers transport as many patients as their scope will allow but the ALS transfers can be a challenge. A critical care ambulance team in Hugo is sometimes available but this option is limited. Staffing the ambulance with a registered nurse from the hospital has been done also to transfer the patient. An arrangement with Lincoln Health in Hugo is being considered where CCAS will transfer the patient to Hugo and LCH transport will take over the care and transport of the patient. Rotor wing flights are also available with a unit stationed in Hugo but weather can limit the resource. It is also not appropriate for some patients to be saddled with a flight bill when ground transfer was appropriate clinically. Keefe Memorial Hospital (KMH) is licensed as a 25 bed Critical Access Hospital. Keefe Memorial Hospital had been operated by Cheyenne County for many years but in 2015 a new health service district was formed: Keefe Memorial Health Service District. This enabled the institution to be able to request a property tax mil levy which was also approved. KMH operates two rural health 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 when needed. This is generally about a 90-minute time from request to the flight landing. The two fire protection districts provide support to the ambulance service with rescue and first responder services. There is one skilled nursing facility located in Cheyenne Wells. There are very limited home health services and no hospice services in the county. If these services are needed, they likely come from either Kit Carson or Lincoln County resources.

A “Consultative Visit” was performed using the EMTS Provider Grant fund in FY14. This was a valuable process for all stakeholders and many of the recommendations have influenced the growth of the EMTS system. A copy of the final summary document is available upon request from the Plains to Peaks RETAC office.

Kit Carson County is just north of Cheyenne County and encompasses 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 2022 census data estimates the Kit Carson County population at 6961 (3.3 persons/square mile). This also represents a 15.8% decrease since 2010.

The following table shows general demographic information about Kit Carson County.

Census Data Estimates for July	Population	Population Change Since 2010	Population Over Age 65	Population w/ High School Diploma	Population w/ Bachelors or Greater	Average Median Income	Population w/o Health Insurance	Population Below Poverty Level
2010	8270		15.1%	77.0%	15.4%	\$39,997		14.5%
2015	7758		17.9%	83.5%	13.3%	\$40,606	16.8%	12.2%
2022	6961	-15.8%	20.6%	89.2%	18.2%	\$52,917	16.0%	12.1%

The percentage of the population over the age of 65 has increased by 5.5% since July 2010. The median income has increased by approximately \$12,900 since the 2010 estimate. The population without health insurance has decreased by 0.8% since the 2015 estimate which likely demonstrates an increase in the Medicaid population due to the Affordable Care Act.

The economy in Kit Carson County has an agricultural base with strong support from tourism (food services and lodging), health care, and government services. Wind energy is growing rapidly in the county with 480 turbines in place producing approximately 1.5M mega-watt hours of energy. Additional construction is anticipated over the next five years. Corrections Corporation of America had operated a 1448 bed institution located near Burlington. In 2016 that private institution closed which has negatively affected the economy and potentially influenced some population decrease.

Burlington is the county seat and largest city in the county with around 3098 residents according to the 2021 census estimate. Like the county as a whole, Burlington is decreasing in population. 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 2022 survey by the Colorado Department of Transportation estimates 11,000 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 provides all dispatch and emergency response communications for two ground ambulance services, five fire protection districts, and three law enforcement agencies. As noted in the description of Cheyenne County, Kit Carson County Communications is now the PSAP and dispatch center for the emergency services in Cheyenne County. 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 1100 requests for service annually from two bases in Burlington and Stratton. As of the first quarter of 2023, there are seven full time staff supported by approximately 13 paid on call/per call volunteers. The service has five ambulances licensed at the ALS level and provide that service utilizing two cross trained nurses and one paramedic. The cadre of volunteers has been declining but has been supplemented with full-time staffing. 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 has one full time EMT and a staff of approximately 30 volunteers. Within the volunteer pool are two paramedics and 28 EMTs. They have four ambulances based in Seibert, Flagler, and Arriba to respond to 300 requests for service in 2022. 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 operate rural health clinics in Burlington and Stratton. They also provide home health services. 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, the hospital may collaborate with Lincoln Health transport service or utilize the air transport services. Lincoln Health, based in Lincoln County, also operates a rural health clinic in Flagler. The five fire protection districts provide support to the ambulance agencies through rescue and first responder services. There is one skilled nursing facility and three assisted living facilities in Kit Carson County serving the aging population.

A "Consultative Visit" was performed using the EMTS Provider Grant fund in FY10. This was a valuable process for all stakeholders and many of the recommendations have influenced the growth of the EMTS system. A copy of the final summary document is available upon request from the Plains to Peaks RETAC office.

Lincoln County provides the western border for both Kit Carson and Cheyenne Counties. Lincoln County encompasses 2578 square miles. Once again, the topography in Lincoln County is 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 2022 census data estimates the population of Lincoln County at 5510 (2.2 persons

per square mile). The county has experienced a modest growth of 0.7% in population since 2010. The following table shows general demographic information about Lincoln County.

Census Data Estimates for July	Population	Population Change Since 2010	Population Over Age 65	Population w/ High School Diploma	Population w/ Bachelors or Greater	Average Median Income	Population w/o Health Insurance	Population Below Poverty Level
2010	5467		17.7%	81.8%	13.2%	\$40,384		16.8%
2015	5557		17.1%	79.7%	15.1%	\$39,005	11.9%	19.4%
2022	5510	0.7%	17.2%	88.7%	16.7%	\$46,894	10.2%	14.9%

The median income in Lincoln County has increased by \$6510 since July 2010 estimates. The percentage of the population below the poverty level has also decreased by nearly 2% since 2010.

The economic base in Lincoln County is agriculture with strong support from tourism (food and lodging), health care, energy production, 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 multiple wind energy companies are building wind farms. There are approximately 600 towers near Limon in 2023 producing over 2M mega-watt hours of energy. There is continued potential for additional expansion over the next five years; which may afford the county well-paying jobs during the expansion.

Hugo is the second largest town in Lincoln County and hosts the county seat with a population of approximately 786 (2021). Limon has a population of around 2041 (2021) and provides much of the retail business in the county. Other towns include Genoa, Arriba, and Karval. Interstate 70 transects Lincoln County as well 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. At this point, the Colorado Department of Transportation estimates (2022) over 16,000 vehicles daily with semi-tractors accounting for 27% of that traffic. This represents a significant increase in vehicle traffic since 2019 at an additional 5000 vehicles daily. US Highway 24 provides a route between Limon and Colorado Springs. CO Highway 71 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 911 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

15 requests for service annually with a current staff of only two certified EMT volunteers. Hugo Volunteer Fire Department and Ambulance Service, based in Hugo, transitioned to become Hugo Fire Protection District in 2019. The volunteers respond to approximately 120 requests annually and provide BLS care with seven certified volunteers. 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. Limon Area Fire Protection District began providing BLS ambulance services in the first quarter of 2019. This service has since eliminated the ground ambulance portion of their service model and have focused on fire protection. They work closely and share multiple staff with Limon Ambulance Service. Limon Ambulance Service (LAS) is an ALS/BLS service operated as an enterprise fund by the town of Limon out of one base with three ambulances, three full time ALS staff, and approximately nine paid per call EMT volunteers. One of the full-time positions is grant funded and subject to continued funding. The service responds to nearly 600 emergency requests for service. LAS previously supported Interfacility Transports but has had to stop that service due to staffing. Lincoln Health (LH) is a Critical Access Hospital designated as a Level IV Trauma Center located in Hugo. LH operates a clinic within the hospital, another in Limon, and one in Flagler. LH operates a skilled nursing facility on the same campus as the Level IV trauma facility. Peak Vista operates a clinic in Limon. LH operates a licensed ground ambulance service out of the facility. It is licensed for 911 response but focuses on interfacility transfers to urban hospitals in Colorado Springs and Denver including critical care patients with their ALS staff. They have seven cross-trained staff and provide approximately 200 interfacility transfers annually. All agencies in the county have the option of requesting air medical services and the vendor varies based on current availability. Airlife placed a rotor wing base at the hospital in Hugo in 2015 which provides timely and convenient service for much of eastern Colorado. Each of the fire departments in the county supports the ambulance agencies by providing rescue and first responder care. There are three licensed assisted living residences in Lincoln County.

El Paso County has by far the largest population base in the Region. The county is 2126 square miles in size with a 2022 census data estimate of 740,567 (343.5 persons/square mile). El Paso and Denver counties compete for the largest population base in the state with El Paso County leading the way in 2022 by 27,315 persons. Colorado Springs is the county seat for El Paso County and is the second largest city in the state with a 2022 census estimate at 483,956. Both El Paso County and the city of Colorado Springs have experienced double-digit growth with an increase of 19.0% and 16.2% respectively since 2010. 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.

Census Data Estimates for July	Population	Population Change Since 2010	Population Over Age 65	Population w/ High School Diploma	Population w/ Bachelors or Greater	Average Median Income	Population w/o Health Insurance	Population Below Poverty Level
2010	622,263		9.8%	91.3%	31.8%	\$59,061		10.6%
2015	688,284		11.8%	93.8%	35.9%	\$58,206	10.2%	11.0%
2022	740,567	19.0%	13.5%	94.4%	39.5%	\$75,909	8.7%	9.6%

The population over the age of 65 has increased by 3.7% since 2010. Poverty and persons without health insurance have decreased moderately since 2010.

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. A wind farm with approximately 145 towers has been built along the US Hwy 24 corridor between Calhan and Ramah. In general, the school districts are growing 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, healthcare, education, and other service industries. El Paso County 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 State 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 Station/Complex, Peterson Space Force Base, Schriever Space Force Base, Northern Command, the United States Air Force Academy, and other military institutions. Fort Carson especially has seen remarkable growth over the past decade. 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 125,000 to 140,000 (2021) average daily counts in some areas of the highway. US Highway 24 enters Colorado Springs from the east with between 15,000-20,000 vehicles per day due to the growth of housing in the Falcon, Peyton, and Calhan areas. US 24 exits El Paso County on the west entering the Rocky Mountains and CDOT reports over 25,000 vehicles on average traveling this route. Other major highways in El Paso County include but are not limited to US Highway 83, US Highway 85, CO Highway 94, CO Highway 105, 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, Peterson Space Force Delta One, and

Fort Carson Fire Department. These centers provide dispatch services for various agencies within their purview. American Medical Response is the contracted provider of ground ambulance services and provides emergency dispatch information to their responding ground ambulance units and others as needed. There are 21 licensed ground ambulance services as of May 2023. The number of licensed ground ambulance services has increased as several fire protection districts have recently added ground transportation to their service plan. This has been done primarily due to the county contracted ambulance service not being able to consistently meet expectations while maintaining the contract with the city of Colorado Springs. There are two air ambulance services, and 19 (four military) additional non-transport fire departments/districts based in El Paso County. There are four additional agencies providing EMS services such as search and rescue and emergency response teams. All of the non-transport services provide emergency medical care at least at the BLS level. Some of the services are full time paid staff, some are combination paid/volunteer staff, and others are all volunteer staff. For many years, American Medical Response has held the emergency ground transport contract for all of El Paso County. The most recent contract is in place for the next four years.

The three primary health care systems in El Paso County are the University of Colorado Health-Memorial Health System (UCH-MHS), Penrose-St Francis Health Services (Centura), and Children's Hospital Colorado-Colorado Springs. Memorial Health System was leased by University Hospital in 2012 and became part of that larger system. UC Health Memorial Central is a Level I Trauma Center, licensed for 583 beds, located toward the middle of the city. UC Health Memorial North is operated by the system and is located on the north side of Colorado Springs with 130 licensed beds and they achieved their Level III trauma designation in 2016. UC Health Grandview is a Level IV Trauma Center located close to I-25 on the northwest side of the city with 22 licensed beds. UC Health is in the process of building another facility on the east side of Colorado Springs which will likely mostly service orthopedic patients. Penrose-St Francis Health Services is owned by the Centura Health non-profit organization. Penrose Hospital is a Level II Trauma Center, licensed for 300 beds, located near the middle of the city and St Francis Medical Center is a Level III Trauma Center on the northeast side of Colorado Springs licensed for 222 beds. Centura has just completed construction of St Francis Interquest Medical Center on the north side of Colorado Springs with a planned opening in the second quarter of 2023. Children's Hospital Colorado-Colorado Springs opened a pediatric facility on the campus of UC Health Memorial North in May 2019. They achieved a Level II Trauma Designation but will primarily accept pediatric patients in their 115 licensed beds. Pediatric patient destinations were monitored closely in the beginning and have proven to be appropriate over time. The Lifeline 2 rotor wing service is based at the Colorado Springs airport and services much of the southern and eastern portions of Colorado. Flight for Life's LifeGuard 3 is based at St Francis Medical Center and operates in the same general areas.

As noted, there are currently six civilian facilities in El Paso County: UC Health Memorial Central, UC Health Memorial North, UC Health Grandview, Children's Hospital Colorado-Colorado Springs (CHCO-COS), Centura-Penrose Main, and Centura-St Francis Medical Center. In addition, there are two military facilities

located at Fort Carson and on the United States Air Force Academy campus. There is one licensed behavioral health facility with three more pending and one licensed rehabilitation facility also located in Colorado Springs. Some additional data for health care in El Paso County is as follows: 21 skilled nursing facilities, 73 licensed assisted living residences, 21 Federally Qualified Health Centers (FQHC), seven dialysis centers, 19 outpatient surgical centers, five Free Standing Emergency Departments, and one rural health clinic which is located in Calhan. This data is current as of May 2023 and provided by the health facilities division at CDPHE. An internet search also provided a total of nearly 20 urgent care centers in El Paso County.

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 2022 census data estimates the Teller County population at 24,857 residents (44.4 persons/square mile). Teller County has experienced population growth of 6.5% since 2010.

The following table shows basic demographic information for Teller County.

Census Data Estimates for July	Population	Population Change since 2010	Population Over Age 65	Population w/ High School Diploma	Population w/ Bachelors or Greater	Average Median Income	Population w/o Health Insurance	Population Below Poverty Level
2010	23350		12.2%	94.0%	31.7%	\$58,457		7.3%
2015	23385		19.0%	93.0%	31.8%	\$62,372	10.2%	8.8%
2022	24857	6.5%	24.7%	97.8%	37.0%	\$68,677	8.4%	7.9%

The percentage of the population over the age of 65 continues to increase significantly over time. The population without health insurance has decreased by 1.8% since the 2015 estimate which is likely a reflection of the rapid growth of seniors in the county on Medicare.

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. A new addition to the economy has been a Christian educational center near Woodland Park.

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 20,000 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 1100 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 over 7900 residents (2021), Woodland Park is the largest city in the county and provides many of the retail opportunities. Other smaller towns include Divide and Florissant. Teller

County is the gateway to the Pike National Forest. Mueller State Park hosts many campers during the year and the Florissant Fossil Beds is 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 two licensed ground transport services and seven fire departments. Ute Pass Regional Health Service District (UPRHSD) and SW Teller County Emergency Services (SWTC) are full time ALS services providing most of the ground transport services. UPRHSD is a Title 32 Health Services District and has bases in Woodland Park and Florissant. They respond to nearly 3500 requests annually with 41 full and part-time personnel and seven transport units. The well-developed Community Paramedic program has shown great results in diverting behavioral health patients to more appropriate destinations rather than the emergency department. SWTC is based in the gaming town of Cripple Creek under the auspices of an established hospital district. The 12 full-time staff answer 1350 requests each year. Pikes Peaks Regional Hospital opened in late 2007 as a critical access hospital (licensed for 15 beds) and surgery center. They are a Level IV Trauma Center serving the residents and travelers in Teller County. In 2018, University of Colorado Health became the parent organization for PPRH. This relationship has helped to stabilize the facility and care provided in the community. Patients needing higher levels of care are generally transferred to either of the Level I and 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. Teller County Search and Rescue and the Pikes Peak Wilderness Team provide initial emergency medical services for the numerous back country responses. There are two skilled nursing facilities (139 beds), one licensed assisted living residence, and three urgent care centers in Teller County.

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 9200 square miles with a total population of 779,627 according to the 2022 census data estimates. Within that data is the fact that population density varies from less than one person per square mile to over 2000 persons per square mile. The city of Colorado Springs has 62.1% 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 14,115 feet above sea level.

Economies across the Region have certainly been affected by the global pandemic and general 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 declining commodity prices for the sale of their products and 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. Overall, this has had a positive impact on the economy however, 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 nine Public Safety Answering Points (PSAP) in the Region are as diverse as the counties they serve. The El Paso/Teller E911 Authority provides a very stable platform for the five civilian agencies they serve. Excellent training and a comprehensive quality improvement process ensure a consistently good product is available to the public and emergency responders. The five civilian and two military PSAPs under the El Paso/Teller E911 Authority answered 325,663 911 calls in 2020. These same PSAPs answered 364,239 911 calls in 2022 which represents an increase of 11%. In August 2016, the services began to accept “Text to 911” calls. This newer technology still accounts for a small but growing percentage of total calls. 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 a work in progress, but consistent improvement is anticipated.

The 30 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 three air medical services with units based in the Region. Additional services provide air medical care when requested from outside the Region. There were approximately 133,885 patient care reports completed by these agencies in a 13 month period ending in September 2022. This is the latest complete information provided by the state data office. The number of patient encounters by each agency varies greatly from <10 to nearly 88,900 by individual agencies. An additional 41 agencies provide varying levels of emergency care and are essential in the entire EMTS System. As of April 2023, there were 815 certified emergency responders in the Plains to Peaks Region affiliated with one of the 30 licensed ground ambulances. This is data provided by the state data office but doesn’t include any personnel affiliated with any non-transport services, hospitals, or other clinical locations. Based on the data provided by the state for April 2023, this is the breakout of certified/licensed EMS providers affiliated with a licensed ground ambulance service.

LEVEL	April 2023
Emergency Medical Technician	521
Advanced Emergency Medical Technician	12
EMT Intermediate	7
Paramedic	275

The Region has a total of five acute care facilities which have achieved trauma designation as Level IV, two Level III, two as Level II, and one as a Level I. There is an acute care facility located on the Fort Carson military base and a licensed facility

on the USAFA campus which are vital within the system. Additional clinics, outpatient surgery centers, and other health care institutions which were described in each county description augment the total system of care within the Plains to Peaks Region.

The frontier Level IV trauma facilities in the eastern end of the RETAC use a variety of higher-level centers along the Colorado front range for definitive care of both trauma and medical patients. In 2019, Children's Hospital Colorado-Colorado Springs opened a facility on the north side of Colorado Springs. This facility is designated as a Level II Trauma Center but has focused on patients 14 years and younger. Teller County patients are most often transferred from the Level IV center to either of the higher-level trauma centers in Colorado Springs. The addition of CHCO-COS has affected patient destinations for pediatric patients within El Paso and Teller counties and most of southern Colorado. This transition has been tracked and has resulted in most pediatric patients remaining close to home. Pediatric burn patients in the region are generally transferred to CHCO – Anschutz. Adult burn patients are transferred to the University of Colorado Burn Center in Aurora.

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 went through the process of updating the IGA in 2013. 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 hospital systems in the Region with trauma centers designated 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 County	Commissioner RJ Jolly	Local Government
Cheyenne County	Scott Nyman, Cheyenne County Ambulance Service	Pre-hospital
El Paso County		Local Government
El Paso County	Jared Cass, City of Fountain Fire Department	Pre-hospital
Kit Carson County		Local Government
Kit Carson County	Heather Morris, Kit Carson County Ambulance Service	Pre-hospital
Lincoln County	Commissioner Steve Burgess	Local Government
Lincoln County	Ken Stroud, OEM	Local Government, Alternate
Lincoln County	Jacob Piper, Administrator	Local Government, Alternate
Lincoln County	Bob Carson, Lincoln Community Hospital	Pre-hospital
Teller County	Tim Dienst, Ute Pass Regional Health Service District	Local Government
Teller County	Eric Murray, SW Teller County EMS	Pre-hospital
Trauma Facility	Member Name	County Location
Keefe Memorial Health Service District	Jasmine Shea, TNC	Cheyenne County
Kit Carson County Health Service District	Elizabeth Hampton, CNO	Kit Carson County
Lincoln Community Hospital	Rachel Smith, TNC	Lincoln County
University Health-Memorial Hospital	Heather Finch, Trauma Program, UCH South	El Paso County
University Health-Memorial Hospital	Christal Villanueva, Trauma Program, Memorial Central, Alternate	El Paso County
Penrose-St Francis Health Services	Wendy Erickson, Trauma Program, Penrose Hospital	El Paso County

Penrose-St Francis Health Services	Sherry Steffen, Trauma Program, St Francis Medical Center, Alternate	El Paso County
Children's Hospital Colorado-Colorado Springs	Lana Martin, CHCO Trauma	El Paso County
Children's Hospital Colorado-Colorado Springs	Taylor Townsend, Trauma Program, Alternate	El Paso County

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. Due to the effects of the 2020 pandemic, most meetings have been held virtually or hybrid using an online platform. This will likely continue into the future to reduce costs for all member's travel.

The Council elects a Chair, Vice Chair, and Secretary from the appointed membership for a two-year term 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.

There is an established Conference Committee which works to set the curriculum and details for the annual BLS Conference in Limon, the ALS Conference, and the EMS Financial Conference. The RETAC is also the "parent" organization for the EMS Medical Director Committee (MDC) and the Region IV Prehospital Care Committee. The MDC committee is mostly autonomous, but the RETAC provides the stability needed for such an important group. The MDC committee will also lead the pending Continuous Quality Initiatives funded through the Regional Medical Direction grant by the EMTS fund at CDPHE. A contractor was hired in 2011 to provide technical assistance for QI efforts and that work will continue through the MDC. A second contractor was added to assist with the regional website and other technical issues. As noted elsewhere, the Pikes Peak Regional Prehospital Care Committee has also been formed under the RETAC to support the needs of the local community. The most recent regional development is the Eastern Emergency Care Committee which includes stakeholders from Cheyenne, Kit Carson, and Lincoln counties. These groups have provided an avenue for the operational and clinical care issues to be discussed and reviewed. Subcommittees are also valuable to address specific issues.

The Regional Coordinator (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 but are not limited to great distances in the frontier areas, large populations in the urban center, and significant topography in the mountainous regions. In 2020, the COVID-19 pandemic created new barriers to providing patient care in the prehospital environment; and new opportunities based on those barriers which will be discussed later in this document. Emergency responders in each area 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 at all levels. The effect of the Affordable Care Act on payer mix is an ongoing challenge. The effect of “cost reporting” to the Centers for Medicare/Medicaid Services (CMS) was new in 2019 and its full impact has not been realized. Due to the pandemic, the CMS cost reporting was delayed but started again in 2023. In addition, the successful implementation of the Supplemental Reimbursement Program for public agencies began in the first quarter of 2019. Numerous agencies in the region have participated and the RETAC is encouraging additional agencies to start the program which will have a positive fiscal impact on publicly funded agencies who transport Medicaid patients.

The continual maturation of the EMTS system starts at the local level where basic needs are first discovered. From that point any issues are brought to the local EMS council and, if not resolved, the regional council. This process allows the stakeholders to prioritize immediate issues and plan for concerns that may develop over time.

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 April 2023 and finalized for the plan in June 2023. 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 are 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: EMTS System Components:

Legislation and Regulation

Participation by RETAC staff and regional stakeholders in the legislative and regulatory process has been significant and built upon the successes from the previous cycles. Efforts by RETAC to engage stakeholders and include them in discussions regarding both rules and legislation has been effective. Efforts to increase participation on SEMTAC, SEMTAC Committees, and EMPAC have been successful and evidenced by the number of regional stakeholders attending and appointed to those groups.

The RETAC Chairperson is actively involved in numerous committees, leads the EMSAC Advocacy Committee, and is the SEMTAC Chair. This leadership helps to inform stakeholders and encourage participation across the region. The involvement is not limited to state level issues as the region has good participation in national advocacy for EMS issues.

System Finance

The funds provided through the HUTF account for the RETAC are used for both operations and local funding. Each county maintains control of the \$15,000 provided to the RETAC based on their membership. \$7500 of these funds were set aside annually by the counties in the beginning of the RETAC for capital expenses. The other \$13,500 per county is held at the RETAC level pending approval of local or regional projects brought forth by each county. These regional projects may include education, equipment, region wide projects, or RETAC operations as deemed appropriate by the counties and the RETAC. For the first time, the FY24 operations budget will include a contribution of \$2000 per county from their funds. This demonstrates the need for additional funding to support the RETAC office.

Each of the appointed RETAC representatives volunteer their time and travel on behalf of the appointing entity. The quarterly meeting moved around the region for many years with the host entity providing lunch for those attending. Since the pandemic, most meetings have been held virtually but attendance continues to remain strong. Support for the RETAC by various stakeholders is evidenced by the financial support provided to the annual conferences. Significantly, UC Health, Centura, Children's Hospital Colorado, American Medical Response, and others provide the vast majority of instructors for the BLS conference at minimal cost to the attendee or the RETAC.

The RETAC has actively pursued grant funding for various projects including injury prevention and group purchases of equipment. The Plains to Peaks RETAC has been the coordinating entity for several regional and ultimately statewide consolidated grants which supported agencies across the state through group pricing and grant administration.

Changes in funding for ground ambulance services provide opportunities and challenges. The RETAC will be working to educate staff and agencies alike on these changes. Likewise, funding for facilities is an ongoing challenge due to the expanding population who have chosen Medicaid as their insurance.

Human Resources

In the frontier counties of the region, the PSAP/Dispatch functions are combined within a single office. These personnel are often cross trained for additional jobs. Turnover is high in most cases. Highly trained dispatch personnel work in El Paso and Teller counties but the continual need for staff is present in this stressful environment.

The breakdown of prehospital providers in the region was provided earlier in this document. Volunteers remain an important and necessary component of EMS in all counties. The ability to recruit volunteers is becoming a greater challenge and some agencies are being forced to pay at least part time to ensure coverage within the system.

The number of ALS providers in the frontier counties is estimated at less than 10 and most are paid staff. The vast majority of BLS providers in the frontier counties are EMT volunteers.

For acute care hospitals, there is generally always a need for qualified nursing staff. The frontier hospitals especially have difficulty maintaining enough qualified nursing staff and even physicians are limited. This is partially due to the frontier environment and limited resources available locally. Each of the frontier facilities are required to use locum tenen physician staffing at times. The urban center facilities also experience shortages at times.

The obvious deficiency is the number of volunteers available in the frontier counties for prehospital care and the number of qualified staffing at the acute care facilities. Several programs have been completed to increase the number of volunteers with limited success over the years. The Colorado Rural Health Center is a valuable resource for facilities to recruit providers. Efforts to support agencies and facilities is an ongoing program within the RETAC. The Plains to Peaks RETAC led an effort by all RETACs to survey rural ambulance services. The project was successful and provided some information which will help to support the EMS Sustainability Task Force.

Education Systems

Within the RETAC, there are two training centers based in the region: Pikes Peak State College and UC Health Memorial EMS Education. PPSC can provide initial and continuing education to include EMR, EMT, AEMT, EMT Intermediate, and Paramedic. UC Health Memorial EMS Education can provide initial and continuing education to include all except Paramedic. There are three other training centers with a footprint in the region. The area for Morgan Community College encompasses Kit Carson and Lincoln counties and they are able to provide EMR, EMT, AEMT, and EMT Intermediate initial and continuing education. Cheyenne County is within the Lamar Community College area. LCC can provide initial and continuing education for EMR, EMT, AEMT, and EMT Intermediate. Penrose-St Francis Hospital EMS Institute can provide continuing education across all certification levels and initial education at the EMT level. In 2018, they also developed a program locally in collaboration with St. Anthony Hospital Prehospital Services training center to provide initial Paramedic education locally. There are 17 additional training groups within the region recognized by the state office. The total number of educators for EMS is adequate at the time but more are always welcome. The healthcare systems provide a significant amount of

education and are currently staffed adequately but additional educators are needed for expansion. Education for emergency medical dispatch is an area with limited resources.

Centura and UC Health each provide an educational conference annually in Colorado Springs. The pandemic did temporarily disrupt these events. These are well done and have excellent attendance and reviews. Children's Hospital Colorado-Colorado Springs also provides excellent pediatric educational offerings on a regular basis which are open to all interested parties. The RETAC provides a rural BLS conference in conjunction with regional stakeholders annually. This conference has been going on for over 20 years and provides much needed didactic and hands on education for the area. In March 2019, the RETAC initiated an ALS Conference to provide critical care continuing education. The initial conference was successful, and the conference committee has attempted to host additional events but the pandemic and other factors have provided challenges. Efforts to have a 2024 event in collaboration with PPSC are underway. Again, the pandemic resulted in the cancelation of these conferences. The RETAC collaborated with the Mile High RETAC to start an EMS Financial Conference in September 2018. These symposiums have been provided twice a year since the start. Because of the pandemic, the 2021 sessions were virtual but still well attended. The collaboration will continue between the RETACs to provide this valuable resource with adjustments to the agenda as appropriate for the most recent needs of the attendees.

UC Health, Centura, and Children's Hospital Colorado-Colorado Springs have in-house instructors across their systems for most nursing and physician continuing education. They have each collaborated with frontier facilities to provide required education at times to include TNCC, RTTDC, ATLS, and other topics as needed.

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. All cellular calls in El Paso County are routed to the city of Colorado Springs Police Department PSAP. Land lines are routed to the corresponding jurisdiction. Calls are then routed to the appropriate dispatch center to alert responding agencies. There are a total of four PSAP/Dispatch Centers in El Paso County and three PSAP/Dispatch Centers in Teller County. The currently contracted provider of ground ambulance service for El Paso County and the city of Colorado Springs (American Medical Response) has a Dispatch Center to serve their units in the field. This system is tied into the PSAPs to ensure continuity. There is also a sophisticated quality improvement plan in place for these agencies through the El Paso/Teller E911 Authority. "Everbridge" is the vendor for the emergency notification system in these two counties.

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. As the PSAP/Dispatch centers are all under the control of the elected

sheriff, continuity of priorities has been an issue. As noted earlier, the Kit Carson County Communications Center now provides call taking and dispatch for both Kit Carson and Cheyenne Counties. This project has had some challenges as expected but is ultimately doing well. "Code Red" is the emergency notification system in place in the frontier counties.

911 is the universal emergency number in all counties of the RETAC. All PSAP/Dispatch centers are also Phase II compliant and can locate cellular callers. PSAPs within the El Paso/Teller E911 Authority have had the ability to accept "Text to 911" requests since August 2016.

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 El Paso County, the contracted provider of transport services monitors the status of the AEDs as part of their contract. The Regional Medical Director Committee is working to implement an AED registry in El Paso/Teller counties. This database will ultimately be integrated into the CAD system allowing dispatchers to let 911 callers know where the closest AED is located. This is a large project and will take time to implement but there has been significant progress over the past two years with close to 1000 AEDs in the database currently.

Communications Systems

Emergency communications are provided throughout the region via a variety of radio systems. The DTRS 800 megahertz system works well in the frontier and urban area. Teller County relies on a sophisticated VHF system due to mountainous terrain but the DTRS is improving with the addition of repeater towers in strategic locations. Pre-hospital agencies are able to talk with receiving facilities and cooperating agencies well using the current systems. The continuing increase in the cost of the system is a concern for local agencies. Cellular phone coverage is good in most areas and continues to improve as the providers upgrade their systems.

In the frontier areas, dispatch centers contact emergency responders using either VHF pagers, cellular text, or a combination of both. More urban systems initiate emergency response through radio communications with on duty staff. In the frontier counties, ambulances communicate with the receiving hospital via 800 radio or cellular phone. Radio and cellular traffic has been the most common method of communication between prehospital and facilities in the El Paso/Teller areas for many years. The "Pulsara" system came into use in this area for enhanced communication for Stroke and STEMI patients in 2019. Pulsara has become the primary communication between ambulance and facility for El Paso and Teller counties. The tool has expanded its capabilities and is currently being implemented across the eastern rural counties of the region. Radio and cellular use will remain options for redundancy.

The "Pulsara" system was also used extensively during the pandemic for real time communication between prehospital providers and medical directors. This allowed for

appropriate assessment of patients who could potentially remain at home rather than stressing the emergency departments. This option was available across the RETAC.

Facilities in the region have the ability to communicate with other facilities via the DTRS if needed but most communications continue to be done via the telephone systems.

Mutual aid agreements exist among many agencies with dual response in place for some areas. There are mutual aid channels within the DTRS system for this type of response. In the event of a mass casualty response, the incident commanders will request appropriate DTRS channels for the incoming response agencies. The healthcare coalitions also prepare for large events and test the radio communications regularly.

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. Due to the pandemic, the collaboration between Public Health and EMS has been enhanced out of necessity. The relationship has continued to grow even after the pandemic in most areas.

The RETAC relies on local directors and facilities to bring forward concerns about patient destinations. 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 Regional Medical Director Committee has conducted analysis of patient destinations for a limited group of patients and discovered that the vast majority of patients were in fact transported to appropriate destinations. Any outliers were reviewed and ultimately there were additional factors which accounted for the variances. This option is always available and is used when appropriate.

Each of the designated trauma facilities have established inter-facility agreements with the appropriate higher levels. The RETAC office is aware of the common transfer patterns and communicates with sending hospitals if there are any issues which arise. The triennial trauma designation process also provides an opportunity to review facility practices. Divert statistics are provided by the larger health care systems to the RETAC office on a monthly basis. For the frontier facilities, any issues with patient access are brought to the RETAC staff in a timely fashion. The RETAC also receives alerts from EMResource regarding any divert/advisory changes occurring at all facilities in the region. Rarely is there ever a true divert issue but the RETAC office has offered assistance when they have occurred.

The need to move patients from rural areas to the urban centers for definitive care continues to be a challenge. The RETAC is forming a committee to research the issue and to determine potential options to mitigate the issues.

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 specialized rescue team for grain elevator incidents has also been developed in Kit Carson County.

Medical Direction

The majority of medical direction for all civilian prehospital agencies in the region is provided by either UC Health Memorial Hospital or Penrose-St Francis Health Services. The one exception to this trend is within Lincoln County. Lincoln Community Hospital has their own interfacility transport service and many of those transfers are taken to Denver area hospitals. They have elected to use medical direction from a physician affiliated with the Medical Center of Aurora.

These medical directors have EMS liaisons who interact closely with the agencies to ensure clinical updates and quality assurance are completed in a timely fashion. They provide education to the agencies on a monthly or bi-monthly basis based on the desires of the agency, clinical issues, or other immediate needs. The development of the regional CQI program will further enhance the education to be provided.

The potential exists that the healthcare systems could begin to reduce their support for medical direction. The RETAC and medical director committee will be considering potential options moving forward to address this concern.

Through funding for the Regional Medical Direction program, the RETAC has selected Co-Regional Medical Directors and contracted with a person to support them. The Plains to Peaks RETAC collaborated with the Southern and Southeastern RETACs to develop and update prehospital guidelines. The three RETACs also collaborate to maintain a smart phone application to host the guidelines for all stakeholders.

Public Education

In the frontier areas there are limited time and resources to provide consistent public education regarding the system. The agencies are staffed primarily by volunteers who are often wearing numerous "hats" within their community. Some of the programs which are provided include newspaper articles, open houses, fundraisers, and booths at public events. The local EMS councils include the consumer in their meetings with limited but valuable success.

The urban environment has more career staff with greater opportunity to provide information to the public. The venues are often the same as in the frontier environment such as public events. CPR education is readily available and local media often provides information regarding preparedness and health/safety issues. Participation by consumers on local preparedness and oversight boards is good.

Prevention

With state trauma designation comes the expectation that those facilities will implement programs to prevent traumatic injuries in the population they serve. In the Plains to Peaks RETAC, there are three frontier Level IV trauma facilities, one rural Level IV trauma facility,

one urban Level IV trauma facility, two urban Level III trauma facilities, one urban Level II trauma facility, one urban Level II trauma facility focused on pediatric patients, and one urban Level I trauma facility. Each has programs which they support to reduce traumatic injuries plus additional medical conditions. Children's Hospital Colorado-Colorado Springs has specific programs to address the pediatric population in the region and across southern Colorado. There have been grant funded programs to support "Stop the Bleed" education and distribution of tourniquet kits.

The frontier hospitals work closely with local stakeholders to provide education within the schools for bike safety, farm safety, and numerous other focus areas. Organized passenger safety programs were supported through CDOT grant funding for several years but when the funding stopped, the programs struggled to continue. Due to a lack of funding and time, the RETAC has not focused on any other prevention program since that time. Adult falls is another area of focus and Lincoln Community Hospital has adopted a program to address this issue called "Stepping On".

The urban centers have numerous outreach programs to address programs such as: adult falls, bicycle safety, non-accidental trauma to children, senior safety, and other focus areas. They are active participants in various organizations such as Safe Kids, Drive Smart, Older Adult Coalition, etc. They provide significant funding to purchase helmets and other equipment to support these various programs.

Public health agencies across the region support programs for tobacco cessation, vaccinations, and a vast array of other programs to promote health and safety.

The El Paso/Teller E911 Authority provides a valuable service across the two counties. A life safety trailer is available for schools and public events which educates children on fire safety, poisons, 911, and other dangers.

Information Systems

All trauma facilities within the region are providing the appropriate data into the state system. As the state EMTS office transitioned to a new trauma reporting system, all facilities have worked to make the same transition.

All licensed ground and air ambulance services in the region are providing data as required into the state data base. The state office provides feedback to the region regarding quality of that data. The reports indicate that 100% of agencies are reporting quality data. As issues arise, the RETAC provides technical support as needed to assist the agencies.

The RETAC accesses data from the state system as appropriate to guide the development of goals and/or answer questions about the emergency care system. An example of this is how the RETAC follows divert for Behavioral Health patients in the urban setting. The data has helped to develop consistent policies.

EMTS Research

There is no single agency which promotes EMTS research within the region. All three major health systems have numerous research projects both completed and ongoing. These include local system, statewide, and national projects. Their involvement in this type of research helps to ensure not only compliance with best practices but the ability to lead those projects.

EMS chart review and CQI programs exist at some level with all pre-hospital agencies. The medical directors and their liaisons work closely with the agencies to ensure quality review. The Regional Medical Director program is actively working on a regional CQI project for all prehospital agencies. This program will support agencies to perform some QI at the local level and will allow them to benchmark against like agencies in the region. The medical director committee also relies on research to lead updates to clinical prehospital guidelines.

The two major prehospital entities in Colorado Springs hold joint reviews to consider selected cases. All trauma centers are required to have comprehensive reviews. The PIPS programs at University, CHCO-CS, and Centura are well attended and the system community is often updated on research.

Mass Casualty

A significant effort was made during the time that the Metropolitan Medical Response System (MMRS) was in effect to develop and train all stakeholders on a regional MCI plan. The RETAC provided resources and funding for much of this effort. This plan certainly needs to be updated and that planning began in early 2020. The pandemic happened and the planning was postponed but it resumed in 2023. That work has resulted in the completion of an updated regional MCI plan which has been adopted by the El Paso County agencies. It is being reviewed by the other counties and is expected to be the primary document for them also. Along with the updated plan, the group made a decision to move away from the concept of MCI trailers which need maintenance and other logistical support. The group developed a standard MCI bag which will be placed on all first response units. This was completed with a grant from the ESA and the RETAC. A full scale exercise in June 2023 demonstrated the effectiveness of the bags.

The continued challenges of using EMResource during MCI events pushed the RETAC to consider other options. The daily use of Pulsara by prehospital agencies in El Paso and Teller counties drove the need to consider the application for MCI events. The app has been shown to be truly effective during multiple exercises and is currently being considered by the state offices as a potential platform. Pulsara will be fully integrated into communications and MCI events for the RETAC during 2023.

The RETAC does maintain a current contact list of all prehospital agencies in the region. The list is shared with various stakeholders as appropriate. This list was expanded during the pandemic to include additional resources such as transportation assets and long-term care facilities. This information was collected in collaboration with local OEM and the Healthcare Coalitions. The database will be updated on a regular basis as appropriate. The prehospital contact list is tested via email through routine communications with the RETAC.

Significant caches of supplies and equipment are available in El Paso County for mass casualty incidents, alternate care centers, and sheltering needs. The potential to stand up an Alternate Care Site in El Paso county was considered during the pandemic but ultimately was not needed. The other Counties also have supplies and equipment cached for their potential needs. These caches were supported by grants from CDPHE and the All Hazard Regions 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.

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.

The COVID-19 pandemic provided the opportunity for agencies, facilities, and public health to work together in a collaborative effort unlike anything the community has experienced previously. PPE became a significant issue during the event and the RETAC worked with vendors and stakeholders to address this problem. In the aftermath, there has been planning to address the shortfalls through the Healthcare Coalitions in collaboration with other entities. Caches of this equipment will be addressed and made available to agencies in the appropriate regions as appropriate.

The pandemic did stress the system for facility surge capacity in the region as it did across the nation. Facilities across the region did have to create surge capacity and this was often done by reducing and/or eliminating elective surgeries as appropriate in the urban facilities. The frontier hospitals used this tactic also as appropriate and created specific rooms for positive patients. All facilities participated in the state CHTC program which helped to spread patients across all facilities.

Staffing during the pandemic was also a challenge for some agencies and facilities. Administrative staff was often called on to work at the bedside in the urban facilities. The RETAC did host virtual meetings with ambulance services to assess the need and offered the option of staff sharing if need.

Evaluation

Each agency is supported by the medical director liaisons to evaluate their local system. Through the Regional Medical Direction grant, the RETAC has a contracted CQI Analyst who works closely with the liaisons to provide data from the state database. The CQI Analyst is able to provide requested data to the liaisons and to the larger committee as needed. The Medical Director Committee conducted a project to review patient destinations for a specific subset of patients within El Paso County and found that patients were indeed being delivered to the appropriate destination in most cases. The few outliers were reviewed and determined to have additional factors which affected the destination. The group worked to create a process for review of pediatric patient destinations beginning in the second quarter of 2019. This was due to the opening of the Children's Hospital Colorado-Colorado Springs facility on the north side of the city. The project provided good results for

the committee. The Co-Regional Medical Directors have led a group to implement regional QI initiatives. The BLS portion of the project is complete and being tested by the community. Ultimately, this effort was not successful as it became double entry for agencies and was not considered to be value added. The group continues to work on potential options for regional CQI.

All designated trauma facilities in the region are required to have effective process improvement programs in place. The larger healthcare systems have regularly scheduled Process Improvement/Patient Safety meetings and the RETAC Coordinator is invited to attend those meetings. There is one non-military facility which does not have a trauma designation and several “free standing emergency departments” in El Paso County. These facilities are affiliated with University Health and thus are included in their QI processes.

Integration of Health Services

The Plains to Peaks RETAC was formed by joining two former Area Trauma Advisory Councils (ATAC) 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 ones 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. In early 2021, the EMTS community in Teller County asked the RETAC to lead a new organization which would incorporate not only Teller County stakeholders but also those in surrounding counties who work closely on a routine basis. The new Pikes Peak Regional EMS Council was approved and formed in the second quarter of 2021. The RETAC worked with stakeholders in the eastern counties to develop a similar council to serve this area. The committee meets monthly and has created three sub-committees to address pertinent issues. The group is growing and is anticipating good outcomes during this cycle.

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.

In El Paso County, the Region IV Prehospital Care Committee is a holdover from the days of the Pikes Peak ATAC. This committee has found a home under the auspices of the RETAC and provides a forum for EMS, facilities, medical directors, OEM and other interested stakeholders to consider issues and best practices. This group meets every other month with good attendance. The Teller county stakeholders asked the RETAC to form a similar group to which would include stakeholders from not only Teller but also surrounding agencies who work closely within the system. The Pikes Peak Regional EMS Council

started in the second quarter of 2021 to meet those needs. Potential for a similar group to incorporate the needs of the three frontier counties is also being considered.

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 required addition of Healthcare Coalitions has been a challenge in many aspects. El Paso and Teller Counties are members of the South Central Healthcare Coalition which formed after the funding was removed for the Metropolitan Medical Response System. The South Central HCC is a very active group and likely one of the most mature of all healthcare coalitions in the state. Cheyenne, Kit Carson, and Lincoln Counties each developed their own HCC groups initially which resembled the ESF8 groups. Federal and state requirements have deemed that these counties should collaborate with other counties in the Northeast All Hazard Region to form a single healthcare coalition, the Northeast Colorado HCC. The local HCC/ESF8 groups have continued in Cheyenne and Kit Carson counties while still participating in the larger organization. The Regional Coordinator was active during the early days of the healthcare coalitions. The pandemic renewed some of the previous relationships out of necessity to support the EMTS community. This collaboration should continue. The RETAC also organized meetings as appropriate for the ground ambulance services in the region to consider best practices during the pandemic.

Centura Health and UC Health Memorial have been important partners from the beginning of the RETAC. Children's Hospital Colorado-Colorado Springs has brought another level of expertise to the community. The combination of these healthcare systems has provided many resources for the RETAC and other facilities in the RETAC. 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.

Section 3: Challenges for FY24 and FY25

Describe the significant challenges to providing care the council has identified for FY24 and FY25

The following items are addressed within the stated goals and objectives. The gaps and descriptions should be considered as the most obvious concerns but the community is aware of additional issues which may be included in the projects.

Prehospital Initial and Continuing Education

- Gaps in the Current System
 1. Initial ALS Education in Rural/Frontier Areas
 2. Continuing Education for Critical Care Paramedics
- Description of the Problems
 1. There are an estimated 14,203 residents in the three-county region as of 2022. This represents a 7.5% decrease in population over the past 10 years.
 2. Of the declining population, over 19% is over the age of 65 and that percentage is climbing also.
 3. The nearest paramedic initial education is offered at Pikes Peak State College in Colorado Springs and the Community College of Aurora. Both of these options are at least an hour away from potential students in the east. Distance/Virtual Paramedic education is just beginning to be offered but still requires significant travel during the program.
 4. Critical Care Endorsed Paramedics must obtain specialized continuing education hours to maintain their critical care endorsement.
 5. These offerings are limited and generally only in the metro areas of the state.

Ensuring the Community is aware of Legislation and Rule Making

- Gaps in the Current System
 1. EMTS Community Stakeholders don't monitor changes in legislation and rules which may affect their entity and more should be involved in the discussions.
 2. Rural and Frontier areas of the state EMTS system are underrepresented in statewide meetings.
- Description of the Problem
 1. Each year the state legislature hears over 600 pieces of legislation. Not all legislation has an effect on the EMTS system but each year there are some which may be beneficial and some which may be detrimental.
 2. The average agency director or trauma program manager spends their time ensuring that the EMTS system is functioning at a high level. They don't generally have the time to review all legislation or sit in on rule-making sessions.
 3. The fact that many state meetings are now conducted in a hybrid fashion allows for better participation by all stakeholders in the EMTS system.

However, many rural/frontier leaders are volunteers in their emergency response roles and may not be able to attend meetings even if virtual. Their voice needs to be heard during rule making and planning meetings.

Coordination of Stakeholders in the Eastern Counties to Address Various Issues

- Gaps in the Current EMTS System
 1. Rural/Frontier Agency Quality Management Programs are limited and difficult to maintain.
 2. Interfacility Transportation of Patients from Rural to Urban Centers options are very limited and could be considered safety concerns.
 3. Initial ALS Education in Rural/Frontier Areas is not as readily available as in the urban centers but the need is possibly greater.
- Description of the Problem
 1. The review of patient care reports for quality assurance is an essential component of clinical care and medical direction. For a small agency with a limited number of calls, it can be difficult to maintain a quality program with the limited number of emergency calls and staff.
 2. By definition, a rural trauma facility is designed to stabilize a patient and prepare them for definitive care at a more comprehensive facility which is usually located in the urban setting. Moving that patient from the rural to the urban setting is time consuming, expensive, and may be needed during less than ideal road conditions. Volunteers are often tasked with completing these transfers but may have just finished a long work day. This transfer may also take an ambulance and crew out of the local area for many hours which obviously can stress the local 911 system.
 3. To support interfacility transfers, an ALS provider is often required. The number of ALS providers in rural areas is sadly limited and patients may be saddled with a bill from an air transport service because the local ground resources were not available. Education for these paramedic staffing is very limited in the rural area.

Options to Financially Support the EMTS System

(This is not a stated goal but is one of the items always being addressed)

- Gaps in the Current EMTS System
 1. Fee for Service is not adequate to support ground ambulance services who then must rely on public funding to support operations.
 2. The number of volunteers willing to serve is greatly reduced but funding to provide for paid staffing is not available in most cases.
 3. Rural Facilities especially struggle to employ adequate staffing levels without using “travelers” and/or Locum Tenens.
 4. Adequate funding for the RETAC to address all requirements and needs within the system is not available.
- Description of the Problem
 1. Many rural ambulance services have provided emergency response and care on severely limited budgets. This is no longer sustainable and secure adequate funding streams must be found to support the services.

Options may include consolidation or regionalization of services. Other options include raising funds through a variety of means such as mil levy and/or sales taxes. All options must be considered.

2. Recruitment of enough volunteers is no longer an option for most services. Agencies who have thrived on volunteer staffing for years are now struggling to provide coverage without paid staffing which requires a stable funding stream.
3. Recruiting physicians to work in rural areas is a significant challenge so many facilities rely on physician groups to provide coverage. In addition, the number of local nurses available has declined and facilities are relying on travelers to cover the gaps. These two options cost additional money which is likely not always available at the local level.
4. The static funding available to RETACs was likely adequate twenty years ago but the requirements placed on RETACs has grown- significantly without significant additional stable funding. The ability to recruit new staff when the aging staff considers retirement will also be difficult without additional funding.

Section 4: Goals for FY24 and FY25

Describe the goals for FY24 and FY25 that the council set to address the challenges and system deficiencies.

Goal A: 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.

This goal will strive to maintain some established educational events which would become a gap if not continued. The goal will also strive to meet the needs of ALS and Critical Care continuing educational needs which continues to be a gap. The will be done through the ALS Conference.

Objective 1. Work with Regional stakeholders to continue the successes achieved with the rural EMS/Trauma conference.

Estimated Revenues: \$13,000

Estimated Expenses: \$10,000

Objective 2. Work with Regional trauma facilities to enhance the relationship between healthcare systems through increased educational opportunities and improved patient care.

Estimated Revenues: \$0.00

Estimated Expenses: \$0.00

Objective 3. Work with Regional and statewide stakeholders, including the Mile High RETAC, to continue the successes achieved with the annual EMS Financial Conference.

Estimated Revenues: \$13,000

Estimated Expenses: \$10,000

Objective 4. Work with Regional stakeholders to fully implement an ALS educational conference in collaboration with Pikes Peak State College.

Estimated Revenues: \$25,000

Estimated Expenses: \$20,000

The Council will measure the success of these objectives by measuring attendance and reviewing conference evaluation tools.

Goal B: The Region will work to enhance the knowledge base of all stakeholders about current and pending rules and legislation which could affect any aspect of the EMTS system.

Objective 1. Work with Regional stakeholders to increase knowledge and participation in the rule making and legislative processes.

Revenue/Expenses: This work will be incorporated within the daily work of the Executive Director.

Objective 2. Ensure that information about pending rules and legislation affecting both prehospital and facilities entities is distributed to the EMTS community in a timely fashion.

Revenue/Expenses: This work will be incorporated within the daily work of the Executive Director.

The Council will measure the success of these objectives through stakeholder participation and engagement in the legislative and regulatory processes.

Goal C: The RETAC will work with all agencies and facilities across the eastern portion of the region to consider and implement best practices in important areas of emergency care.

Objective 1. Form a committee of stakeholders from all aspects of emergency response and healthcare across the three eastern counties to consider options to enhance emergency response and care.

Estimated Revenue: \$0.00

Estimated Expenses: \$10,000 annually for all objectives. Based on time commitment from the stakeholders participating.

Objective 2. Form a subcommittee to consider best practices for implementing a CQI program at the agency and regional level.

Objective 3. Form a subcommittee to consider options for enhancing the availability of and efficiency of Interfacility Transportation of patients from eastern facilities to appropriate tertiary care facilities.

Objective 4. Form a subcommittee to consider options to enhance the delivery of initial BLS and ALS education.

The Council will measure success by tracking participation by community stakeholders and the progress of various committees to meet the needs of the community.

Section 5: Attestation

ATTESTATION STATEMENT

By signing below, the council chair attests that the information contained in this document, to their knowledge, and completely and accurately is the most current information available to complete the council's biennial plan for the period July 1, 2023, through June 30, 2025. The challenges and goals incorporated herein have been reviewed and formally approved by the council.

Council Chair Signature

Council Chair Printed Name and Title

Date