STATE OF COLORADO



Emergency Medical and Trauma Services System Annual Legislative Report

Submitted to the Colorado Legislature
By the Emergency Medical Services and Prevention Division
Colorado Department of Public Health and Environment
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EXECUTIVE SUMMARY

Colorado's emergency medical and trauma services system provides immediate care to the sick and injured 24 hours a day, 365 days a year. The survival of many patients depends on several factors including the availability of appropriately trained health care providers, as well as properly equipped ambulances, trauma centers, and other healthcare facilities.

Establishment of the *Emergency Medical Services Act of 1978*, the Emergency Medical Services (EMS) Account in 1989, the *Trauma Act of 1995* and the *Emergency Medical and Trauma Services Act of 2000* provide authority and limited funding for the development of a comprehensive emergency medical and trauma service system for Colorado.

Initial effectiveness evaluations of the trauma system since passage of the 1995 legislation have demonstrated a statistically significant decrease in mortality rates among the moderately injured trauma patient.

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT'S ROLE

The Colorado Department of Public Health and Environment (the department) shares regulatory responsibilities for overall system development with the Colorado Board of Medical Examiners and the governing bodies of each of Colorado's counties. Additionally, there have been two governor-appointed advisory committees, the State Advisory Council on Emergency Medical Services (Appendix A) and the State Trauma Advisory Council (Appendix B) which provide recommendations on rules, implementation of program activities, and assistance with the identification of system needs and priorities. One of the significant outcomes of the passage of the *Emergency Medical and Trauma Services Act of 2000* was the dissolution of the two advisory councils and the creation of one combined council with the responsibility to provide guidance to overall system development.

Emergency Medical Services and Prevention Division - Prehospital Care Program

Originally defined by the *EMS Act of 1978*, and modified by the *Emergency Medical and Trauma Services Act of 2000*, the department's primary roles in the development of emergency medical services throughout the state are as follows:

- The certification of emergency medical technicians (EMTs) involving: processing applications, administering certification exams, issuing EMT certificates and investigating complaints involving EMTs.
- The regulation of institutions providing emergency medical technician training involving: developing curricula, approving course content, monitoring the quality of instruction and investigating complaints.
- The administration and management of both the county subsidy and emergency medical services provider grant programs.
- Technical support at the community level for the development and provision of emergency medical services across the state.

Emergency Medical Services and Prevention Division - Trauma Program

Originally defined by the *Trauma System Act of 1995* and modified by the *Emergency Medical and Trauma Service System Act of 2000*, the department's primary roles in the development of the State's trauma system are as follows:

- Designating health care facilities as trauma centers Levels I IV (Level V was authorized in 2000). Designation of trauma centers began in June of 1998 and, as of September 2000, the department has designated 63 trauma centers.
- Identifying the responsibilities of the Area Trauma Advisory Councils (ATACs) for regional planning. In July 2001, Regional Emergency Medical and Trauma Advisory Councils or RETACs will replace the ATACs.
- Defining the facility requirements for the Colorado Trauma Registry.
- Providing direction and limited technical assistance to Area Trauma Advisory Councils for the development of area plans, trauma triage protocols, and organizational issues critical to local trauma system implementation through FY2000.

FUNDING

The Prehospital Care and Trauma Programs are funded primarily from the EMS Account of the Highway Users Tax Fund (HUTF) and the collection of trauma center designation fees. The EMS Account funds the EMS provider grants program, the county subsidy program, and the direct and indirect expenses of the Prehospital Care Program. The Trauma Program is partially funded through EMS Account funds in addition to fees collected through the trauma center designation process. No General Fund monies are provided for either program.

CHALLENGES

The main challenge facing the continued growth of a comprehensive Emergency Medical and Trauma Service System for Colorado is the need for coordinated, effective and efficient utilization of local emergency medical and trauma services across the state. Furthermore, existing resources may limit the system's ability to achieve maximum statewide efficiency. These challenges need to be addressed by the emergency medical and trauma services provider community and the department.

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INTRODUCTION

Emergency medical and trauma care services are defined as the need for immediate healthcare services resulting from injury or sudden illness, particularly when there is a threat to life or long-term functional abilities. These services are provided by prehospital providers and agencies (emergency medical technicians and ambulance agencies), trauma centers and other healthcare facilities (clinics and all other hospitals). Additionally, these unique services must be immediately available 24 hours a day, 365 days a year. The outcome of many of these patients is dependent upon several factors, including the immediate availability of appropriately trained individuals and properly equipped ambulances, trauma centers and other healthcare facilities. A coordinated emergency medical and trauma service system offers timely healthcare services for Colorado's residents and visitors regardless of age, socioeconomic status, or special needs.

Components of Colorado's emergency medical and trauma system include:

Public Information and Education
Injury Prevention
Communications Systems
Prehospital Care/Provider Training and Certification
Prehospital Care/Transport Protocols and Licensure Standards
Hospital/Acute Care /Designated Trauma Centers
Rehabilitative Care
Disaster Medical Care
Education and Research
Trauma Registry
Prehospital Data Collection
State and Regional Continuing Quality Improvement
Regional Emergency Medical and Trauma Advisory Councils/Planning

Each of these components will be discussed in greater depth throughout the body of this report. The first part of the report will focus on the utilization of state resources available for system development. This part is followed by a summary of the status of each system component.

Part I Emergency Medical Services Prehospital Care and Trauma Funding

OVERVIEW OF FISCAL 2001 FUNDING

Funding for the Prehospital Care and Trauma Programs comes primarily from the Emergency Medical Services (EMS) Account and the collection of trauma center designation fees. The EMS Account supports the EMS provider grant program, the county subsidy program, and the direct and indirect expenses of the Prehospital Care Program. The Trauma Program is supported in part by EMS Account funds and by fees collected through the trauma center designation process. No General Fund moneys are provided to either program. Table 1 outlines the funding for FY01.

Cotorovii	HUTF/ EMS Account		
Category	Prehospital Care Program	Trauma Program	Trauma Center Designation Fees
EMS provider grants	\$2,762,976	*	
County subsidy	950,817	n/a	
Program administration	546,224	212,441	n/a
Trauma center designation (administration & survey team costs)	n/a	n/a	388,180
Indirect cost assessment	167,157	47,374	29,928
TOTAL	\$4,427,174	\$259,815	\$418,108

Table 1: Fiscal Year 01 Funding.

^{*} The amount allocated in previous years for ATACs has been combined with the amount previously allocated to EMS Regional Systems grants, into funding for RETACs in the Prehospital Care column.

Emergency Medical Services Grant	Awarded	Award Percentage
Provider Grants		
Communications	330,390	12%
Emergency Medical Services equipment	419,129	15%
Emergency vehicles	619,489	22%
Recruitment and retention	25,000	1%
Training	260,079	9%
Provider Grants Subtotal	1,654,087	59%
Emergency Fund	100,000	4%
Special Projects		
Ambulance reimbursement conference	2,000	
CPR directive curriculum revision	5,000	·•
Data registry project	150,000	
Instructor course subsidy	15,000	
Instructor development	4,000	
Leadership quality improvement conference	6,000	
SEMTAC Statewide Planning Project	13,000	
Special Projects Subtotal	195,000	7%
Regional Emergency Medical & Trauma Advisory Councils	834,525	30%
Total	2,783,612	
Amount to be obtained from grant recipient turnback*	-20,636	
Reconciliation to appropriation	\$2,762,976	

Table 2: Anticipated grants distribution for FY01

*In recent years, reversions (the unused amount of the annual appropriation) from the grants program have been very large. The program has adopted several strategies to reduce the reversion level. One strategy is to overbudget by a modest amount, with the expectation the difference will be made up through turn back of funds by grant recipients. (Turn back of funds can result from a number of factors, including actual costs being less than budgeted, unavailability of course instructors or equipment, and changes in recipient's needs.) The program is also making a strong effort, and urging recipients also, to identify turn back funds early enough in the year that they can be reallocated to other projects or new grants.

The Emergency Fund (\$100,000) was established to provide immediate financial assistance to EMS provider agencies experiencing unexpected problems causing the degradation or potential elimination of the provision of emergency medical services. This fund is used to solve immediate problems when the grant funding processing deadlines have passed. Emergency grants thus far have included assistance given to Baca/Crestone Ambulance Service to replace their ambulance.

Funding Distribution - Statewide Projects for FY01

Instructor Course Subsidy - \$15,000

Funding for this project reduces the cost of tuition for emergency medical services instructor training by 50 percent. Two series of courses will be offered this fiscal year.

Instructor Development - \$4,000

The instructor development process continues to evolve, to refine the emergency medical services instructor curricula's. These curricula provide education to emergency medical service instructors who will be teaching various prehospital educational programs.

• Leadership Quality Improvement Conference - \$6,000

This project will reduce the cost of providing a leadership quality improvement course developed by the EMS section of the National Highway and Traffic Safety Administration. The course provides training for local EMS providers to develop a quality improvement program using the Malcolm Baldrige total quality management model of improvement.

• Ambulance Reimbursement Conference - \$2,000

New reimbursement rules from the Health Care Financing Administration will be enforced beginning January 2001. These rules will change ambulance service reimbursement to a set fee schedule. This project will provide a one-day educational workshop for managers and billing personnel in the first half of 2000. Funds for this project will assist in planning and reducing the cost of tuition for participants.

• SEMTAC Statewide EMS Planning Project - \$13,000

Through this project the state council will continue to develop a statewide EMTS plan based on the National Highway Traffic Safety Association reassessment and the 1992 legislative assessment. A draft is expected in late 2000.

CPR Directive Curriculum Revision - \$5,000

Funding for this project will finalize the updating of the Pre-hospital Care Program's Cardiopulmonary Resuscitation (CPR) Directive Program to reflect modifications made to State Board of Health rules this past year.

Funding Distribution

For current year distribution, 62 plans for county subsidy funding were received. Once individual county plans are approved, in January 2001 each will receive approximately \$15,000.

TRAUMA CENTER DESIGNATION

Summary of Legislation

Each hospital or other health care facility seeking trauma center status is required to be designated as a trauma center by the department. The designation process includes submission of an application and a site survey by a team of trauma clinical providers. The 1995 trauma system legislation created a Trauma System Cash Fund and authorized the Board of Health to establish a schedule of fees based on the direct and indirect costs incurred in the designation of trauma centers. The fee schedule was adopted in January 1998, with the collection of fees beginning in April 1998.

Funding Distribution

The FY01 appropriation for designation-related costs and utilization of fee revenue is \$418,108 and includes: site survey team budgeted at \$274,427; administrative costs, including state observer, budgeted at \$113,753; and the indirect costs assessment estimated at \$29,928. The largest component of the budget continues to be compensation and travel expenses for the site survey teams comprised of trauma surgeons, emergency room physicians and trauma nurse coordinators. The composition of each team and the number of out-of-state team members are based on national standards developed by the American College of Surgeons' - Committee on Trauma and varies depending on the level of designation the facility is seeking. Additionally, a state observer participates in each site survey visit. The state observer's time and travel costs comprise a large share of the administrative budget.

Health Care System Integration

Integration of healthcare services helps to ensure that the care provided by EMS does not occur in isolation, and that positive effects are enhanced by linkage with other community health resources and integration within the overall healthcare system. The department has established a regional grant program that integrates traditional emergency medical services and trauma activities. The goal is to promote the concept of integration and create efficiencies in regional activities. The Department will continue to assist with Colorado's Rural Hospital Flexibility Program (Critical Access Hospitals) to provide technical assistance in local planning of emergency medical services.

Public Access

Public access is defined as the ability of an individual to secure prompt and appropriate emergency medical care regardless of socioeconomic status, age or special need. For those individuals who contact EMS with a perceived requirement for care, the subsequent response and level of care provided must be commensurate with the situation. For nearly 30 years, 911 has been designated as the national emergency telephone number. Approximately 99% of Colorado is covered by this basic 911 telephone number. The single most important piece of information provided during an emergency call is the location of the person(s) requiring help. At many 911 communication centers, the caller's telephone number and location are automatically provided. Such systems are called enhanced 911 or 911E. Seventy-five percent of our state is covered by 911E services. The department has provided resources for the installation of highway call boxes in areas where access to phones is problematic. Statewide enhanced 911 services and improvements in mobile phone technology for the reporting of emergencies are goals of Colorado's system of public access.

Human Resources and Education

A dedicated team of individuals with complementary skills and expertise is the system's most valuable asset. These individuals can fulfill their mission only if they are adequately trained and are available in sufficient numbers throughout the state. The department has a recruitment and retention program designed to assist local EMS agencies in assessing current manpower needs and in establishing a plan for stable and consistent training programs with local and regional support. The department regulates the institutions providing training, provides instructor training programs and curriculum approved by the EMS Council and the Colorado Medical Board. The ability to train, retain and provide continuing education to rural and frontier services continues to be the primary focus of the recruitment and retention program.

Medical Direction

Emergency medical care involves the delivery of medical care by non-physician providers outside the traditional confines of a hospital or office. This practice requires that each EMT has a physician advisor to provide medical direction for the delivery of care. The department currently needs. The state strategic planning process creates an opportunity for the EMS system to consider how to match patients' needs with the appropriate health care facility in the state.

Public Education and Prevention

To effectively serve the public, the department continues to develop its EMS public information, education and relations program. The Colorado Emergency Medical Services for Children program has provided resources and information to communities regarding pediatric emergencies. The department, with advice from the council, provides technical assistance and resources to local agencies in developing their own public education, information and prevention and Emergency Medical Services-Children programs.

Information Systems and Evaluation

A comprehensive evaluation program is needed to effectively plan, implement and monitor a statewide EMS system. Collection and analysis of information from emergency medical service agencies will allow this analysis to be conducted. The department and the council have provided technical assistance and resources to local and regional programs to develop their information systems. The department has made progress in empowering local agencies to collect and analyze data at the local level. The Injury Epidemiology Program is developing a pilot program in which prehospital and trauma registry information will be used regionally to assist with local planning efforts. The department does not have the capacity to evaluate the statewide system on an ongoing basis.

TRAUMA PROGRAM ACTIVITIES

The *Trauma Care Act of 1995* provided a focus on this systems response to trauma (injured) patients. The number of injury deaths in Colorado reached 2,226 in 1998, making trauma the leading cause of death for Coloradans age 1 – 44. Estimates from state data sources suggest that during 1998 nearly one in 10 Coloradans received medical care in a hospital setting for injury (an estimated 370,000 emergency department visits and 27,000 admissions). Colorado death rates as compared to national death rates for unintentional injury, motor vehicle crashes and suicide are higher than the national average.

The large number of patients, the high cost of care, the need for ongoing rehabilitation, and loss in productivity are significant contributors to medical and societal costs. Because studies show trauma deaths disproportionately involve younger populations, deaths due to injury significantly contribute to the state's lifetime earnings lost due to premature death. In 1997 the department estimated the lifetime earnings lost due to premature deaths from injury in Colorado was \$1.5 billion.

Studies indicate that 30 to 40% of all trauma deaths occur within one hour of injury, and that 30 to 40% of these deaths are preventable if appropriate care is received in a timely manner. National

and who may need comprehensive medical support over an extended period of time. Level III and Level IV trauma centers are community-based facilities that triage, stabilize and transfer those patients needing specialty services and resources unavailable at that facility or unavailable for extended periods of time. Minimum standards have been adopted for Level I - IV trauma centers, and for those trauma centers that care for pediatric or burn patients. The department began facility designation in June 1998 and has designated 63 trauma centers since that time. The need for a Level V trauma center was identified during this process to recognize and differentiate the role of our smaller hospitals utilizing mid-level practitioners and the clinics not open 24 hours a day. The passage of the *Emergency Medical and Trauma Services Act of 2000* created the authority for the development of Level V Trauma Centers. Appendix K and Appendix L provide a list and maps depicting the geographic distribution of current designated trauma centers.

In 1998, charges for the hospital care of trauma patients in Colorado totaled over \$400 million (this value only includes hospitalization and does not include physicians' fees, prehospital transport and services or rehabilitation). The average hospital charge per trauma patient was approximately \$11,000, with a higher average hospital charge for patients injured in motor vehicle crashes (approximately \$15,000) and by firearms (approximately \$20,000).

Additionally, this initial review of data has generated some assessments of trauma patients, trauma centers and trauma related hospital designations. The individuals who would most benefit from a trauma system are those with more severe injuries. In comparing pre- to post-legislation time periods, there has been a statistically significant increase in the percent of patients with severe injuries who are directly admitted to a Level I or Level II trauma center (from 61% in 1993-1994 to 70% in 1997-1998). Also, a higher percentage of severely injured trauma patients initially admitted to a Level III, IV or undesignated facility are now being transferred to a Level I or II Trauma Center.

Rehabilitation Care

A critical measure of a trauma system is patient access to rehabilitation care. The goal for each trauma patient is a return to a productive life. Rehabilitation services are either provided by the trauma center or the trauma center must transfer the patient to an appropriate facility. The lack of adequate coverage for rehabilitation in most health plans continues to hinder patient access to services.

Disaster Medical Care

Regional coordination of the medical care component of local disaster plans ensures the effective utilization of resources to meet patients' needs in the event of a disaster. Coordination of these resources is rarely done on a regional scale. The Regional Emergency Medical and Trauma Advisory Councils will continue the work the Area Trauma Advisory Councils has begun in coordinating the medical components of these plans.

additional 36 lives have been saved since passage of the trauma system legislation. Continuation of these important evaluation activities is contingent upon finding a long-term funding source.

Continuing Quality Improvement Systems

System assessment and evaluation at the state, regional and provider levels ensures appropriate patient care and destination protocols and plans are developed, and modified. Minimum continuing quality improvement requirements were defined for trauma centers, and are being developed for statewide and regional implementation. The Colorado Trauma Registry will be used by the department to evaluate the statewide trauma system. Confidentiality was secured for ATAC system assessments during the 1999 legislative session. The *Emergency Medical and Trauma Services System Act of 2000* broadened this evaluation and assessment system to include the systems response to medical patients.

Area Trauma Advisory Councils (ATACs)/ Regional Emergency Medical and Trauma Advisory Councils (RETACs)

Regional planning and development – due to variations in the demographics and geography of Colorado require local participation and expertise for identifying problems and designing solutions for local area plans. Sixteen ATACs were organized across the state in 1998 to ensure local participation and coordination in regional trauma system planning. Each ATAC submitted a plan for local trauma system implementation in 1998. FY00 was the last year of a grant that provided limited support for ATAC activities. The FY01 system development grant that requires the merger of the Regional EMS Councils and the Area Trauma Advisory Councils has provided a new opportunity for continued activities. This was supported by the passage of the Emergency Medical and Trauma Services System Act of 2000 that created the RETACs, established requirements for regional planning and provided for a minimum level of funding beginning in FY02. Given resource constraints, the department is able to provide limited technical assistance to the RETACs.

SUBMISSION OF THE LEGISLATIVE REPORT ON CONDUCTING CRIMINAL HISTORY CHECKS OF EMERGENCY MEDICAL TECHNICIANS BY THE STATE BOARD OF HEALTH

Emergency Medical Technicians often work with incapacitated patients in an unsupervised environment. The department currently performs criminal background checks using a name search through the Colorado Bureau of Investigation. Recent experiences in Colorado and other states have led the department to pursue national criminal history checks of all emergency medical technicians. Optional ways to complete criminal background checks were developed by a task force, with subsequent community meetings held, surveys conducted and Board of Health public hearings to obtain input on the options prior to making a decision. The final report is to be delivered to the legislature November 1, 2000.

PROGRAM FUNDING

The annual appropriation from the EMS Account is statutorily required to allocate 60% of the funds to the EMS Provider Grants program, 20% to county subsidy, and 20% to the Department for program administration. Although the Prehospital Care and Trauma programs have experienced real increases in staff and operating costs, the fixed ratio prevents any increases in the dollar amount of the administrative allocation. As a result, the programs face significant challenges in continuing to meet community needs, including the level of assistance requested by the RETACs, local EMS agencies and Trauma Centers. Beginning July 2002, the fixed ratio is removed, and the State Emergency Medical and Trauma Services Advisory Council will have the responsibility to make recommendations regarding the use of EMS Account funds (although the appropriation will still be subject to the annual State budgeting process).

Revenue from the EMS Fee is projected at this time to be adequate to fund future annual appropriations at the current level. However, the current fee cannot support the additional resources that would be needed to fully develop all components of the emergency medical and trauma service system. Some system components have not been implemented due to a lack of resources. The Department, in conjunction with the community, is evaluating its priorities and options for partial or full system implementation.

COLORADO STATE ADVISORY COUNCIL ON EMERGENCY MEDICAL SERVICES

City	Appointed Member	Representing
Denver	David Sullivan Chairperson	Planning and Management Region 3
Denver	Ira Jerry Rhodes Vice-Chairperson	Fire Chief involved in EMS
Greeley	Karl B. Gills	Hospital Administrators
Wheat Ridge	Arthur Kanowitz, M.D.,F.A.C.E.P.	Medical Doctors involved in EMS
Ft. Morgan	Phyllis A. Gertge	Planning and Management Region 1
Greeley	Mark D. Johnson	Planning and Management Region 2
Colorado Springs	Bill Mayfield	Planning and Management Region4 Registered Professional Nurses involved in EMS
Limon	Mark A. Morrison	Planning and Management Region 5
Springfield	Rick G. Hartley	Planning and Management Region 6
Pueblo	D. Randy Kuykendall	Planning and Management Region 7
Alamosa	Rodney Kent King	Planning and Management Region 8 Volunteer Ambulance Services
Durango	Dan Noonan	Planning and Management Region 9
Montrose	Mark D. Young	Planning and Management Region 10 Search & Rescue
Grand Junction	F. Channing Clymer	Planning and Management Region 11
Yampa	Roberta J. Vetter	Planning and Management Region 12 Volunteer Ambulance Services
	vacant	Planning and Management Region 13
	vacant	Planning and Management Region 14

City	Ex-Officio Member	Representing
		Colorado Department of Public Health and
Denver	Michael Armacost	Environment
	vacant	Office of Emergency Management
Denver	George Atencio II	Colorado Department of Transportation
Denver	Christopher Colwell, M.D.	University of Colorado, Health Sciences Center

City	Medical Director	Representing
		Colorado Department of Public Health and
Denver	Ben Honigman, M.D., F.A.C.E.P.	Environment

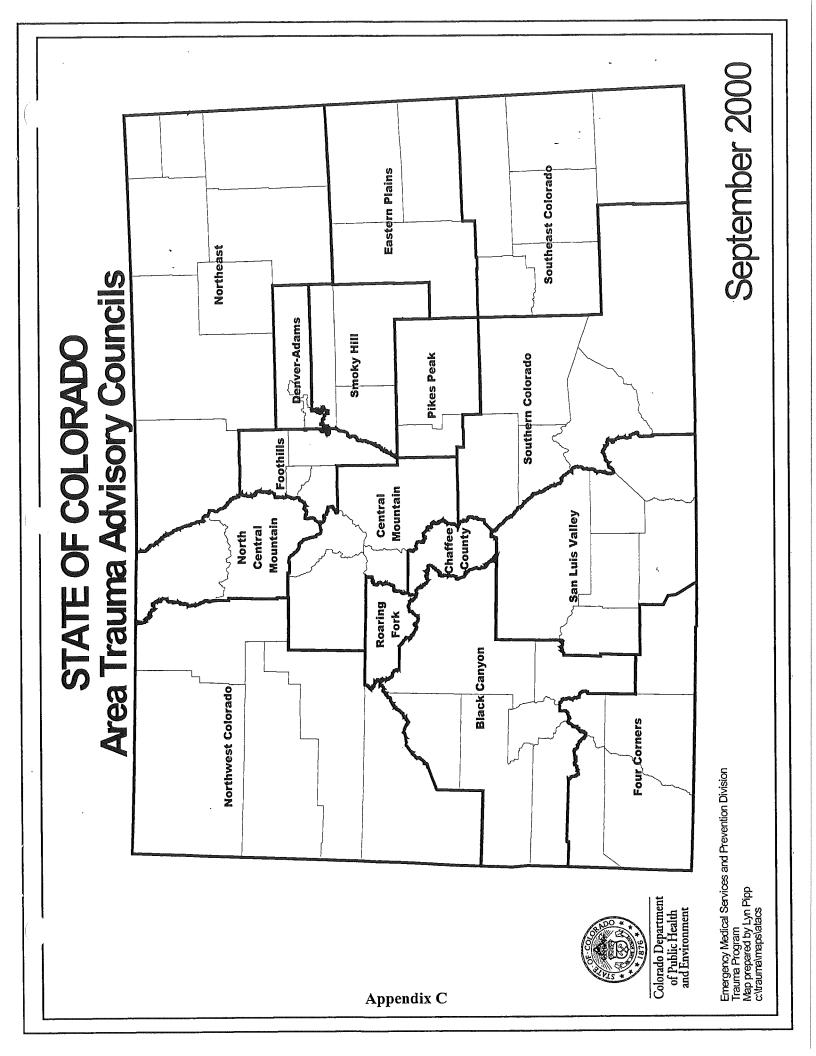
Chairperson	Committee
. Mark Young	Communications/Transportation
vacant	Disaster/Multi-Casualty
Mark Johnson	Personnel/Public Information/Staffing
Bill Mayfield	Public Information/Trauma Education/Resources
David Sullivan	Regulation/Trauma/Facilities
Ira Jerry Rhodes	Resource Management/Evaluation

COLORADO STATE TRAUMA ADVISORY COUNCIL

City	Appointed Member	Representing
	Francis M. Raley, M.D.	Emergency medical physicians involved in
Grand Junction	Chairperson	prehospital care
	F. Keith Battan, M.D., F.A.A.P.	Emergency medical physicians board-certified in
Denver	Vice Chairperson	pediatrics
Steamboat Springs	Daniel R. Ellison	County government
		Emergency medical physicians involved in
Colorado Springs	Jack Dillon, M.D., F.A.C.E.P.	prehospital care
Lamar	Earl J. Steinhoff	Hospital administrators – rural
Englewood	Mary White	Hospital administrators - urban
Durango	Julie A. Cooley	The Public
Denver	John S. Nichols, M.D., Ph.D.	Surgeons involved in trauma care
	Ernest E. Moore, Jr.,	Surgeons involved in trauma care and surgeons
Denver	M.D.,F.A.C.S.,F.C.C.M.,F.A.C.N.	providing trauma care at Level I facilities
Pueblo	Dorothy Crump, R.N., B.S., B.S.N.	Trauma nurse coordinators
Denver	Ray A. Coniglio, R.N.,M.S.N.	Trauma nurses

City	Ex-Officio Member	Representing
		Colorado Department of Public Health and
Denver	Gail Finley Rarey	Environment
Denver	Larry Brooks	Division of Telecommunications
Denver	David Sullivan	EMS Council
Denver	Amy Martin, M.D.	State Coroner's Association

Chairperson	Committee
Ernest E. Moore, Jr., M.D.,F.A.C.S.,F.C.C.M.,F.A.C.N.	Facilities
Ray A. Coniglio, R.N.,M.S.N.	Data
vacant	ATAC
Julie Cooley	Public Policy



AREA TRAUMA ADVISORY COUNCILS

June 2000

ATAC	Chairperson
Black Canyon	Lynda Wallin, R.N.,B.S.N.,M.A.,C.E.N. PO Box 10100 Delta, Colorado 81416
Central Mountain	John Woodland, M.D. 181 West Meadow Drive Vail, Colorado 81657
Chaffee County	Dean Turner 448 East First Street Salida, Colorado 81201
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Eastern Plains	Sue Kern P.O. Box 578 Cheyenne Wells, Colorado 80810
Foothills	Peter Velman, M.D. 4231 West 16th Avenue Denver, Colorado 80204
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Pikes Peak	Gordan Hildebrant PO Box 7021 Colorado Springs, Colorado 80933
Roaring Fork Valley	William Rodmen, M.D. 0401 Castle Creek Road Aspen, Colorado 81611
San Luis Valley	Bill Binnian PO Box 212 Blanca, Colorado 81123
Smoky Hill	Jim Raymond 4000 Justice Way, Suite 3636 Castle Rock, Colorado 80104
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Southern Colorado	Janna Deason, R.N. 1008 Minnequa Avenue Pueblo, Colorado 81004

COLORADO STATE EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL

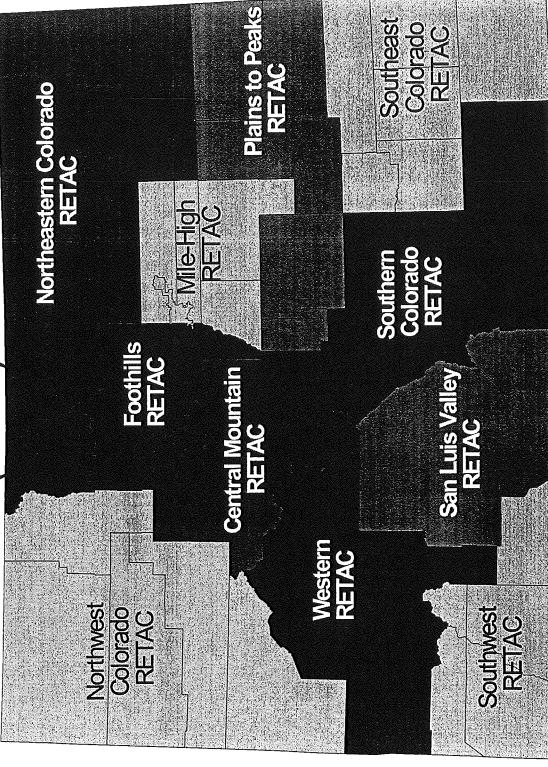
RETAC	Appointed Member	Representing
Foothills RETAC	Robert F. Anderson	County Commissioner from a rural county
Western RETAC	A. Daniel Barela	Member of the general public from a rural area
Foothills RETAC	F. Keith Battan, M.D.	Board certified physician certified in paramedics or a pediatric subspeciality
Central Mountain RETAC	Sean Martin Caffrey	Officer or employee of a public provider of prehospital care
Southwest RETAC	David C. Deaver III, M.D.	Board-certified surgeon providing trauma care at a Level III Trauma Center
San Luis Valley RETAC	Pam L. Gripp	Officer or crew member of a volunteer organization who provides prehospital care
Mile-High RETAC	Delwin Michael Hunt, M.D.	Licensed physician who is a prehospital medical director
Plains to Peaks RETAC	D. Randy Kuykendall	Member of the general public from an urban area
Northeastern Colorado RETAC	Lori E. McDonald, R.N.	Trauma nurse coordinator
Mile-High RETAC	Walter Michael Maxwell	County commissioner, or council member, representing an urban county or city and county
Mile-High RETAC	John Stephan Nichols, M.D., Ph.D.	Board certified neurosurgeon involved in providing trauma care at a Level I or II Trauma Center
Southwest RETAC	Daniel J. Noonan	Fire chief of a service that provides prehospital care in a rural area
Western RETAC	Francis M. Raley, M.D.	Board certified emergency physician
Mile-High RETAC	Ira Jerome Rhodes	Fire chief of a service that provides prehospital care in an urban area
Southern RETAC	Mark Joseph Ritz	County Commissioner from a rural county
Plains to Peaks RETAC	Tonda L. Scott, R.N.	Registered nurse involved in rural emergency medical and trauma services care
Northwest Colorado RETAC	W. George Shanks, M.D.	Board certified surgeon providing trauma care at a Level II Trauma Center
Mile-High RETAC	Wade Russell Smith, M.D.	Board certified surgeon providing trauma care at a Level I Trauma Center
Southeast Colorado RETAC	Earl James Steinhoff	Administrative representative of a rural trauma center
Southern RETAC	Kathy "Lynn" Stevens, R.N.	Flight nurse of an emergency medical service air team or unit
Plains to Peaks RETAC	Tracy Ann Thomas	Officer or employee of a private provider of prehospital care
Northeastern Colorado RETAC	Vincent Towers	Representative of a government provider of prehospital care
Northwest Colorado RETAC	Chuck E. Vale	County emergency manager
Mile-High RETAC	Mary M. White	Administrative representative of an urban trauma center
Central Mountain RETAC	John B. Woodland, M.D.	Regional council chair

COLORADO STATE EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL

Ex-officio Member	Representing
George Atencio	Director of the Department of Transportation Safety in the Department of Transportation or designee
Larry S. Brooks	Manager of telecommunication services of the Colorado information technology services in the Department of Personnel, General Support Services, or the manager's designee
Gail Finley Rarey	Executive Director of the Department of Public Health and Environment or designee
Amy Martin, M.D.	Member of the State Coroner's Association, as selected by the association
Captain Bob Mitchell	Representative of the Colorado State Patrol
Peg Rooney, Ph.D	Director of the State Board of Community Colleges and Occupational Education or designee
Vacant	Representative of the State Sheriff's Association

STATE OF COLORADO
Regional Emergency & Trauma Advisory Councils

(RETACs)





Colorado Department of Public Health and Environment September 2000

Emergency Medical Services and Prevention Division Prehospital Care and Trauma Programs map prepared by Lyn Pipp c/frauma/maps/retac_b&w

REGIONAL EMERGENCY AND TRAUMA ADVISORY COUNCILS

RETAC	Regional Coordinator
Central Mountain	Lorraine Caposole, Regional Coordinator PO Box 5055 Frisco, Colorado 80443
·	Kenna Clements, Contact P.O. Box 1075 Walden, Colorado 80480 Or
Foothills	Susan Kirk, Contact 100 Health Park Drive Louisville, Colorado 80027
	Jim Raymond, Contact 4000 Justice Way, Suite 3636 Castle Rock, Colorado 80104 Or Shirley Terry, Contact 777 Bannock Street
Mile-High	Denver, Colorado 80204
Northeastern Colorado	Jeff Schanhals, Regional Coordinator 45199 County Road 36 Fleming, Colorado 80728
Northwest Colorado	Gus Hendricks, Regional Coordinator 2635 North 7 th Street Grand Junction, Colorado 81502 Or Bob Litcata, Assistant Regional Coordinator P.O. Box 1628 Grand Junction, Colorado 81502
Plains to Peaks	Sue Kern, Contact P.O. Box 578 Cheyenne Wells, Colorado 80810 Or Eric Schmidt, Contact 301 South Union Blvd. Colorado Springs, Colorado 80910
San Luis Valley	Theresa Atencio, Regional Coordinator P.O. Box 125 Alamosa, Colorado 81101
Southeast Colorado	Rick G. Hartley, Contact 373 East 10 th Springfield, CO 81073
Southern Colorado	Nancy Rush Miller, Contact 1506 Berkeley Avenue Pueblo, Colorado 81004
Southwest	Nancy Faller, Regional Coordinator P.O. Box 191 Delores, Colorado 81323 Or Julie Cooley, Contact 17 Maple Drive Durango, Colorado 81301
Western	Mark Young, Regional Coordinator P.O. Box 3160 Montrose, Colorado 81402

EMERGENCY MEDICAL SERVICES GRANT AWARDS Fiscal Year 2000-2001

Applicant	County	Funds Awarded	Type of Grant Awarded
Arkansas Valley Ambulance	Fremont	26,037	Communications & Training
Brighton Community Hospital Association	Adams	38,211	Emergency Vehicle
Broomfield EMS		1,500	Recruitment & Retention
Chaffee County EMS	Chaffee	33,970	Communications & Training
Cheyenne County	Cheyenne	37,330	Emergency Vehicle
City of Sheridan	Arapahoe	43,980	Communications
Clear Creek County Ambulance	Clear Creek	29,211	Communications & EMS Equipment
Clear Creek Fire Authority	Clear Creek	11,544	EMS Equipment
Clear Creek Skiing Corporation	Clear Creek	8,192	EMS Equipment
Coal Creek Canyon Fire Protection District	Jefferson	4,823	Communications & EMS Equipment
Colorado Basic Trauma Life Support	Denver	17,287	Training
Colorado Northwestern Community College	Rio Blanco	11,000	Training
Conejos County	Conejos	19,362	EMS Equipment & Training
Copper Mountain Consolidated Metro District	Summit	8,710	EMS Equipment
Copper Mountian Ski Patrol	Summit	8,710	EMS Equipment
Costilla County Ambulance District	Costilla	3,045	Communications & EMS Equipment
Crook Fire Protection District	Logan	3,812	EMS Equipment
Cunningham Fire Protection District	Arapahoe	4,945	Communications
Deer Trail Rural Fire Protection District	Arapahoe	3,140	EMS Equipment
Delta County Ambulance District	Delta	34,200	Emergency Vehicle
Delta-Montrose Area Votechnical Center	Delta	26,250	Training
Divide Fire Protection District	Teller	1,375	EMS Equipment
East Phillips County Ambulance	Phillips	12,200	Communications
East Yuma County Fire Protection District	Yuma	2,782	EMS Equipment
El Paso County	El Paso	100,000	Communications
Elizabeth Fire Protection District	Elbert	39,445	Communications & Emergency Vehicle
EMS Association of Colorado	Denver	6,400	Training
Four Mile Emergency Services, Inc.	Teller	12,123	EMS Equipment
Gateway-Unaweep Fire Department	Mesa	20,800	Emergency Vehicle
Gilpin Ambulance Inc.	Gilpin	19,000	EMS Equipment
Haxtun Hospital	Phillips	12,200	Communications
Hermosa Cliff Ambulance / Rescue / Fire	La Plata	17,549	EMS Equipment
High Plains Regional EMS Council	Logan	15,000	EMS Equipment
Hinsdale County	Hinsdale	6,960	Training & EMS Equipment
Huerfano County	Huerfano	7,500	Communications
Idalia Ambulance Service	Yuma	10,283	Training & EMS Equipment
Jackson 105 Fire Protection District	Douglas	1,389	EMS Equipment
Jefferson-Como Fire Protection District	Park	1,907	Communications
Kit Carson County	Kit Carson	25,000	Emergency Vehicle
Lake Dillon Fire Protection District	Summit	16,022	EMS Equipment
Lamar Ambulance Service	Prowers	3,000	EMS Equipment
Larkspur Fire Protection District	Douglas	38,295	Emergency Vehicle
Lefthand Canyon FPD	Boulder	4,284	Communications
Livermore Fire Protection District	Larimer	4,626	EMS Equipment

EMERGENCY MEDICAL SERVICES GRANT AWARDS Fiscal Year 2000-2001

Applicant	County	Funds Awarded	Type of Grant Awarded
Lower Valley Fire Protection District	Mesa	3,886	EMS Equipment
Mercy Paramedics	La Plata	20,625	EMS Equipment
Montezuma County EMS Council	Montezuma	37,500	Communications
Montrose Fire Protection District	Montrose	8,713	EMS Equipment
Morgan Community College	Morgan	40,428	Training
Morgan County Ambulance Service	Morgan	38,318	Emergency Vehicle
Mountain Communities Fire Protection District	Teller	14,303	Communications & EMS Equipment
Mountain Flight Service, Inc.	Routt	10,880	EMS Equipment
New Castle Ambulance Service	Garfield	68,850	Communications & Emergency Vehicle
North Central Fire Protection District		5,000	Recruitment & Retention
North Park Fire Protection District		1,500	Recruitment & Retention
North Park Hospital District	Jackson	42,592	Communications & Emergency Vehicle
-			& Training
Northeastern Junior College	Logan	20,102	Emergency Vehicle & Training
Oak Creek Fire	Routt	6,610	EMS Equipment
Ouray County	Ouray	8,762	EMS Equipment
Plateau Fire Protection District		1,500	Recruitment & Retention
Platte Canyon Fire Protection District	Park	30,000	Emergency Vehicle
Rangely District Hospital	Rio Blanco	40,187	Emergency Vehicle
Recruitment & Retention Workshops		9,739	Recruitment & Retention
Red, White, and Blue Fire Protection District	Summit	10,301	EMS Equipment
Rico Fire Protection District	Dolores	43,465	Communications & EMS Equipment & Training
Rocky Mountain Rescue Group, Inc.	Boulder	22,954	Communications & Emergency Vehicle
San Luis Valley EMS		4,261	Recruitment & Retention
San Miguel County	San Miguel	66,715	Communications & EMS Equipment & Training
Sedgwick County Ambulance Service	Sedgwick	39,600	Emergency Vehicle & Training
Silt Ambulance Service		1,500	Recruitment & Retention
Silverton-San Juan County Ambulance Assoc	San Juan	7,973	Communications & EMS Equipment & Training
Snake River Fire Protection District	Summit	3,815	EMS Equipment
South Y-W Ambulance Service	Yuma	3,745	EMS Equipment
Southeast Colorado Hospital	Baca	52,839	EMS Equipment & Emergency Vehicle
Southern Park County Fire Protection District	Park	10,565	EMS Equipment
Springfield EMS Association, Inc.	Baca	10,000	Training
St Mary's Hospital	Mesa	33,247	EMS Equipment & Training
St Vincent General Hospital District Ambulance	Lake	7,020	
State of Colorado, Dept of Higher Education	Larimer	6,552	Training
Steamboat Springs Rural Fire Protection District	Routt	3,824	EMS Equipment
Trinidad State Jr. College, Valley Campus	Alamosa	32,900	Training
Upper Pine River Fire Protection District	La Plata	1,687	EMS Equipment
Upper San Juan Hospital District	Archuleta	11,498	Communications
Walsh Ambulance Service	Baca	4,750	EMS Equipment
West Custer County Hospital District	Custer	15,679	EMS Equipment & Training

EMERGENCY MEDICAL SERVICES GRANT AWARDS Fiscal Year 2000-2001

Applicant	County	Funds Awarded	Type of Grant Awarded
Western Eagle County Ambulance District	Eagle	15,166	Ems Equipment
Windsor Gardens Associations, Inc.	Denver	5,655	Communications & EMS Equipment & Training
Woodland Park Ambulance Service, Inc.	Teller	27,700	Communications & Emergency Vehicle
Wray Ambulance Service City of	Yuma	39,795	Communications & Emergency Vehicle
Wray Volunteer Fire Department	Yuma	1,325	EMS Equipment
Yampa Fire Protection District	Routt	4,610	EMS Equipment
Yuma Volunteer Fire Department	Yuma	2,051	EMS Equipment

Total \$ 1,654,087

Regional Emergency Medical & Trauma Advisory Councils

Central Mountains RETAC	76,500	
Colorado Rural Health Center	70,419	
Foothills RETAC	47,330	
High Plains RETAC	148,500	
NorthWest RETAC	88,898	
Plains to Peaks RETAC	47,330	
San Luis Valley RETAC	65,000	
SouthEast RETAC	73,261	
Southern RETAC	47,330	
SWEMS RETAC	78,696	
Western RETAC	91,261	

Total \$ 834,525

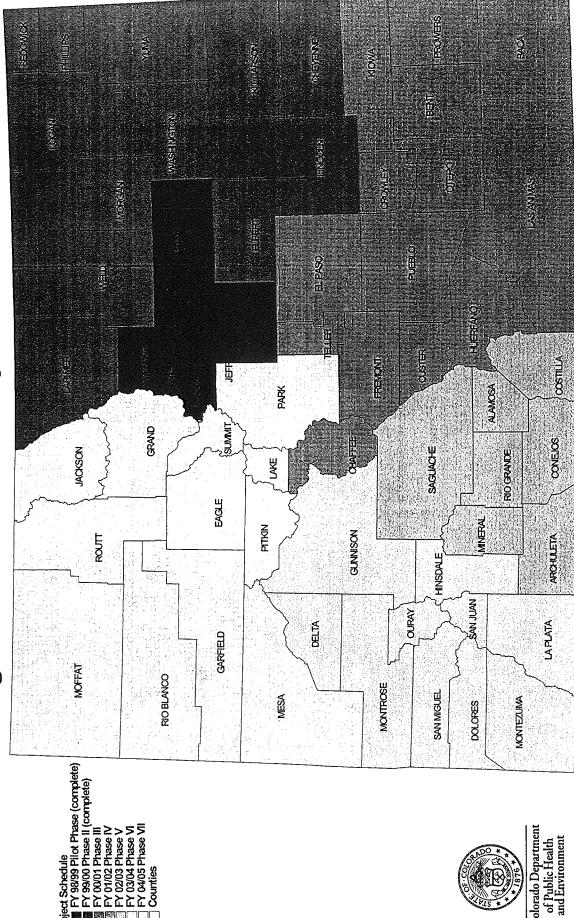
MEDICAL ADVISORY GROUP TO PREHOSPITAL CARE PROGRAM

City	Medical Advisor
Steamboat Springs	David Conni, M.D.,F.A.C.E.P. PO Box 770520 Steamboat Springs, Colorado 80477
Colorado Springs	Marilyn J. Gifford, M.D. 1400 East Boulder Street Colorado Springs, Colorado 80909
Fort Collins	John A. Collins, M.D. ,F.A.C.S. 1148 East Elizabeth Fort Collins, Colorado 80524
Denver	Peter T. Pons, M.D. 777 Bannock Street Denver, Colorado 80204
Englewood	Eugune Eby, M.D 6005 South Chester Way Englewood, Colorado 80110
Fredricks	Timothy Zimmerman, EMT-P P.O. Box 708 Fredricks, Colorado 80533
Salida	Randall Rodak, DO P.O. Box 429 Salida, Colorado 81201
Durango	Dan Noonan 44301 US Highway 550 Durango, Colorado 81301

City	Colorado Department of Public Health and Environment Staff
Denver	Michael Armacost, EMSPD, Prehospital Care Program Director 4300 Cherry Creek Drive South, A-5 Denver, Colorado 80246
Denver	Benjamin Honigman, M.D. Chairman, Medical Advisory Group Colorado State Emergency Medical Services Medical Director 4300 Cherry Creek Drive South, A-5 Denver, Colorado 80246

September 2000

Digital Trunked Radio Project Schedule STATE OF COLORADO Statewide 800 MHz



Appendix J



Colorado Department of Public Health and Environment

Emergency Medical Services and Prevention Division Prehospital Care Program Map prepared by Lyn Pipp c'unapskitigital radio small_b&w

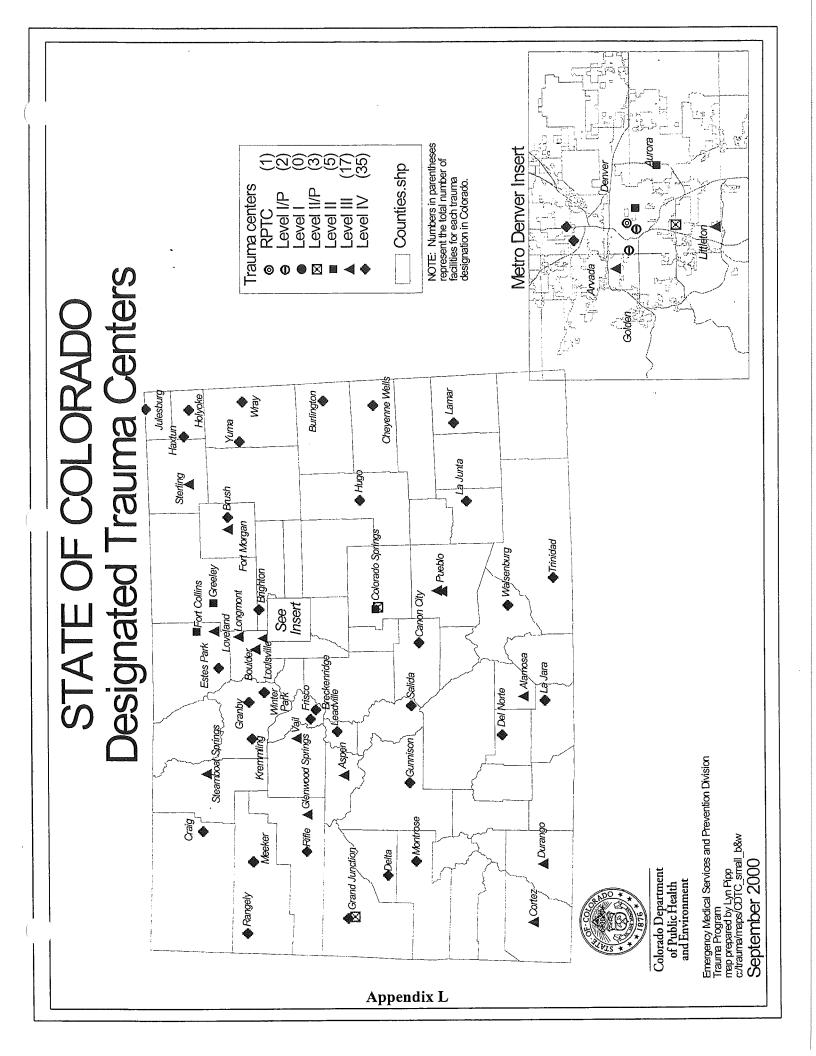
COLORADO DESIGNATED TRAUMA CENTERS

Level	Facility Name	Location	RETAC
RPTC	The Children's Hospital	Denver	Mile High
I/P	Denver Health Medical Center	Denver	Mile High
I/P	Centura Health - Saint Anthony Central Hospital	Denver	Mile High
II/P	Memorial Hospital	Colorado Springs	Plains to Peaks
II/P	Saint Mary's Hospital & Medical Center	Grand Junction	Northwest Colorado
II/P	Swedish Medical Center	Englewood	Mile High
11	Centura Health - Penrose St. Francis Health Services	Colorado Springs	Plains to Peaks
11	Medical Center of Aurora	Aurora	Mile High
11	North Colorado Medical Center	Greeley	High Plains
	Poudre Valley Hospital	Fort Collins	High Plains
- II	University Hospital (UCHSC)	Denver	Mile High
III	Aspen Valley Hospital	Aspen	Central Mountain
111	Boulder Community Hospital	Boulder	Foothills
111	Centura Health - Avista Adventist Hospital	Louisville	Foothills
111	Centura Health - Littleton Adventist Hospital	Littleton	Mile High
III	Centura Health - St. Mary Corwin Medical Center	Pueblo	Southern
111	Colorado Plains Medical Center	Fort Morgan	High Plains
Ш	Exempla Healthcare/Lutheran Medical Center	Wheat Ridge	Foothills
III	Longmont United Hospital	Longmont	Foothills
III	McKee Medical Center	Loveland	High Plains
III	Mercy Medical Center of Durango	Durango	Southwest
111	Parkview Episcopal Medical Center	Pueblo	Southern
111	San Luis Valley Regional Medical Center	Alamosa	San Luis Valley
111	Southwest Memorial Hospital	Cortez	Southwest
	Sterling Regional MedCenter	Sterling	High Plains
III	Vail Valley Medical Center	Vail	Central Mountain
111	Valley View Hospital	Glenwood Springs	Northwest Colorado
111	Yampa Valley Medical Center	Steamboat Springs	Northwest Colorado
IV	7 Mile Medical Clinic	Winter Park	Foothills
IV	Arkansas Valley Regional Medical Center	La Junta	Southeast
IV	Breckenridge Medical Center	Breckenridge	Central Mountain
IV	Centura Health - Granby Medical Center	Granby	Foothills
IV	Centura Health - St. Anthony North Hospital	Westminster	Mile High
IV	Centura Health - St. Thomas Moore	Canon City	Southern
IV	Centura Health - Summit Medical Center	Frisco	Central Mountain
		I	Northwest

COLORADO DESIGNATED TRAUMA CENTERS

Level	Facility Name	Location	RETAC
iV	Community Hospital	Grand Junction	Northwest Colorado
IV	Conejos County Hospital	La Jara	San Luis Valley
IV	Delta County Memorial Hospital	Delta	Western
IV	East Morgan County Hospital	Brush	High Plains
IV	Estes Park Medical Center	Estes Park	High Plains
IV	Gunnison Valley Hospital	Gunnison	Western
IV	Haxtun Hospital District	Haxtun	High Plains
IV	Heart of the Rockies Regional Medical Center	Salida	Central Mountain
IV	Huerfano Medical Center	Walsenberg	Southern
IV	Keefe Memorial Hospital	Cheyenne Wells	Plains to Peaks
IV	Kit Carson County Memorial Hospital	Burlington	Plains to Peaks
IV	Kremmling Memorial Hospital District	Kremmling	Foothills
IV	Lincoln Community Hospital	Hugo	Plains to Peaks
IV	Melissa Memorial Hospital	Holyoke	High Plains
IV	Montrose Memorial Hospital	Montrose	Western
IV	Mt. San Rafael Hospital	Trinidad	Southern
IV	North Suburban Medical Center	Thornton	Mile High
IV	Pioneers Hospital of Rio Blanco	Meeker	Northwest Colorado
IV	Platte Valley Medical Center	Brighton	Mile High
IV	Prowers Medical Center	Lamar	Southeast Colorado
IV	Rangely District Hospital	Rangely	Northwest Colorado
IV	Rio Grande Hospital	Del Norte	San Luis Valley
IV	Sedgwick County Hospital	Julesburg	High Plains
IV	St. Vincent General Hospital District	Leadville	Central Mountain
IV	The Memorial Hospital	Craig	Northwest
IV	Wray Community District Hospital	Wray	High Plains
IV	Yuma District Hospital	Yuma	High Plains

DESIGNATED TRAUMA SERVICES		TOTAL BY LEVEL
RPT.C	(Regional Pediatric Trauma Center)	1
Level I/P	(Level I with Pediatric Commitment)	2
Level I		0
Level II/P	(Level II with Pediatric Commitment)	3
Level II		5
Level III		17
Level IV		35
STATEWIDE TOTAL		63



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