

STATE OF COLORADO



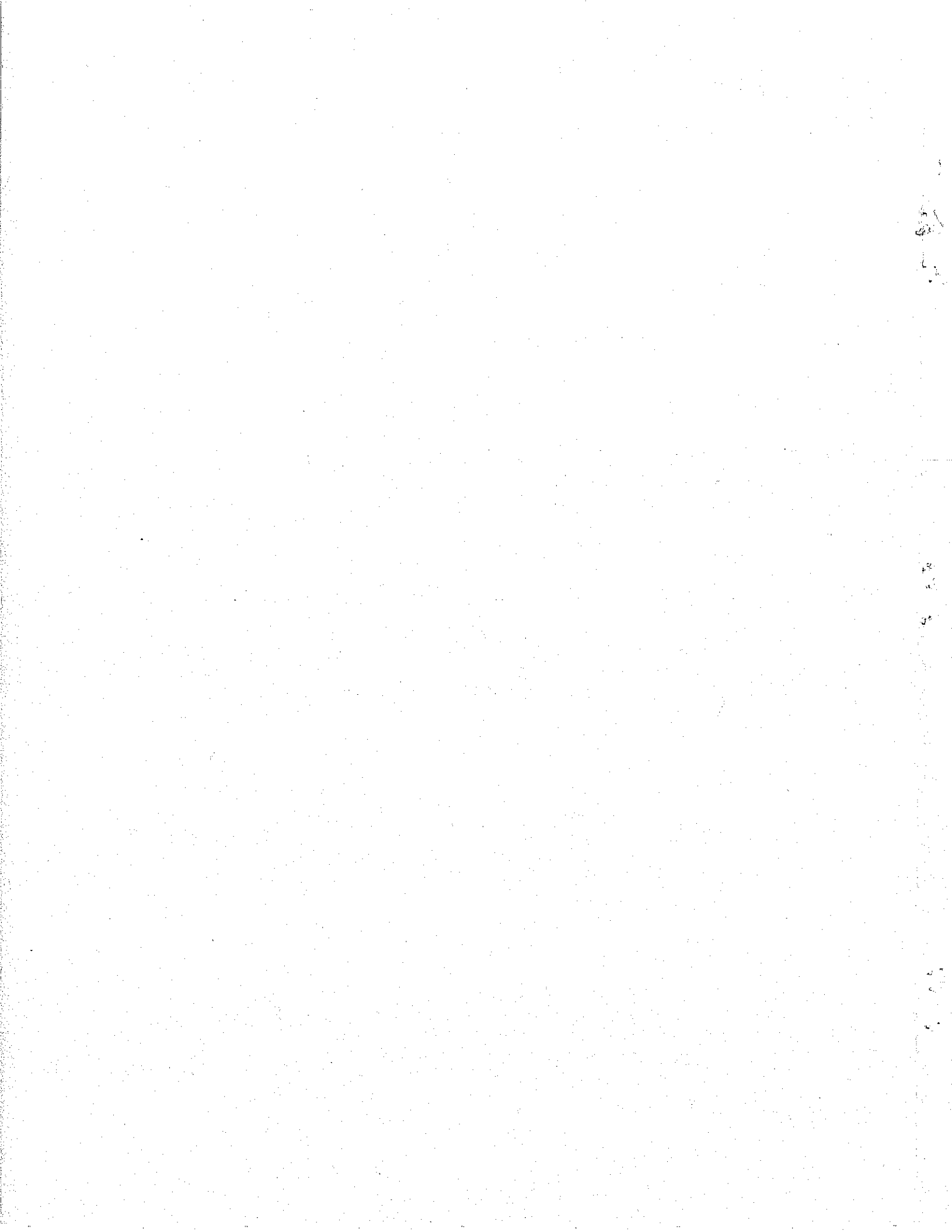
Colorado Department
of Public Health
and Environment

Emergency Medical and Trauma Services System Annual Legislative Report

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Submitted to the Colorado Legislature
By the Emergency Medical Services Section
Health Facilities and Emergency Medical Services Division
Colorado Department of Public Health and Environment
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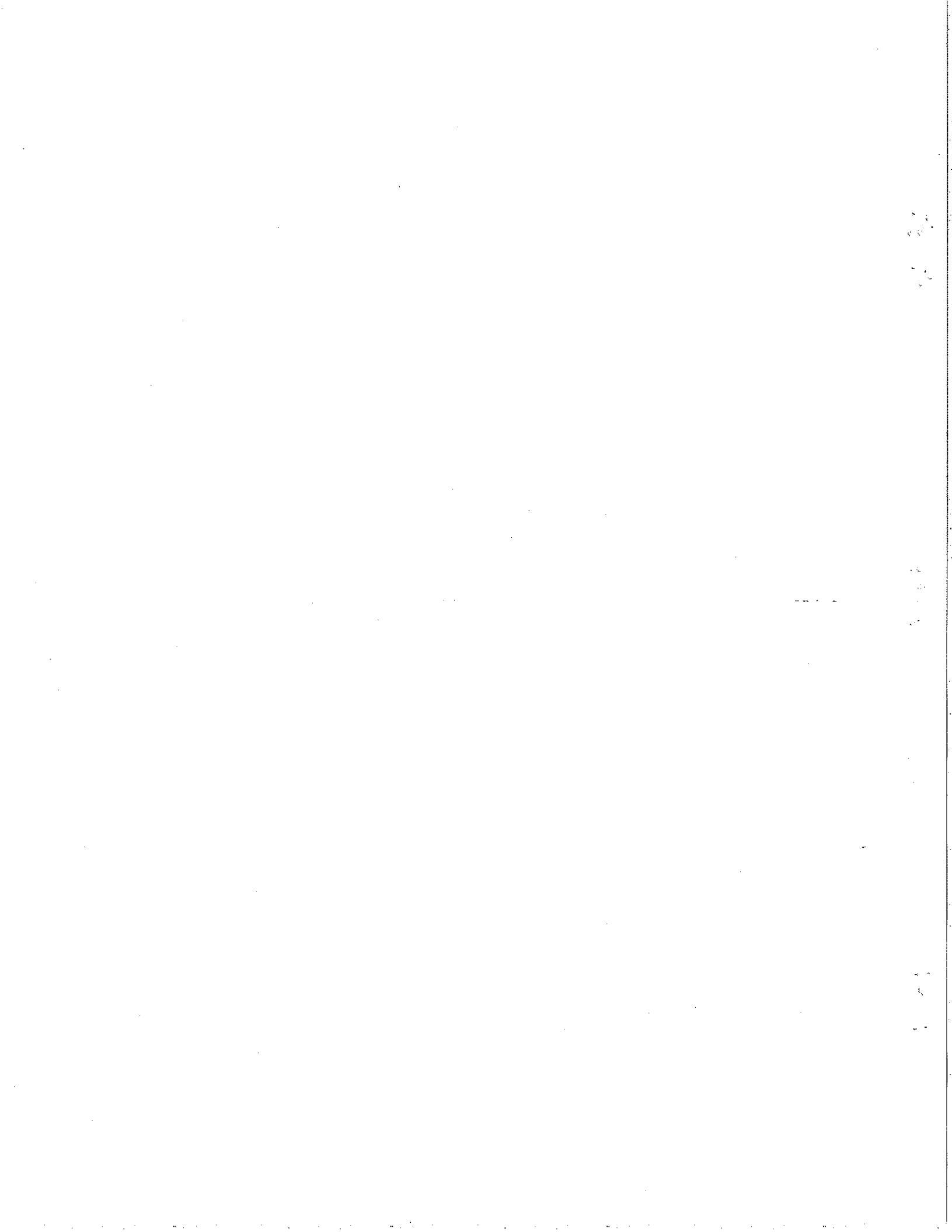


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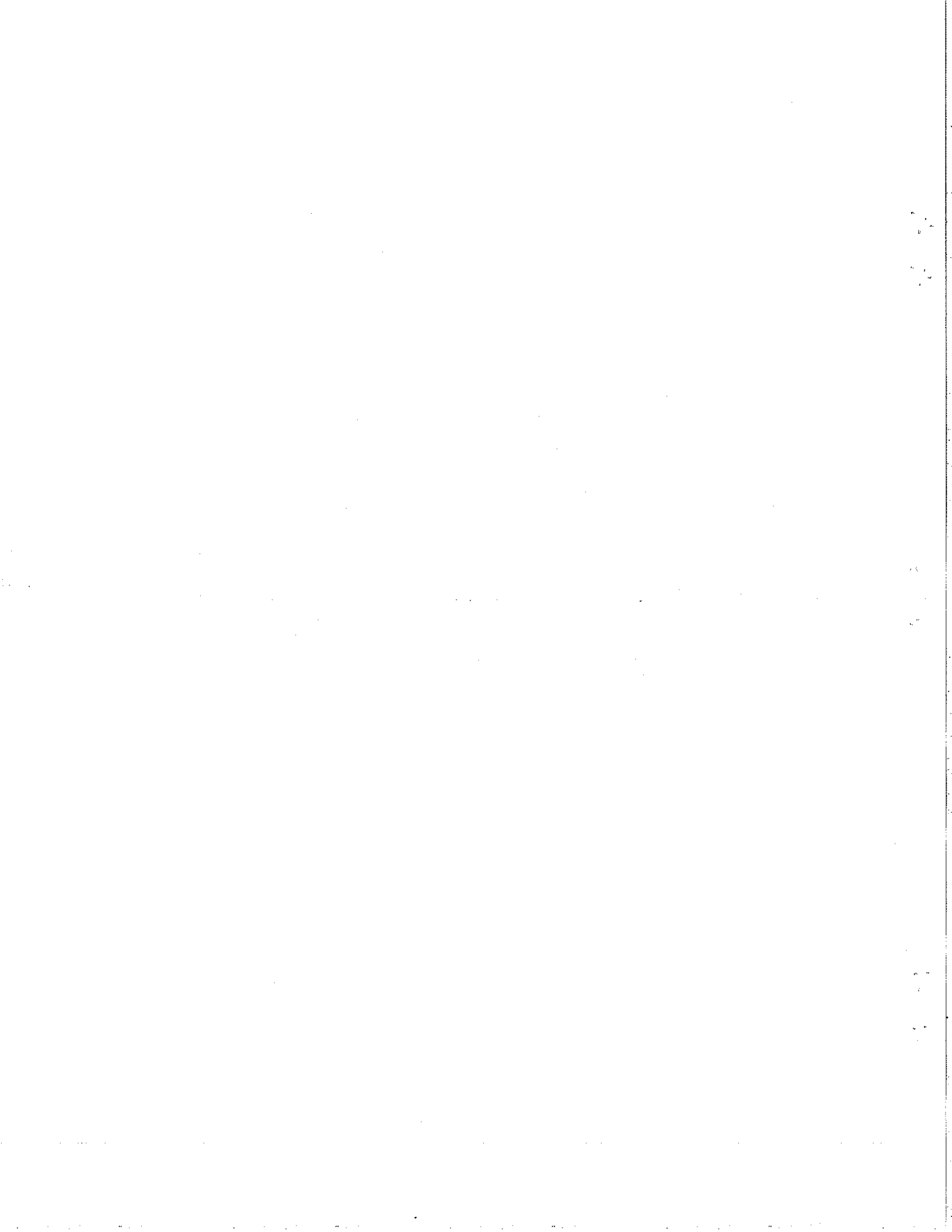
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EXECUTIVE SUMMARY

Colorado's emergency medical and trauma services system provides immediate care to the sick and injured 24 hours a day, 365 days a year. Emergency medical and trauma care services are defined as the immediate health care services needed as a result of an injury or sudden illness, particularly when there is a threat to life or long-term functional abilities. Patient survival depends on several factors, including the availability of appropriately trained health care providers, properly equipped and positioned ambulances, trauma centers and other health care facilities. A coordinated emergency medical and trauma service system offers timely preventive, acute and rehabilitative health care services for Colorado's residents and visitors.

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

The number of injury deaths in Colorado was 2,312 in 2002, making trauma the leading cause of death for Coloradans ages 1 – 44. Studies indicate that 30 to 40 percent of all trauma deaths occur within one hour of injury, and that 30 to 40 percent of these deaths are preventable if timely, appropriate care is received. National experience clearly demonstrates that a coordinated and well-developed emergency medical and trauma services system can result in a reduction of the number of preventable deaths. In 2002, based on trauma registry data, the department estimated the lifetime earnings lost due to premature death from injury in Colorado was \$1.8 billion.

Sub-systems of Colorado's Emergency Medical and Trauma Services System include:

- Public Education and Information
- Injury Prevention
- Communications Systems
- Training and Certification of Emergency Medical Technicians
- Transportation Systems – Prehospital Care/Transport Protocols and Licensure Standards
- Trauma Center Designation, Acute Care Hospitals and Clinics
- Rehabilitation Care
- Disaster Medical Care
- Education and Research
- Trauma Registry - Prehospital Data Collection
- State and Regional Continuing Quality Improvement Systems
- Planning –State Emergency Medical and Trauma Services Advisory Council and Regional Emergency Medical and Trauma Services Advisory Councils

Each of these sub-systems will be discussed in greater depth throughout the body of this report. The first part of the report identifies the specific responsibilities of the department. This is followed by a focus on the utilization of state resources available for system development. This section is followed by a summary of the status of each system sub-system. The report concludes with a more detailed statement about future and ongoing challenges to system development.

FUNDING

The Emergency Medical Services Section is funded predominately from the Emergency Medical Services Account of the Highway Users Tax Fund, supplemented by the collection of trauma center designation fees and limited short-term federal grants. The Emergency Medical Services Account, established in 1989, is funded by a \$1 annual fee included in each motor vehicle's annual registration.

CHALLENGES

The Emergency Medical and Trauma Services System has been faced with significant challenges in the administration of the EMT (Emergency Medical Technician) Certification Program this year. As a result of a department-imposed performance review of the program, several immediate changes were made to the program. Executive Director Benevento asked the SEMTAC (State Emergency Medical and Trauma Services Advisory Council) to provide recommendations on other short-term and long-term changes needed to the program in response to the program review findings. SEMTAC created a Certification Task Force in April of this year. This task force has been holding regular meetings since April to provide advice to the department on actions needed to ensure the integrity of the EMT certification process.

Operationally, all short-term recommendations have been implemented. The recommendations resulted in both process and rule changes. An on-going continuous assessment process has identified other administrative functional changes which are being implemented as needed. The task force has continued to meet to identify recommendations for long-term solutions for the program. Initial assessments of these recommendations indicate a need for legislative solutions in two main areas. These include development of requirements for conducting appropriate investigations of complaints against EMTs and an increase in the maximum number of hours required for continuing medical education of EMT-Intermediates and EMT-Paramedics for re-certification.

The revenue generated from the Emergency Medical Services Account continues to be of concern for the program in coming years. The program is operating within a small margin, and a small shift in expenses or revenue can easily create an unexpected shortfall. The department and the State Emergency Medical and Trauma Services Advisory Council will continue to monitor the situation and be prepared to make reductions as needed in the grants program, regional funding, certification, training and other program activities.

Additionally, given the status of potential threat to our state and nation, on-going coordination between state and local agencies in the development of state and local mass casualty plans, which make up the medical annex of a state or local emergency management plan, is essential.

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ROLE AND RESPONSIBILITIES

The Colorado Department of Public Health and Environment shares regulatory responsibilities for overall system development with the Colorado Board of Medical Examiners and the governing bodies for each of Colorado's counties. Additionally, the State Emergency Medical and Trauma Services Advisory Council (Appendix A) provides recommendations on rules, utilization of the funds in the EMS Account, implementation of program activities and assistance with the identification of system needs and priorities.

Originally defined by the *Emergency Medical Services Act of 1978*, the *Trauma System Act of 1995*, modified by the *Emergency Medical and Trauma Services Act of 2000* and again by the passage of Senate Bill 01-174 in 2001, the department's primary roles in the development of emergency medical and trauma services throughout the state are as follows:

- The certification of emergency medical technicians, including processing applications; issuing emergency medical technician certificates; and investigating complaints involving emergency medical technicians.
- The regulation of institutions providing emergency medical technician training, including the development of curricula, approving course content, monitoring the quality of instruction and investigating complaints involving training centers.
- The administration and management of the Emergency Medical and Trauma Services Provider Grants program.
- The provision of community and regional technical support for the development and provision of emergency medical and trauma services across the state in coordination with the Regional Emergency Medical and Trauma Councils.
- Development of a prehospital care data collection system.
- Designation of health care facilities as one of five possible levels of trauma centers.
- Conducting analyses of the sub-systems' responses to injured patients using quality improvement models.
- Creation and maintenance of the Colorado Trauma Registry.
- Evaluation of the Emergency Medical and Trauma Service System.
- Targeted program activities based on available federal funding.

LEGISLATIVE BACKGROUND

The *Emergency Medical Services Act*, passed in 1978, gave the department, the Colorado Medical Board, and individual counties, with advice from the State Emergency Medical Services Advisory Council, limited authority to develop a coordinated emergency medical services system. The department was given the responsibility of certifying emergency medical technicians.

Department approval is required for course content and curriculum prior to an institution providing training programs for emergency medical technicians. The Colorado Board of Medical Examiners was given supervisory authority over medical directors who provide medical direction for emergency medical technicians. All emergency medical technicians are required to have a medical director. The Colorado Board of Medical Examiners also defines the scope of practice for emergency medical technicians. Counties were given the responsibility of inspecting and licensing ambulances based in their respective counties.

In 1989, a stable, minimum level of funding for the state's emergency medical services system was established by inclusion of a \$1 fee in each annual motor vehicle registration. This revenue is deposited into the Emergency Medical Services Account of the Highway Users Tax Fund. Until July 1, 2002, the annual appropriation was distributed in a fixed ratio with 60 percent designated for distribution as grants to improve and maintain local emergency medical services systems; 20 percent for county planning and coordination of emergency medical services; and 20 percent for the direct and indirect costs of the department for planning, developing, implementing and maintaining the statewide system.

The *Trauma System Act of 1995* gave authority to the department to assist in the development of a coordinated statewide trauma system. System development was the combined responsibility of the department, the Colorado Board of Health and all Colorado counties, with advice from the State Trauma Advisory Council. The Colorado Board of Health and the department established the trauma system's framework with the development of minimum system standards, including standards for hospitals and other health care facilities to become designated trauma centers. Funding for the designation of trauma centers is derived from fees paid by facilities seeking designation. This fee was intended to address the direct and indirect costs of designation activities. Area Trauma Advisory Councils were formed throughout the state in 1998 and were responsible for development of area plans for the coordinated delivery of care to trauma patients in their respective areas. The administrative, regulatory and Area Trauma Advisory Council components of the Trauma Program were funded within the Emergency Medical Services Account appropriations as authorized in an FY98 decision item. In addition, a short-term, state grant provided partial support of the trauma registry and initial development of a prehospital trauma data collection system.

The *Emergency Medical and Trauma Services System Act of 2000* created a merged state advisory council, the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) (Appendix A). It also merged the regional efforts of the Area Trauma Advisory Councils and the voluntary efforts of the Emergency Medical Services Regional Councils to create the Regional Emergency Medical and Trauma Advisory Councils (RETACs) (Appendix B and Appendix C).

The act gave the new state council the responsibility of making recommendations for the utilization of the Emergency Medical Services Account funds beginning on July 1, 2002. The required 60/20/20 annual appropriation distribution, described above, was removed at that time. The legislation also gave the department authority to designate Level V Trauma Centers and to license air (helicopter and fixed wing) ambulance services.

In 2001, the Board of Health was given the authority to generate rules for the utilization of the results of criminal background checks in the certification of emergency medical technicians.

In 2002, a technical bill was passed that took care of some housekeeping and inconsistencies that clarified the role, responsibilities and funding of the Regional Emergency Medical and Trauma Advisory Councils (RETACs).

In 2003, legislation was introduced to implement recommendations of a 2002 Legislative Audit. HB03-1370 gave the State Board of Health the authority to identify the length of both the review and designation cycles for trauma centers. Another bill, SB03-009, removed the option of conducting name-based criminal background checks for emergency medical technician certification, and gave the State Board of Health the authority to define crimes of moral turpitude for consideration in the certification of emergency medical technicians. Both of these bills were adopted.

Part I

Emergency Medical Services Section Funding

OVERVIEW OF FISCAL 2005 FUNDING

The Emergency Medical Services Section's programs are funded primarily from the Emergency Medical Services Account and the collection of trauma center designation fees. The Emergency Medical Services Account is funded by a \$1 fee, set in 1989, that is included in each motor vehicle's annual registration. The Emergency Medical Services Account supports the Emergency Medical Services Provider Grants program; funding for the RETACs; the direct and indirect expenses of program administration; the regulatory aspects of the trauma program; and the development aspects of the emergency medical and trauma services system. Program administration includes certification of emergency medical technicians, oversight of training programs, operation of the State Emergency Medical and Trauma Services Advisory Council (SEMTAC), and provision of technical assistance to emergency medical service providers and RETACs. The trauma program also is supported by fees collected from health care facilities that apply to be designated as trauma centers. The Section also receives an Emergency Medical Services for Children federal grant. State licensure of fixed- and rotor-wing ambulance services is expected to become operational during FY05. This activity will be supported by fees collected from air ambulance services that apply to be licensed in Colorado. Table 1 outlines the spending authority for FY05.

	HUTF / EMS Account	Trauma Center Designation Fees	Federal Grants	Air Ambulance Fee
EMS Provider Grants	\$1,928,793			
RETAC Funding	1,785,000			
Program Administration	865,491		\$70,358	\$11,000
Division of Information Technology (Telecomm.)	66,151			
Trauma Center Designation (program administration and survey team expenses)		\$381,810		
Indirect Cost Assessment	246,313	39,000	13,566	2,772
Total	\$4,891,748	\$420,810	\$83,924	\$13,772

Table 1: Fiscal Year 05 Budget.

EMERGENCY MEDICAL SERVICES PROVIDER GRANTS PROGRAM

Summary of Legislation

The *Emergency Medical and Trauma Services System Act of 2000* continued the appropriation of funds from the Emergency Medical Services Account for distribution as grants to local emergency medical and trauma services providers. It also gave the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) the responsibility of making recommendations for the utilization of the Emergency Medical Services Account funds beginning on July 1, 2002.

The department administers a competitive grants program to distribute this funding. Per statute, a minimum of \$150,000 must be used for the training of emergency medical personnel and \$100,000 must be reserved for emergency grant awards. The priorities for distribution of the remaining grant monies, as defined in statute, include updating underdeveloped emergency medical and trauma services systems and replacing aging and outdated equipment. The grant money is distributed based on substantiated need as defined in the grant application. This grant program requires a local cash match of 50 percent. Based on financial need, there is an opportunity for applicants to request a waiver of the cash match requirement.

Funding Distribution

The FY05 budget from the Emergency Medical Services Account for the Provider Grants Program is \$1,928,793, which includes the allocation of a minimum \$150,000 for emergency medical personnel training and \$100,000 reserved for emergency grant awards.

The department received 90 provider grant applications for FY05 requesting funding for projects totaling \$2,544,813 (amount requested as grant funding from the state). Emergency vehicles, the most requested and most expensive equipment, topped the list of funded items. A complete list of the specific grant awards can be found in Appendix D. The figure below illustrates the distribution of the provider grant funds as of October 2004. Table 2 provides the anticipated funding priorities under each grant category.

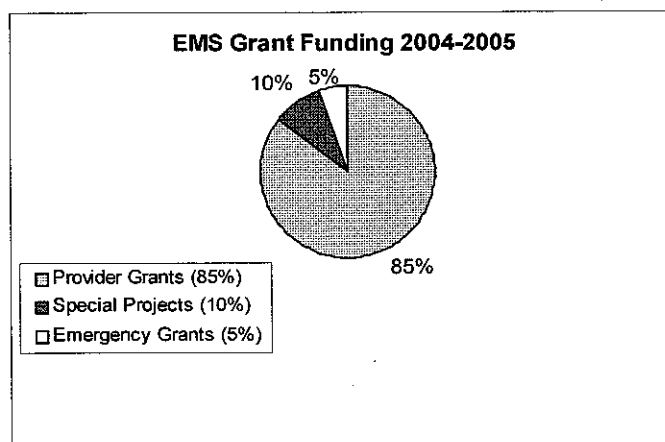


Figure 1: EMS Provider Grant Funding FY05

Emergency Medical Services Grant Funding 2004-2005		
	Awarded	Award %
Provider Grants		
Communications	\$213,666	11%
Defibrillation	69,840	4%
Emergency medical services equipment	48,087	3%
Emergency vehicles	959,222	50%
Training	219,011	12%
Data collection	35,641	2%
Injury Prevention	0	0
Other	35,000	2%
Recruitment and retention	25,000	1%
Provider Grants Subtotal	\$1,643,515	85%
Emergency Fund	100,000	5%
Statewide Projects		
Prehospital Data Registry project	154,000	
Management, Medical Director and Leadership QI Training	13,000	
RETAC statewide meetings	18,000	
Special Projects Subtotal	185,000	10%
Total	\$1,928,515	

The \$100,000 emergency fund was established to provide immediate financial assistance to emergency medical services provider agencies experiencing unexpected problems causing the degradation or potential elimination of the provision of emergency medical services. This fund is used to address emergency requests when the grant funding processing deadlines have passed.

Statewide Funding Projects

The department, in consultation with the State Emergency Medical and Trauma Services Advisory Council, establishes statewide projects that improve emergency medical services and impact all emergency medical service providers in Colorado. The following is a list of these projects slated for implementation in FY05.

- **Prehospital Care Data Collection - \$154,000**
Each prehospital provider that offers service or care to patients is required by statute to submit patient care records to the department. A project was initiated in 1998 to begin development of a prehospital care data collection system. Continuation of these activities is contingent upon finding a long-term funding source.

- RETAC Statewide Meetings - \$18,000
For the past four years, quarterly RETAC meetings have been held to further the development of the RETACs. The department contracts with an outside vendor to host these meetings attended by the RETAC coordinators and RETAC executive council members.
- Medical Director Training - \$3,000
Provide 50 percent tuition assistance for a one-day course for training medical directors and their coordinators.
- Management Training - \$5,000
Provide reduced tuition for basic training for emergency medical services administrators.
- Leadership in Quality Improvement Training - \$5,000
This is a course designed and delivered by the National Highway Transportation Safety Administration to provide emergency medical services managers, medical directors and quality improvement staff with a method of improving service quality.

REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL DEVELOPMENT

Summary of Current Legislation

The *Emergency Medical and Trauma Services System Act of 2000* created Regional Emergency Medical and Trauma Advisory Councils (RETACs). These councils combine the efforts of the previously existing Area Trauma Advisory Councils and Regional Emergency Medical Services Councils. The RETACs have the responsibility for creating a regional implementation plan for delivery of emergency medical and trauma care. In the future, the RETACs must implement and monitor the effectiveness of their plans. At a minimum, each RETAC must:

- Provide a biennial plan that details the regional emergency medical services plan.
- Provide an annual financial report that details the expenditures of money received.

The plan and financial reports will be reviewed and approved by the State Emergency Medical and Trauma Services Advisory Council. There are 11 Regional Emergency Medical and Trauma Advisory Councils. Each Regional Emergency and Trauma Advisory Council consists of a minimum of five counties (Appendices B and C).

Current Funding Distribution

Based on the *Emergency Medical and Trauma Services System Act*, beginning July 1, 2002, Regional Emergency Medical and Trauma Advisory Councils receive \$75,000 per RETAC plus \$15,000 for each county within a RETAC. These funds are for administrative costs, planning, and to the extent possible, the coordination of services in and between counties. Historically, these funds were distributed as systems development grants to the Area Trauma Advisory Councils and the Regional Emergency Medical Services Councils and as specific County funding for local EMS planning. Total FY05 funding for the RETACs is \$1,785,000.

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. As of November 1, 2004 there were 65 designated trauma centers across Colorado with an anticipated 2-3 more to be added by the end of the state fiscal year. See Appendices H and I for a listing and map of trauma centers in Colorado. The designation process includes submission of an application and a site review by a team of trauma clinical providers. The 1995 trauma system legislation created a Trauma System Cash Fund and authorized the State 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. However, the fee basis did not include the costs associated with rule development or modification; processing of appeals or waiver requests; attorney fees; ongoing monitoring; nor provision of technical assistance. These costs are being covered by fee revenue at this time. However, current fee levels may not be adequate to support these activities in the future. The fee basis also did not include and does not fund any of the trauma registry costs.

Funding Distribution

The FY05 spending authority for designation-related costs and utilization of fee revenue is \$420,810 and includes site review teams; administrative costs, including the cost of providing a state observer; and the indirect costs assessment. The team composition varies depending on the level of designation the facility is seeking. Additionally, a state observer participates in each site review visit.

Part II

Evaluation of the Emergency Medical and Trauma Services System

In 1978 and 1989, legislation adopted by the Colorado Legislature established several system sub-systems, including treatment; transportation; telecommunications; local emergency medical services; documentation; and created the Emergency Medical Services Account funded grant program.

In 1995, the trauma system was defined in state statute as including the following sub-systems injury prevention; communication systems; prehospital care; designated trauma centers; rehabilitation care; access to medical response systems in a disaster; trauma education and research; data collection and analysis; quality improvement systems; and regional planning councils.

The *Emergency Medical and Trauma Service System Act of 2000* created the Colorado Emergency Medical and Trauma Services System, integrating the sub-systems and development efforts identified above.

This part of the report describes the status of each of Colorado's system sub-systems listed below and contributions made toward system development by the department's Emergency Medical Services Section, working in coordination with the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) and the Regional Emergency Medical and Trauma Advisory Councils (RETACs). The sub-systems are as follows:

- Public Education and Information
- Injury Prevention
- Communications Systems
- Training and Certification of Emergency Medical Technicians
- Transportation Systems – Prehospital Care/Transport Protocols and Licensure Standards
- Trauma Center Designation, Acute Care Hospitals and Clinics
- Rehabilitation Care
- Disaster Medical Care
- Education and Research
- Trauma Registry - Prehospital Data Collection
- State and Regional Continuing Quality Improvement Systems
- Planning –State Emergency Medical and Trauma Services Advisory Council and Regional Emergency Medical and Trauma Services Advisory Councils

Public Education and Information

To serve the public, an effective public information and education program is needed. The intent being to promote and encourage healthy habits; as well as to promote the public's understanding and appropriate utilization of the Emergency Medical and Trauma Services System. The department, with advice from the State Emergency Medical and Trauma Services Advisory Council, provides technical assistance and resources to local agencies in developing their own public information and education programs.

- Current Activity: Some Regional Emergency Medical and Trauma Advisory Councils have implemented limited public information and education programs utilizing existing local funding or through coordination of other's activities.
- Challenge: Raising community-based awareness about the complexities of the Emergency Medical and Trauma Services System. Identification and maintenance of on-going funding for this activity.

Injury Prevention

Injury prevention activities should be based on analysis of available Colorado injury data although current program activities are limited to specific federally funded and targeted programs. Coordinated state, community and individual efforts to reduce the injury rate in Colorado are the initial step in the control and reduction of trauma morbidity and mortality. The department's efforts to coordinate statewide injury prevention activities are limited due to the limitations on current federal funds and the lack of on-going state funding. The Injury Prevention Strategic Plan was adopted by the SEMTAC on April 3, 2003. The plan focuses on the three leading causes of injuries – suicide, falls and motor vehicle crashes, and makes specific recommendations for the reduction of injuries. The Colorado Emergency Medical Services for Children program, funded by a federal Maternal and Child Health Bureau grant, has provided limited and targeted resources and information to communities regarding pediatric emergencies.

- Current Activity: Some Regional Emergency Medical and Trauma Advisory Councils have implemented limited injury prevention programs utilizing existing local funding, a successfully funded provider grant or by coordination of local activities on a regional basis with relatively high success.
- Current Activity: The Colorado Association for School Boards and the Colorado Department of Education will continue to provide bulletins and in-service training on the *First Care for Schools* Program.
- Challenge: Access to unrestricted funding to target the leading causes of hospitalization and death due to injury in Colorado.

Communication Systems – Public Access and Provider Agency Communications

Public access is defined as the ability of an individual to secure prompt and appropriate emergency medical care. For nearly 30 years, 911 has been designated as the national emergency telephone number. This basic 911 telephone number covers approximately 99 percent of Colorado. 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 provided automatically. Such systems are called enhanced 911 or E911. Seventy-five percent of the state is covered by E911 services. A reliable, provider based communications system is an essential component of an overall emergency medical and trauma service system. Many states have either a regionally or centrally coordinated communications system.

Emergency incidents that may overwhelm local resources in Colorado generally are not coordinated on a regional or statewide basis. The digital trunked radio system has been an asset to some local agencies. This system could provide the technical infrastructure for local agencies to access a more reliable and universal communications system. The total cost for all local emergency medical service agencies to upgrade radios to the new system was estimated at \$45 million in 1999. A \$4.5 million federal grant from a combination of Homeland Security and UASI (Urban Area Security Initiative) Funds is providing the resources for continued development of the DTRS (Digital Trunked Radio System) (Appendix G). Funds are also being awarded to other state and local entities to upgrade agency radios as needed to access the system.

The department, the State Emergency Medical and Trauma Services Advisory Council and a liaison from the Colorado Division of Information Technologies, Telecommunications Section provide technical assistance and financial resources to local communities in improving radio communications. The Telecommunications Section recently fill this liaison position after an extended period of time and difficulties with recruitment. It is difficult to find an employee with both the technical and community facilitation skills required of this position. Additional resources are necessary to plan, implement and coordinate the communications subsystem.

- **Challenge:** There are only two regionally or centrally coordinated communications systems in Colorado via the DTRS. This is being increased to three with the addition of a site in Ft. Collins.
- **Challenge:** The current utilization of cell phones whereby ambulance services communicate directly with hospitals is a vulnerable point in our response system.
- **Current Activity:** The State Emergency Medical and Trauma Services Advisory Council created a task force to identify existing gaps in the provision and use of current communication resources. The task force developed a model/plan for closing the gap that is being evaluated for implementation. Initial funding requirements have been identified at \$4.5 million dollars.

Training and Certification of Emergency Medical Technicians

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 processes approximately 4,000 applications for certification or re-certification of emergency medical providers each year. This activity is one of the fundamental requirements for creating and maintaining a state system.

The department has been faced with significant challenges in the administration of the EMT (Emergency Medical Technician) Certification Program this year. As a result of a department imposed performance review of the program, several immediate changes were made to the program. Executive Director Benevento asked the SEMTAC (State Emergency Medical and

Trauma Services Advisory Council) to provide recommendations on other short-term and long-term changes needed to the program in response to the program review findings. SEMTAC created a Certification Task Force in April of this year. This task force has been holding regular meetings since April to provide advice to the department on actions needed to ensure the integrity of the EMT Certification process.

Operationally, all short-term recommendations have been implemented. The recommendations resulted in both process and rule changes. These changes include the State Board of Health adopting rules for the utilization of state and federal criminal background checks in the certification process; the elimination of the state certification examination; utilization of a national exam process for initial certification. An on-going continuous assessment process has identified other administrative functional changes, which are being implemented as needed. The task force has continued to meet to identify recommendations for long-term solutions for the program. Initial assessments of these recommendations indicate a need for legislative solutions in two main areas. These include development of requirements for conducting appropriate investigations of complaints against EMTs and an increase in the maximum number of hours required for continuing medical education of EMT-Intermediates and EMT-Paramedics for re-certification.

The department also approves all institutions providing emergency medical technician training and provides instructor training programs and curriculum approved by the State Emergency Medical and Trauma Services Advisory Council and the Colorado Board of Medical Examiners.

Emergency medical care involves the delivery of care by non-physician providers outside the traditional setting of a hospital or physician's office. In Colorado, every emergency medical technician is required to be supervised by a medical director, who provides direction for the delivery of care. The department currently coordinates with the Colorado Board of Medical Examiners in the review and approval of medical director applications, and periodically provides training for physicians in the supervision of emergency medical services personnel. The Medical Director position within the department was created in 1990. The State Medical Advisory Group (Appendix F), founded in 1995, was developed to provide additional physician input to the department and the Colorado Board of Medical Examiners.

The State Emergency Medical and Trauma Services Advisory Council and the department dedicate a small amount of funds from the Emergency Medical Services Provider Grants program for a recruitment and retention program designed to assist local emergency medical service agencies in assessing current workforce needs and in establishing a plan for creation of a stable workforce. 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.

- Challenge: The shortage of qualified and interested physicians in rural and frontier communities to serve in this advisory capacity continues to be a challenge.
- Challenge: Maintenance of a grant program to address workforce needs of local agencies.
- Challenge: While initial training costs have been covered by various federal grants, the maintenance costs associated with preparedness training is expected to be an on-going challenge.
- Challenge: The department lacks the appropriate authority to conduct thorough investigations of complaints about EMTs.
- Current Activity: The provision of one-day workshops for physician advisors. Grant funds are used to offset attendees' tuition.
- Current Activity: Modifications to the rules and procedures for the administrative review and processing of applications for both initial certification and certification renewal.

Transportation Systems – Prehospital Care/Transport Protocols and Licensure Standards

Safe, reliable ambulance transportation is a critical sub-system of an effective emergency medical and trauma services system. The transportation component includes the regulation, inspection and licensure of ambulance services and vehicles; provision for uniform coverage 24 hours a day; a protocol for air medical dispatch; and a mutual aid plan. Providing a minimum level of emergency medical and trauma care to all residents and visitors is the primary objective of this subsystem.

Authority for the regulation, inspection and licensure of ground ambulances is currently the responsibility of each respective Colorado county or city and county. The department, with advice from the State Emergency Medical and Trauma Services Advisory Council, has identified a minimum equipment list for ambulances for implementation in each of the counties. Statute establishes minimum requirements for ambulance attendants such as driver's licensure and certification. For the trauma patient, specific minimum standards have been adopted for ambulance and first response unit staffing, agency response and scene times, and patient triage and transport destination protocols.

The passage of the *Emergency Medical and Trauma Services Act of 2000* created the authority for the development of minimum licensure standards for county licensure of ground ambulances and state licensure of air ambulance services.

- Challenge: No entity is identified in statute as being responsible for ensuring the provision of emergency medical transportation services (ambulance services) to the citizens of, or visitors to, the state of Colorado. Some geographic areas of the state are technically "uncovered", creating financial as well as response challenges to nearby provider agencies.
- Current Activity: Minimum standards for the operation of air ambulance services have been drafted and are expected to be ready for adoption by the State Board of Health by January 2005.
- Current Activity: Minimum standards for the licensure of ground ambulances by local government are expected to be ready for consideration by the State Board of Health for adoption by February 2005.

Trauma Center Designation, Acute Care Hospitals and Clinics

The seriously ill or injured patient must be delivered in a timely manner to the closest appropriate facility. The trauma center designation program provides a model for how facilities can be identified by their capacity to care for patients with specific needs. The designation of hospitals and other health care facilities as trauma centers identifies those facilities making a commitment to maintain a level of trauma care resources, including trained staff, equipment and policies and procedures. The department began facility designation in June 1998 and has designated 65 trauma centers since that time. Appendices H and I provide a list and maps depicting geographic distribution of current designated trauma centers.

- Challenge: Not all seriously injured or ill patients are delivered to the closest appropriate hospital in a timely manner.
- Challenge: Develop and evaluate models for conducting site reviews, evaluating the appropriate role of SEMTAC and the department in the designation process, determining the length of designation and effective system evaluation processes identified.
- Challenge: Identify statutory and regulatory modifications needed to enable designated trauma centers to have access to the written results of site reviewers without compromising the confidentiality of the findings.
- Current Activity: Recommendations from the results of the legislative audit completed in August of 2002 will continue to be evaluated over the course of the next year.
- Current Activity: The department has completed the second cycle of designation of health care facilities as of September 2004.
- Current Activity: The state strategic plan will create an opportunity for the emergency medical and trauma care system to consider how to match all patients' needs with the appropriate health care facility throughout the state.

Rehabilitation Care

A critical measure of a emergency medical and trauma system is patient access to rehabilitation care. The goal for each trauma patient is a return to a productive life. In Colorado's system, rehabilitation services are either provided by the trauma center or the trauma center transfers the patient to an appropriate facility.

- Challenge: As is prevalent across the country, the lack of adequate insurance coverage for rehabilitation in most health plans continues to hinder patient access to these services.
- Current Activity: The department requires that trauma centers maintain transfer agreements for rehabilitation services not available at that trauma center.

Disaster Medical Care

Regional coordination of the medical care component of local disaster plans helps ensure the effective utilization of resources to meet patients' needs in the event of a mass-casualty or bio-medical disaster. Coordination of these resources is specifically defined in statute as the responsibility of the counties. SEMTAC recently assisted the department in the development of a Mass Casualty Annex to the all hazards State Emergency Operations Plan. The Regional Emergency Medical and Trauma Advisory Councils will continue to work toward coordinating the medical components of these local plans and assist in creating them where needed, for both mass-casualty and bioterrorism response. Regional planning will mitigate the impact of the lack of centralized and coordinated communication systems and community responses to either of these types of events.

- Challenge: Identify resources to develop and maintain the medical annex or medical response for the State Emergency Management Plan.
- Challenge: Coordination of local, regional and state medical responses throughout the state to either a mass-casualty or bioterrorism event.
- Current Activity: Regional Emergency Medical and Trauma Services Advisory Councils are coordinating with state, local and federal agencies to generate regional emergency management plans to include the medical component of a all hazard response.
- Current Activity: The department is reformatting the SEMTAC MCI plan for consistency with the State Emergency Management Plan.

Education and Research

Education and research in emergency medical and trauma clinical care ensures both the continuous identification of improvements to emergency medical and trauma patient care as well as information dissemination in the training of emergency medical and trauma care clinicians. In Colorado, trauma education and research are requirements of the Level I and Regional Pediatric Trauma Centers.

- Current Activity: Education and research in trauma clinical care are the responsibilities of the teaching hospitals that also are trauma centers.

Trauma Registry – Prehospital Data Collection

A comprehensive evaluation program is needed to effectively plan, implement and monitor a statewide emergency medical and trauma care system. This can be done with an effective and sufficiently funded trauma registry; prehospital data collection system; and appropriate resources to analyze the data in order to improve the system and patient care.

The Colorado Trauma Registry is a unique database designed to capture information about the mechanisms of injury and the care of the trauma patient. Each licensed facility, clinic or prehospital provider that provides service or care to trauma patients currently is required to submit a limited set of patient specific information to the department. These data combined with the Colorado Hospital Associations Discharge dataset and the Colorado Vital Records

Section's death files are used to evaluate and monitor the emergency medical and trauma care system. The data set also will provide information on the system's response to trauma patients and their needs.

Collection and analysis of information from prehospital agencies (ambulances operators) will allow some analysis of prehospital care to be conducted. The department and the State Emergency Medical and Trauma Services Advisory Council have provided limited 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.

- **Challenge:** Operating capacity of the Trauma Registry and the Prehospital Data Collection System is contingent upon finding on-going funding.
- **Current Activity:** Implementation of data collection activities by the provider agencies via six Regional Emergency and Trauma Advisory Councils.

State and Regional Continuing Quality Improvement (CQI) Systems

System assessment and evaluation at the state, regional and provider levels ensure appropriate patient care and identify best practice models to be used to further reduce death and long-term disability as a result of an injury or serious illness. Minimum continuing quality improvement requirements are under development for statewide and regional implementation as resources are available. The Colorado Trauma Registry data, which will continue its work as long as resources exist to manage the registry, will assist in the evaluation of both the regional and the statewide emergency medical and trauma systems.

Confidentiality was secured for 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 evaluation of the system's response to the medical patients up to the point of prehospital disposition.

- **Challenge:** Ensuring opportunities for involvement of both prehospital and acute care stakeholders in the development of the state and regional continuing quality improvement plan.
- **Current Activity:** Completion of the Emergency Medical and Trauma Services System continuing quality improvement plan is expected by September 2006.

Planning – State Emergency Medical and Trauma Services Advisory Council and the Regional Emergency Medical and Trauma Advisory Councils

To provide an effective system of emergency medical care, comprehensive, enabling legislation is needed to identify a lead agency responsible for establishing minimum standards for the system and sub-systems, and to ensure financial support to implement and administer the system. Planning and coordination in development of the state system is accomplished with advice from the State Emergency Medical and Trauma Services Advisory Council.

Due to variations in the demographics and geography of Colorado, local participation and expertise for identifying problems and designing solutions for local area plans is required. The passage of the *Emergency Medical and Trauma Services System Act of 2000* created the Regional Emergency Medical and Trauma Advisory Councils; established requirements for regional planning; and provided a minimum level of funding beginning in FY02. Eleven Regional Emergency Medical and Trauma Advisory Councils were created across the state by local government in 2001 to ensure local participation and coordination in regional system planning.

- **Challenge:** Given resource constraints, the department is only able to provide limited technical assistance to the Regional Emergency Medical and Trauma Advisory Councils.
- **Current Activity:** A strategic plan for the State Emergency Medical and Trauma System will be completed by January 2005.

Part III

Challenges for the Colorado Emergency Medical and Trauma Services System

Emergency Medical Technician Certification

The Emergency Medical and Trauma Services System has been faced with significant challenges in the administration of the EMT (Emergency Medical Technician) Certification Program this year. As a result of a department-imposed performance review of the program, several immediate changes were made to the program. Executive Director Benevento asked the SEMTAC (State Emergency Medical and Trauma Services Advisory Council) to provide recommendations on other short-term and long-term changes needed to the program in response to the program review findings. SEMTAC created a Certification Task Force in April of this year. This task force has been holding regular meetings since April to provide advice to the department on actions needed to ensure the integrity of the EMT Certification process.

Operationally, all short-term recommendations have been implemented. The recommendations resulted in both process and rule changes. An on-going continuous assessment process has identified other administrative changes that are being implemented as well. The task force has continued to meet to identify recommendations for long-term solutions for the program. Initial assessments of these recommendations indicate a need for legislative solutions in two main areas. These include development of requirements for conducting appropriate investigations of complaints against EMTs and an increase in the maximum number of hours required for continuing medical education of EMT-Intermediates and EMT-Paramedics for re-certification.

Funding

The revenue generated from the Emergency Medical Services Account continues to be of concern for the program in coming years. The program is operating within a small margin and a small shift in expenses or revenue can easily create an unexpected shortfall. The department and the State Emergency Medical and Trauma Services Advisory Council will continue to monitor the situation and be prepared to make reductions as needed in the grants program, regional funding, certification, training and other program activities.

Preparedness-Mass Casualty Plans

Additionally, given the status of potential threat to our state and nation, on-going coordination between state and local agencies in the development of state and local mass casualty plans, which make up the medical annex of a state or local emergency management plan, is essential.

Appendices



**COLORADO STATE EMERGENCY MEDICAL AND TRAUMA
SERVICES ADVISORY COUNCIL**

November 2004

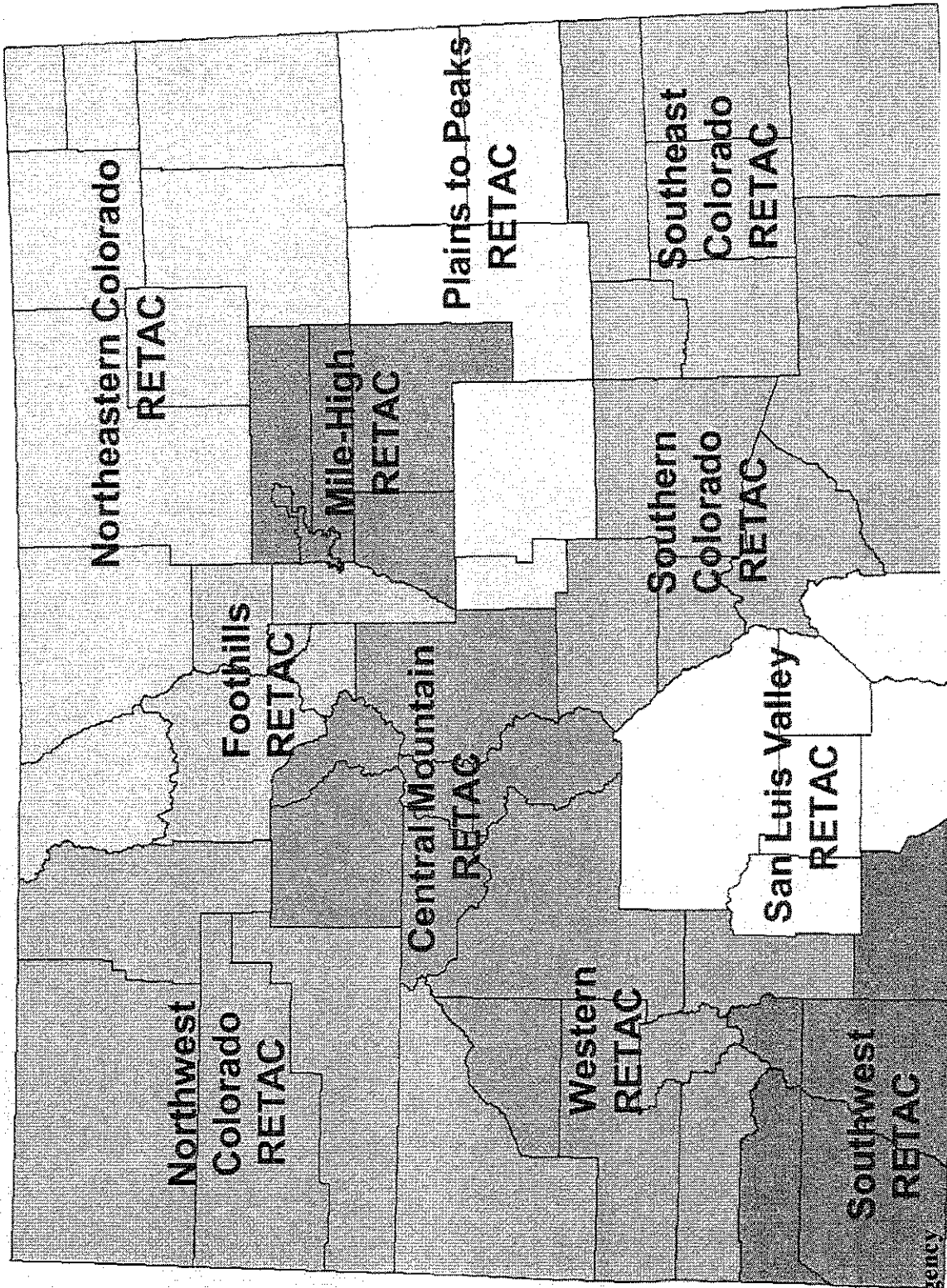
Appointed Member	Representing	RETAC
Robert F. Anderson	County Commissioner from a rural county	Foothills RETAC
A. Daniel Barela	Member of the general public from a rural area	Western RETAC
F. Keith Battan, M.D.	Board certified physician certified in paramedics or a pediatric subspecialty	Foothills RETAC
Scott Bourne	Officer or employee of a public provider of prehospital care	Mile-High RETAC
Chris Cribari, M.D.	Board certified surgeon providing trauma care at a Level II Trauma Center	Northeastern RETAC
David C. Deaver III, M.D.	Board-certified surgeon providing trauma care at a Level III Trauma Center	Southwest RETAC
Dwight Gardner	County Commissioner from a rural county	Southeast RETAC
Karl Gills	Administrative representative of a rural trauma center	Northwest RETAC
Pam L. Gripp	Officer or crew member of a volunteer organization who provides prehospital care	San Luis Valley RETAC
William Hall, M.D.	Board certified emergency physician	Northwest RETAC
Robert Hawkins	Representative of a government provider of prehospital care	Mile-High RETAC
David Ross, MD	Licensed physician who is a prehospital medical director	Mile-High RETAC
D. Randy Kuykendall	Member of the general public from an urban area	Plains to Peaks RETAC
Lori E. McDonald, R.N.	Trauma nurse coordinator	Northeastern RETAC
John Stephan Nichols, M.D., Ph.D.	Board certified neurosurgeon involved in providing trauma care at a Level I or II Trauma Center	Mile-High RETAC
Daniel J. Noonan	Fire chief of a service that provides prehospital care in a rural area	Southwest RETAC
Kathay Rennels	County commissioner, or council member, representing an urban county or city and county	Northeastern RETAC
Ira "Jeremy" Rhodes	Fire chief of a service that provides prehospital care in an urban area	Mile-High RETAC
Tonda L. Scott, R.N.	Registered nurse involved in rural emergency medical and trauma services care	Plains to Peaks RETAC
Wade Russell Smith, M.D.	Board certified surgeon providing trauma care at a Level I Trauma Center	Mile-High RETAC
Kathy "Lynn" Stevens, R.N.	Flight nurse of an emergency medical service air team or unit	Southern RETAC
Chuck E. Vale	County emergency manager	Northwest RETAC
Mary M. White	Administrative representative of an urban trauma center	Mile-High RETAC
John B. Woodland, M.D.	Regional council chair	Central Mountain RETAC
Mark Young	Officer or employee of a private provider of prehospital care	Western RETAC

**COLORADO STATE EMERGENCY MEDICAL AND TRAUMA
SERVICES ADVISORY COUNCIL**

November 2004

Ex-officio Member	Representing
George Atencio	Director of the Department of Transportation Safety in the Department of Transportation or designee
Ron Lutz	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
James L. Kramer	Member of the State Coroner's Association, as selected by the association
Scott Friend	Representative of the Colorado State Patrol
Samantha O'Neil	Director of the State Board of Community Colleges and Occupational Education or designee
James Crone	Representative of the State Sheriff's Association

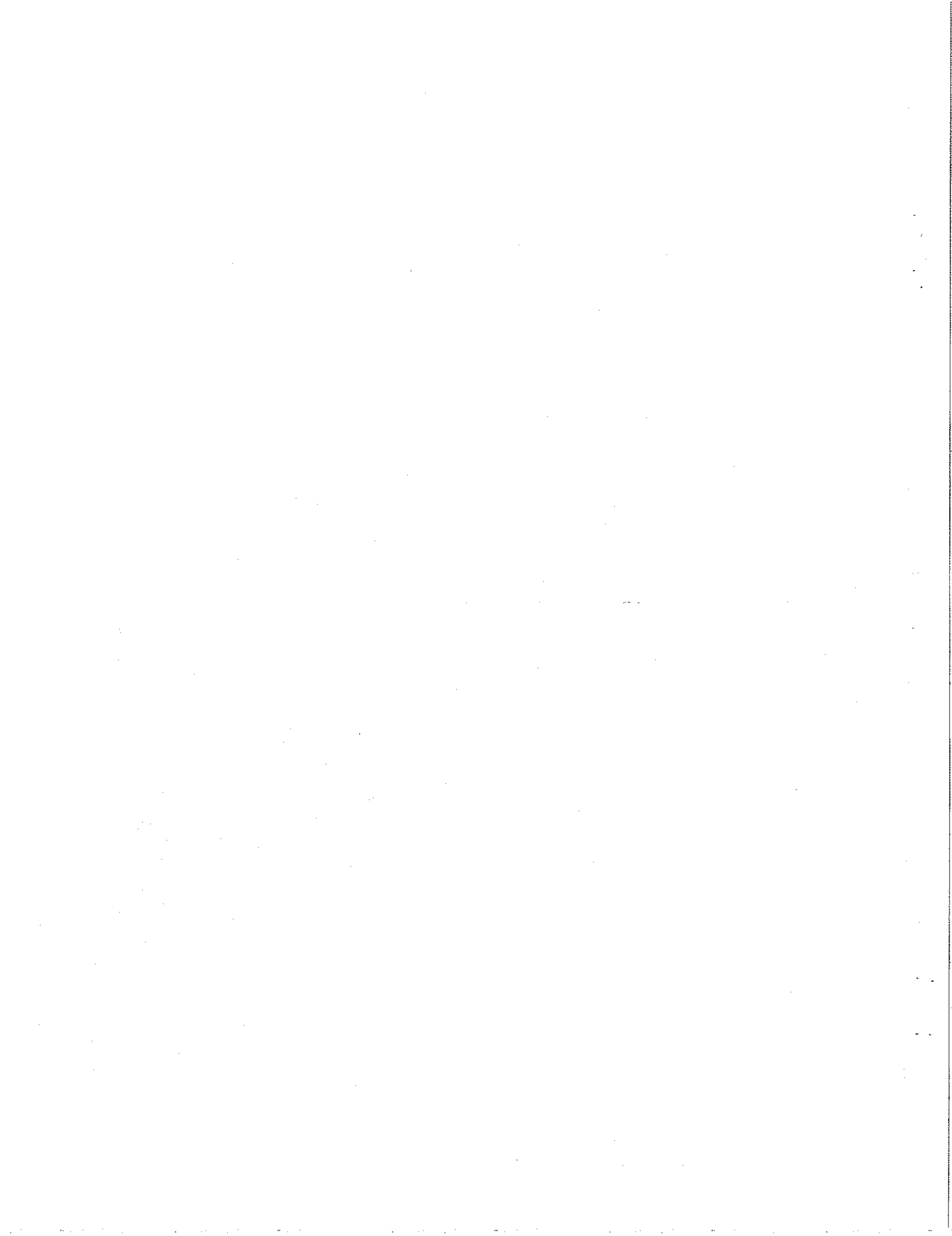
STATE OF COLORADO
Regional emergency & Trauma Advisory Councils
(RETACs)



Colorado Department
of Public Health
and Environment

Health Facilities & Emergency
Medical Services Division

November 2004



Colorado RETAC Chairperson Contact Information November 2004

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Foothills RETAC Chairman

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Mile-High RETAC Chairman

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Northeastern Colorado RETAC Chairman

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Southeast Colorado RETAC Chairman

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Southern Colorado RETAC Chairman

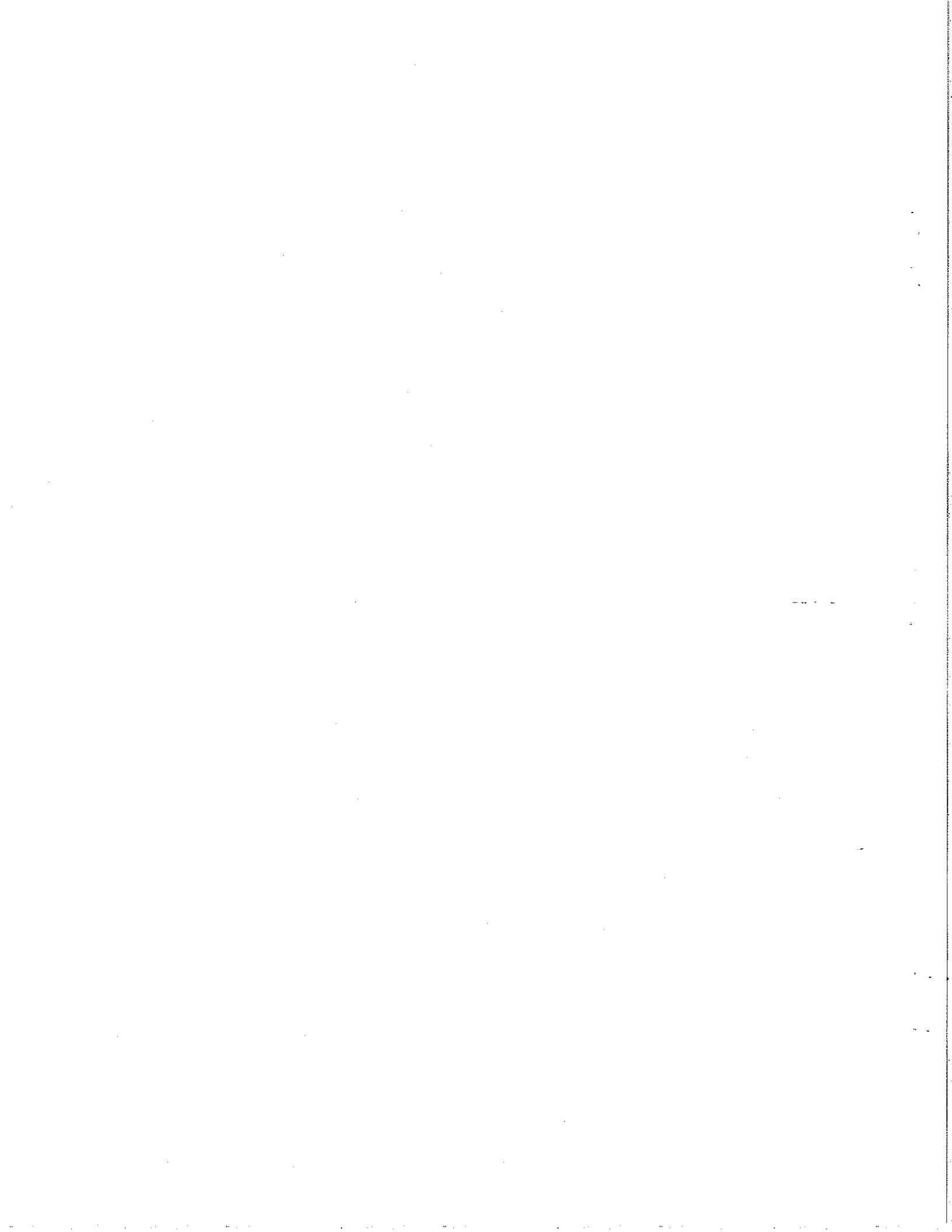
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Southwest RETAC Chairman

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Western RETAC Chairman

Brian Hess
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hosshess@adelphia.net



Emergency Medical Services Provider Grants Awards

Fiscal Year 2004-2005

Agency Name	Funds Awarded	Category Funded
Associated Governments Of Northwest Colorado	\$95,767.50	Communications
Baca Grande Property Owners Association	\$4,498.50	EMS Equipment
Bent County Ambulance Service	\$13,080.00	Training
Bent County Ambulance Service	\$45,850.20	Vehicle
Beulah Emergency Medical Services	\$2,107.26	Training
Carbondale & Rural Fire Protection District	\$43,378.50	Vehicle
Center Fire Protection District	\$10,400.00	Defibrillator
Center Fire Protection District	\$43,600.00	Vehicle
Central Orchard Mesa Fire Protection District	\$650.00	Defibrillator
Central Orchard Mesa Fire Protection District	\$1,344.50	EMS Equipment
Cheyenne County	\$39,900.00	Vehicle
Cheyenne County Fire Protection Dist. #1	\$540.00	Training
City Of Federal Heights	\$3,792.00	EMS Equipment
City Of Lamar Ambulance Services	\$41,350.00	Vehicle
City Of Steamboat Springs	\$7,000.00	Training
City Of Steamboat Springs	\$41,350.00	Vehicle
City Of Yuma	\$31,920.00	Vehicle
Clear Creek Fire Authority	\$17,081.00	Vehicle
Colorado Northwestern Community College	\$11,037.79	Training
Community College of Aurora	\$35,000.00	Other
Conejos County	\$39,900.00	Vehicle
Delta County Ambulance District	\$10,548.00	Defibrillator
Delta County Ambulance District	\$38,957.00	Vehicle
Delta-Montrose Area Vocational-Technical Center	\$27,500.00	Training
Eldorado Springs-Marshall Fire Protection District	\$1,695.17	Training
Eldorado Springs-Marshall Fire Protection District	\$19,398.00	Vehicle
Elizabeth Fire Protection District	\$10,250.00	Defibrillator
Elizabeth Fire Protection District	\$15,208.00	Extrication Equipment
Florence Volunteer Fire Dept	\$4,042.00	EMS Equipment
Florence Volunteer Fire Dept	\$10,171.00	Extrication Equipment
Four Mile Emergency Services, Inc.	\$10,847.75	Training
Gunnison Valley Hospital Emergency Services	\$6,379.46	Data Collection
Hinsdale County	\$250.00	Training
Hinsdale County	\$0.00	Vehicle
Holly Fire and Ambulance District	\$49,538.91	Vehicle
Huerfano County Fire Protection District	\$36,302.25	Communications
Jamestown Volunteer Fire Department	\$1,960.00	Communications
Jamestown Volunteer Fire Department	\$1,422.00	EMS Equipment
Karval Community Volunteer Fire Department	\$77,607.90	Vehicle
Kim Area Volunteer Fire Dept And QRT	\$3,510.00	EMS Equipment
Kim Area Volunteer Fire Dept And QRT	\$810.00	Training

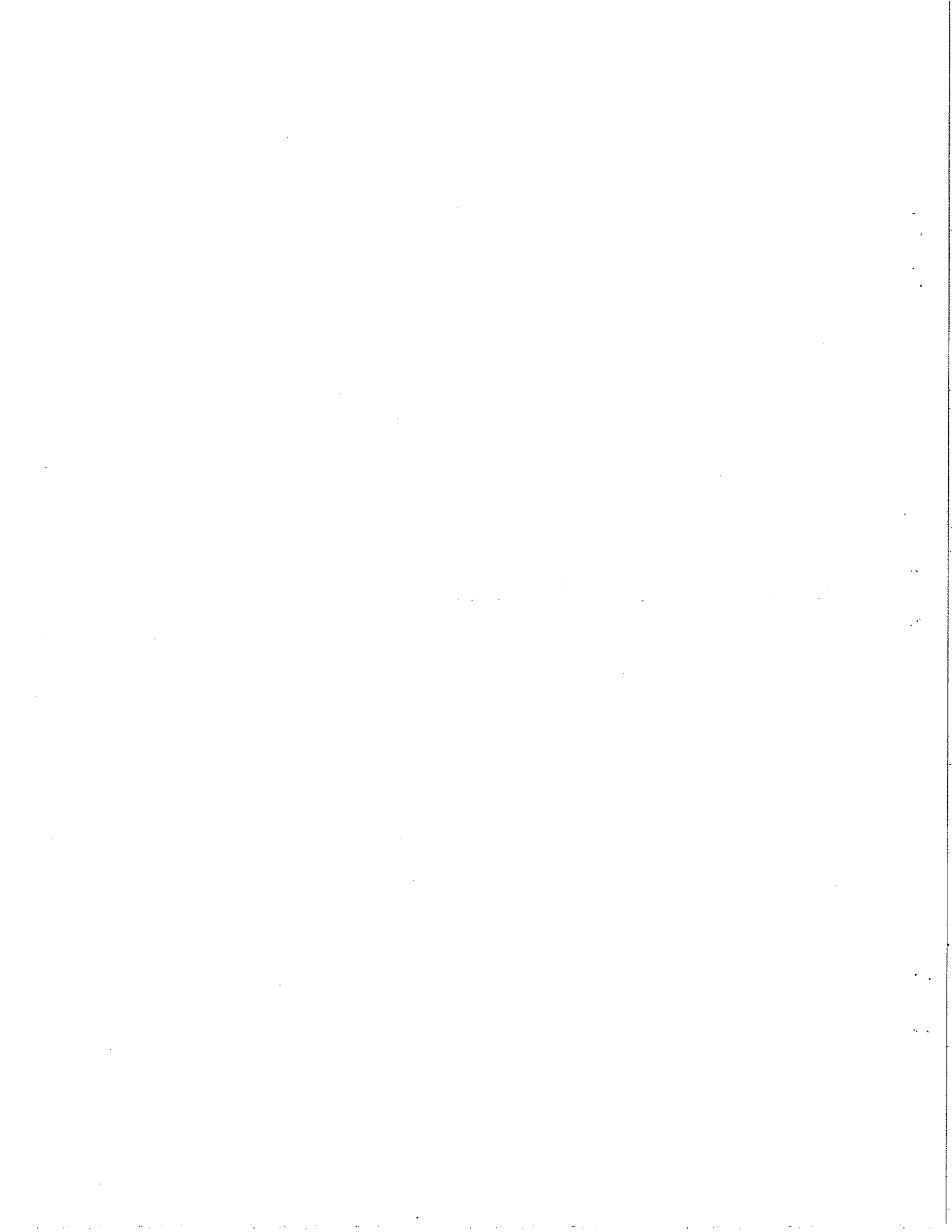
Agency Name	Funds Awarded	Category Funded
Lands End Fire Protection District	\$66,252.60	Vehicle
Limon Ambulance Service	\$7,750.00	Defibrillator
Lyons Fire Protection District	\$2,279.49	EMS Equipment
Mancos Fire Protection District	\$11,533.97	Extrication Equipment
Manzanola First Response Unit	\$4,249.50	Communications
Montrose Rural Fire Protection District	\$16,692.50	Defibrillator
Mountain Communities Fire Protection	\$969.00	EMS Equipment
Mountain Communities Fire Protection	\$481.00	Training
North Fork Ambulance Assoc	\$29,365.00	Vehicle
Northeast Teller County Fire Protection District	\$6,131.50	Extrication Equipment
Northeastern Junior College	\$19,182.22	Training
Northern Saguache County Ambulance District	\$3,200.00	EMS Equipment
Northwest Fremont E.M.S., Inc.	\$1,040.50	Communications
Northwest Fremont E.M.S., Inc.	\$975.00	Training
Plateau Valley Fire Protection District	\$2,980.00	EMS Equipment
Rico Fire Protection District	\$544.00	EMS Equipment
Rico Fire Protection District	\$3,832.00	Training
San Juan Basin Area Vocational Technical School	\$43,998.66	Training
Sedgwick County Ambulance Service	\$4,712.00	Data Collection
Sedgwick County Ambulance Service	\$36,807.00	Vehicle
Simla Volunteer Fire Department	\$66,252.60	Vehicle
South Y-W Ambulance Service, Inc.	\$41,350.00	Vehicle
Southern Colorado RETAC, Inc.	\$5,000.00	Data Collection
Southwest Teller County Emergency Medical Service	\$19,550.00	Data Collection
Southwest Teller County Emergency Medical Service	\$13,550.00	Defibrillator
Springfield EMS Association Inc.	\$10,494.72	Training
St. Mary's Hospital And Medical Center	\$3,899.00	EMS Equipment
St. Mary's Hospital And Medical Center	\$10,220.00	Training
St. Vincent Hospital	\$41,350.00	Vehicle
Town of Silt Volunteer Ambulance	\$1,800.00	Communications
Tri Area Ambulance District	\$18,596.70	Communications
Tri-Lakes Fire Protection District	\$4,014.37	EMS Equipment
Tri-Lakes Fire Protection District	\$43,194.09	Vehicle
Trinidad State Junior College	\$49,960.00	Training
Washington County Ambulance Service	\$29,820.00	Vehicle
Weisbrod Memorial Hospital	\$1,255.00	EMS Equipment
Weisbrod Memorial Hospital	\$5,000.00	Training
Weld County Paramedic Services	\$75,000.00	Vehicle
West Custer County Hospital District	\$5,502.50	EMS Equipment
Western Regional EMS Council, Inc	\$53,950.00	Communications
Wet Mountain Fire Protection District	\$20,000.00	Extrication Equipment
Woodland Park Ambulance	\$4,835.50	EMS Equipment

Emergency Medical Services Provider Grant Awards \$1,643,515.11

**EMERGENCY MEDICAL SERVICES RECRUITMENT
AND RETENTION GRANT AWARDS**

Fiscal Year 2004-2005

Agency Name	Funds Awarded
Bent County Ambulance Service	\$5,000.00
Chaffee County Emergency Medical Service	\$1,500.00
Lamar Ambulance Service	\$1,500.00
Limon Ambulance Service	\$1,500.00
Morgan Country Ambulance Service	\$1,500.00
San Luis Valley RETAC	\$3,575.00
Silt Ambulance Service	\$1,500.00
Southeastern Colorado RETAC	\$2,905.00
Southwest Colorado RETAC	\$3,020.00
St. Vincent Hospital Ambulance Service	\$3,000.00
Recruitment and Retention Grant Award Total	\$25,000.00
Emergency Medical Services Grant Award Total	\$1,643,515.11
Total Provider Grant Award Amount	\$1,668,515.11

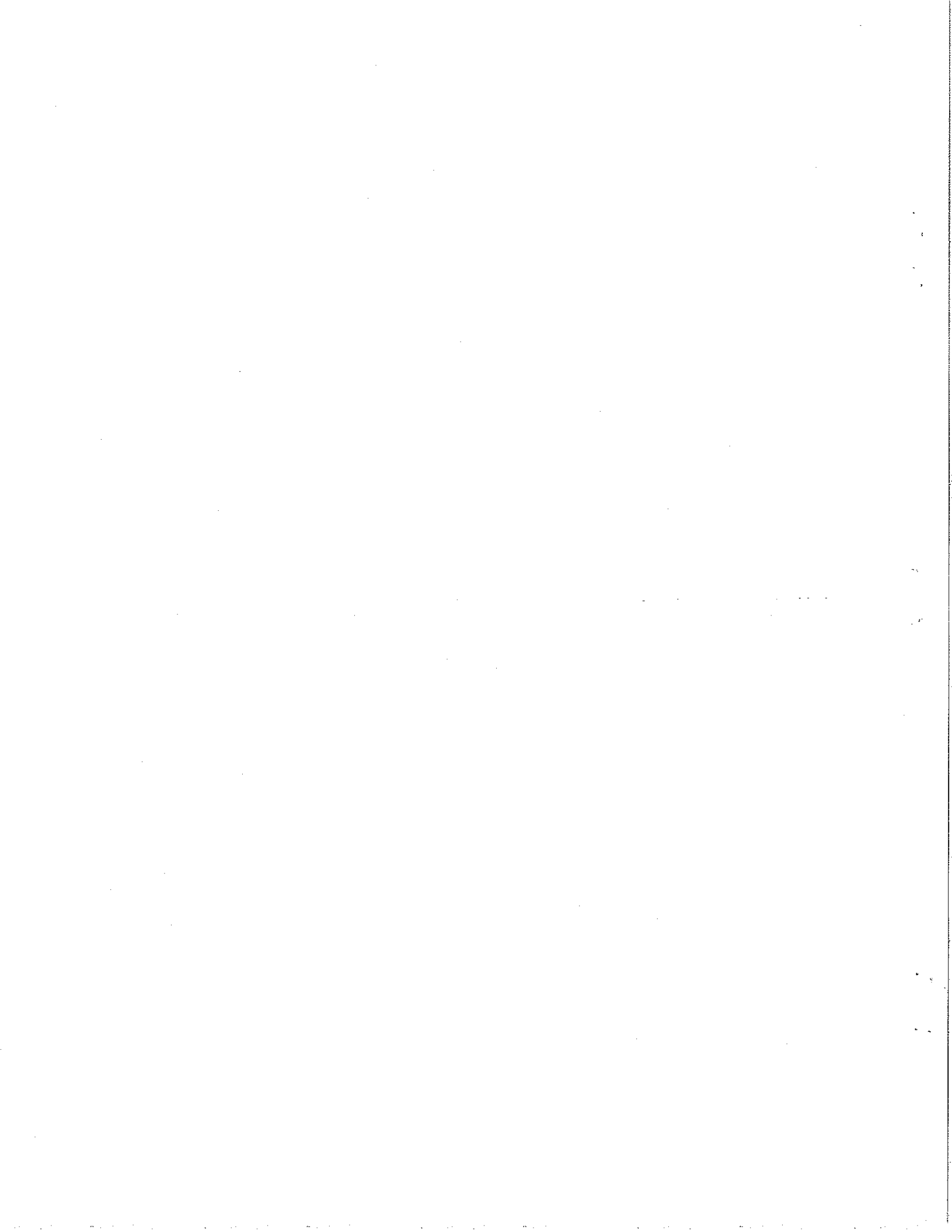


**Regional Emergency Medical & Trauma Advisory Councils (RETACs) Funding
Summary November 2004**

RETAC Name	Participating Counties	Funding
Central Mountains RETAC	Chaffee, Eagle, Lake, Park, Pitkin, Summit	\$165,000.00
Foothills RETAC	Boulder, Clear Creek, Gilpin, Grand, Jefferson	\$150,000.00
Mile High RETAC	Adams, Arapahoe, Broomfield, Denver, Douglas, Elbert	\$165,000.00
Northeastern RETAC	Jackson, Larimer, Logan, Morgan, Phillips, Sedgewick, Washington, Weld, Yuma	\$210,000.00
Northwest RETAC	Garfield, Mesa, Moffat, Rio Blanco, Routt	\$150,000.00
Plains to Peaks RETAC	Cheyenne, El Paso, Kit Carson, Lincoln, Teller	\$150,000.00
San Luis Valley RETAC	Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache	\$165,000.00
Southeast CO RETAC	Baca, Bent, Crowley, Kiowa, Otero, Prowers	\$165,000.00
Southern CO RETAC	Custer, Fremont, Huerfano, Las Animas, Pueblo	\$150,000.00
Southwest RETAC	Archuleta, Dolores, La Plata, Montezuma, San Juan	\$150,000.00
Western RETAC	Delta, Hinsdale, Gunnison, Montrose, Ouray, San Miguel	\$165,000.00

Total RETAC Funding

\$1,785,000.00

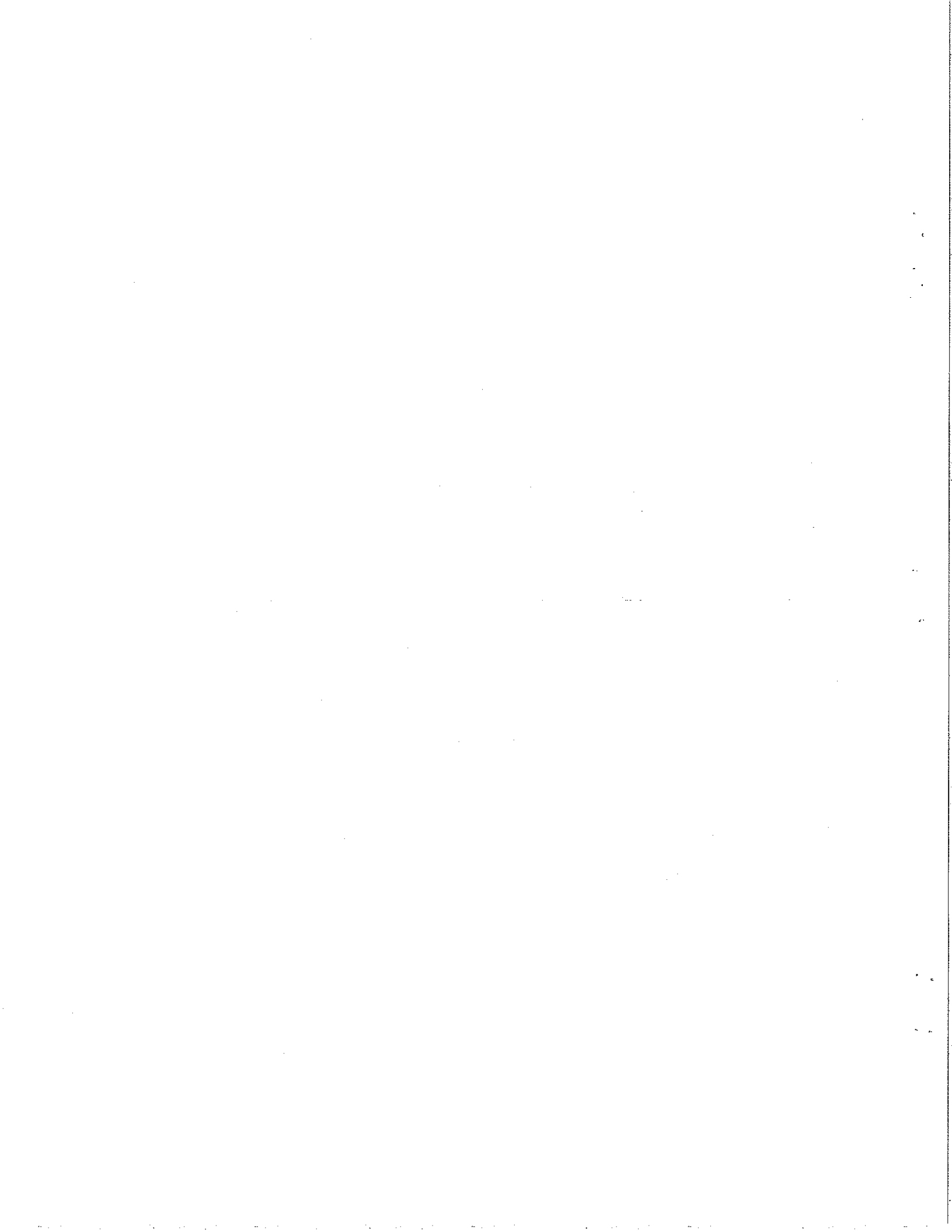


**MEDICAL ADVISORY GROUP
TO PREHOSPITAL CARE PROGRAM**

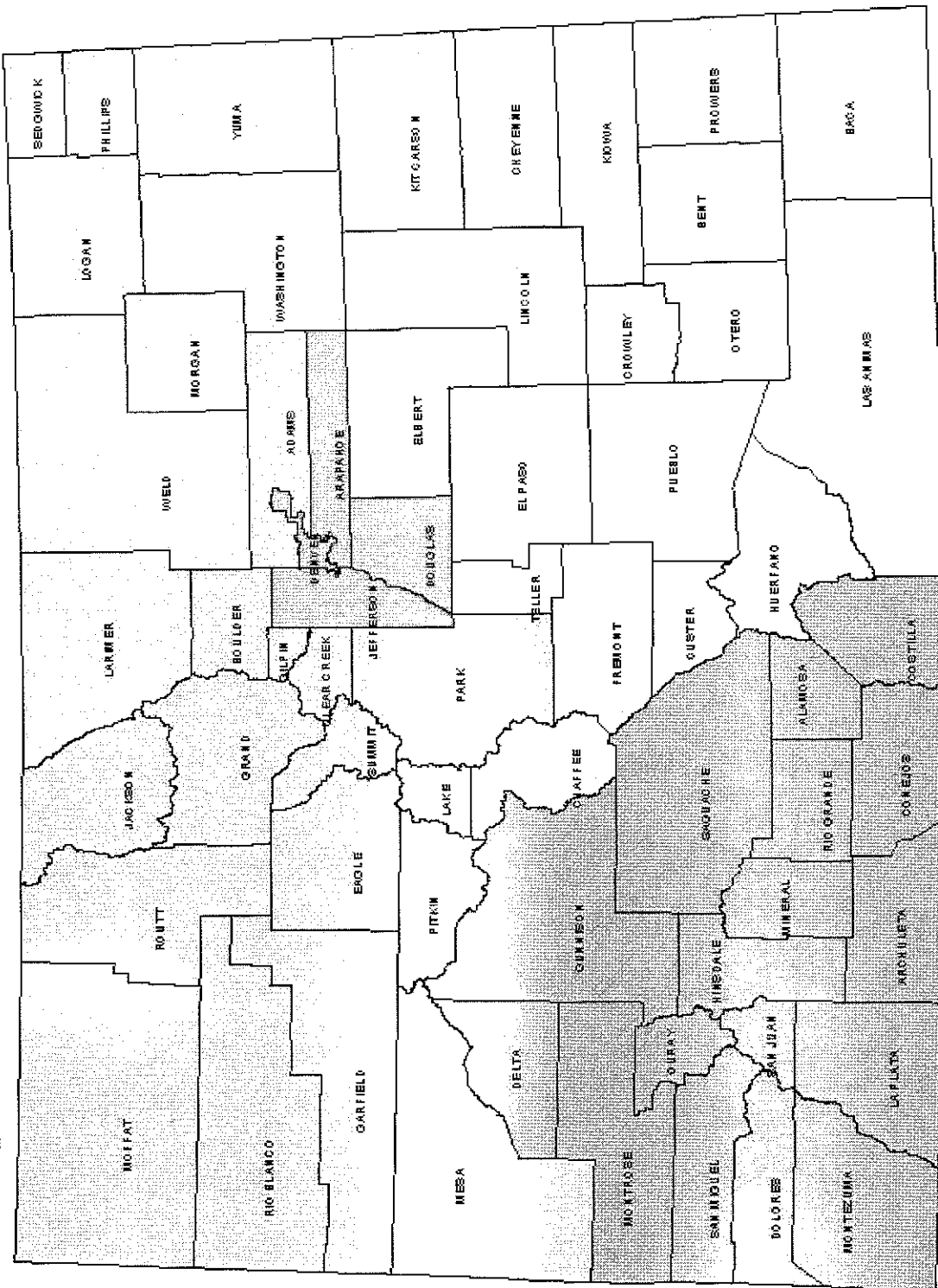
November 2004

Representation	Medical Advisor
Rural	David Cionni, M.D., F.A.C.E.P. PO Box 770520 Steamboat Springs, Colorado 80477
Urban	John A. Collins, M.D., F.A.C.S. 1148 East Elizabeth Fort Collins, Colorado 80524
Urban	Chris Colwell, M.D. 777 Bannock Street Denver, Colorado 80204
Urban	Marilyn J. Gifford, M.D. 1400 East Boulder Street Colorado Springs, Colorado 80909
Rural	William Hall, M.D. 2635 N 7 th Street Grand Junction, CO 81501
Urban	Mark Kozlowski, M.D. 300 East Hampden, Suite 100 Englewood, Colorado 80246
Rural	Dan Noonan 44301 US Highway 550 Durango, Colorado 81301
Urban	David Ross, D.O. 2215 N Cascade Avenue Colorado Springs, CO 80907
Rural	Timothy Zimmerman, EMT-P P.O. Box 708 Fredrick, Colorado 80533

Colorado Department of Public Health and Environment Staff
Fred Severyn, M.D. Chairman, Medical Advisory Group Colorado State Emergency Medical Services Medical Director 4300 Cherry Creek Drive South, A-2 Denver, Colorado 80246



STATE OF COLORADO Statewide 800 MHz Digital Trunked Radio Project Schedule



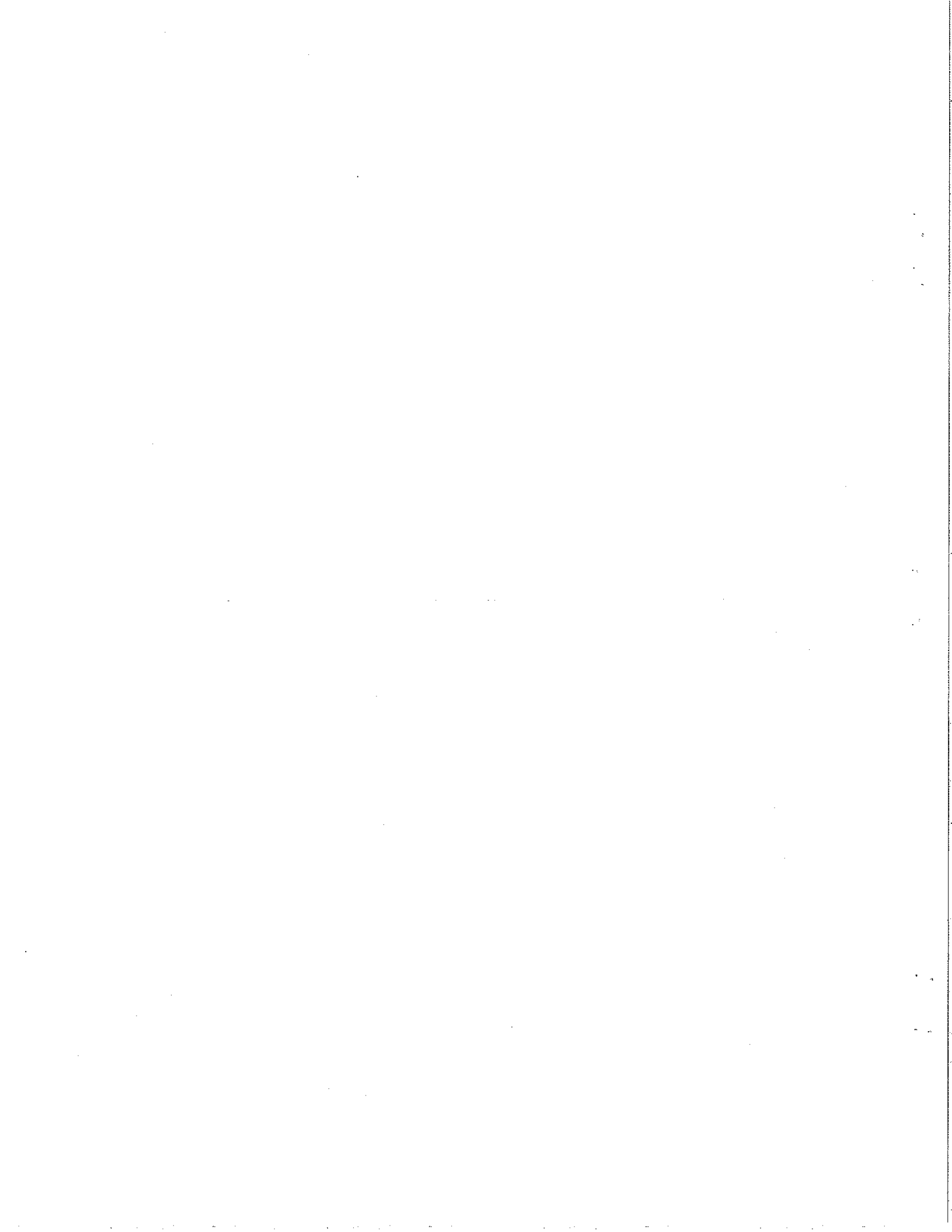
- Project Schedule**
- PY 98/99 Pilot Phase (complete)
 - PY 99/00 Phase II (complete)
 - PY 00/01 Phase III (complete)
 - PY 01/02 Phase IV (complete)
 - Future Phase V
 - Future Phase VI
 - Future Phase VII
 - Counties



Colorado Department
of Public Health
and Environment

Health Facilities Emergency Medical Services Division
Emergency Medical Training and Services Section
Map prepared by: Jeffery Jaskowski
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November 2004



COLORADO DESIGNATED TRAUMA CENTERS

By Designation Level

November 2004

Level	Facility Name	Location	RETAC
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 Memorial Hospital	Julesburg	Northeastern Colorado
IV	Southwest Memorial Hospital	Cortez	Southwest
IV	Spanish Peaks Regional Health Center	Walsenberg	Southern
IV	St. Anthony North Hospital	Westminster	Mile High
IV	St. Thomas More Hospital	Canon City	Southern
IV	St. Vincent General Hospital District	Leadville	Central Mountain
IV	Summit Medical Center	Frisco	Central Mountain
IV	The Memorial Hospital	Craig	Northwest Colorado
IV	Wray Community District Hospital	Wray	Northeastern Colorado
IV	Yampa Valley Medical Center	Steamboat Springs	Northwest Colorado
IV	Yuma District Hospital	Yuma	Northeastern Colorado
V	Breckenridge Medical Center	Breckenridge	Central Mountain
V	Seven Mile Medical Clinic	Winter Park	Foothills

DESIGNATED TRAUMA SERVICES	TOTAL BY LEVEL
RPTC (Regional Pediatric Trauma Center)	1
Level I	3
Level II	9
Level III	15
Level IV	35
Level V	2
Non-Designated Facilities	17
STATE WIDE TOTAL	84

COLORADO DESIGNATED TRAUMA CENTERS

By Designation Level

November 2004

Level	Facility Name	Location	RETAC
RPTC	The Children's Hospital	Denver	Mile High
I	Denver Health Medical Center	Denver	Mile High
I	Saint Anthony Central Hospital	Denver	Mile High
I	Swedish Medical Center	Englewood	Mile High
II	Littleton Adventist Hospital	Littleton	Mile High
II	Memorial Hospital	Colorado Springs	Plains to Peaks
II	North Colorado Medical Center	Greeley	Northeastern Colorado
II	Parkview Episcopal Medical Center	Pueblo	Southern
II	Penrose St. Francis Health Services	Colorado Springs	Plains to Peaks
II	Poudre Valley Hospital	Fort Collins	Northeastern Colorado
II	Saint Mary's Hospital & Medical Center	Grand Junction	Northwest Colorado
II	The Medical Center of Aurora	Aurora	Mile High
II	University of Colorado Hospital (UCHSC)	Denver	Mile High
III	Aspen Valley Hospital	Aspen	Central Mountain
III	Avista Adventist Hospital	Louisville	Foothills
III	Boulder Community Hospital	Boulder	Foothills
III	Colorado Plains Medical Center	Fort Morgan	Northeastern Colorado
III	Longmont United Hospital	Longmont	Foothills
III	Lutheran Medical Center	Wheat Ridge	Foothills
III	McKee Medical Center	Loveland	Northeastern Colorado
III	Mercy Medical Center of Durango	Durango	Southwest
III	Parker Adventist Hospital	Parker	Mile High
III	San Luis Valley Regional Health Center	Alamosa	San Luis Valley
III	Sky Ridge Medical Center	Lone Tree	Mile High
III	St. Mary- Corwin Medical Center	Pueblo	Southern
III	Sterling Regional Med Center	Sterling	Northeastern Colorado
III	Vail Valley Medical Center	Vail	Central Mountain
III	Valley View Hospital	Glenwood Springs	Northwest Colorado
IV	Arkansas Valley Regional Medical Center	La Junta	Southeast Colorado
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	Northeastern Colorado
IV	Estes Park Medical Center	Estes Park	Northeastern Colorado
IV	Granby Medical Center	Granby	Foothills
IV	Grand River Medical Center (Claggett Memorial Hospital)	Rifle	Northwest Colorado
IV	Gunnison Valley Hospital	Gunnison	Western
IV	Haxtun Hospital District	Haxtun	Northeastern Colorado
IV	Heart of the Rockies Regional Medical Center	Salida	Central Mountain
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	Northeastern Colorado
IV	Montrose Memorial Hospital	Montrose	Western