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Emergency Medical and Trauma Services System Annual Legislative Report

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By the Emergency Medical and Trauma Services Section
Health Facilities and Emergency Medical Services Division
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Principal Authors: D. Randy Kuykendall, MLS, NREMT-P, Emergency Medical and Trauma Services Section Chief
Howard Roitman, Health Facilities and Emergency Medical Services Division Director

Contributing Authors: Jeanne-Marie Bakehouse, Provider Grants Program Manager
Holly Hedegaard, MD, MSPH, Data Program Manager
Arthur Kanowitz, MD, FACEP, State Medical Director
Jean McMains, Trauma Program Assistant
Michelle Reese, J.D., EMS Operations Manager/Deputy Section Chief
Grace Sandeno, MPH, Trauma Program Manager
Bill Voges, State Telecommunications EMS Liaison

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For additional information or copies:

D. Randy Kuykendall, MLS, NREMT-P, Section Chief
Emergency Medical and Trauma Services Section
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
(303) 692-2945
randy.kuykendall@state.co.us



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Executive Summary

Colorado's emergency medical and trauma services system provides transportation and 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 and properly equipped and positioned ambulances, rescue units, trauma centers, general hospitals and other specialized health care facilities that are capable of treating time-sensitive, acute conditions such as injury, stroke and heart attacks. The emergency medical and trauma services system also provides care to patients in non-emergency situations and helps support long-term patient care goals. This system of health care also serves as the "safety net" for many Coloradans who might not have immediate access to primary care services. Regardless of where an illness or injury occurs, this statewide system of initial health care must be available and ready to respond at a moment's notice.

Each year, the emergency medical service (EMS) agencies in Colorado transport and provide high-quality medical care to approximately 450,000 patients. Of these patients, approximately 23 percent are trauma (injured) patients, and 77 percent are patients with medical or psychiatric conditions. Approximately 200 licensed ambulance services, staffed by more than 16,000 emergency medical technicians (EMTs), provide out-of-hospital health care services to the ill and injured. Additionally, 70 hospitals and community clinics have been designated as "trauma centers" and meet established criteria and standards for providing services to the acutely injured.

The Emergency Medical and Trauma Services Section (the section) at the Colorado Department of Public Health and Environment (the department) is responsible for reducing morbidity and mortality resulting from sudden illness and injury by overseeing the delivery of emergency medical and trauma services in Colorado. The regulatory responsibilities of the section include the certification of emergency medical technicians and paramedics, the recognition of educational institutions that deliver initial EMT training and continuing education, the licensure of air ambulance agencies, the administration and management of the Emergency Medical and Trauma Service Provider Grants Program, the designation of hospitals and other health care facilities as trauma centers, and, beginning in 2011, the regulation of scopes of practice for EMTs and the qualifications and responsibilities of EMS service medical directors.

The Emergency Medical and Trauma Services Section is funded almost exclusively from the Emergency Medical Services Account of the Highway Users Tax Fund, supplemented by the collection of trauma center designation fees, air ambulance licensure fees, provisional EMT certification fees and a federal grant to support emergency care for children. Additionally, since 2007, the department has received \$100,000 in federal funds each year from the Colorado Department of Transportation to support the integration of EMS and trauma data systems with the state traffic records data systems to improve highway safety.

In 2009, the passage of Senate Bill 09-002 added one dollar to the existing one dollar motor vehicle registration fee for support of the state's emergency medical and trauma services system. These additional funding and personnel resources dedicated to system development, have

resulted in improvements at the local, regional and state levels. The additional resources resulting from Senate Bill 09-002 have already proven to be invaluable to rural, frontier and urban EMS and trauma systems to assure access to emergency care for all state residents and visitors.

Key accomplishments in fiscal year 2010 include:

- The department has used the funds from the passage of Senate Bill 09-002 to expand grant and system funding opportunities to emergency medical service agencies and trauma centers; support the continued development of rural, frontier and underdeveloped trauma and emergency medical services systems; and increase the availability of equipment and personnel.
- Within six months of the passage of House Bill 09-1275, the department had rules and procedures in place implementing the statutory provisions authorizing provisional certifications for EMTs. Since January 2010, provisional certifications have been issued to requesting applicants, allowing employers of EMTs to fill job openings and EMTs to begin working or volunteering sooner than they were under prior rules.
- The Emergency Medical and Trauma Services Section has moved forward with implementation of the recommendations that resulted from the 2009 trauma system consultative visit conducted by the American College of Surgeons. A new standing committee within the State Emergency Medical and Trauma Services Advisory Council structure, with membership from the council and the community, has been developed to specifically address issues related to improvements in trauma care.
- The challenge of continuing to review and update rules in certification, trauma center designation and grant funding remains a focus of the Emergency Medical and Trauma Services Section. Changes at the national level in EMT scopes of practice and education requirements have required significant rule changes. The section, with input from the EMS and trauma community, has developed new rules to incorporate these changes. The promulgation of these new rules should be completed no later than July 1, 2011. Additionally, during the 2010 legislative session, the passage of House Bill 10-1260 resulted in the transfer of authority over EMT scope of practice and oversight of physicians serving as EMS service medical directors from the Colorado Medical Board (formerly the Colorado Board of Medical Examiners) to the department. This change in authority will allow the department to promulgate the appropriate scope of practice changes to accompany the new certification rules in a timely and efficient manner.
- The Emergency Medical and Trauma Services Section regularly conducts assessments of the statewide emergency medical and trauma services system. A Standardized (Regional) Needs Assessment Project was initiated in fiscal year 2009 and completed in fiscal year 2010. This assessment project produced a comprehensive review and evaluation of system components in each of Colorado's regions with a specific focus on regionalized approaches to enhance EMS and trauma systems.
- In February 2006, the section began licensing rotary- and fixed wing ambulances that transport patients in Colorado. At the present time, all Colorado-based air ambulances and several services based outside of the state are licensed. This coordinated approach to

the provision of air ambulance transportation makes Colorado one of the leading states in terms of air ambulance regulation. In 2008, Colorado's air ambulance licensing law was challenged in federal court by a licensed air ambulance provider. In May 2010, the 10th Circuit Court of Appeals affirmed the District Court's order dismissing the case. Consequently the department continues to enforce air ambulance licensing as identified in statute.

- The development of a comprehensive statewide database of individual patient care transports by ambulance services has been an ongoing project during the past 10 years and has achieved significant success in the last four years. Combined with the Colorado Trauma Registry that has been in existence since 1997, these statutorily mandated data systems are pivotal in providing the information necessary for the department, stakeholders and partner organizations to measure the effectiveness of Colorado's emergency medical and trauma services system and to guide policy decision-making at the local, regional and state levels. Since January 2007, more than 1 million records have been submitted to the state emergency medical services database; since July 1997, nearly 250,000 records have been submitted to the state trauma registry. Approximately 80 percent of the state's 200 ambulance services and 100 percent of the Level I-III trauma centers submit data as required. As both of these databases continue to mature, analysis and use of these data will provide the scientific foundation for system modification that will ultimately lead to additional lives saved in Colorado.
- The ongoing coordination between state and local agencies in the development of multi-casualty plans and emergency response continues to be a vital component of the emergency medical and trauma services system. In August 2008, the Emergency Medical and Trauma Services Section played a contributing role in the state's emergency response readiness during the Democratic National Convention. The system that was designed and implemented to support that event provided rapid access to contact information for the state's ambulance and rescue services and remains an operational data source for future needs as necessary. The section continues to maintain a liaison and support role to the department's Emergency Support Function #8 responsibilities. Additionally, the section, in concert with the Regional Emergency Medical and Trauma Advisory Councils, continues to coordinate with emergency managers and the Colorado All Hazards regions to ensure that emergency medical and trauma services resources are appropriately incorporated into state and local plans.

This report identifies the specific responsibilities of the department and provides a detailed discussion of the utilization of state resources available for EMS and trauma system development.

Legislative Background

The 1978 *Emergency Medical Services Act*, as amended, gives the department, the Colorado Board of Medical Examiners and individual counties, with advice from the State Emergency Medical and Trauma Services Advisory Council, limited authority to develop a coordinated emergency medical services system. In the original legislation, the department was given the primary responsibilities of certifying EMTs and of approving course content and curriculum prior to an institution providing EMT training programs. Additionally, the legislation mandated that all EMTs be subject to medical direction by a licensed physician; thus, the Colorado Board of Medical Examiners was given supervisory authority over medical directors. The Colorado Board of Medical Examiners was also charged with adopting rules defining the authorized acts and medications administered by EMTs. Finally, counties were given the responsibility of inspecting and licensing ground ambulances based in their respective counties.

In 1989, a stable, minimum level of funding for the state's emergency medical and trauma services system was established by inclusion of a one dollar 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 provide statewide leadership in the development of a coordinated statewide trauma system. The department, the Board of Health and all Colorado counties, with advice from the State Trauma Advisory Council, shared combined responsibility for system development. The 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. 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 *Colorado Emergency Medical and Trauma Services Act of 2000* created a merged state advisory council, the State Emergency Medical and Trauma Services Advisory Council (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. The act gave the new state council the responsibility of making recommendations for the utilization of the EMS Account funds beginning on July 1, 2002. The required 60/20/20 annual appropriation distribution, described above, was removed at that time, providing more appropriate flexibility in funding system development priorities. Finally, the legislation gave the department authority to designate Level V trauma centers and to license air (fixed and rotor wing) ambulance services.

In 2001, the Board of Health was given the authority to adopt rules for the utilization of the results of criminal background checks in the certification of EMTs.

In 2002, a technical bill was passed that rectified some housekeeping matters and eliminated inconsistencies as well as clarified the role, responsibilities and funding of the Regional Emergency Medical and Trauma Advisory Councils.

In 2003, legislation was passed implementing recommendations of a 2002 Legislative Audit. The Board of Health was given the authority to promulgate rules that define the review and designation cycles for Colorado's trauma centers. Other legislation removed the option of conducting name-based criminal background checks for EMT certification, instead requiring fingerprint-based criminal history record checks only. It also gave the Board of Health the authority to adopt rules enabling the department to consider crimes of moral turpitude in the certification of EMTs.

In 2005, the legislature passed two important bills affecting the emergency medical and trauma services system. The first bill clarified the licensing requirements of air ambulances in Colorado by requiring accreditation by the Commission on Accreditation of Medical Transport Systems for any air ambulance service transporting patients within or from the state of Colorado. The second bill increased and clarified the powers of the department in the investigation of allegations of misconduct by certified EMTs as well as required the reporting of misconduct by EMS medical directors, EMS agencies and certified EMTs.

In 2007, amendments were made to the air ambulance licensing statute and to the EMT certification statute. The air ambulance licensing statute was amended to clarify that the department may issue a conditional license to an air ambulance service that is actively working toward Commission on Accreditation of Medical Transport Systems accreditation, but has not yet achieved it. The service has two years to achieve the accreditation, after which it will not be issued a license until accreditation is achieved. Additionally, the Board of Health was given authority to promulgate rules defining exigent circumstances that would allow an unlicensed service to pick up patients in Colorado for a particular transport. The EMT certification statute was amended to provide the department with the ability to accept a name-based criminal history report after an applicant for EMT certification has twice submitted to a fingerprint-based report and the Federal Bureau of Investigation or the Colorado Bureau of Investigation has been unable to classify the fingerprints.

Two significant pieces of legislation were passed by the 2009 General Assembly. Broad support from the EMS and trauma communities led to the passage of Senate Bill 09-002, which added one dollar to the existing one dollar motor vehicle registration fee for support of the state's emergency medical and trauma services system. This bill, signed by Gov. Bill Ritter on May 19, 2009, effectively doubled the level of grant funding available to EMS and trauma agencies through the statewide grants process. These additional funds compensate for the erosion of the dollar's value since 1989 as well as expand support to rural and frontier facilities and agencies in developmental areas previously not addressed due to insufficient funding. Emergency medical and trauma system issues such as personnel, recruitment and retention, improved leadership development and long-term education support can be achieved through this additional funding.

House Bill 09-1275, initiated by the Emergency Medical Services Association of Colorado, and recommended by the Legislature's Joint Select Committee on Job Creation and Economic

Growth, authorized the department to issue a provisional 90-day certification to an applicant for EMT certification. This statutory change allows an applicant to practice as an EMT with a provisional certification for up to 90 days while the department is awaiting the results of the applicant's fingerprint-based criminal history record check, which can take from several weeks to several months.

In October 2009, a sunset review of the Colorado Medical Board was completed. One of the recommendations in the sunset review was that the board's authority over the scope of practice of EMTs and the duties and qualifications of EMS medical directors be transferred to the department. During the 2010 session, House Bill 10-1260 was passed by the legislature and accomplished this transfer. The bill had two primary components. It created the Emergency Medical Practice Advisory Council, an 11-member type 2 advisory board within the department that provides technical expertise on matters related to the provision of patient care by EMTs. This council is authorized to make recommendations to the department on the authorized acts and medications that can be performed or administered by EMTs, requests by medical directors for waivers to the authorized acts and medications, modifications to EMT certification levels and capabilities as they relate to scope of practice and criteria for physicians to serve as EMS medical directors. The bill also authorizes the department's executive director or chief medical officer, if the executive director is not a physician, to adopt rules related to the matters listed above. The board's authority for these functions is repealed as of January 1, 2011; the department's rules must be in place by that date.

Colorado Department of Public Health and Environment Roles and Responsibilities

As set forth in the Colorado Revised Statutes and regulations promulgated pursuant thereto, the department's primary roles in the development, implementation and monitoring of a statewide emergency medical and trauma care system are as follows:

- Certification of emergency medical technicians, including processing applications, issuing certificates, investigating complaints and instituting disciplinary actions against certified EMTs
- Regulation of entities providing emergency medical technician training, including developing curricula, approving course content, monitoring the quality of instruction and investigating complaints involving training centers
- Administration and management of the Emergency Medical and Trauma Service Provider Grants Program
- Provision of community and regional technical support for emergency medical and trauma services across the state in coordination with the Regional Emergency Medical and Trauma Advisory Councils
- Development and implementation of a comprehensive EMS and trauma data collection system
- Designation of health care facilities as trauma centers
- Licensing of air ambulance services that transport patients in Colorado
- Evaluation of the emergency medical and trauma services system
- Maintenance of standards that address emergency care of children

The department has historically shared regulatory responsibilities for the scope of practice of EMTs and oversight of EMS medical directors with the Colorado Board of Medical Examiners. With the passage of House Bill 10-1260, the department is now solely responsible for these regulatory functions. The responsibility for the licensing of ground ambulances is shared with the governing bodies of Colorado's counties. Additionally, the State Emergency Medical and Trauma Services Advisory Council provides recommendations on department rules, utilization of the funds in the EMS Account, implementation of program activities, and assistance with the identification of system needs and priorities.

Emergency Medical and Trauma Services Section Funding

Although the vast majority of the state level funding that supports the Emergency Medical and Trauma Services system in Colorado is derived from the two dollars per motor vehicle registration deposited in the Highway Tax Users/EMS Fund, there are three other small user fee funds that support specific programs within the EMTS section. Trauma center designation activities are specifically supported using the designation fees charged by the department to hospitals and clinics wishing to be designated as trauma centers. This fund is described in more detail below. The department's activities in executing its authority to license air ambulances is supported by the air ambulance licensing fees charged directly to these services. These funds are limited to supporting minimal staff activities and supporting the ongoing maintenance of this activity. Finally, a small fee is charged to EMTs requesting provisional certification. This fund solely supports the direct and indirect costs of processing provisional certification documentation in order to allow practitioners to begin work while awaiting the results of their fingerprint background checks. Information regarding funding sources other than those described herein may be requested at any time.

Emergency Medical and Trauma Service Provider Grants Program

The fiscal year 2011 budget from the EMS Account for the provider grants program is \$6,116,719 and includes the allocation of a minimum \$150,000 for emergency medical personnel training and \$100,000 reserved for emergency grant awards. The emergency fund was established to provide immediate financial assistance to emergency medical services provider agencies experiencing unexpected problems that compromise their ability to provide emergency medical services. A list of the specific provider grant awards can be found in Appendix B.

Emergency Medical and Trauma Service Grant Funding 2010-2011		
	Awarded	Award %
Provider Grants		
Equipment: defibrillation/cardiac monitor, extrication, communication and general EMS and trauma equipment	\$1,935,245	
Emergency vehicles	1,437,653	
Injury prevention, recruitment/retention, personnel/services and other	1,378,275	
Data collection	81,761	
Provider Grants Subtotal	4,832,934	78%
Education fund	500,000	
Emergency fund	100,000	10%
Regional/Statewide Projects		
Statewide data software	500,000	
Colorado Symposium on Emergency Care	50,000	
Trauma Registry software	45,000	
Continuous Quality Improvement Project	35,000	
3rd Annual Safety Summit	30,000	
Regional Quarterly Forum Project	20,000	
2011 Leadership Conference	15,300	
EMS Educator Conference	15,075	
Primary Instructor Course Revision Project	13,410	
EMS Management/Leadership Seminars	10,000	
Regional/Statewide Projects Subtotal	733,785	12%
Total	\$6,166,719	100%

Much of the funding described above is the result of Senate Bill 09-002 which added one dollar to the existing one dollar motor vehicle registration fee to support Colorado's vital emergency medical and trauma services system. These dollars began flowing into the EMS Account within the Highway Users Tax Fund effective July 1, 2009. The grants program further maximizes impact on the system by leveraging state dollars with local matching dollars to ensure both buy-in at the local level and offsetting the ever increasing costs of providing emergency patient care and transportation. A detailed impact report is available in Appendix C.

EMS Account grant funds created by Senate Bill 09-002 Impact Summary

Boost local and rural economies

- **\$9.6 million dollars** in grant awards were distributed by the department between January and August 2010.
- **\$6.6 million dollars** in local cash were matched by entities that received the grant awards.
- **\$16.2 million dollars** is the current total impact of Senate Bill 09-002.

Enable awards that were not possible before

- Additional funding allowed grant awards for salary and personnel costs, helping to create and maintain jobs in EMS agencies and trauma facilities.
- More statewide and regional projects were funded, allowing for greater impact on a larger scale.
- Increased funding went toward vehicles and equipment, helping to keep basic services at appropriate levels in many rural and frontier areas of the state.

Create and maintain jobs

- **1,744 EMS and trauma personnel** have been and are being supported by grant funds in various ways, including salary support for new hires, current staff and contractors; partial payment of tuition, books and fees for initial and ongoing training; and support for participation in recruitment and retention-based activities.
- **11 new jobs** were created and are initially being supported by grant funds. Plans are in place locally to ensure sustainability for these jobs beyond the grant funding time lines. As this component of the program matures, additional jobs will be created and supported in rural and frontier communities to enhance EMS and trauma care to Coloradans.

Regional Emergency Medical and Trauma Advisory Council Development

Summary of Legislation

The *Colorado Emergency Medical and Trauma Services Act of 2000* created Regional Emergency Medical and Trauma Advisory Councils. There are 11 Regional Emergency Medical and Trauma Advisory Councils. Each regional council consists of a minimum of five counties (Appendices D and E) with the board members being appointed by the counties that make up the region.

- Regional councils are responsible for creating, supporting and implementing a regional plan for improving the delivery of emergency medical and trauma care at the local/county level. These efforts continue to be refined, as appropriate adjustments are made based on available data: e.g., statewide needs assessments and regional needs assessments. At a minimum, each regional council must provide a biennial plan that details the goals and objectives; and provide an annual financial report that details the expenditures of money received.

The State Emergency Medical and Trauma Services Advisory Council reviews the plan and financial reports and makes recommendations to the department on the acceptability of the submissions.

Current Funding Distribution

Based on the *Colorado Emergency Medical and Trauma Services Act*, since July 1, 2002, each regional council has received annually \$75,000 plus \$15,000 for each county within the region. These funds are for administrative costs, planning and, to the extent possible, the coordination of services in and between counties. For fiscal year 2011, each regional council submitted a request for an additional \$20,000 to fund a specific project. Total fiscal year 2011 funding for the Regional Emergency Medical and Trauma Advisory Councils is \$2,005,000. (Appendix F)

Trauma Center Designation

Summary of Legislation

In 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; the fee structure has not been changed since that time.

Senate Bill 09-002, passed by the 2009 General Assembly, added one dollar to the existing motor vehicle licensing fee to support the emergency medical and trauma services system. In addition, this legislation provided support for a “trauma system specialist” to provide technical assistance to facilities that enter a plan of correction for regulatory deficiencies, provide on-site assistance to

rural and frontier facilities on trauma quality improvement and quality trauma care, and work with the trauma community to develop resources for rural and frontier trauma centers.

Current Funding Distribution

The fiscal year 2010 spending authority for trauma designation includes site review teams; administrative costs, including the cost of providing a state observer; rule development; monitoring corrective actions; system development and assessment; and the indirect cost assessment.

A fee-setting project has begun with a planned implementation date of July 2011, for trauma center designation fee adjustments to ensure the continued solvency of this fund. This project includes the development of a model, based on 11 years of experience, to estimate average costs for trauma center designation. This model has been used to estimate the costs for the next three-year time period as well as to see the impact of different scenarios on incremental increases for various level trauma centers.

Evaluation of the Emergency Medical and Trauma Services System

The following sections briefly describe the status of each component of Colorado's emergency medical and trauma services system. Each section includes the contributions made toward system development by the department's Emergency Medical and Trauma Services Section, working in coordination with the State Emergency Medical and Trauma Services Advisory Council and the Regional Emergency Medical and Trauma Advisory Councils. The components include:

- Public Education and Information
- Injury Prevention
- Communications Systems
- Training and Certification of Emergency Medical Technicians
- Transportation Systems, Including Air and Ground Ambulance Licensing Standards
- Trauma Center Designation for Acute Care Hospitals and Clinics
- Rehabilitative Care
- Medical Direction
- Disaster Medical Care
- Education and Research
- Trauma Registry and EMS Data Collection
- State and Regional Continuing Quality Improvement Systems

Public Education and Information

Activities:

- The Emergency Medical and Trauma Services Section actively works to maintain open and effective communication through a variety of outlets.
- The section's website, located at www.coems.info, provides useful and timely information. The most recent version of the EMT Certification Application is available at this website, as are draft rules and regulations, information on upcoming meetings and general information for stakeholders. The site includes access to a web portal, which allows anyone to check the current certification of Colorado EMTs, complete a profile or submit a grant application. New this year, grant awardees can complete quarterly progress reports in the portal environment.
- The section's quarterly newsletter, *On the Scene*, is distributed via e-mail and is posted to the Internet at www.coems.info. The newsletter contains feature articles on emergency medical and trauma services issues statewide, as well as regular announcements and program updates.
- "Town hall" style meetings are scheduled in different regions across the state based on local demand for the meetings. They provide a venue for staff and stakeholders to discuss issues of interest at the local level.

- As a follow-up to the intensive communication activities throughout the emergency medical and trauma system during the 2009 legislative session, monthly teleconference calls have been established between the section and Regional Emergency Medical and Trauma Advisory Council coordinators and chairpersons. This effort is designed to enhance ongoing communications and information flow between the 11 regions and the section. Combined with the quarterly Regional Emergency Medical and Trauma Advisory Council forum meetings, routine communication between all parties has been greatly enhanced.

Opportunities:

- The Emergency Medical and Trauma Services Section continues to raise community-based awareness about the complexities of the emergency medical and trauma services system as well as identify and maintain ongoing support for these activities.
- As the process of redeveloping the grants program moves forward to more accurately address contemporary issues with the newly-realized funding from Senate Bill 09-002, concentrated efforts to keep the statewide emergency medical and trauma community informed of these activities remains a priority.

Injury Prevention

Injury prevention efforts at the state level are coordinated through the Injury, Suicide and Violence Prevention Unit in the Prevention Services Division at the department. This unit builds capacity and sustainability at the community and state levels by providing culturally appropriate programming and quality technical assistance and maintaining diverse community partnerships.

The unit coordinates activities with the trauma community through the Injury Community Planning Group, a standing committee of the State Emergency Medical and Trauma Services Advisory Council. This group meets quarterly to coordinate injury prevention initiatives with regional councils, providers, facilities, nonprofits, public health organizations and others. Each year, the group selects and prioritizes recommendations from the *Colorado Injury Prevention Strategic Plan*.

Activities:

- The Injury Community Planning Group secured a grant of \$50,000 from the department's statewide/regional project fund to create a suicide prevention training program for emergency medical services personnel. The Injury, Suicide and Violence Prevention Unit worked with the Question, Persuade and Refer (QPR) Institute to develop a suicide prevention curriculum specifically for the EMS community. The QPR Institute certified 39 people, from 10 of the 11 regions, to facilitate the newly created EMS suicide prevention training in communities throughout the state.
- The Injury, Suicide and Violence Prevention Unit worked with the Injury Community Planning Group to establish the Colorado Adult Falls Prevention Coalition.

- The Injury Community Planning Group helped the Colorado Department of Transportation develop a grant program for rural counties that have the lowest seatbelt usage rates in Colorado.
- The Injury, Suicide and Violence Prevention Unit is partnering with the Colorado Injury Control Research Center and the University of Colorado at Denver on a project entitled “Marketing Fall Prevention Classes to Older Adults in Faith-Based Congregations: Cluster Randomized Controlled Trial.” Now in its third year, this project is developing a marketing program to reduce the barriers and promote the benefits of balance and gait retaining classes for older adults.
- The Injury, Suicide and Violence Prevention Unit directs the Colorado Teen Driving Alliance, a multidisciplinary coalition, formed in November 2005, with the purpose of bringing together state and local agencies and partners concerned about teen driving safety.

Communication Systems

Public Access- 911

Public access in the emergency medical services setting 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. The single most important piece of information provided during an emergency call is the location of the person(s) requiring help. At 911 communication centers, the caller’s telephone number and location are provided automatically. Such systems are called enhanced 911 or E911.

Initially, E911 was available to telephone line phones. In 1996, the Federal Communications Commission acted to improve the E911 service available to cellular telephone users. Wireless E911 is being implemented in two phases. Phase 1 provides a callback number and the location of the cellular tower that received the call to a Public Safety Answering Point. Phase 2 requires that caller’s latitude and longitude information be provided to the Public Safety Answering Point and, depending upon the technology used, the location accuracy is within 50 meters to 300 meters of the cellular phone location. All counties in the state have E911 telephone line services. As of July 2010, five counties were E911 wireless Phase 1 compliant, and 55 were E911 wireless Phase 2 compliant.

In addition to regular telephone lines and cellular phones, a third technology has begun being used to place telephone calls. This technology, known as Voice over Internet Protocol, uses a broadband Internet connection to transport telephone calls. A May 2005 Federal Communications Commission order directs interconnected Voice over Internet Protocol providers to supply E911 services to their customers.

First Responders

A reliable public safety communications system is an essential component of the overall emergency medical and trauma services system in a catastrophic event. Public access systems may not be available for emergency medical services use during an emergency. A radio-based communications system that has reliable access and provides interoperability between responding agencies is a necessity for a robust emergency medical services communications system.

700/ 800 MHz Digital Trunked Radio System

The existing Colorado Digital Trunked Radio system provides statewide, two-way communications to state government, local government, tribal and a limited number of federal government agencies over a shared communications platform. The Digital Trunked Radio system is based on Association of Public-Safety Communications Officials Project 25 standards. A standards-based system is ranked as the optimum level on the Homeland Security Interoperability Continuum. Standards basing has resulted in multiple manufacturers being able to build equipment for use on the Digital Trunked Radio system and other Association of Public-Safety Communications Officials 25 systems.

The Digital Trunked Radio system consists of 197 remote tower sites, more than 1,000 agencies and 54,000 subscriber units (individual radios) throughout the state that are spread across four zones. The system carried more than 85 million calls in 2009. The zones are networked to form the system. Radio traffic is able to pass between the zones. This allows a radio user to communicate to another user across Colorado. The Digital Trunked Radio Project outlines predicted radio coverage throughout the state. (Appendix G)

The Public Safety Interoperable Communications and Department of Homeland Security grants will provide additional funding to add infrastructure to the overall digital trunked radio system. There are additionally eight digital trunked radio tower sites that are in the planning stages to be built in the near future. The majority of the tower sites will be constructed in the western and southwestern areas of the state. Future plans include adding a fifth zone controller to increase the system's capacity.

The Emergency Medical and Trauma Service Provider Grants Program has helped to improve and expand communications infrastructure throughout the state. Funding has provided equipment to agencies so that they can utilize the Digital Trunked Radio system as well as keeping many existing legacy communication systems operational. The department, the State Emergency Medical and Trauma Services Advisory Council and the liaison from the Governor's Office of Information Technology continue to provide technical assistance and financial resources to local communities in improving radio communications.

NetworkFirst, the Harris Enhanced Digital Access Communications System interoperability gateway, underwent a major system upgrade to improve interoperable communications throughout the Denver metro area, which included server, gateways and operating system updates. The enhanced equipment improved the receiver and transmitter audio quality for the

mutual aid talk groups to the Digital Trunked Radio system for interoperability in routine and emergency situations.

Activities:

- The Digital Trunked Radio system has zone controllers located in the Denver metropolitan area, north central, south central and western Colorado. The feasibility of adding zone 5 is being evaluated. The Department of Homeland Security and Colorado Wireless Interoperability Network grants are under way and are expected to continue into 2011.
- The Emergency Medical and Trauma Services Section works with emergency medical and trauma service agencies throughout the state to provide ongoing technical assistance and guidance to agencies and hospitals with regard to implementation of the digital trunked radio system.

Opportunities:

- The current utilization of cell phones, whereby ambulance services communicate directly with hospitals, is a point of vulnerability in the response system. Alternative systems must be in place to support this particular method of ambulance to hospital communication.
- There is ongoing discussion about whether to require every Level I-V designated trauma center to have installed, at a minimum, one Digital Trunked Radio system radio to be used for transport communications and interoperability during large-scale emergencies. Issues of cost and ongoing maintenance are of concern to local facilities and efforts continue to seek appropriate mechanisms to meet the interoperability goals.

Training and Certification of Emergency Medical Technicians

The department is the state agency responsible for the certification of EMTs in Colorado. As of June 30, 2010, there were 16,122 EMTs certified in Colorado. The department processes more than 5,000 applications for certification or certification renewal each year for the three practice levels of EMTs: EMT-Basic, EMT-Intermediate and EMT-Paramedic. The department's certification responsibilities include processing applications, developing standards and education requirements for initial certification and certification renewal, investigation of regulatory violations by EMTs, the imposition of disciplinary sanctions, litigation of appeals and certification determinations resulting from criminal background record checks. The following graphs provide information as to the number of EMTs certified at each level as of June 30, 2010, and the number of applications processed by the department last fiscal year.

A significant project this past year was implementing House Bill 09-1275, which authorized the department to issue provisional certifications to applicants for EMT certification even if the department had not yet received the results of the fingerprint-based criminal history record check required by law. Rules to set forth the process for provisional certification were adopted by the Board of Health in November 2009, and became effective on December 30, 2009. Because the law allows the department to charge a fee for provisional certification and requires a review of a name-based criminal history record check pending receipt of the fingerprint-based one, the department implemented fiscal procedures and issued guidance documents regarding appropriate name-based checks from other states. For the first six months of 2010, approximately 3.5 percent of applicants have been issued a provisional certification, allowing employers of EMTs to fill job openings and EMTs to begin working or volunteering sooner than they would have been able prior to the law's passage.

Employers and EMTs continue to utilize the online system created in 2009 to verify the status of an EMT's certification, with the service receiving an average of 21,000 hits each month. This automated system is free of charge and simple to use and has continued to provide immediate information to agencies and employers.

The discipline and enforcement functions of the Emergency Medical and Trauma Services Section continue to require a significant amount of resources. On average, per quarter, 200 background reports and complaints are received that require some level of investigation. Additionally, in the last fiscal year, the department concluded 23 disciplinary actions against certified EMTs. In June of this year, the department began reporting final agency disciplinary actions against EMTs to the Healthcare Integrity and Protection Data Bank, pursuant to section 1128E of the Social Security Act. The data bank is a national data collection program for the reporting and disclosure of certain final adverse actions taken against health care practitioners, providers and suppliers. The purpose of the data bank is to combat fraud and abuse in health insurance and health care delivery and to promote quality care.

In addition to EMT certification, the department is responsible for the oversight of 120 programs that provide education for EMTs. The department provides technical assistance to the education programs and supports instructor training programs and curricula approved by the State Emergency Medical and Trauma Services Advisory Council. As new national EMS education standards are implemented across the United States over the next two years, these standards will ensure that Colorado remains at the forefront of contemporary patient care and transportation in the prehospital environment.

Throughout the year, the department continued to work with a stakeholder group on completing revisions to the rules pertaining to the implementation of cardiopulmonary resuscitation (CPR) by EMS personnel. The rules were adopted by the Board of Health at its March rule-making hearing and went into effect on April 30, 2010. The revised rules provide greatly increased access to CPR forms and eliminate some of the previous requirements that presented difficulties, such as the requirement of an original signature. Additionally, in an effort to provide information to the emergency medical and trauma services community regarding these changes, the department contracted with a vendor using funds approved by the State Emergency Medical and Trauma Services Advisory Council, to develop a continuing education module for EMS

personnel. In July of 2010, the completed education module was sent to all EMS education centers and groups in Colorado.

Activities:

- As provisional certifications only became available in January, the department continues to develop and implement efficient processes for issuance of provisional certifications.
- The department continues its work with the EMS Personnel Practice Task Force to facilitate stakeholder discussions and develop processes and rules for implementation of the upcoming changes to the national education curricula and scope of practice for EMTs. This project requires revisions to two sets of rules and both rule changes are scheduled to take effect in July 2011.
- The department regularly partners with stakeholders to present courses designed to train EMS educators. Members of the Emergency Medical and Trauma Services Section staff actively participate in these courses to ensure continuity in instructor education.
- The department continues timely and accurate handling of complaints regarding EMTs, including coordination with the Colorado Office of the Attorney General and disposition of cases in a manner that is focused on the protection of patients and service to stakeholders.
- As part of the compliance requirements for the Healthcare Integrity and Protection Data Bank, the department conducted a thorough review of all adverse disciplinary actions dating back to 1997 and completed input of 115 adverse actions into the data bank.
- The department continues to work with other state agencies and partners on credentialing projects for volunteers or emergency preparedness events.

Opportunities:

- As a result of House Bill 10-1260, the department's chief medical officer must promulgate rules governing the scope of practice of EMTs and the duties and qualifications of EMS medical directors by January 1, 2011. The department will continue its work in drafting rules and developing processes and procedures to implement the functions being transferred to the department. Additionally, the department will assist in forming the Emergency Medical Practice Advisory Council created by House Bill 10-1260 and staff the council going forward.
- Although the Emergency Medical and Trauma Services Section has effective investigative and disciplinary processes relating to its statutory mandate of reviewing criminal history background reports received from the Colorado Bureau of Investigation on EMT applicants and certified EMTs, efforts to ensure this process remains effective will remain a priority. Additionally, the department will maintain compliance with the federal Healthcare Integrity and Protection Data Bank going forward by reporting adverse actions within 30 days of the action's effective date.
- Efforts to expand educational support of both EMS and trauma personnel will continue to be a primary focus of the Emergency Medical and Trauma Services Section. The wise and appropriate use of funds to not only support initial education, but the lifelong

learning process that is critical to the maintenance of quality prehospital and facility care will be further developed.

Transportation Systems, Including Air and Ground Ambulance Licensure Standards

Safe, reliable ambulance transportation is a critical component of an effective emergency medical and trauma services system. This includes the regulation, inspection and licensure of ground and air ambulance services throughout the state. Although the provision of ambulance service is not a requirement of any level of government in Colorado, reliable ambulance coverage 24 hours a day is an essential element to provide a minimum level of emergency medical and trauma care to all residents and visitors throughout Colorado.

Authority for the regulation, inspection and licensure of ground ambulances lies with each Colorado county or joint city and county. The department maintains minimum standards for ground ambulance services and provides technical assistance to the counties in applying state regulations to the local licensure of ambulance services. Statute establishes minimum requirements for ambulance personnel 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 Emergency Medical and Trauma Services Section, through a cooperative effort with Colorado Counties, Inc., surveyed all counties and determined their level of activity and compliance regarding ambulance licensing. The Colorado Emergency Medical and Trauma Services Act gives the department authority to promulgate rules for minimum standards to be used by counties in their local ambulance licensing processes. The Board of Health promulgated these rules in October 2005, with implementation required by counties within one year of rule promulgation.

Activities:

- The department currently licenses a total of 19 fixed and rotor wing air ambulance services that provide patient transportation to patients in Colorado (Appendix H). Seven of these services are based in Colorado. There are 14 rotor wing aircraft and 26 fixed wing aircraft based within the boundaries of the state and three rotor wing and 25 fixed wing aircraft based out of state.
- Since 2008, the department, in conjunction with the Mile-High Regional Emergency Medical and Trauma Advisory Council, has funded and co-hosted annual EMS Safety Summits that focus on best practices in ground ambulance safety. The conferences have resulted in the development of policies to require enhanced driver safety/feedback systems on all ambulance vehicles purchased with Emergency Medical and Trauma Service Provider Grants funds. This program was initiated with the fiscal year 2010 grants and makes Colorado one of the first states to develop policies that will enhance ambulance response safety.

Opportunities:

- No entity is identified in statute as being responsible for ensuring the provision of emergency medical transportation services (ground ambulance services) to the citizens of, or visitors to, the state of Colorado. Some geographic areas of the state are technically “uncovered,” creating an incomplete and inequitable emergency response safety net, as well as financial and response challenges to nearby provider agencies that attempt to cover those areas when needed.
- Efforts to improve operational safety standards throughout the prehospital care industry have been identified as a priority by the State Emergency Medical and Trauma Services Advisory Council and the department. Improved safety designs of ambulances, increased driver safety training programs and the increased use of driver surveillance systems are strategies that have a positive impact in the reduction of ambulance crashes. Additional resources to support the implementation of these programs in all Colorado ambulance services have been identified.

Trauma Center Designation for Acute Care Hospitals and Clinics

The purpose of a trauma system is to get the right person to the right facility at the right time. Trauma designation is the regulatory process of identifying hospitals and clinics that have made the commitment to maintain a certain level of trauma care resources, including trained staff, equipment, policies and procedures.

In Colorado, health care facilities receiving trauma patients by ambulance or other means must participate in the trauma system by agreeing to follow rules regarding the care of those patients. Facilities may choose to be “non-designated” and thus agree not to keep any trauma patients with complex injuries. Facilities that agree to care for trauma patients receive site reviews and are designated by the state as Level I (highest) through Level V trauma centers. As of June 30, 2010, there were 70 designated trauma centers in Colorado with the majority of acute care general hospitals and 24 of 29 critical access hospitals participating. See Appendices I and J for a listing and map of trauma centers in Colorado.

The trauma designation program works with trauma centers, large and small, across the state to improve their capacity to identify and care for trauma patients. While the trauma designation process is, at its core, a regulatory process, the program staff works to provide technical assistance and resources to ensure that trauma care standards are met in each facility so that no matter where in the state an injury occurs, the hospital or clinic has a process for providing the best care possible with the resources available.

The Emergency Medical and Trauma Services Section’s Trauma Program continues to work with facilities to assess their readiness to become a trauma center and to encourage appropriate care even at non-designated facilities. The addition of one new staff member during the past year allows for better outreach to rural and frontier facilities which often struggle with finding the resources to maintain a successful trauma program.

During the past year, the section received its final report from the trauma system consultation visit in May 2009. The report produced by the American College of Surgeon's team included 125 recommendations. A task force of constituents, members of the State Emergency Medical and Trauma Services Advisory Council and subject matter experts reviewed the recommendations and identified 10 as the highest priority for implementation. The section is working with the community to implement several of the top priorities.

Activities:

- In fiscal year 2010, the program conducted 36 trauma designation site visit reviews and two re-reviews. The site visits include a team of doctors and nurses along with a state observer who review the care provided by the trauma center. Teams visited six Level II, nine Level III, 20 Level IV and one Level V facility.
- The program provided technical assistance to virtually every designated facility in the state as well as to several non-designated facilities that are interested in being designated as a trauma center.
- Current plans include 16 trauma designation site reviews during fiscal year 2011, four re-reviews to assure compliance and additional technical assistance visits.
- A stakeholder task force vetted the more than 100 recommendations outlined in a report produced by a consultative team from the American College of Surgeons in 2009. Constituents selected 10 of the recommendations as highest priority for implementation. The Emergency Medical and Trauma Services Section and constituent groups are in the process of implementing some of the recommendations and identifying the resources needed to implement others.

Opportunities:

- The Trauma Program continues to expand technical assistance to rural and frontier facilities in understanding, planning and implementing effective quality improvement programs.
- A goal of the coming year is to use hospital discharge data to learn more about the trauma patients admitted to non-designated facilities and to offer assistance in ways to improve trauma care at these facilities. This is of particular importance for rural non-designated facilities which are typically the only facility in the community and take care of trauma patients whether designated or not.
- The results from the American College of Surgeon's consultative review in 2009 have provided the community with many choices about future trauma system improvements. As a response to one of the recommendations, a new Statewide Trauma Advisory Committee was convened in October 2010. This advisory group will focus its attention on trauma policy matters including, rule-making, trauma designation process development and future policy development. This group is a shared committee between the State Emergency Medical and Trauma Advisory Council and the department and will be an important expert advisory committee to both oversight bodies.

Rehabilitative Care

Adequate rehabilitative care is critical to the goal that each trauma patient returns to a productive life, and it is widely accepted that early therapy results in more favorable functional outcomes. Most trauma facilities in Colorado can offer inpatient rehabilitative services such as physical, occupational and speech therapy. In larger trauma centers, such services often begin when a patient is in the intensive care unit and continue into the outpatient setting. Obtaining access to services after the acute care is complete is much more complicated. Inpatient and outpatient rehabilitation services, while available in urban areas, may not be readily available in rural areas. Insurance status also plays a role in long-term inpatient and outpatient rehabilitation. As these services are not required under the federal law for treatment of emergent conditions, the insurance status of the patient may affect both long-term rehabilitation opportunities and outpatient rehabilitation options.

Activities:

- The trauma rules require that trauma centers provide rehabilitative services for trauma patients and maintain transfer agreements for rehabilitation services they do not provide. During the trauma designation review process, patient charts are checked to see that appropriate rehabilitative care is carried out in the inpatient setting and that further care is recommended upon discharge.
- Many rural facilities are finding that, as they expand rehabilitative services, more patients can be returned to the community for those services.

Opportunities:

- The lack of resources to support access to rehabilitation services continues to hinder patients in some geographic areas and/or under- or un-insured patients.
- Transport agencies, trauma facilities and the rehabilitation community have not traditionally worked together to look for ways to improve the system and rehabilitative outcomes.
- There is little information available about outcomes for trauma patients undergoing rehabilitation. Information on physical, mental and functional status is unavailable. What information is collected in the rehabilitation system is not linked to other trauma data.

Medical Direction

Medical direction is the process of providing the aspects of leadership, clinical oversight, best practices, system quality management, education and research to assure quality patient care. Colorado's statewide emergency medical and trauma services system currently has several components of medical direction. The oversight of emergency medical services has its core at the individual EMS agency level, while the oversight of trauma care has its core at the individual trauma facility level. In addition to this core medical oversight, there is system oversight at both the regional and statewide levels. The regional oversight is handled through Colorado's 11

Regional Emergency Medical and Trauma Advisory Councils. At the state level, there is a state emergency medical and trauma services medical director responsible for medical oversight of both the EMS and trauma systems in Colorado.

Colorado law requires all EMTs providing patient care services to function under the supervision and authorization of a physician medical director. This medical direction typically takes place at the EMS agency level under an established relationship between an EMS agency and a Colorado licensed physician who meets the Colorado Medical Board's requirements of being an EMS medical director. Currently, Colorado has nearly 120 active EMS medical directors who are responsible for the medical oversight of approximately 16,000 EMTs and more than 350 agencies that employ these EMTs. The agency EMS medical director is responsible for the medical oversight of all EMTs for whom the physician extends his or her authorization to provide patient care in the field. Every physician medical director must establish a medical continuous quality improvement program for each EMS service agency supervised to ensure the continuing competency of the performance of that agency's certified EMTs.

House Bill 10-1260 transfers the authority over EMT scope of practice and EMS medical directors from the Colorado Medical Board to the department effective January 2011. As part of that transfer of authority, the requirement for EMTs to function under the supervision and authorization of a physician medical director will continue under rules that will be promulgated by the chief medical officer of the department.

At the regional level, Colorado's 11 Regional Emergency Medical and Trauma Advisory Councils are responsible for establishing a continuous quality improvement program designed to evaluate the effectiveness and quality of the regional EMS system. Several regions have developed regional EMS medical direction committees, made up of medical directors from the EMS agencies within their region.

The department has several mechanisms for quality assurance and continuous performance improvement. (See Section: State and Regional Continuing Quality Improvement Systems.) The department's data collection system provides information necessary to evaluate both regional and statewide systems. To improve clinical care, the department currently utilizes the Medical Direction Committee, a departmental committee that provides clinical expertise and advice to the department and the Colorado Medical Board on matters related to the provision of emergency medical services. (See Appendix K.) The State Emergency Medical and Trauma Services Advisory Council recommends appointments to the committee, which uses an open, transparent and consistent process, and, whenever possible, uses evidence-based medicine to support its recommendations to the Colorado Medical Board.

The Medical Direction Committee provides valuable input on "scope of practice" issues and makes recommendations to the Colorado Medical Board to keep Rule 500, which defines the authorized medical acts of EMTs, synchronized with current standards of medical care in the prehospital environment. Rule 500 states that EMTs may, under the supervision and authorization of a medical director, perform emergency medical acts defined within the rule. The Medical Direction Committee reviews all waiver requests submitted by EMS medical directors and makes recommendations to the Colorado Medical Board regarding the appropriateness of

these individual requests. During fiscal year 2010, the committee reviewed 52 waivers and provided recommendations regarding approval of these requests.

Under Colorado statute and Board of Health rules, oversight of trauma care is a core responsibility of all designated trauma facilities and the facilities' trauma service medical directors. The trauma medical director at each designated Level I, II and III center is a board certified general surgeon who is responsible for service leadership, overseeing all aspects of trauma care and administrative authority for the hospital trauma program, including the trauma multidisciplinary committee, trauma quality improvement program, policy and procedure enforcement, peer review and the trauma research program.

Activities:

- Several regions have developed regional medical director councils, and some have optimized their regional medical direction by appointing a regional medical director. Both activities are designed to coordinate and standardize education, protocols and medical oversight throughout the region.
- The department continues developing a medical direction database to more efficiently track the activities of the nearly 120 EMS medical directors in the state, including medical director registration information, affidavits of medical oversight and agencies for which the medical director provides medical oversight. The database organizes the nearly 350 waivers approved by the Colorado Board of Medical Examiners since 2000.

Opportunities:

- A system Continuous Quality Improvement Committee of the State Emergency Medical and Trauma Services Advisory Council was formed and has been developing a foundation for a statewide coordinated system of continuous quality improvement.
- Additional regions are working to implement regional medical direction programs tailored to the unique needs of each Regional Emergency Medical and Trauma Advisory Council.

Disaster Medical Care

The Colorado Division of Emergency Management is responsible for the state's comprehensive emergency management program that supports state and local agencies during the four phases of emergency management: preparedness, prevention, response and recovery for disasters such as flooding, tornadoes, wildfire, hazardous materials incidents and acts of terrorism. During an actual emergency, the Division of Emergency Management coordinates the state response and recovery program in support of local governments that helps ensure the effective use of resources.

The department's Emergency Preparedness and Response Division is the lead state agency responsible for coordinating the public health and medical response activities for all-hazard emergencies or disaster events. The Emergency Medical and Trauma Services Section provides

support when a statewide response of EMS or trauma resources to a local emergency or disaster is necessary. The department participated in preparing for a statewide response to an emergency during one statewide event, the H1N1 outbreak.

The state's 11 Regional Emergency Medical and Trauma Advisory Councils continue to work toward coordinating the medical components of local response plans and assist local EMS and trauma response agencies in creating them where needed, for both multi-casualty and bioterrorism response. Specific efforts have been made over the past several years to formalize and increase participation and communication among Colorado's 11 regions and the Emergency Management All-Hazards regions. The close coordination between emergency managers and the emergency medical and trauma services system is vital to the success of these efforts. 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.

Activities:

- Regional Emergency Medical and Trauma Advisory Councils are coordinating with the State All-Hazards Advisory Committee and local and federal agencies on a regular basis to generate regional emergency management plans that include the medical component in the event of an all-hazards response.
- The department continues to work with the State Emergency Medical and Trauma Services Advisory Council's Mass Casualty Incident plan to ensure ongoing consistency with the State Emergency Operations Plan.
- Staff participates in the state All-Hazards Advisory Committee as appropriate.
- Regional Emergency Medical and Trauma Advisory Councils are providing EMS transport information for inclusion in the Resource Ordering and Status System database for the state.
- Development and maintenance of the medical annex or medical response for the state Emergency Operations Plan continues as appropriate.

Education and Research

Education and research are important components of the emergency medical and trauma services system and provide the foundation for the development and maintenance of quality patient care. The Emergency Medical and Trauma Services Section is responsible for the oversight of EMS education programs, both initial training of EMTs as well as their continuing medical education. (See Training and Certification of EMTs.) The section is also responsible for ensuring that trauma physicians have received and maintain appropriate trauma training through trauma center designation criteria set by Board of Health rule. Trauma education and research is typically handled at the trauma facility level. The state's three Level I adult trauma centers along with the regional pediatric trauma center are the lead resources for trauma education and research.

Activities:

- The section supports the annual Colorado State EMS Conference that is held in Keystone. This is a four-day event that provides continuing education for nearly 800 EMS providers throughout the state.
- The section supported the Third Annual EMS Safety Summit in October 2010. The conferences have resulted in the development of policies to require enhanced driver safety/feedback systems on all ambulance vehicles purchased with Emergency Medical and Trauma Service Provider Grants Program funds and have made Colorado one of the first states to develop policies that will enhance ambulance response safety.
- Education in trauma clinical care is provided by many of the larger trauma centers across the state and is offered, often at no cost, to many of the more remote trauma centers.
- Research in trauma clinical care is required of and carried out by each of the Level I trauma centers and the regional pediatric trauma center.
- The section, along with various education programs and agencies throughout the state, sponsors numerous instructor development courses and continues to expand outreach activities.
- The section maintains an ongoing communication process among the state's trauma centers, academic institutions and other sources of research to provide a conduit of information to all components of the emergency medical and trauma services system as new research develops improved techniques in trauma care.
- The section provides technical assistance and support to educational institutions and organizations throughout Colorado. These activities include providing technical materials to educational programs and other appropriate activities to ensure the dispersal of educational information.
- Following implementation of revisions to the rules pertaining to CPR directives, the section provided technical assistance and funding for the development and distribution of a CPR directives education program for EMS providers.

Opportunities:

- Staff members at rural trauma centers often do not know about educational offerings or are unable to participate due to time constraints.
- EMS providers in rural areas often do not have access to initial or continuing education programs due to time/distance constraints.
- The shortage of qualified and interested physicians, nurses and EMTs in urban, rural and frontier communities continues to be a challenge. The causes of these problems are multifaceted and include an aging work force, failing volunteerism, cultural and population changes, and a host of other societal and economic issues. A task force has recently been created to expand efforts to develop strategies that will strengthen recruitment and retention in Colorado.

Trauma Registry and EMS Data Collection

Comprehensive data systems are essential to effectively plan, implement and evaluate a statewide emergency medical and trauma care system. Critical components include the Colorado Trauma Registry and the EMS Ambulance Trip Report Information Exchange, as well as appropriate resources and staff for efficient data management, analysis and use of the data to evaluate the delivery of patient care.

The Colorado Trauma Registry is a unique database designed to capture information on the care of trauma patients and on the leading causes of injury hospitalizations and deaths. The data in the Colorado Trauma Registry are used not only to evaluate the effectiveness of the trauma system but also to identify and monitor the impact of injury prevention strategies. Each licensed facility, clinic or prehospital transport agency that provides services or care to a trauma patient is required to submit a limited set of patient-specific information to the department. These data, combined with hospital discharge data from the Colorado Hospital Association and death certificate data from the department's Health Statistics Vital Records Section, are used to evaluate and monitor the emergency medical and trauma care system's response to trauma patients and their needs. The Colorado Trauma Registry has been in existence since July 1997, and currently contains more than 270,000 records. The data elements required in the Colorado Trauma Registry were recently updated to be compliant with the National Trauma Data Standards developed by the American College of Surgeons.

Collection and analysis of information from prehospital transport agencies allow evaluation of care provided prior to arrival at the hospital for both trauma and non-trauma patients. The EMS Ambulance Trip Report Information Exchange is the statewide database that contains patient-level information on prehospital care. Local ambulance agencies submit their data to the state database. Agencies are required to collect the National Elements subset of the National Emergency Medical Services Information System dataset, the national data standards for prehospital data collection developed by the National Highway Traffic Safety Administration. Approximately 80 percent of the prehospital transport agencies in Colorado routinely download data to the state database. Since January 2007, prehospital agencies have submitted reports on more than 1.1 million patient encounters. The majority of the prehospital reports (80 percent) involve non-trauma patients.

Activities:

- Reports regarding trauma center volume, by injury severity, percent of patients with traumatic brain injury and death rates have been designed and made available to all Colorado trauma centers and interested parties.
- An assessment of emergency department length of stay by facility for patients who are transferred from the emergency department or are discharged to the operating room, intensive care unit or floor was completed.
- An evaluation of current trauma triage criteria to inform the discussion and the decision-making process to update the state trauma triage criteria was completed and used in the development of new guidelines regarding trauma patient destination.

- An assessment of the changes in trauma care and patient outcome over the past 10 years has been completed. Key findings: the number of trauma patients admitted to Colorado hospitals has increased; the rate of hospitalization for injuries due to falls has increased while the rate of hospitalization for injuries due to motor vehicle crashes has decreased; the percent of admissions for penetrating trauma has significantly decreased; the number of hospitalizations for intracranial bleed and hip/pelvic fractures has increased; a higher percent of severely injured trauma patients are now admitted to Level I and II trauma centers.
- The EMTS section completed an assessment of outcomes for adult patients with major trauma over the past 10 years. Key findings: the percent of adult major trauma patients transferred from the emergency department to a higher level trauma center has significantly increased; the median number of days of inpatient admission for major trauma patients who survive has significantly decreased.
- Emergency Medical and Trauma Services Section staff has worked with a software vendor to develop an online data entry system to collect detailed trauma registry data from rural hospitals and clinics. In 2009-2010, five rural hospitals participated in a pilot project to use the on-line data collection system. The pilot project was a success and will be expanded to include additional rural hospitals in the coming year.
- An assessment of the leading reasons for EMS calls (provider's primary impression), leading reasons for the use of lights/sirens from the scene, use of medications and patient disposition was completed. This information has been used to guide policy and recommendations regarding improved safety practices for EMS agencies.
- An assessment of patient care times (response time, scene time and transport time) by population density (urban, suburban, rural and frontier) for both medical and trauma patients is available. Compliance with state rules regarding response and scene times was evaluated. Colorado's results were also compared to results using data from the National EMS Information System database.
- The department is collaborating with the Colorado Department of Transportation to improve the quality, completeness and accessibility of data related to traffic crashes. In conjunction with the Governor's Office of Information Technology, data from several state agencies including the Department of Revenue, Department of Transportation, Colorado State Patrol, the Department of Public Health and Environment, the Department of Human Services and the Judicial branch will be integrated to create a comprehensive picture of traffic crashes in Colorado. The integrated system will be used to develop effective prevention and intervention strategies to reduce traffic crashes in Colorado and to improve the prehospital care of individuals injured in a motor vehicle crash.

Opportunities:

- An upgrade of the EMS data collection system is planned in 2010-2011 to expand and stabilize the EMS data collection platform.
- There remain a number of prehospital transport agencies that do not currently submit data to the state database. Many agency needs are unique, and some agencies, particularly

small volunteer services, do not have local resources to participate. Technical assistance for these rural and frontier agencies is important to ensure that the information available to policymakers is accurate and comprehensive

State and Regional Continuing Quality Improvement Systems

A comprehensive evaluation program is essential to effectively monitor and improve the delivery of emergency medical and trauma care and must occur at several levels. While each facility and transport agency is responsible for quality improvement efforts at its own institution, the department has been given the responsibility of monitoring the quality of care both regionally and statewide.

For several reasons, system evaluation at the state and regional levels remains at a developmental stage. Until recently, comprehensive statewide data collection systems, particularly for prehospital care, were not available. Although significant improvements have been made in statewide prehospital and trauma data collection, there is a need for further maturation and refinements to the systems, including data integration, improvements in data quality, expansion of the data set to allow for broader clinical questions to be answered, improvements in developing state and regional benchmarks and a more consistent loop closure process.

Data collected under the continuous quality improvement process, as described in statute, is considered confidential. However, issues of discoverability and protection outside of state government present concerns of liability to system stakeholders that frequently result in reluctance to participate in many aspects of the continuous quality improvement process. Additionally, limited resources and competing priorities influence the progress in developing state and regional quality improvement processes.

Activities:

- Data from the EMS Ambulance Trip Reporting Information Exchange and the Colorado Trauma Registry are reported regularly to the State Emergency Medical and Trauma Services Advisory Council and have been used to identify important strengths and weaknesses in the emergency medical and trauma system. The results from the American College of Surgeons consultative visit will provide an opportunity for discussion regarding system improvements that will benefit trauma and emergency medical patients.

Appendices

State Emergency Medical and Trauma Services Advisory Council

November 2010

Appointed Member	Representing	RETAC
Walter Biffl, MD	Board-certified surgeon providing trauma care at a Level I Trauma Center	Mile-High
Scott Bourn, PhD, RN	Officer or employee of a public provider of prehospital care	Mile-High
Brandon Chambers	Regional council chair	Southern Colorado
Ray Coniglio, RN	Trauma nurse coordinator	Mile-High
Eugene Eby, MD	Board-certified emergency physician	Mile-High
Nancy Frizell, RN	Registered nurse involved in rural emergency medical and trauma services care	Northwest
Arlene Harms	Administrative representative of a rural trauma center	San Luis Valley
Ray Jennings	County emergency manager	Central Mountains
Linda Joseph, RN	County commissioner, or council member, representing a rural county or city and county	Southern Colorado
Richard Kinser	Officer or employee of a private provider of prehospital care	Western
Edward Lopez, MD	Board-certified surgeon providing trauma care at a Level III Trauma Center	Northeast Colorado
Kathleen Mayer, RN	Flight nurse of an emergency medical service air team or unit	Mile-High
John Nichols, MD, PhD	Board-certified neurosurgeon involved in providing trauma care at a Level I or II Trauma Center	Mile-High
Daniel Noonan	Fire chief of a service that provides prehospital care in a rural area	Southwest
Lara Rappaport, MD	Board-certified physician certified in pediatrics or a pediatric subspecialty	Mile-High
Larry Reeves	Officer or crew member of a volunteer organization who provides prehospital care	Southeastern Colorado
David Ross, DO	Licensed physician who is a prehospital medical director	Plains to Peaks
Joel Schaefer, MD	Board-certified surgeon providing trauma care at a Level II Trauma Center	Northwest Colorado
Nancy Stuart	County commissioner, or council member, representing a rural county or city and county	Foothills
Michele Sweeney, MD	Member of the general public from an urban area	Southern
Ralph Vickrey, Jr.	Fire chief of a service that provides prehospital care in an urban area	Mile-High
Todd Wright	Member of the general public from a rural area	San Luis Valley
Open	Administrative representative of an urban trauma center	
Open	County commissioner, or council member, representing an urban county or city and county	

State Emergency Medical and Trauma Services Advisory Council

November 2010

Ex-officio Member	Representing
Michael Carter	Director of the state board for community colleges and occupational education or the director's designee
Don Krueger	Representative of the County Sheriffs of Colorado
D. Randy Kuykendall	Executive Director of the Department of Public Health and Environment or designee
Zane Laubhan	Member of the Colorado Coroners Association, as selected by the association
Mike Nugent	Director of the office of transportation safety in the Department of Transportation or designee
Bill Voges	Manager of telecommunication services of the Colorado information technology services in the Department of Personnel, General Support Services, or the manager's designee
Brett Williams	Representative of the Colorado State Patrol

FY11 EMTS Grants Program - Public Notice

This is public notice only, not authorization to expend any funds.

Detailed letters will be sent to all applicants in July. If you have questions, call (303) 692-2987.

Num	Applicant Name	Category	Avg Score	Total Amt	Match Amt	State Amt	Amt Funded
B-01	American Med. Response Pueblo, Canon City	EMS Equipment	34.45	\$404,624.00	\$202,312.00	\$202,312.00	\$202,312.00
B-02	Arapahoe Community College Foundation	EMS Equipment	26.75	\$67,543.26	\$26,736.63	\$40,806.63	\$40,807.00
B-03	Arvada Fire Protection District	EMS Equipment	31.76	\$28,972.20	\$13,981.17	\$14,991.04	\$14,992.00
B-04	Baca Grande Property Owners Association	EMS Equipment	40.07	\$7,424.00	\$3,712.00	\$3,712.00	\$2,673.00
B-05	Bennett Fire Protection District	EMS Equipment	37.06	\$11,825.42	\$5,912.71	\$5,912.71	\$5,913.00
D-03	Bent County Ambulance Service	Personnel and Services	40.58	\$90,100.00	\$45,050.00	\$45,050.00	\$45,050.00
D-01	Bent County Ambulance Service	EMS Equipment	38.32	\$61,278.00	\$28,024.50	\$33,253.50	\$33,254.00
D-02	Bent County Ambulance Service	Recruitment / Retention	38.18	\$19,156.00	\$1,915.60	\$17,240.40	\$8,889.00
A-02	Black Forest Fire Rescue Protection District	EMS Equipment	42.17	\$43,694.00	\$21,847.00	\$21,847.00	\$21,847.00
A-01	Black Forest Fire Rescue Protection District	Ambulance, Other Vehicle	41.92	\$136,920.00	\$68,460.00	\$68,460.00	\$67,820.00
B-06	Broadmoor Fire Protection District	EMS Equipment	38.25	\$29,065.00	\$14,532.50	\$14,532.50	\$2,033.00
B-07	Burlington Fire Protection District	EMS Equipment	39.42	\$27,445.82	\$13,722.91	\$13,722.91	\$13,723.00
B-08	Burning Mountains Fire Protection District	EMS Equipment	41.58	\$10,356.00	\$5,178.00	\$5,178.00	\$5,178.00
D-04	Calhan Fire Protection District	Injury Prevention	28.92	\$3,898.99	\$1,949.49	\$1,949.50	\$0.00
D-05	Center Fire Protection District	Other	42.47	\$6,000.00	\$3,000.00	\$3,000.00	\$3,000.00
D-06	Central Mountains RETAC	Injury Prevention	33.50	\$11,000.00	\$1,100.00	\$9,900.00	\$9,900.00
B-09	Central Orchard Mesa Fire Protection District	EMS Equipment	32.43	\$26,539.50	\$2,653.95	\$23,885.55	\$23,886.00

C-01	Chaffee County	Data Collection	37.90	\$70,712.00	\$35,356.00	\$35,356.00	\$35,356.00
B-11	Cheyenne County Ambulance Service	EMS Equipment	43.50	\$11,157.74	\$5,578.87	\$5,578.87	\$5,579.00
B-13	City of Alamosa Fire	EMS Equipment	40.50	\$5,500.00	\$2,750.00	\$2,750.00	\$2,750.00
B-14	City of Cripple Creek	EMS Equipment	41.80	\$8,138.00	\$2,790.09	\$5,347.91	\$5,348.00
A-03	City of Englewood	Ambulance, Other Vehicle	39.00	\$163,047.00	\$81,523.50	\$81,523.50	\$77,674.00
B-16	City of Federal Heights	EMS Equipment	39.37	\$31,500.00	\$15,750.00	\$15,750.00	\$15,750.00
A-04	City of Steamboat Springs	Ambulance, Other Vehicle	42.33	\$150,500.00	\$30,100.00	\$120,400.00	\$120,400.00
A-05	City of Steamboat Springs	EMS Equipment	40.58	\$42,491.80	\$8,498.36	\$33,993.44	\$33,994.00
D-08	City of Steamboat Springs	Personnel and Services	38.50	\$26,898.56	\$5,379.71	\$21,518.85	\$21,519.00
B-18	City of Yuma Ambulance Service	EMS Equipment	44.04	\$30,622.39	\$12,036.05	\$18,586.34	\$18,587.00
A-06	Clear Creek EMS	Ambulance, Other Vehicle	40.93	\$162,224.00	\$80,034.50	\$82,189.50	\$78,483.00
C-02	Colorado Sierra Fire Protection District	Communications	40.79	\$4,354.25	\$2,177.12	\$2,177.13	\$2,177.00
C-03	Colorado Sierra Fire Protection District	EMS Equipment	38.75	\$7,614.27	\$3,477.38	\$4,136.88	\$4,137.00
D-09	Colorado Sierra Fire Protection District	Recruitment / Retention	28.58	\$5,757.62	\$575.76	\$5,181.86	\$1,530.00
B-15	Colorado Springs Fire Department	EMS Equipment	36.71	\$47,585.20	\$23,792.60	\$23,792.60	\$23,793.00
C-04	Costilla County Ambulance District	Data Collection	40.83	\$6,376.00	\$3,188.00	\$3,188.00	\$3,188.00
C-05	Costilla County Ambulance District	EMS Equipment	34.78	\$18,600.00	\$8,400.00	\$10,200.00	\$10,200.00
A-08	Crowley County Ambulance	EMS Equipment	46.80	\$26,625.09	\$5,325.02	\$21,300.07	\$21,300.00
A-07	Crowley County Ambulance	Ambulance, Other Vehicle	45.30	\$167,376.00	\$33,475.20	\$133,900.80	\$133,901.00

A-09	Custer County Search and Rescue, Inc.	Ambulance, Other Vehicle	35.27	\$18,140.10	\$5,442.03	\$12,698.07	\$12,699.00
B-20	Del Norte Community Ambulance Inc.	EMS Equipment	32.00	\$2,820.57	\$705.14	\$2,115.43	\$2,116.00
A-10	Delta County Ambulance District	Ambulance, Other Vehicle	41.13	\$136,074.55	\$67,601.02	\$68,473.52	\$68,474.00
A-11	Delta County Ambulance District	EMS Equipment	38.67	\$8,529.75	\$4,264.88	\$4,264.88	\$4,265.00
B-21	Delta County Memorial Hospital	EMS Equipment	38.05	\$40,414.88	\$19,759.94	\$20,654.94	\$20,655.00
C-06	Denver Health and Hospital Authority	EMS Equipment	35.60	\$40,000.00	\$4,000.00	\$36,000.00	\$36,000.00
C-07	Denver Health and Hospital Authority	Other	28.33	\$550,000.00	\$55,000.00	\$495,000.00	\$495,000.00
C-08	Dove Creek Volunteer Ambulance Service	Data Collection	45.63	\$1,500.00	\$150.00	\$1,350.00	\$1,350.00
C-09	Dove Creek Volunteer Ambulance Service	EMS Equipment	43.98	\$14,970.00	\$1,497.00	\$13,473.00	\$13,473.00
D-10	Dove Creek Volunteer Ambulance Service	Recruitment / Retention	38.79	\$6,040.00	\$604.00	\$5,436.00	\$720.00
B-22	East Morgan County Hospital District	EMS Equipment	34.68	\$49,731.00	\$24,865.50	\$24,865.50	\$24,866.00
B-19	Elbert County OEM	EMS Equipment	36.15	\$25,600.00	\$2,560.00	\$23,040.00	\$23,040.00
B-24	Elizabeth Fire Protection District	EMS Equipment	35.46	\$90,772.29	\$9,077.23	\$81,695.06	\$81,696.00
D-11	Elk Creek Fire Protection District	Recruitment / Retention	32.40	\$19,648.80	\$1,964.88	\$17,683.92	\$5,660.00
S-01	Emergency Medical Services Assn. of Colo.	Other	42.20	\$30,000.00	\$15,000.00	\$15,000.00	\$10,000.00
A-13	Florissant Fire Protection District	EMS Equipment	39.73	\$5,082.00	\$2,541.00	\$2,541.00	\$2,541.00
A-12	Florissant Fire Protection District	Ambulance, Other Vehicle	36.93	\$52,420.00	\$26,210.00	\$26,210.00	\$26,210.00

A-15	Gateway-Unaweeep Fire Department, Inc.	EMS Equipment	41.90	\$3,073.10	\$307.31	\$2,765.79	\$2,766.00
A-14	Gateway-Unaweeep Fire Department, Inc.	Ambulance, Other Vehicle	40.80	\$130,211.00	\$13,021.10	\$117,189.90	\$117,190.00
A-16	Grand County EMS	Ambulance, Other Vehicle	39.08	\$55,000.00	\$27,500.00	\$27,500.00	\$27,040.00
A-17	Grand County EMS	EMS Equipment	38.25	\$25,600.00	\$6,400.00	\$19,200.00	\$19,200.00
B-25	Greater Brighton Fire Protection District	EMS Equipment	38.21	\$10,380.00	\$5,190.00	\$5,190.00	\$5,190.00
A-19	Gunnison Valley Health	EMS Equipment	42.13	\$42,696.15	\$21,348.08	\$21,348.08	\$21,349.00
A-18	Gunnison Valley Health	Ambulance, Other Vehicle	41.71	\$156,456.05	\$78,228.02	\$78,228.02	\$78,228.00
S-02	HCA HealthONE, LLC	Personnel and Services	43.40	\$14,900.00	\$1,490.00	\$13,410.00	\$13,410.00
S-03	HCA HealthONE, LLC	Other	43.40	\$16,750.00	\$1,675.00	\$15,075.00	\$15,075.00
B-26	Inter-Canyon Fire Protection District	EMS Equipment	29.86	\$37,885.35	\$18,942.68	\$18,942.68	\$18,943.00
B-27	Keefe Memorial Hospital	EMS Equipment	37.81	\$9,684.00	\$4,842.00	\$4,842.00	\$4,842.00
B-28	Kremmling Memorial Hospital District	EMS Equipment	42.40	\$11,725.50	\$5,862.75	\$5,862.75	\$5,863.00
A-20	La Junta Rural Ambulance Service	Ambulance, Other Vehicle	45.05	\$151,873.22	\$75,936.61	\$75,936.61	\$75,937.00
A-21	La Junta Rural Ambulance Service	EMS Equipment	44.80	\$61,584.22	\$30,792.11	\$30,792.11	\$30,792.00
C-10	La Veta Fire Protection District	Communications	42.10	\$3,556.00	\$1,778.00	\$1,778.00	\$1,778.00
B-29	Lake Dillon Fire Protection District	EMS Equipment	31.74	\$58,000.00	\$29,000.00	\$29,000.00	\$29,000.00
D-07	Lamar Ambulance Service	Personnel and Services	42.37	\$24,997.50	\$12,498.75	\$12,498.75	\$12,499.00
B-30	Lamar Community College	EMS Equipment	41.41	\$5,120.64	\$2,560.32	\$2,560.32	\$2,215.00
C-11	Larimer County Dive Rescue Team	Communications	35.65	\$19,931.00	\$1,993.10	\$17,937.90	\$17,938.00

C-12	Lefthand FPD	Communications	36.82	\$3,242.00	\$1,621.00	\$1,621.00	\$1,621.00
C-13	Lincoln Community Hospital & Nursing Home	Communications	41.50	\$4,845.01	\$2,422.50	\$2,422.51	\$2,423.00
A-22	Lincoln Community Hospital & Nursing Home	Ambulance, Other Vehicle	40.60	\$105,766.00	\$52,883.00	\$52,883.00	\$52,883.00
B-31	Livermore Fire Protection District	EMS Equipment	39.56	\$11,856.40	\$5,928.20	\$5,928.20	\$5,929.00
B-32	Louisville Fire Protection District	EMS Equipment	37.62	\$5,633.00	\$1,519.25	\$4,113.75	\$4,114.00
B-33	Mancos Ambulance Association	EMS Equipment	41.05	\$3,177.50	\$1,588.75	\$1,588.75	\$1,589.00
B-34	McKee Medical Center Foundation	EMS Equipment	29.73	\$45,120.00	\$22,560.00	\$22,560.00	\$22,560.00
B-23	Melissa Memorial Hospital, East Phillips County	EMS Equipment	41.84	\$31,437.77	\$15,718.88	\$15,718.88	\$15,719.00
D-12	Mesa State College	EMS Equipment	39.48	\$99,445.00	\$49,722.50	\$49,722.50	\$49,722.00
D-13	Mesa State College	Personnel and Services	39.35	\$21,875.00	\$10,937.50	\$10,937.50	\$10,938.00
S-04	Mile-High RETAC	Personnel and Services	47.00	\$20,000.00	\$0.00	\$20,000.00	\$20,000.00
S-05	Mile-High RETAC	Other	44.40	\$30,000.00	\$0.00	\$30,000.00	\$30,000.00
D-14	Monte Vista Community Ambulance Service	Recruitment / Retention	32.67	\$100,000.00	\$50,000.00	\$50,000.00	\$0.00
D-16	Montrose Memorial Hospital	Personnel and Services	35.08	\$32,448.00	\$16,224.00	\$16,224.00	\$16,224.00
D-15	Montrose Memorial Hospital	EMS Equipment	34.72	\$12,325.74	\$6,162.87	\$6,162.87	\$6,123.00
B-35	Morgan County Ambulance Service	EMS Equipment	44.55	\$42,660.00	\$4,266.00	\$38,394.00	\$38,394.00
A-23	Mountain Rescue, Aspen, Incorporated	Ambulance, Other Vehicle	41.67	\$52,788.45	\$26,394.22	\$26,394.22	\$26,395.00
A-24	Mountain Rescue, Aspen, Incorporated	EMS Equipment	41.25	\$5,856.00	\$2,928.00	\$2,928.00	\$2,928.00

A-26	Mountain View Fire Protection District	EMS Equipment	38.67	\$55,697.00	\$27,848.50	\$27,848.50	\$27,848.00
A-25	Mountain View Fire Protection District	Ambulance, Other Vehicle	38.04	\$160,989.00	\$79,164.25	\$81,824.75	\$81,825.00
C-17	Nederland Fire Protection District	Data Collection	41.95	\$7,245.00	\$3,622.50	\$3,622.50	\$3,622.00
C-16	Nederland Fire Protection District	Communications	36.72	\$18,292.32	\$9,146.16	\$9,146.16	\$9,146.00
C-18	Nederland Fire Protection District	EMS Equipment	35.27	\$16,946.18	\$8,324.38	\$8,621.80	\$8,622.00
D-17	Nederland Fire Protection District	Recruitment / Retention	29.08	\$3,600.00	\$360.00	\$3,240.00	\$0.00
B-36	North Fork Ambulance Association	EMS Equipment	38.39	\$39,974.70	\$19,987.35	\$19,987.35	\$19,988.00
B-37	North Fork Fire Protection District	EMS Equipment	40.25	\$5,414.67	\$2,707.34	\$2,707.34	\$2,708.00
B-38	North Metro Fire Rescue District	EMS Equipment	39.54	\$218,624.00	\$107,922.00	\$110,702.00	\$110,702.00
D-31	North Washington FPD Ambulance Enterprise	EMS Equipment	33.98	\$18,675.00	\$9,337.50	\$9,337.50	\$9,338.00
D-32	North Washington FPD Ambulance Enterprise	Personnel and Services	33.50	\$11,000.00	\$5,500.00	\$5,500.00	\$5,500.00
D-33	Northeastern Junior College	Personnel and Services	40.40	\$21,032.70	\$10,516.35	\$10,516.35	\$10,517.00
D-34	Northern Saguache County Ambulance District	Personnel and Services	25.58	\$174,832.80	\$87,416.40	\$87,416.40	\$0.00
S-06	Northwest RETAC	Recruitment / Retention	43.20	\$17,000.00	\$1,700.00	\$15,300.00	\$15,300.00
B-41	Northwest RETAC	EMS Equipment	40.17	\$110,971.73	\$55,485.86	\$55,485.86	\$55,486.00
B-39	Norwood Fire Protection District	EMS Equipment	38.13	\$7,639.74	\$3,819.87	\$3,819.87	\$2,740.00
C-20	Nucla-Naturita Fire Dept Ambulance Service	EMS Equipment	36.00	\$18,092.80	\$1,809.28	\$16,283.52	\$16,284.00

C-19	Nucla-Naturita Fire Dept Ambulance Service	Data Collection	35.50	\$3,646.61	\$364.66	\$3,281.95	\$3,282.00
D-18	Nucla-Naturita Fire Dept Ambulance Service	Recruitment / Retention	30.92	\$19,999.98	\$2,000.00	\$17,999.98	\$13,500.00
C-21	Oak Creek Fire Protection District	Data Collection	37.40	\$37,662.62	\$18,831.31	\$18,831.31	\$18,832.00
B-40	Ottero Junior College - State of Colorado	EMS Equipment	43.61	\$15,155.33	\$4,315.66	\$10,839.66	\$10,840.00
D-35	Ouray County Emergency Medical Services	EMS Equipment	40.17	\$9,813.83	\$4,906.92	\$4,906.92	\$4,907.00
D-36	Ouray County Emergency Medical Services	Personnel and Services	38.03	\$3,000.00	\$1,500.00	\$1,500.00	\$1,500.00
B-10	Plains to Peaks RETAC	EMS Equipment	42.43	\$116,715.87	\$29,428.97	\$87,286.90	\$87,287.00
D-26	Platte Canyon Fire Protection District	Other	36.92	\$472,500.00	\$236,250.00	\$236,250.00	\$236,250.00
A-28	Poudre Valley Health System Foundation	EMS Equipment	43.33	\$17,775.00	\$4,443.75	\$13,331.25	\$13,332.00
A-27	Poudre Valley Health System Foundation	Ambulance, Other Vehicle	41.53	\$136,930.00	\$68,465.00	\$68,465.00	\$68,465.00
S-07	Pueblo Community College	Other	44.00	\$100,000.00	\$50,000.00	\$50,000.00	\$50,000.00
B-42	Pueblo West Metropolitan District	EMS Equipment	34.33	\$18,027.46	\$8,591.23	\$9,436.23	\$9,437.00
B-43	Red, White and Blue FPD	EMS Equipment	34.00	\$33,893.46	\$16,446.73	\$17,446.73	\$17,447.00
D-22	Rural/Metro Ambulance Colorado	Injury Prevention	31.27	\$931.17	\$465.58	\$465.59	\$466.00
D-21	Rural/Metro Ambulance Colorado	EMS Equipment	27.05	\$15,122.60	\$7,561.30	\$7,561.30	\$7,561.00
D-27	Saguache County OEM	Other	34.00	\$19,314.00	\$9,657.00	\$9,657.00	\$9,357.00
C-14	San Luis Valley Regional Med Center	Data Collection	44.93	\$5,295.93	\$529.59	\$4,766.34	\$4,767.00
C-15	San Luis Valley Regional Med Center	EMS Equipment	42.62	\$15,543.45	\$1,554.34	\$13,989.10	\$13,989.00

S-08	San Luis Valley RETAC	Personnel and Services	46.50	\$13,000.00	\$0.00	\$13,000.00	\$0.00
C-22	Sedgwick County Ambulance Service	Data Collection	44.80	\$2,199.85	\$1,099.92	\$1,099.93	\$1,100.00
D-37	Silverton San Juan County Ambulance Assn.	EMS Equipment	38.50	\$10,705.40	\$4,553.10	\$6,152.30	\$6,152.00
D-38	Silverton San Juan County Ambulance Assn.	Recruitment / Retention	35.40	\$19,849.55	\$1,984.96	\$17,864.59	\$12,625.00
D-39	Silverton San Juan County Ambulance Assn.	Personnel and Services	35.38	\$41,600.00	\$20,800.00	\$20,800.00	\$20,800.00
B-44	Snowmass-Wildcat Fire Protection District	EMS Equipment	38.00	\$76,670.10	\$38,335.05	\$38,335.05	\$38,336.00
D-23	Southeast Colorado Hospital District	Injury Prevention	45.50	\$10,002.00	\$2,000.40	\$8,001.60	\$8,002.00
D-28	Southeast Colorado RETAC	Other	38.83	\$10,000.00	\$5,000.00	\$5,000.00	\$5,000.00
B-45	Southwest Adams County FPD	EMS Equipment	35.79	\$32,549.32	\$16,274.66	\$16,274.66	\$16,275.00
B-46	Southwest Health Systems, Inc.	EMS Equipment	40.64	\$22,780.80	\$11,390.40	\$11,390.40	\$11,391.00
D-41	Southwest Teller County EMS	Personnel and Services	35.60	\$182,400.00	\$91,200.00	\$91,200.00	\$91,200.00
D-40	Southwest Teller County EMS	EMS Equipment	32.70	\$900.00	\$450.00	\$450.00	\$450.00
B-12	St Anthony Health Foundation	EMS Equipment	35.73	\$45,668.36	\$13,627.84	\$32,040.52	\$32,041.00
B-47	St Vincent General Hospital District	EMS Equipment	41.89	\$51,078.70	\$24,519.68	\$26,559.02	\$26,560.00
B-17	Sterling Fire Department	EMS Equipment	32.44	\$12,529.00	\$6,264.50	\$6,264.50	\$6,265.00
C-23	Strasburg Fire Protection District #8	Data Collection	43.47	\$20,527.34	\$10,263.67	\$10,263.67	\$10,264.00
C-24	Strasburg Fire Protection District #8	EMS Equipment	42.48	\$4,000.00	\$2,000.00	\$2,000.00	\$2,000.00
B-48	Sugarloaf Fire Protection District	EMS Equipment	32.46	\$5,989.00	\$2,422.75	\$3,566.25	\$3,353.00
B-49	Summit County Government	EMS Equipment	40.19	\$25,096.00	\$12,548.00	\$12,548.00	\$12,548.00

D-24	The Children's Hospital Association	EMS Equipment	35.70	\$74,177.47	\$18,544.37	\$55,633.10	\$55,634.00
D-25	The Children's Hospital Association	Injury Prevention	33.68	\$270,538.00	\$135,269.00	\$135,269.00	\$135,269.00
A-29	Thompson Valley Health Services District	Ambulance, Other Vehicle	41.50	\$157,188.00	\$78,594.00	\$78,594.00	\$78,594.00
A-30	Tri County Fire Protection District	Ambulance, Other Vehicle	42.13	\$47,000.00	\$4,700.00	\$42,300.00	\$42,300.00
B-50	Trinidad Ambulance District	EMS Equipment	41.78	\$223,899.00	\$111,949.50	\$111,949.50	\$111,950.00
A-31	Upper Pine River Fire Protection District	Ambulance, Other Vehicle	39.00	\$152,135.00	\$75,883.75	\$76,251.25	\$75,802.00
D-29	Upper San Juan Health Services District	EMS Equipment	41.08	\$11,981.52	\$5,990.76	\$5,990.76	\$5,991.00
D-30	Upper San Juan Health Services District	Other	36.88	\$4,040.00	\$2,020.00	\$2,020.00	\$0.00
B-51	Walsh Hospital District	EMS Equipment	43.46	\$39,369.45	\$19,684.72	\$19,684.72	\$19,685.00
A-32	Washington County	Ambulance, Other Vehicle	47.23	\$152,500.00	\$76,250.00	\$76,250.00	\$76,250.00
D-19	Washington County	Personnel and Services	38.79	\$20,848.32	\$10,424.16	\$10,424.16	\$10,425.00
B-52	Weld County Paramedics	EMS Equipment	42.17	\$105,525.00	\$26,381.25	\$79,143.75	\$79,144.00
A-34	Western Eagle County Ambulance District	EMS Equipment	39.93	\$60,708.00	\$30,354.00	\$30,354.00	\$30,354.00
A-33	Western Eagle County Ambulance District	Ambulance, Other Vehicle	38.50	\$122,590.00	\$61,295.00	\$61,295.00	\$51,083.00
D-20	Western Eagle County Ambulance District	Personnel and Services	36.00	\$66,300.00	\$33,150.00	\$33,150.00	\$33,150.00
C-25	Western Regional EMS Council, Inc.	Data Collection	43.00	\$172,682.00	\$86,341.00	\$86,341.00	\$0.00
B-53	Yuma District Hospital	EMS Equipment	39.17	\$39,140.54	\$19,570.27	\$19,570.27	\$19,571.00

TOTALS

\$8,788,088.32 \$3,632,898.23 \$5,155,190.06 \$4,832,934.00

SB-09-002 Impact Report

Maintaining and upgrading the access to and the quality of Colorado's emergency medical and trauma services system.

Senate Bill 09-002 added one dollar to the existing one-dollar motor vehicle registration fee to support Colorado's vital emergency medical and trauma services system. These dollars began flowing into the EMS Account within the Highway Users Tax Fund (HUTF) effective July 1, 2009. Funds are being distributed through the EMTS Provider Grants Program, and the one dollar increase has had vast impact as funds are maximized to support high quality patient care across the state.

HUTF grant funds created by SB-09-002

Boost local and rural economies

- **\$9.6 million dollars** in grant awards were distributed by the Colorado Department of Public Health and Environment between January and August 2010.
- **\$6.6 million dollars** in local cash were matched by entities that received the grant awards.
- **\$16.2 million dollars** is the current total impact of SB-09-002.

Enable awards that were not possible before

- Additional funding allowed grant awards for salary and personnel costs, helping to create and maintain jobs in EMS and trauma systems.
- More statewide and regional projects were funded, allowing for greater impact on a larger scale.
- Increased funding went toward vehicles and equipment, helping to keep basic services at appropriate levels in many rural and frontier areas of the state.

Create and maintain jobs

- **1,744 EMS and trauma personnel** have been and are being supported by grant funds in a variety of ways, including salary support for new hires, current staff and contractors; partial payment of tuition, books and fees for initial and ongoing training; and support for participation in recruitment and retention-based activities.
- **11 new jobs** were created and are initially being supported by grant funds. Plans are in place locally to ensure sustainability for these jobs beyond the grant funding time lines. As this component of the program becomes more mature, additional jobs will be created and supported in rural and frontier communities to support EMS and trauma care to Coloradans.

Accountability

Continuing the open and transparent process for policy and decision-making has allowed for a rapid and effective expansion of the grant program. After the passage of SB-09-002, the grant program grew from awarding approximately \$1.8 million per fiscal year to awarding up to \$6.0 million per fiscal year. The Colorado Department of Public Health and Environment continuously works with stakeholders and providers to assure program accountability. Funding supports appropriate requests that substantially boost Colorado's EMS and trauma system and saves lives.

**Details for the Colorado EMTS Grant Program
Post SB-09-002 Fiscal Year 2010 and Fiscal Year 2011**

Category Name	State Funds Requested	State Funds Awarded	Local Cash Match	Total Spending
Ambulance, Other Vehicle	3,031,473	2,889,408	2,040,689	4,930,097
Communications	232,410	228,993	171,240	400,233
Data Collection	825,252	821,485	174,358	995,843
EMS and Trauma Equipment	3,298,852	3,241,027	2,554,403	5,795,430
Training	711,882	660,021	649,261	1,309,282
Injury Prevention	371,492	338,448	276,213	614,661
Other	590,495	590,496	71,996	662,492
Personnel and Services	810,600	741,782	658,283	1,400,065
Recruitment / Retention	128,502	87,901	9,767	97,668
Total Impact	10,000,958	9,599,561	6,606,210	16,205,771

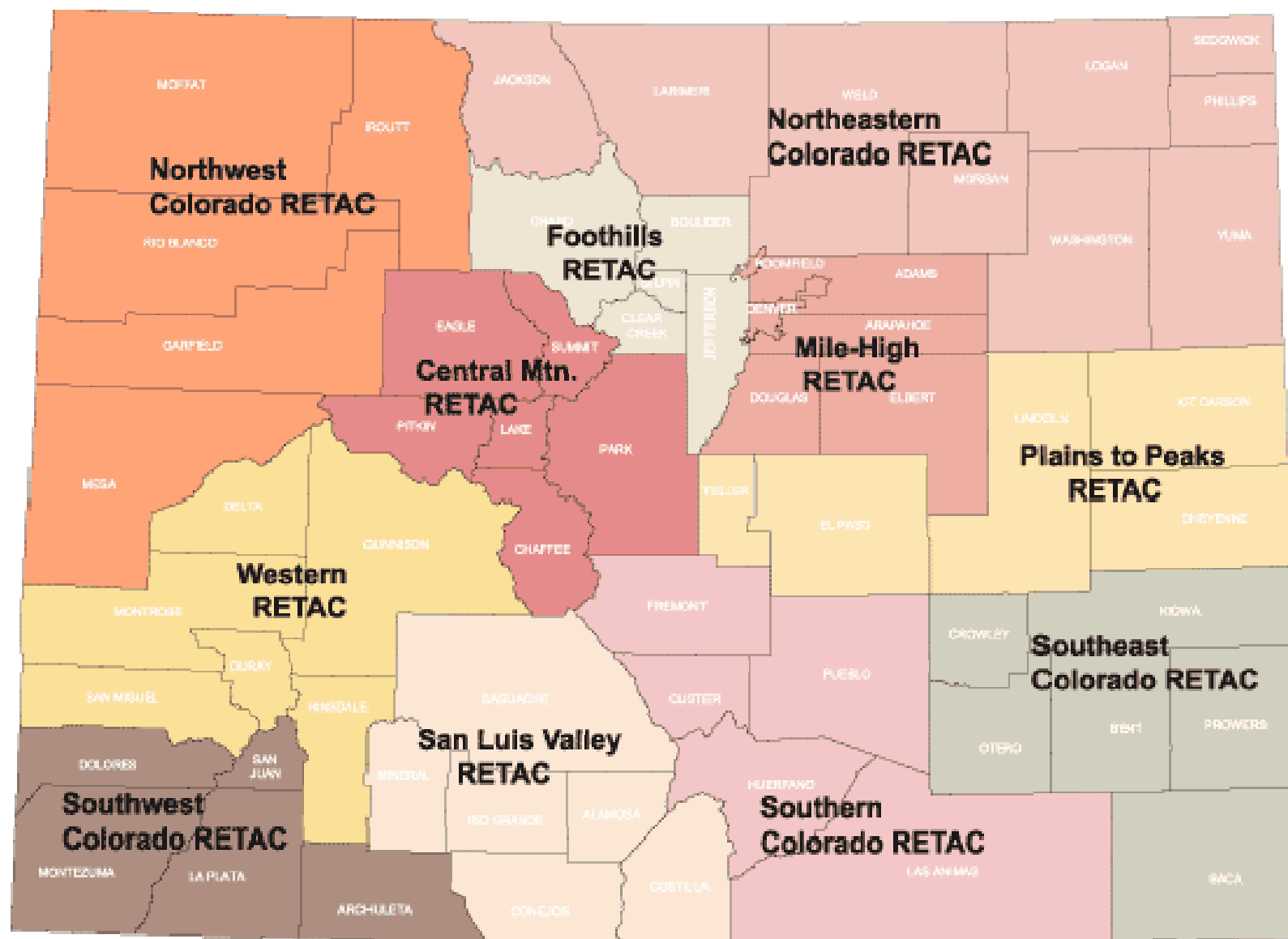
**EMTS Grants Awarded Toward Creating and Sustaining Colorado Jobs
Post SB-09-002 Fiscal Year 2010 and Fiscal Year 2011**

Post SB-09-002 FY 2010 FTEs	FY 2011 FTEs	Total Colorado Jobs Impacted by SB-09-002
New staff hired 5	New staff hired 6	11
Support current staff 4	Support current staff 21	25
Contract staff 0	Contract staff 2	2
Train current staff 930	Train current staff 692	1,622
Retain current staff 6	Retain current staff 78	84
Total 945	Total 799	1,744



Colorado Department
of Public Health
and Environment

Regional Emergency and Trauma Advisory Council Regions November 2010



Colorado RETAC Chair Contact Directory

November 2010

Central Mountains RETAC

Shelly Almroth
Centura-Summit Medical Center
PO Box 738
Frisco, CO 80443
O: 970-668-2869
Shellyalmroth@centura.org

Foothills RETAC

Tom Candlin, III
St. Antony Central
4231 W 16th St
Denver, CO 80204
303-629-4480
thomascandlin@centura.org

Mile-High RETAC

Charles Mains, MD
St. Anthony's Central Hospital
4231 W 16th Avenue
Denver, CO 80204
303-629-4222
charleswmains@centura.org

Northeast Colorado RETAC

Dave Bressler
Weld County Paramedic Services
1121 M. Street
Greeley, CO 80631
970-353-5700
dbressler@co.weld.co.us

Northwest Colorado RETAC

Carl Smith
Carbondale & Rural FPD
300 Meadowood Drive
Carbondale, CO 81623
970-963-2491
cvsmyth@sopris.net

Plains to Peaks RETAC

Ted Foth
Kit Carson County EMS
257 15th Street
Burlington, CO 80807
719-346-7878
kccems@kitcarsoncounty.org

San Luis Valley RETAC

Jeff Babcock
Homeland Security
8900 Independence Way
Alamosa, CO 81101
719-480-1767
slv.hls@amigo.net

Southeastern Colorado RETAC

Larry Reeves
Crowley County Ambulance
611 E 3rd Street
Ordway, CO 81063
719-267-5230
larry@crowleycounty.net

Southern Colorado RETAC

Brandon Chambers
Trinidad Ambulance District
7022 County Road KK
Manzanola, CO 81058
719-846-6886 Ext. 130
bchambers@trinidadambulance.com

Southwest RETAC

Dan Noonan, Chief
Durango Fire and Rescue Authority
142 Sheppard Drive
Durango, CO 81303
970-382-6005
noonandj@ci.durango.co.us

Western RETAC

F. Chan Clymer
Delta-Montrose Technical College
1765 US Highway 50
Delta, CO 81416
970- 874-6570
cclymer@dmte.edu

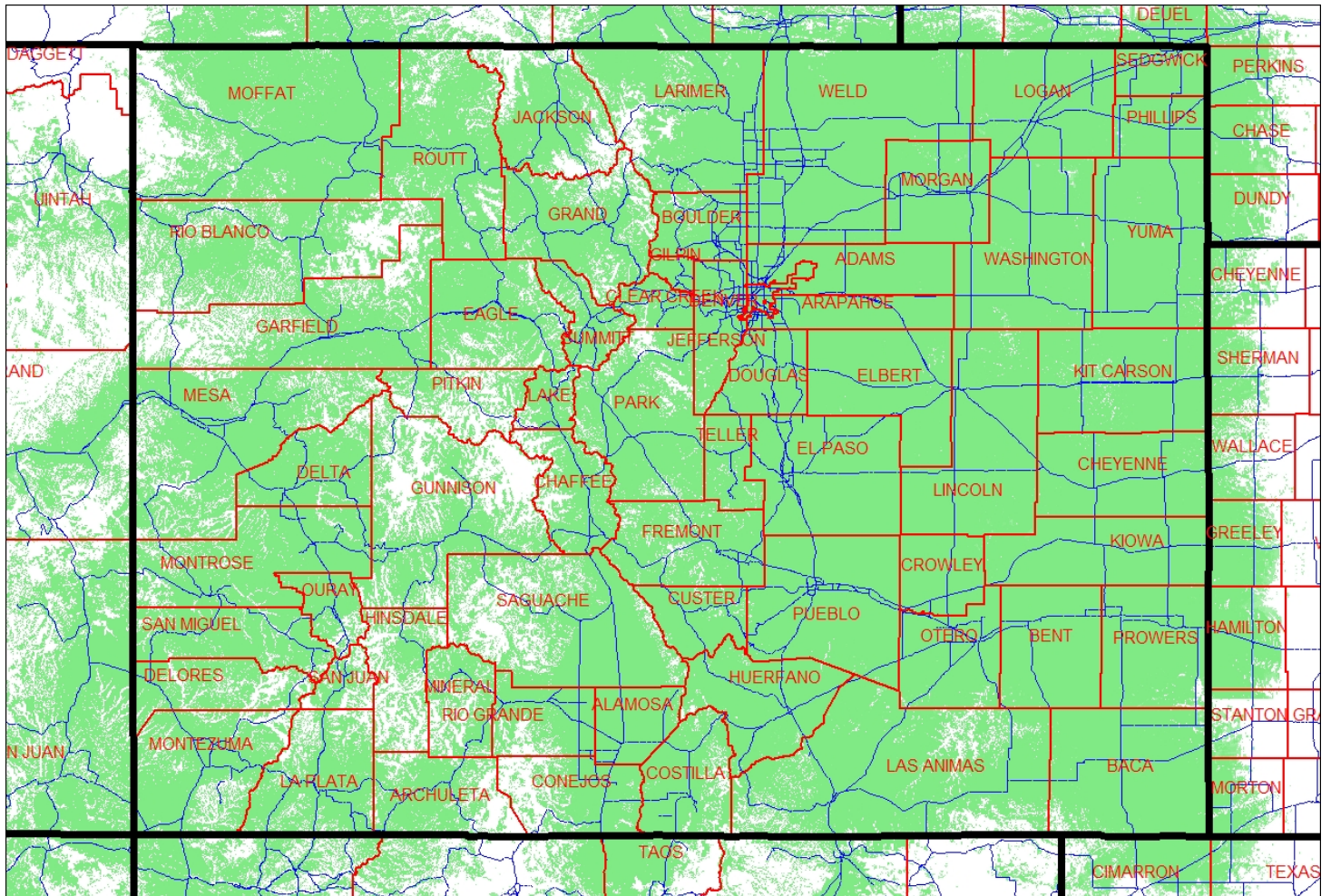
**Regional Emergency Medical and Trauma Advisory Councils
Funding Summary November 2010**

RETAC Name	Participating Counties	Funding
Central Mountains RETAC	Chaffee, Eagle, Lake, Park, Pitkin, Summit	\$185,000.00
Foothills RETAC	Boulder, Clear Creek, Gilpin, Grand, Jefferson	\$170,000.00
Mile-High RETAC	Adams, Arapahoe, Broomfield, Denver, Douglas, Elbert	\$185,000.00
Northeast CO RETAC	Jackson, Larimer, Logan, Morgan, Phillips, Sedgewick, Washington, Weld, Yuma	\$230,000.00
Northwest RETAC	Garfield, Mesa, Moffat, Rio Blanco, Routt	\$170,000.00
Plains to Peaks RETAC	Cheyenne, El Paso, Kit Carson, Lincoln, Teller	\$170,000.00
San Luis Valley RETAC	Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache	\$185,000.00
Southeastern CO RETAC	Baca, Bent, Crowley, Kiowa, Otero, Prowers	\$185,000.00
Southern CO RETAC	Custer, Fremont, Huerfano, Las Animas, Pueblo	\$170,000.00
Southwest RETAC	Archuleta, Dolores, La Plata, Montezuma, San Juan	\$170,000.00
Western RETAC	Delta, Hinsdale, Gunnison, Montrose, Ouray, San Miguel	\$185,000.00

Total RETAC Funding

\$2,005,000.00

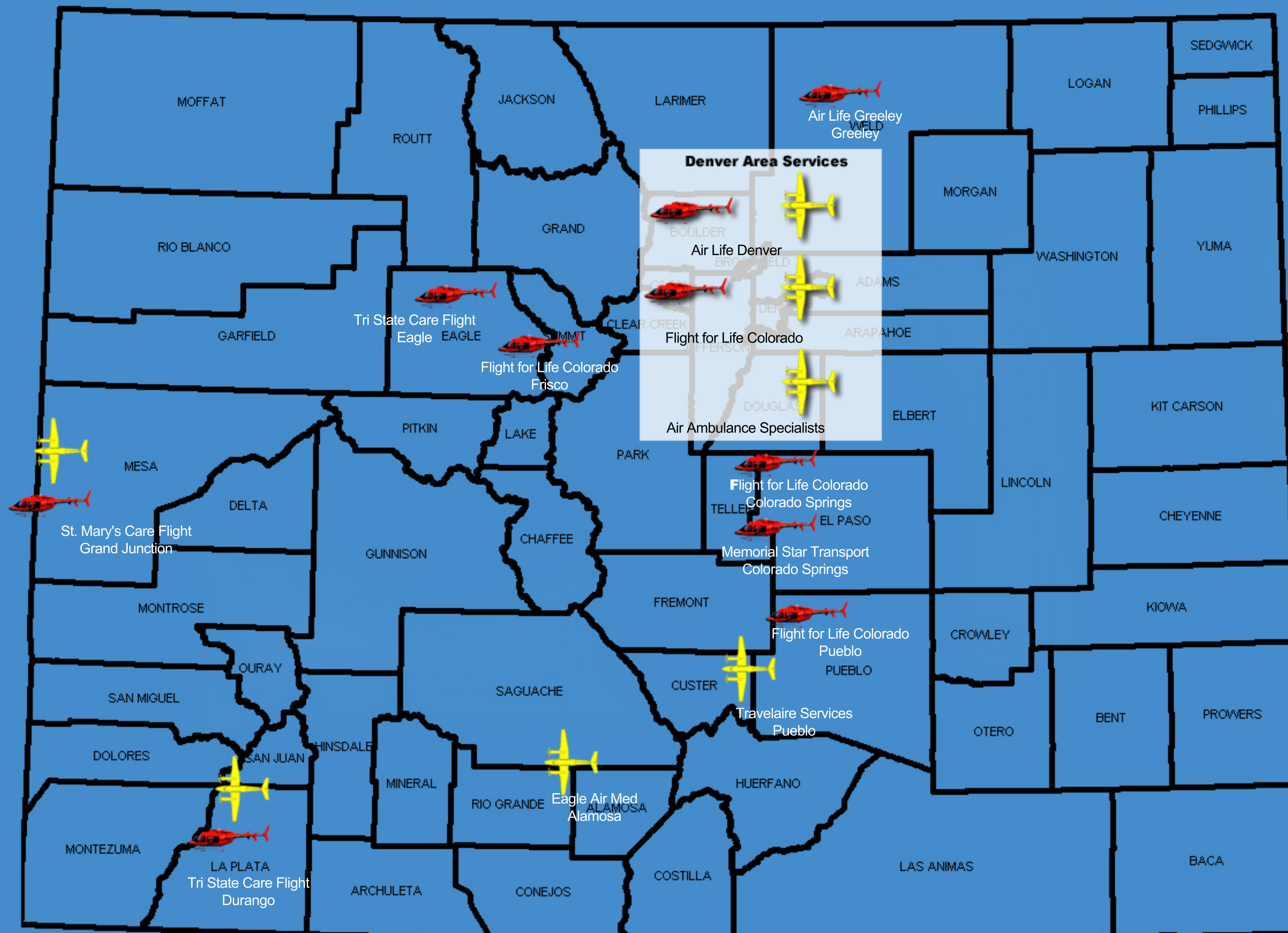
800 Megahertz Digital Trunked Radio Project Predicted Coverage Map



Coverage shown in green.

Emergency Medical and Trauma Services Section

Licensed Colorado Air Ambulance Services





DESIGNATED TRAUMA CENTERS-By Name

Updated July 2010

Level	Facility Name	City	Zip
NonD	Animas Surgical Hospital	Durango	81301
IV	Arkansas Valley Regional Medical Center	La Junta	81050
III	Aspen Valley Hospital (CAH)	Aspen	81611
III	Avista Adventist Hospital	Louisville	80027
NonD	Avon Medical Center (CCEC)	Avon	81620
NonD	Basin Clinic (CCEC)	Naturita	81422
III	Boulder Community Hospital	Boulder	80301
NonD	Boulder Community Hospital-Foothills Campus	Boulder	80303
V	Breckenridge Medical Clinic (CCEC)	Breckenridge	80443
NonD	Centennial Medical Plaza (CCEC)	Englewood	80112
III	Colorado Plains Medical Center	Fort Morgan	80701
IV	Community Hospital	Grand Junction	81502
IV	Conejos County Hospital (CAH)	La Jara	81140
NonD	Crested Butte Medical Center (CCEC)	Mount Crested Butte	81225
IV	Delta County Memorial Hospital	Delta	81416
I	Denver Health Medical Center	Denver	80204
IV	East Morgan County Hospital (CAH)	Brush	80723
IV	Estes Park Medical Center (CAH)	Estes Park	80517
NonD	Family Health West Hospital (CAH)	Fruita	81521
III	Good Samaritan Medical Center	Lafayette	80026
IV	Granby Medical Center (CCEC)	Granby	80446
IV	Grand River Medical Center (CAH)	Rifle	81650
IV	Gunnison Valley Health (CAH)	Gunnison	81230
V	Gypsum Urgent-Emergent Care	Gypsum	81637
IV	Haxtun Hospital District (CAH)	Haxtun	80731
IV	Heart of the Rockies Regional Medical Center (CAH)	Salida	81201
IV	Keefe Memorial Hospital	Cheyenne Wells	80810
V	Keystone Medical Center (CCEC)	Keystone	80435
IV	Kit Carson County Memorial Hospital (CAH)	Burlington	80807
IV	Kremmling Memorial Hospital District (CAH)	Kremmling	80459
IV	Lincoln Community Hospital (CAH)	Hugo	80821
II	Littleton Adventist Hospital	Littleton	80122
III	Longmont United Hospital	Longmont	80501
III	Lutheran Medical Center	Wheatridge	80033
III	McKee Medical Center	Loveland	80538
II	Medical Center of the Rockies	Loveland	80538
IV	Melissa Memorial Hospital (CAH)	Holyoke	80734
II	Memorial Health System	Colorado Springs	80909
NonD	Memorial Health System North	Colorado Springs	80920
III	Mercy Regional Medical Center	Durango	81301
IV	Montrose Memorial Hospital	Montrose	81404
NonD	Mountain Family Health	Glenwood Springs	81601
IV	Mt San Rafael Hospital (CAH)	Trinidad	81082
NonD	National Jewish Medical & Research Center	Denver	80206
II	North Colorado Medical Center	Greeley	80631
IV	North Suburban Medical Center	Thornton	80229
NonD	Pagosa Mountain Hospital (CAH)	Pagosa Springs	81147
III	Parker Adventist Hospital	Parker	80138

II	Parkview Medical Center	Pueblo	81003
NonD	Parkview Pueblo West Emergency Services (CECC)	Pueblo West	81007
II	Penrose St Francis Health Services	Colorado Springs	80907
IV	Pikes Peak Regional Hospital (CAH)	Woodland Park	80863
IV	Pioneers Medical Center (CAH)	Meeker	81641
IV	Platte Valley Medical Center	Brighton	80601
NonD	Porter Adventist Hospital	Denver	80210
III	Poudre Valley Hospital	Fort Collins	80524
NonD	Presbyterian/St Luke's Medical Center	Denver	80218
NonD	Prowers Medical Center (CAH)	Lamar	81047
IV	Rangely District Hospital (CAH)	Rangely	81648
IV	Rio Grande Hospital (CAH)	Del Norte	81137
NonD	Rose Medical Center	Denver	80277
NonD	Saint Joseph Hospital	Denver	80218
IV	San Luis Valley Regional Medical Center	Alamosa	81101
IV	Sedgwick County Memorial Hospital (CAH)	Julesburg	80737
III	Sky Ridge Medical Center	Lone Tree	80124
NonD	Southeast Colorado Hospital (CAH)	Springfield	81073
IV	Southwest Memorial Hospital (CAH)	Cortez	81321
IV	Spanish Peaks Regional Health Center (CAH)	Walsenburg	81089
I	St. Anthony Central Hospital	Denver	80204
IV	St. Anthony North Hospital	Westminster	80031
NonD	St. Anthony @ Copper Mountain (CCEC)	Copper Mountain	80443
NonD	St. Anthony Orthocolorado Hospital	Lakewood	80228
IV	St. Francis Medical Center	Colorado Springs	80933
III	St. Mary-Corwin Medical Center	Pueblo	81004
II	St. Mary's Hospital	Grand Junction	81501
IV	St. Thomas More Hospital	Canon City	81212
IV	St. Vincent General Hospital District (CAH)	Leadville	80461
III	Sterling Regional Medical Center	Sterling	80751
III	Summit Medical Center	Frisco	80443
I	Swedish Medical Center	Englewood	80110
NonD	Swedish SW ER (CCEC)	Littleton	80123
V	Telluride Medical Center (CCEC)	Telluride	81435
RPTC	The Children's Hospital	Aurora	80045
NonD	The Children's Hospital at Parker	Parker	80138
NonD	The Children's Hospital at St. Joseph Hospital	Denver	80218
NonD	The Children's Hospital at North Campus, Broomfield	Broomfield	80023
II	The Medical Center of Aurora	Aurora	80012
IV	The Memorial Hospital (CAH)	Craig	81625
NonD	Uncompahgre Medical Center	Norwood	81423
II	University of Colorado Hospital	Aurora	80045
III	Vail Valley Medical Center	Vail	81657
III	Valley View Hospital	Glenwood Springs	81601
NonD	Weisbrod Memorial County Hospital (CAH)	Eads	81036
IV	Wray Community District Hospital (CAH)	Wray	80758
IV	Yampa Valley Medical Center	Steamboat Springs	80477
IV	Yuma District Hospital (CAH)	Yuma	80758

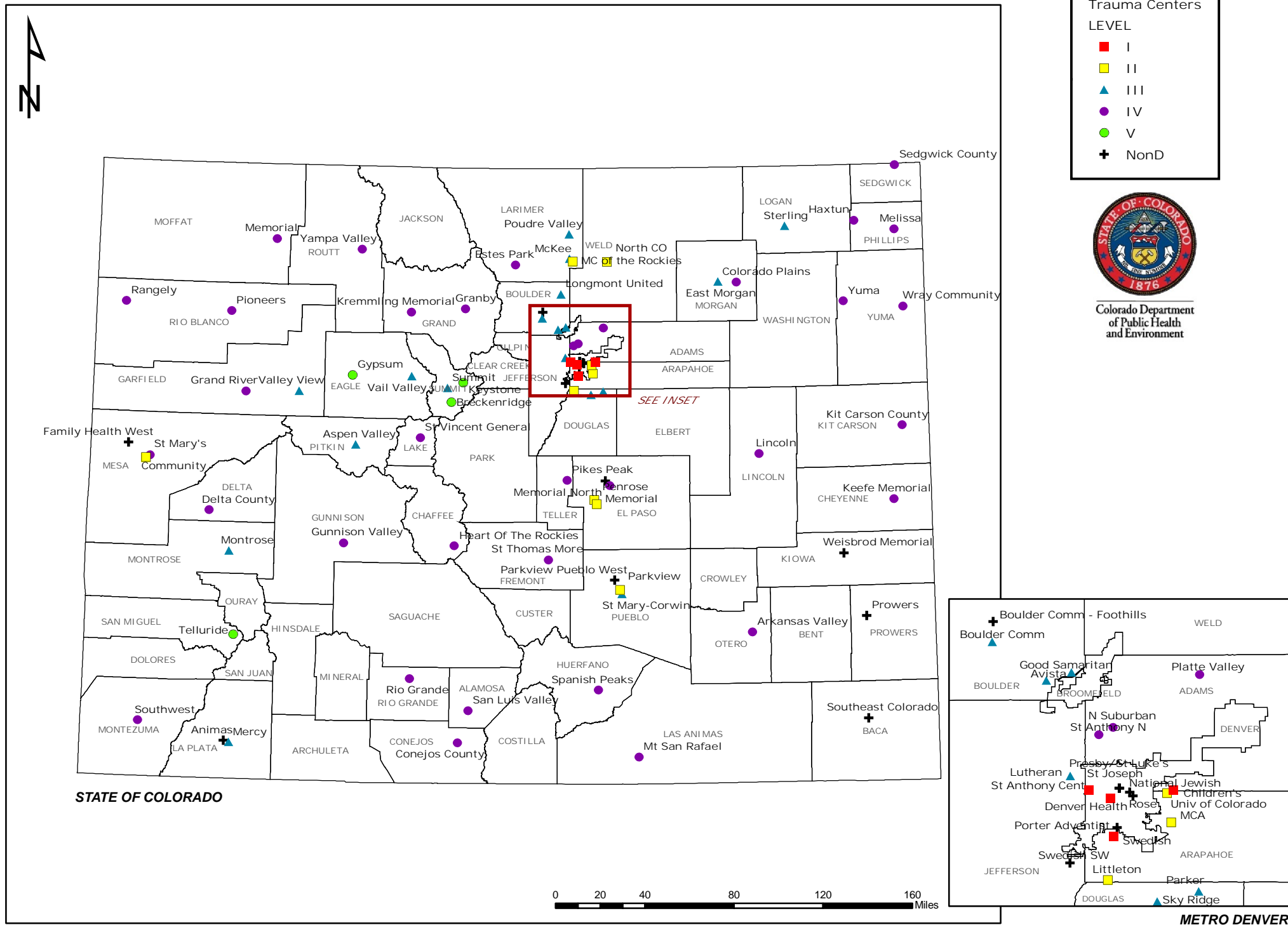
*RPTC (Regional Pediatric Trauma Center)	1
Level I	3
Level II	9
Level III	17
Level IV	36
Level V	4

Total Designated Trauma Centers	70
Total Non-Designated Facilities	26
Total	96

(CCEC indicates licensure as community clinic with emergency care)
(CAH indicates licensure as a Critical Access Hospital)

	All other hospitals are licensed as acute care hospitals.	
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Trauma Centers in Colorado, September 2010



2010 -2011 Appointments Medical Direction Committee

To provide clinical expertise and advice to the Colorado Department of Public Health Emergency Medical and Trauma Services Section (CDPHE-EMTS) and the Board of Medical Examiners (BME) on matters related to the provision of emergency medical services (EMS) in order to improve clinical care. The committee will use an open, transparent and consistent process, and whenever possible, will use evidence based medicine to support their recommendations.

John P. Abbott, DO

PO Box 5578
Woodland Park, CO 80866
719-687-3508 primary
719-336-4343 work
mtnroseranch@aol.com

Thomas Candlin III, EMT-P

PO Box 887
Georgetown, CO 80444
303-629-4480 work
303-569-3354
303-435-8355 cell
thomascandlin@centura.org
tcdrttydog@aol.com

Roger Coit, EMTP

729 E St
Salida, CO 81201
(719) 539-6594 home
(719) 486-4259 office
(719) 207-6815 cell
(719) 539-6594 home fax
rcoit@coloradomtn.edu
teleskiit@gmail.com

Eugene M. Eby, MD, FACEP

6005 S. Chester Way
Greenwood Village, CO 80111
303-828-8183 cell
303-741-0609 home
EugeneEby@centura.org

Benji K. Kitagawa, DO

1626 Montview Blvd.
Greeley, Colorado 80631
970-384-7300 work (part-time)
303-956-1812 cell
benji.kitagawa@gmail.com

Scott Sholes, EMT-P

Durango Fire & Rescue
142 Sheppard Drive
Durango, CO 81303
970-382-6039 office
970-799-2064 cell
sholesst@ci.durango.co.us

Thomas G. Soos, EMT-P

2695 County Road #15
Craig, CO 81625
970-826-8923 home
970-826-3131 work
970-629-5102 cell
tom.soos@tmhcraig.org

Kevin J. Weber, MD

3 Encino Place
Pueblo, CO 81005
719-671-2700 primary
719 564-6337 home
719-557-5461 work
719-557-5656 other
kevinwebermd@yahoo.com

EMTS State Medical Director

Art Kanowitz, MD, FACEP

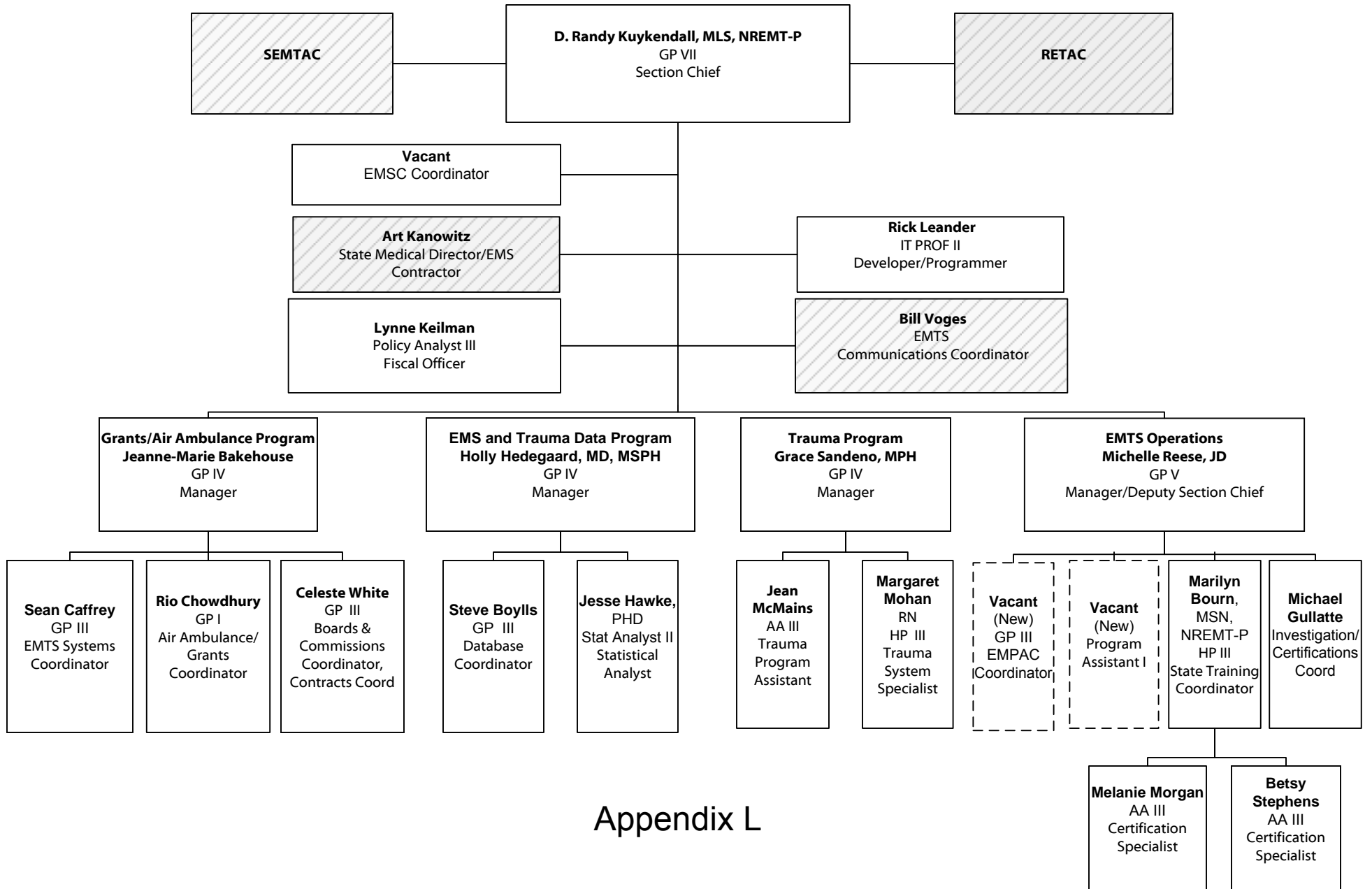
CDPH&E EMTS
HFEMSD-A2
4300 Cherry Creek Drive South
Denver, CO 80246
303-692-2984
720-641-3540 cell
arthur.kanowitz@state.co.us
KanowitzMD@me.com

EMTS Staff

Marilyn Bourn, RN, MSN, NREMT-P

CDPH& E EMTS
HFEMSD-A2
4300 Cherry Creek Drive South
Denver, CO 80246
303-692-2995 office
marilyn.bourn@state.co.us

CDPHE
H F E M S Division
E M T S Section



Appendix L