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Colorado Department  
of Public Health  
and Environment

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# Emergency Medical and Trauma Services Section

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## 2013 Annual Legislative Report

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July 2012 – June 2013

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

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# Report to the Legislature Concerning the Emergency Medical and Trauma Services System

Report on the expenditure of moneys credited to the Emergency Medical and Trauma Services Account and the quality of the Emergency Medical and Trauma Services System pursuant to Colorado Revised Statutes §§ 25-3.5-606 and 25-3.5-709.

This report identifies many of the specific responsibilities of the department and provides information regarding progress in ensuring all Coloradans have rapid access to emergency medical care and transportation across the state. Undoubtedly, the work done by the professional EMS and trauma caregivers is the most valuable resource in the emergency medical and trauma services system. This report is dedicated to the ongoing support of these professional caregivers.

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# Executive Summary

The emergency medical and trauma services system in Colorado provides transportation and immediate care to the ill 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 outcomes depend on factors including the following:

- availability of appropriately trained health care providers
- availability of properly equipped and positioned rescue units and ambulances (ground and air)
- location of trauma centers and other specialized health care facilities capable of treating time-sensitive conditions such as strokes and heart attacks
- availability of well-equipped hospitals and clinics with well-trained staff to stabilize patients who are far from tertiary care

The emergency medical and trauma services system also provides care and transportation to patients in non-emergency situations and serves as the “safety net” for many Coloradans who might not have immediate access to other health care services.

The Emergency Medical and Trauma Services Section at the Colorado Department of Public Health and Environment is responsible for reducing morbidity and mortality resulting from sudden illness and injury by overseeing the delivery of emergency medical and trauma services as described above. The regulatory responsibilities of the section include the following:

- certification of emergency medical services providers
- recognition of educational institutions that deliver initial EMS provider training and continuing education
- licensure of air ambulance agencies
- administration and management of grants and funding
- designation of hospitals and other health care facilities as trauma centers
- regulation of scopes of practice for EMS providers
- regulation of the roles and responsibilities of EMS medical directors

Each year, the emergency medical services (EMS) agencies in Colorado transport and provide quality medical care to approximately 400,000 patients. Of these patients, approximately 25 percent are trauma (injured) patients, and 75 percent are patients with medical, psychiatric or other conditions. Approximately 200 licensed ambulance services, staffed by more than 17,000 EMS providers, provide out-of-hospital health care services to ill and injured patients. Additionally, 73 hospitals and community clinics have been designated as “trauma centers” and meet established criteria and standards for providing services to the acutely injured.

One of the most significant strengths of Colorado’s emergency medical and trauma services system is the involvement and participation of the community’s stakeholders. The State Emergency Medical and Trauma Services Advisory Council is a 32-member “Type II” advisory council made up of EMS and trauma system experts representing hospital facilities, public and private EMS agencies, fire service-based EMS and rescue agencies, air ambulance providers and local government officials. The council is statutorily required to review and recommend rules for promulgation by the Board of Health, recommend trauma center designation, advise the department on all funding matters related to EMS and trauma, and provide resources dedicated to the care and transportation of the ill and injured. The partnership between the department, the council and the stakeholder community is very productive, and the department enjoys the benefit of this expert advice.

The department also benefits from another “Type II” advisory council established by House Bill 10-1260. The Emergency Medical Practice Advisory Council provides the department expert advice related to technical scope of care for EMS providers and advises on EMS medical director requirements. This is an 11 member council representing urban and rural EMS medical directors and providers. It recommends changes to EMS provider scope of practice rules for promulgation by the department’s chief medical officer and makes recommendations regarding waivers to the scope of practice rules for medical directors.

Colorado’s Regional Emergency Medical and Trauma Advisory Councils are equally important to the state’s emergency medical and trauma services system. These councils are created in statute to provide the critical link between the state’s 64 counties and the clinics, hospitals and EMS provider agencies within each region. This system provides localized support for the education, recruitment and retention of personnel, technical assistance to agencies, and vital communications between state agencies and local constituents. During the past year, the regional councils have successfully created new biennial plans; supported multi-agency equipment grants (to take advantage of bulk pricing); built on the developing regional medical direction initiative; and represented the needs and interests of urban, rural and frontier constituents to the department and the councils. Representatives from each region meet quarterly with department staff members to help ensure coordination and collaboration between state, regional and local partners.

Emergency Medical and Trauma Services Section staff members strive to maintain open and effective communication with internal and external customers on a daily basis. Section staff members present at a variety of conferences and trainings and represent department interests in external stakeholder groups. Staff members continue to provide a weekly email update to stakeholders, which includes hot topics and newly released information as well as upcoming meetings and training events. The section’s website, located at [www.coems.info](http://www.coems.info), provides useful and timely information including rules and regulations, applications, forms and access to the web portal. Additionally, the website allows people to check the current certification of Colorado EMS providers, upload transport agency trip reports, and submit grant funding applications and quarterly progress reports.

The Emergency Medical and Trauma Services Section is funded primarily from the Emergency Medical Services Account of the Highway Users Tax Fund based on a \$2 fee on each motor vehicle registered in the state. Funding is supplemented by the collection of trauma center designation fees, air ambulance licensure fees, provisional EMS provider 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. Staff members work diligently to ensure these resources are applied in the most effective manner possible. These efforts have resulted in the successful implementation of new funding approaches that more adequately support the needs of Colorado’s emergency medical and trauma services system in the 21<sup>st</sup> century.

# Key Accomplishments in Fiscal Year 2013

- The department continues to use the funds collected through the \$2-per-motor vehicle registration fee in the EMS Account of the Highway Users Tax Fund to support Colorado's EMS and trauma system. Approximately \$6.8 million was distributed to support EMS and trauma provider initial and continuing education; increase availability of equipment and ambulances; enhance injury prevention, recruitment and retention, and personnel/services projects; and support regional and statewide system improvement projects.
- The statewide EMS data collection process has been consolidated into a commercial vendor product, ImageTrend. State funds support data collection software for use by local agencies, particularly rural and frontier agencies. As of June 2013, the database contained well over 2 million records. The department offered several webinars to train Colorado EMS agency staff members on how to use ImageTrend software, including "Report Writer" training to educate EMS agencies on how to query the database and create standardized reporting and analysis of the data.
- The department supported both statewide and regional continuous quality improvement efforts by analyzing data and preparing reports for stakeholders, including patient volume reports for Level I, II and III trauma centers to inform the recommendations of several task forces on volume criteria, completion rates for adult vs. pediatric vital signs, and Trauma Registry and EMS data quality/validity reports.
- The department, working with the State Emergency Medical and Trauma Services Advisory Council, completed the prioritization process for recommendations developed during a rapid planning event and began the process of implementing those recommendations. The highest priority (reviewing trauma volume requirements at Level I and II trauma centers) was completed during fiscal year 2013. Additional information can be found in Attachment C.
- The department implemented House Bill 12-1059 by requesting that the state Board of Health adopt rules to support members of the armed forces in maintaining Colorado EMS provider certification. The rules, adopted in March, include exempting active duty military personnel from certain certification requirements for renewal and assisting military personnel stationed in Colorado or their spouses in entering the workforce more quickly by allowing another state's certification or licensure to serve as a basis for Colorado EMS provider certification.
- The Colorado Resource for EMS and Trauma Education program continued to demonstrate great success in fiscal year 2013. It disbursed \$383,547 in the form of education grants to help offset tuition, book and fee costs, with 2,038 students trained using support from these grant funds.
- The Emergency Medical Practice Advisory Council recommended changes to the rules pertaining to EMS practice and medical director oversight. These rules were adopted by the chief medical officer, obviating the need for 24 medical directors to apply for a total of 276 waived acts.
- Emergency medical services system consultations were conducted at the request of the Jackson and Washington county governments during the past year. The department assembled a team of practicing EMS professionals from communities across the state to assist these counties in analyzing their current EMS systems and developing strategies for improvement.
- The department made significant progress in the medical oversight of EMS practice in Colorado through the efforts of the Emergency Medical Practice Advisory Council and the statewide coordinated regional medical direction initiative. There is a commitment to financial support for regional medical direction for the next three years allowing each region to develop consistent, regionally relevant medical direction.

# Program Updates

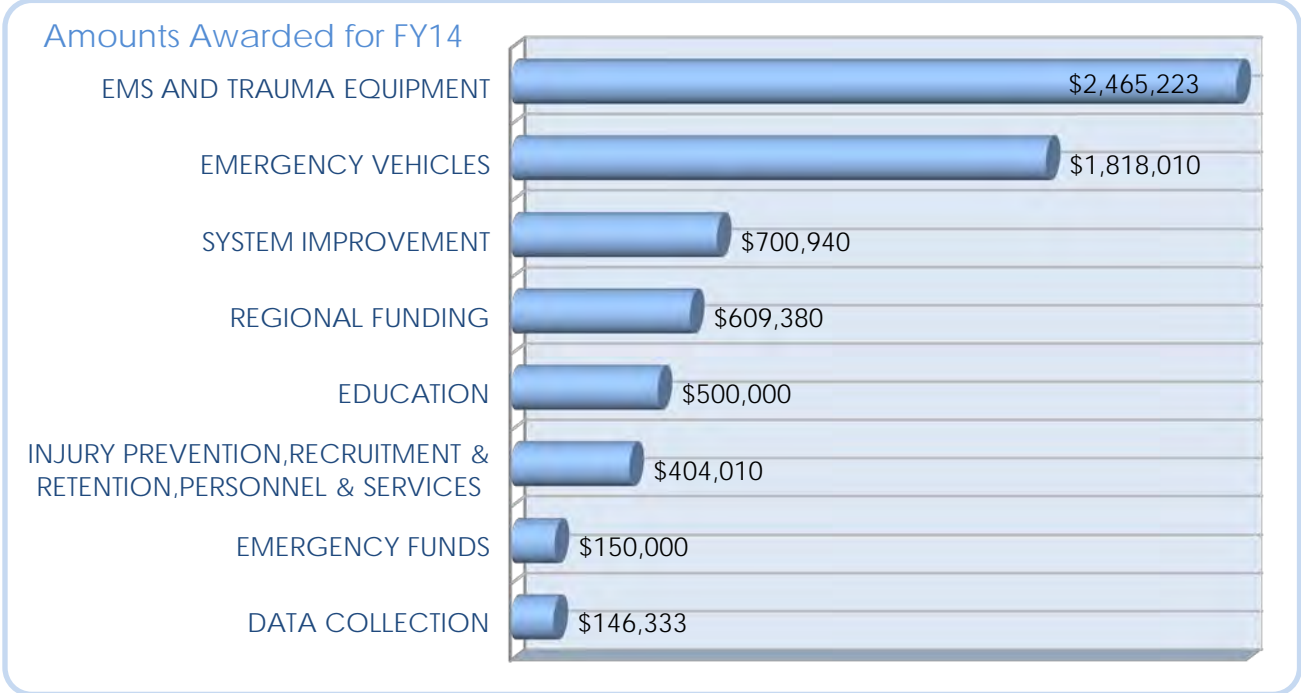
## Funding Program

The fiscal year 2014 budget from the EMS Account for the EMS and Trauma Funding Program is \$6,793,896 and includes the statutory allocations of a minimum of \$150,000 for emergency medical personnel training and at least \$100,000 reserved for emergency grant awards.

**Provider grants:** The funding program maximizes impact on Colorado’s EMS and trauma system by leveraging provider grant state dollars with local matching dollars to ensure buy-in and support at the local level. Provider grant categories include ambulances/vehicles, communications, data collection, equipment, injury prevention, recruitment/retention, personnel/services and other. A total of \$4,833,576 was awarded in provider grants. [See Attachment A](#) for an award list with scores on the 50-point scale.

**System improvement funding:** The funding program also provides support for regional and statewide projects. System improvement categories include regional medical direction, technical assistance, system improvement, Regional Emergency Medical and Trauma Advisory Council operations and conference/forum support. A total of \$700,940 was awarded in system improvement funding. [See Attachment A](#) for a list of the awards.

**Regional funding:** The funding program allocated \$609,380 to be distributed to EMS agencies and trauma facilities through the 11 Regional Emergency Medical and Trauma Advisory Councils (RETACs). The funds were awarded based on a formula that accounted for region size and number of counties within the region. Regional offices are implementing a variety of programs to fit local needs to ensure the funds, which have no match requirements, provide direct support to Colorado’s EMS and trauma providers.



## Year-Round Education Opportunities

The Colorado Resource for EMS and Trauma Education program was successfully launched in July 2010 through the Colorado Rural Health Center. This program was developed to improve support for education to EMS and trauma providers on a continuing basis throughout each fiscal year, as opposed to the traditional provider grants program that is available only one time per year. Education grants were funded at a level of \$500,000 for fiscal year 2014 due to the continued need throughout the state, which significantly exceeds the \$150,000 statutory minimum. For fiscal year 2013, a total of \$383,547 was disbursed in the form of education grants to help offset tuition, book and fee costs, and 2,038 students were trained using support from these grant funds.

## Trauma Program

The trauma system in Colorado was formally authorized in legislation in 1995. Since that time, much effort has gone into three primary and inter-related activities: trauma system rule development, trauma system assessment and trauma designation for acute care facilities.

Trauma center designation often has taken center stage for program development because it is the most visible program activity. 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.

### Designation

- As of June 30, 2013, there were 73 designated trauma centers in Colorado, with the majority of acute care general hospitals and critical access hospitals participating. [See Attachment B](#) for a current list of trauma centers in Colorado.
- Physicians and nurses, along with program staff members, conducted on-site reviews at 35 of those facilities in the fiscal year.
- Program staff members provided on-site technical assistance on program development issues at an additional 18 facilities.

### Regulation

Rule development is another primary program function and is necessary to implement the concepts expressed in the emergency medical and trauma system legislation. Rules are under constant scrutiny to determine whether they reflect national standards, protect the public's health, are measurable and make sense for both the patient and the regulated community.

Fiscal year 2013 did not include any changes to trauma rules. However, several work groups met to explore issues that will likely result in rule changes during fiscal year 2014. (Please see System Assessment below.)

### System Assessment

Trauma system assessment is the final piece of program development activity. Program staff members continually work with other section, department and national resources to assess and improve the program's effectiveness.

In October 2011, the State Emergency Medical and Trauma Services Advisory Council approved the commission of a work group to take a broad look at Colorado's trauma system and provide input regarding options for future development of the trauma program.

During late fiscal year 2012, a work group of 10 council members met over six days using a LEAN methodology to guide the analysis. Community stakeholders observed the process and provided input at key points during the discussions.

The final recommendations of the work group were adopted by the State Emergency Medical and Trauma Services Council in October 2012 and forwarded to the department's executive director for consideration in November 2012. [See Attachment C for the full report.](#)



The department went on to carry out the first priority recommendation, which was to convene work groups to examine whether or not there should be rule changes regarding volume criteria for Level I and II trauma centers. (Note: "Volume" for trauma centers is the number of moderately to severely injured patients seen per year.)

A work group was convened, made up of the hospital CEO and trauma medical director from each Level I center and one representative each from a Level II and Level III trauma center. The group recommended, on a split vote, that the current volume criterion of 400 should be lowered to 320. This recommendation was based on a change in the way trauma injuries are categorized, resulting in a reduction of about 20 percent among those categorized as "moderately to severely injured." The recommendation then was sent to the executive director.

A second work group was convened, composed of CEOs and trauma medical directors from Level II trauma centers, with representation from Level I and III trauma centers. This group discussed the benefits, advantages and disadvantages of establishing volume criteria for Level II trauma centers. The group concluded there is no compelling reason or clear benefit to establishing volume criteria for Level II trauma centers and submitted this finding to the department for consideration.

The Trauma Program will continue to vet the remaining recommendations with the stakeholder community over the next few years as the work to improve trauma system effectiveness continues.

# Trauma Registry and EMS Data Collection Program

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 Colorado EMS Database, as well as appropriate resources and personnel for efficient data management, analysis and use of the data to evaluate the delivery of patient care.

## Evaluation of the Trauma System

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 hospital facility or clinic designated as a trauma center is required to submit a limited set of patient-specific information to the trauma registry database. 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 currently contains nearly 330,000 records. The data elements required in the Colorado Trauma Registry are compliant with the National Trauma Data Standards (see [www.ntdsdictionary.org](http://www.ntdsdictionary.org)) developed by the American College of Surgeons.

In fiscal year 2013, Trauma Registry data were used to evaluate several components of the trauma system including the following:

- Frequency of trauma team activations, readmissions, transfers, signs of life, length of stay and descriptions of associated variables. These data were presented and discussed at the 2012 Annual Colorado Trauma Network (CTN) meeting in December.
- Annual reporting to each Level I, II and III trauma center to assess data accuracy and completeness.
- Patient volume at Level I, II and III Colorado trauma facilities to inform decisions on revising current volume criteria.

## Evaluation of the Pre-hospital Care System

Collection and analysis of information from ambulance transport agencies allow evaluation of care provided prior to arrival at the hospital for both medical and trauma patients. Agencies are required to collect the national elements subset of the National Emergency Medical Services Information System dataset. (See [www.nemesis.org](http://www.nemesis.org).) These national data standards for EMS data collection were developed by the National Highway Traffic Safety Administration. Approximately 85 percent of the licensed ambulance transport agencies in Colorado routinely download data. Since January 2007, ambulance agencies have submitted reports on more than 2.3 million patient encounters.

In fiscal year 2013, EMS data were used to evaluate several components of the pre-hospital care system, including assessments of the following:

- Specific NEMESIS state-required data elements for quality and completeness. Results were presented at the Continuous Quality Improvement Data Workshop held at the Evergreen Fire and Rescue Facility.
- EMS data reporting submission and timeliness. This information is distributed to EMS agencies statewide on a quarterly basis to identify data compliance and completeness and assist agencies in data submission and timeliness.
- Patients transported out of the San Luis Valley region and associated call statistics.

- EMS transports (county-specific) by age and cause of injury.
- Use of patient tracking bands in the Southern Colorado region.
- Overall EMS data quality through participation in the National Highway Traffic Safety Administration's Quality Review of EMS Performance Measure Data Project.
- Vital sign rates and IV placement in adult and pediatric patients.

## Professional Standards Program (formerly Operations)

The department is the state agency responsible for the certification of EMS providers in Colorado and oversight of EMS education programs that provide both initial and continuing education courses. As of June 30, 2013, there were 17,081 EMS providers certified in Colorado. During the year, the department processed approximately 5,700 applications for certification or certification renewal for EMS providers. EMS provider practice levels include Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), Emergency Medical Technician-Intermediate (EMT-I) and Paramedic. The AEMT level is a new level as of 2011, added as part of the implementation of new national EMS certification and practice standards.

Number of certified EMS providers as of June 30, 2013:



During fiscal year 2013, the department continued to move toward an online EMS provider certification process that will replace the current paper process. Implementation and setup activities began in 2013, and it is expected that an online certification application process will be available prior to the end of fiscal year 2014.

On June 8, 2012, Governor John Hickenlooper signed House Bill 12-1059 into law. This bill supports members of the U.S. armed forces by providing some exemptions to the standard rules for EMS provider certification. The department drafted new rules that were adopted by the state Board of Health and took effect in March 2013.

The rules

- exempt Colorado-certified EMS providers who have been called to federally funded active duty to serve in a war, emergency or contingency from professional competency requirements upon certification renewal;
- recognize military continuing education for certification renewal;
- exempt military personnel and spouses stationed in Colorado from several initial certification requirements.

## Investigation and Enforcement

The department continues to oversee discipline and enforcement activities for EMS providers. During fiscal year 2013, the department instituted 32 disciplinary actions against certified EMS providers, up slightly from last year. Additionally, the department completed 1,098 background investigations on new and renewal applications. The department investigated and closed 18 complaints.

## Medical Direction

Significant progress in medical oversight of EMS practice in Colorado continues through efforts of the Emergency Medical Practice Advisory Council and the statewide coordinated regional medical direction initiative. The fiscal year 2014 budget for regional medical direction is \$403,693. This funding is distributed through the state's 11 Regional Emergency Medical and Trauma Advisory Councils so each region can play an integral role in developing consistent but relevant medical direction.

These regional medical direction programs have

- facilitated communication and cooperation among emergency medical services agency medical directors, allowing them to share ideas, discuss problems and communicate within their peer groups;
- provided resources for agency medical directors to enhance their ability to perform their job functions;
- facilitated improved efficiency in protocol development and delivery of education;
- provided a forum for the resolution of systems issues at both local and regional levels;
- created opportunities for continuous quality improvement at the EMS agency level and regional levels, provided benchmarks and best practices, and allowed for the monitoring of outcomes to guide the continued provision of quality care.

For the upcoming fiscal year 2015, the State Emergency Medical and Trauma Services Advisory Council approved setting aside \$363,000 in grant funds each year for three years for the purpose of funding the regional medical direction initiative. Having guaranteed funding will eliminate the need for regions to submit annual, competitive grant requests, allowing them to focus their programs and concentrate on meeting program deliverables and outcomes. To ensure added value, regions will submit program deliverables annually, upon which performance reviews will be based.

Other efforts related to the regional medical direction initiative include quarterly meetings of the regional medical directors and a statewide newsletter.

## Emergency Medical Practice Advisory Council

During fiscal year 2013, the Emergency Medical Practice Advisory Council reviewed and finalized recommendations for changes to the rules pertaining to EMS practice and medical director oversight. Review of these rules occurs on a biannual basis to allow Colorado's emergency medical services systems to deliver the most current practices in EMS while the department ensures, via the medical oversight process, the safety of Colorado's residents and visitors. The rule changes adopted by the department's chief medical officer obviated the need for 24 medical directors to apply for a total of 276 waived acts.

In March 2013, new legislation created a critical care endorsement for paramedics. Those approved for this endorsement will be able to carry out an advanced level of care while transporting seriously injured or ill patients from one health care facility to another. The council began drafting recommendations for rule changes, and it is anticipated these rules will have an effective date of Aug. 1, 2014.

Additionally, the council continued to effectively meet its obligation to review and make recommendations on requests for waivers to the EMS practice rules by EMS agency medical directors.

## Air Ambulance Licensing

The department licensed 19 fixed and rotor wing air ambulance services that provided transportation to patients in Colorado in 2013. Ten of these services have bases in Colorado. Most out-of-state services have bases situated near the state borders, within an hour flight distance. A map of licensed air ambulance services can be found on our website at [coems.info](http://coems.info) under the EMS Programs/Ambulance Licensing tab.

## EMS System Consultative Reviews

Emergency medical services system consultations were conducted at the request of the Jackson and Washington county governments during the past year. The department assembled a team of practicing EMS professionals from communities across the state to assist these counties in analyzing their current EMS systems and developing strategies for improvement going forward. Subsequent to the teams' reviews, department staff members met with local officials and stakeholders and provided formal reports of each county's system assessment and recommendations for enhancing their systems.

# Related Activities

## Communication Systems

Public access in the emergency medical services setting is defined as the ability of an individual to secure prompt and appropriate emergency medical care. All counties in the state have E911 telephone line services.

The existing Colorado digital trunked radio system provides statewide, two-way interoperable communications to state, local, tribal and a limited number of federal government agencies over a shared communications platform. The digital trunked radio system in Colorado consists of 217 remote tower sites, more than 1,000 agencies and 69,000 subscriber units (individual radios) spread across four zones. The system carried more than 104 million calls in 2012.

Local agencies provide additional funding to add infrastructure to the overall digital trunked radio system. Six digital trunked radio tower sites are in the planning stages to be built in the near future. A fifth zone controller in Pueblo has been purchased to increase the system's capacity.

The Emergency Medical and Trauma Services Section's grants program has helped improve and expand communications infrastructure throughout the state. Funding has provided equipment to agencies so they can use the digital trunked radio system and keep many existing legacy communication systems operational.

## Injury Prevention

Injury prevention efforts at the state level are coordinated through the Injury, Suicide and Violence Prevention Branch in the Prevention Services Division at the department. The branch builds capacity and sustainability at the community, regional and state levels by providing culturally appropriate programming and quality technical assistance and by maintaining diverse community partnerships. The Injury, Suicide and Violence Prevention Branch collaborated with the Emergency Medical and Trauma Services Section through funding and community collaboration efforts described below.

Funding for the department's injury prevention activities primarily comes through grants and cooperative agreements between the department and federal agencies such as the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration. Limited state general funds are provided to the Office of Suicide Prevention for its activities and to the unit for prevention of child abuse (through the Colorado Children's Trust Fund). State funds also have been distributed through the Emergency Medical and Trauma Services Section's grants program to providers interested in implementing local injury prevention programs.

By providing data, technical assistance and education, staff members in the Injury, Suicide and Violence Prevention Branch and the Emergency Medical and Trauma Services Section support members of the emergency medical and trauma communities in planning community-based injury prevention activities. Many trauma centers are actively involved in current collaborative efforts on senior fall prevention, suicide prevention, booster seat use and safe driving initiatives. State health department staff members provide coordination for coalitions and technical support in program planning and evaluation for these efforts.

During fiscal year 2013, the Injury, Suicide and Violence Prevention Branch continued to collaborate with the Emergency Medical and Trauma Services Section on the Injury Prevention Winnable Battle, which aims to decrease teen motor vehicle fatalities, increase adult seatbelt use and decrease hospitalizations related to older adult falls by 2016. This year, the Injury, Suicide and Violence Prevention Branch hosted a Motor Vehicle Winnable Battle Academy. Ninety-six participants from a variety of disciplines attended, including public health, hospital systems, EMS providers, law enforcement, schools, local traffic safety coalitions, insurance companies and small businesses. Local teams worked with their mentors to refine the community-specific motor vehicle problems using available data and conducted stakeholder analyses to identify where they needed to develop partnerships. Teams ultimately created local-level action plans to take back to their communities.

Additionally, the Injury, Suicide and Violence Prevention Branch provided scholarships to staff from some hospital systems to become master trainers for *Stepping On*, an evidence-based older adult falls prevention program that has been shown to decrease falls risk among older adults by 70 percent. These master trainers now are certified to train leaders within their hospital systems and communities to facilitate the eight-week program for older adults.

## Emergency Medical Services for Children

The Emergency Medical and Trauma Services Section continues to be the recipient of a federal EMS for Children State Partnership Grant. A cooperative agreement is in place with the Pediatric Emergency Medicine Section of the University of Colorado, School of Medicine to administer this grant. The grant is targeted to improve emergency medical care provided to children across the state. In the past year, the program has facilitated a variety of educational outreach activities statewide; acquired a mobile simulation education lab scheduled to be deployed in fiscal year 2014; and continued to build partnerships between pediatric specialists, EMS medical directors and Regional Emergency Medical and Trauma Advisory Councils across the state. A major survey of pediatric readiness among emergency departments across the state also was conducted with a 96 percent response rate. Survey findings will be used by individual institutions to improve pediatric care statewide.



Fiscal Year 2014 Public Notice of Funding Awards for Provider Grants and System Improvement Requests				
Applicant Name	Category Name	Score	Amount Requested	Amount Funded
Agate Volunteer Fire Department	EMTS Equipment	37.00	\$43,179.78	\$43,179.78
Alamosa County Ambulance	EMTS Equipment	42.92	\$51,904.13	\$51,904.13
Banner Health North Colorado Medical Center	EMTS Equipment	32.70	\$234,000.00	\$234,000.00
Bennett Fire Protection District #7	Communications	38.35	\$26,228.10	\$26,228.10
Bent County Ambulance Service	EMTS Equipment	31.97	\$7,197.89	\$7,197.89
Bent County Ambulance Service	Personnel and Services	29.40	\$77,760.80	\$0.00
Beulah Fire Protection and Ambulance District	EMTS Equipment	44.47	\$18,748.00	\$13,548.00
Big Sandy Fire Protection District	EMTS Equipment	39.42	\$3,828.00	\$3,828.00
Black Forest Fire Rescue Protection District	EMTS Equipment	35.22	\$6,104.00	\$6,104.00
Brighton Community Hospital	EMTS Equipment	34.92	\$44,512.00	\$44,512.00
CDPHE EMTS Section	System Improvement	45.09	\$91,900.00	\$91,900.00
Central Mountain RETAC	Regional Medical Direction	35.10	\$31,820.00	\$31,820.00
Central Orchard Mesa Fire Protection District	EMTS Equipment	42.60	\$26,333.60	\$26,333.60
Centura - St Mary-Corwin Medical Center	EMTS Equipment	39.50	\$2,745.00	\$2,745.00
Chaffee County Emergency Medical Service	EMTS Equipment	43.58	\$31,042.65	\$31,042.65
Children's Hospital Colorado	Injury Prevention	38.15	\$91,130.25	\$91,130.25
Children's Hospital Colorado	System Improvement	29.80	\$11,137.70	\$0.00
Cimarron Hills Fire Protection District	EMTS Equipment	41.62	\$9,481.00	\$9,481.00
City of Littleton, Fire Department	Ambulance and Other Vehicles	29.32	\$121,500.00	\$0.00
City of Steamboat Springs	Personnel and Services	44.48	\$25,152.12	\$25,152.12
City of Westminster Fire Department	EMTS Equipment	36.40	\$28,000.00	\$28,000.00
City Of Wray Ambulance	Ambulance and Other Vehicles	43.97	\$80,396.00	\$80,396.00
Conejos County	Communications	41.65	\$5,696.78	\$5,696.78
Conejos County	Data Collection	39.69	\$6,312.50	\$6,312.50
Conejos County	Personnel and Services	30.67	\$80,375.00	\$0.00
Cortez Fire Protection District	EMTS Equipment	40.73	\$2,892.86	\$2,892.86
County of Clear Creek, Ambulance	Ambulance and Other Vehicles	38.23	\$84,987.50	\$84,987.50
County of Huerfano	Ambulance and Other Vehicles	41.64	\$54,476.84	\$54,476.84
County of Huerfano	Communications	41.93	\$3,703.23	\$3,703.23
County of Huerfano	EMTS Equipment	41.60	\$36,227.15	\$36,227.15
Crested Butte Fire Protection District	EMTS Equipment	32.77	\$2,500.00	\$2,500.00

Applicant Name	Category Name	Score	Amount Requested	Amount Funded
Crested Butte Fire Protection District	Personnel and Services	35.63	\$19,968.00	\$19,968.00
Cripple Creek Emergency Services	EMTS Equipment	39.85	\$2,636.00	\$2,636.00
Crook Fire Protection District	EMTS Equipment	34.04	\$6,507.20	\$6,507.20
Crowley County Ambulance	EMTS Equipment	41.05	\$58,537.04	\$58,537.04
DeBeque Fire Protection District	Data Collection	39.69	\$3,797.00	\$3,797.00
Del Norte Fire Department	EMTS Equipment	44.94	\$8,100.00	\$8,100.00
Delta County Ambulance District	EMTS Equipment	39.57	\$16,861.50	\$16,861.50
Denver Health and Hospital Authority	EMTS Equipment	38.83	\$17,851.00	\$17,851.00
Denver Health and Hospital Authority	Injury Prevention	40.08	\$27,424.80	\$27,424.80
Durango Fire and Rescue Authority	EMTS Equipment	40.72	\$28,830.00	\$28,830.00
East Phillips County Ambulance	EMTS Equipment	37.40	\$10,612.80	\$10,612.80
East Phillips County Ambulance	Recruitment and Retention	20.87	\$2,099.10	\$0.00
El Paso County Medical Society Foundation	Personnel and Services	29.78	\$31,509.00	\$0.00
Elizabeth Fire Protection District	EMTS Equipment	36.80	\$39,766.57	\$39,766.57
Elk Creek Fire Protection District	Data Collection	40.79	\$5,100.00	\$5,100.00
EMS and Resilience Project	System Improvement	31.73	\$95,600.00	\$0.00
Federal Heights Fire Department	Ambulance and Other Vehicles	36.38	\$78,306.00	\$78,306.00
Federal Heights Fire Department	EMTS Equipment	33.10	\$6,669.80	\$6,669.80
Fleming Fire Department (Volunteer)	EMTS Equipment	32.79	\$6,507.20	\$6,507.20
Foothills RETAC	Regional Medical Direction	42.50	\$38,520.04	\$38,520.04
Foothills RETAC	RETAC Operations	36.50	\$7,040.00	\$7,040.00
Four Mile Emergency Services, Inc.	EMTS Equipment	36.27	\$3,243.94	\$3,243.94
Four Mile Emergency Services, Inc.	Personnel and Services	33.85	\$10,800.00	\$10,800.00
Four Mile Emergency Services, Inc.	Recruitment and Retention	35.40	\$8,100.00	\$8,100.00
Gateway Unawep Fire Protection District	Ambulance and Other Vehicles	27.96	\$54,569.56	\$0.00
Gilpin Ambulance Authority	EMTS Equipment	29.02	\$13,732.38	\$0.00
Gilpin Ambulance Authority	Other	34.48	\$3,000.00	\$3,000.00
Glenwood Springs Fire Department	Ambulance and Other Vehicles	39.83	\$96,106.50	\$85,000.00
Glenwood Springs Fire Department	EMTS Equipment	39.15	\$19,178.50	\$19,178.50
Golden Gate Fire District	EMTS Equipment	38.08	\$19,283.06	\$19,283.06
Grand County EMS	EMTS Equipment	36.42	\$73,750.00	\$73,750.00
Grand Junction Fire Department	Ambulance and Other Vehicles	40.30	\$71,081.00	\$71,081.00

Applicant Name	Category Name	Score	Amount Requested	Amount Funded
Grand Junction Fire Department	EMTS Equipment	43.70	\$5,000.00	\$5,000.00
Greater Brighton Fire Protection District	EMTS Equipment	36.75	\$36,497.58	\$36,497.58
Greater Brighton Fire Protection District	Personnel and Services	39.00	\$38,688.00	\$38,688.00
Gunnison Valley Hospital	EMTS Equipment	41.57	\$4,379.15	\$4,379.15
Hanover Fire Protection District	EMTS Equipment	44.75	\$8,372.00	\$8,372.00
Haxtun Hospital District	Technical Assistance	47.00	\$23,183.00	\$23,183.00
HealthONE EMS	Conference and Forum Support	40.18	\$17,216.10	\$17,216.10
Highland Rescue Team Ambulance District	Communications	40.90	\$2,500.00	\$2,500.00
Highland Rescue Team Ambulance District	EMTS Equipment	40.47	\$52,826.50	\$52,826.50
Hinsdale County	Communications	44.34	\$1,518.75	\$1,518.75
Hinsdale County	EMTS Equipment	45.81	\$5,774.23	\$5,774.23
Indian Hills Fire Protection District	EMTS Equipment	39.00	\$5,268.37	\$5,268.37
Jackson 105 Fire Protection District	EMTS Equipment	36.83	\$17,772.70	\$17,772.70
Kiowa County Ambulance Service	Ambulance and Other Vehicles	41.35	\$45,638.60	\$45,638.60
Kiowa Fire Protection District	EMTS Equipment	35.40	\$73,309.79	\$73,309.79
Kremmling Memorial Hospital District	EMTS Equipment	37.73	\$21,263.90	\$21,263.90
Kremmling Memorial Hospital District	Personnel and Services	34.00	\$57,536.00	\$25,798.50
Kremmling Memorial Hospital District	Recruitment and Retention	28.77	\$29,750.00	\$0.00
La Junta Rural Ambulance Service	EMTS Equipment	41.87	\$20,278.54	\$20,278.54
La Junta Rural Ambulance Service	Personnel and Services	37.67	\$57,980.00	\$57,980.00
La Veta Fire Protection District	EMTS Equipment	43.92	\$28,784.29	\$28,784.29
Larkspur Fire Protection District	Ambulance and Other Vehicles	40.08	\$44,988.50	\$44,988.50
Lefthand FPD	EMTS Equipment	37.92	\$15,043.50	\$15,043.50
Limon Ambulance Service	Data Collection	44.16	\$5,634.00	\$5,634.00
Limon Ambulance Service	EMTS Equipment	43.93	\$20,675.70	\$20,675.70
Limon Area Fire Protection District	EMTS Equipment	44.25	\$40,486.50	\$40,486.50
Lincoln Community Hospital and Nursing Home	EMTS Equipment	42.08	\$7,957.58	\$7,957.58
Longmont Public Safety Department	Ambulance and Other Vehicles	29.57	\$340,000.00	\$0.00
Lower Valley Fire Protection District	Ambulance and Other Vehicles	39.75	\$55,445.50	\$55,445.50
Lower Valley Fire Protection District	EMTS Equipment	39.08	\$15,245.00	\$15,245.00
Lutheran Hospital Association of the SLV	EMTS Equipment	41.58	\$42,222.11	\$42,222.11
Lutheran Hospital Association of the SLV	Personnel and Services	38.33	\$13,066.74	\$10,368.00

Applicant Name	Category Name	Score	Amount Requested	Amount Funded
Mile-High RETAC	Conference and Forum Support	39.82	\$78,116.86	\$78,116.86
Mile-High RETAC	Regional Medical Direction	42.60	\$38,520.84	\$38,520.84
Monte Vista Community Ambulance Service	Communications	45.10	\$13,910.10	\$13,910.10
Montezuma County EMS Council	EMTS Equipment	38.80	\$22,445.00	\$22,445.00
Montrose County Dispatch Center	Communications	39.00	\$248,918.50	\$0.00
Montrose Fire Protection District	System Improvement	35.10	\$32,900.00	\$32,900.00
Morgan County Ambulance Service	Ambulance and Other Vehicles	40.63	\$61,045.72	\$61,045.72
Morgan County Ambulance Service	EMTS Equipment	41.21	\$8,000.00	\$8,000.00
Nederland Fire Protection District	EMTS Equipment	43.58	\$752.50	\$752.50
North Metro Fire Rescue District	EMTS Equipment	38.83	\$10,799.60	\$10,799.60
North Park Hospital District	EMTS Equipment	35.70	\$16,207.99	\$16,207.99
North Routt Fire Protection District	Ambulance and Other Vehicles	44.17	\$82,497.00	\$82,497.00
North Washington Fire Protection District	EMTS Equipment	39.20	\$54,027.00	\$53,250.00
Northeast Colorado RETAC	Regional Medical Direction	42.33	\$38,400.00	\$38,400.00
Northern Saguache County Ambulance District	EMTS Equipment	42.75	\$1,109.00	\$1,109.00
Nucla-Naturita Fire Department Ambulance Service	Ambulance and Other Vehicles	38.83	\$84,738.50	\$84,738.50
Nucla-Naturita Fire Department Ambulance Service	Data Collection	38.21	\$2,289.00	\$2,289.00
Nucla-Naturita Fire Department Ambulance Service	EMTS Equipment	37.39	\$13,820.47	\$13,820.47
Oak Creek Fire Protection District	EMTS Equipment	40.93	\$58,314.45	\$58,314.45
Olathe Fire Protection District - EMS Division	Communications	41.02	\$38,627.50	\$38,627.50
Olathe Fire Protection District - EMS Division	Data Collection	39.15	\$8,583.47	\$8,583.47
Otero Junior College	EMTS Equipment	41.30	\$6,138.50	\$6,138.50
Ouray County Emergency Medical Service	Ambulance and Other Vehicles	39.64	\$18,760.00	\$18,760.00
Palmer Lake Volunteer Fire Department	Data Collection	39.26	\$4,167.90	\$4,167.90
Peetz Volunteer Fire Department	EMTS Equipment	33.96	\$6,507.20	\$6,507.20
Plains to Peaks RETAC	EMTS Equipment	33.67	\$19,296.00	\$19,296.00
Plains to Peaks RETAC	Regional Medical Direction	41.45	\$30,027.42	\$30,027.42
Plains to Peaks RETAC	System Improvement	32.64	\$16,500.02	\$0.00
Plains to Peaks RETAC	Technical Assistance	43.64	\$23,183.00	\$23,183.00
Platte Canyon Fire Protection District	Ambulance and Other Vehicles	40.83	\$86,732.50	\$86,732.50
Poudre Valley Health System	Ambulance and Other Vehicles	31.73	\$67,478.50	\$67,478.50
Poudre Valley Health System	EMTS Equipment	32.59	\$10,144.50	\$10,144.50

Applicant Name	Category Name	Score	Amount Requested	Amount Funded
Pueblo Community College	Conference and Forum Support	46.36	\$7,788.00	\$7,788.00
PUEBLO FIRE DEPARTMENT	EMTS Equipment	38.73	\$72,132.30	\$72,132.30
Pueblo Rural Fire District	Data Collection	45.31	\$7,090.00	\$7,090.00
Pueblo West Fire Department	Data Collection	44.13	\$4,192.00	\$4,192.00
RAMROD Inc., dba Arkansas Valley Ambulance	Communications	39.04	\$4,197.60	\$4,197.60
RAMROD Inc., dba Arkansas Valley Ambulance	EMTS Equipment	40.51	\$3,439.11	\$3,439.11
RAMROD Inc., dba Arkansas Valley Ambulance	Personnel and Services	29.48	\$68,472.00	\$0.00
Rattlesnake Fire Rescue	EMTS Equipment	36.20	\$19,636.35	\$19,636.35
Rio Blanco Fire Protection District	Communications	38.67	\$51,933.80	\$51,933.80
Rist Canyon VFD	EMTS Equipment	45.18	\$6,556.50	\$6,556.50
Rocky Mountain Adventist Healthcare Foundation	EMTS Equipment	34.80	\$47,023.20	\$47,023.20
Rocky Mountain Children's Health Foundation	EMTS Equipment	33.67	\$20,540.50	\$20,540.50
Rocky Mountain Rescue Group, Inc.	Communications	39.16	\$3,930.20	\$3,930.20
Rye Fire Protection District	Ambulance and Other Vehicles	40.42	\$121,600.00	\$121,600.00
Rye Fire Protection District	EMTS Equipment	41.50	\$20,896.00	\$20,896.00
Sable Altura Fire Protection District	Communications	38.38	\$11,000.00	\$11,000.00
Sable Altura Fire Protection District	EMTS Equipment	40.81	\$2,077.00	\$2,077.00
Saguache County	Other	32.20	\$3,999.75	\$3,999.75
Saguache County	Personnel and Services	42.43	\$15,456.00	\$15,456.00
San Luis Valley RETAC	Regional Medical Direction	42.80	\$43,300.00	\$43,300.00
South Fork Ambulance Association, Inc.	Ambulance and Other Vehicles	33.69	\$22,092.50	\$22,092.50
South Y-W Ambulance Service, Inc.	EMTS Equipment	41.02	\$51,158.12	\$51,158.12
Southeast Colorado RETAC	Injury Prevention	36.17	\$30,000.00	\$30,000.00
Southeast Colorado RETAC	Regional Medical Direction	40.45	\$38,500.00	\$38,500.00
Southeast Colorado RETAC	RETAC Operations	29.91	\$7,500.00	\$7,500.00
Southern Colorado RETAC	Regional Medical Direction	41.18	\$35,000.00	\$35,000.00
Southern Colorado Rural Emergency Medical Services	Ambulance and Other Vehicles	38.90	\$73,985.00	\$73,985.00
Southwest Health Systems	Ambulance and Other Vehicles	36.45	\$20,000.00	\$0.00
Southwest Health Systems	EMTS Equipment	42.08	\$21,377.10	\$21,377.10
Southwest RETAC	Regional Medical Direction	41.55	\$32,705.84	\$32,705.84
Southwest RETAC	RETAC Operations	34.09	\$27,320.00	\$27,320.00
Southwest Teller County EMS	Data Collection	42.96	\$1,417.50	\$1,417.50

Applicant Name	Category Name	Score	Amount Requested	Amount Funded
Southwest Teller County EMS	Personnel and Services	36.88	\$13,500.00	\$8,500.00
St. Vincent General Hospital District	Ambulance and Other Vehicles	38.85	\$20,298.50	\$0.00
St. Vincent General Hospital District	Communications	34.33	\$5,500.00	\$0.00
St. Vincent General Hospital District	EMTS Equipment	31.66	\$26,031.50	\$0.00
Sterling Fire Department	EMTS Equipment	32.43	\$23,974.15	\$23,974.15
Sterling Fire Department	Personnel and Services	36.48	\$21,645.00	\$21,645.00
Summit County Ambulance Service	Ambulance and Other Vehicles	43.07	\$86,849.25	\$86,849.25
Swedish Medical Center	Injury Prevention	39.88	\$8,115.00	\$0.00
Telluride Fire Protection District	EMTS Equipment	41.20	\$108,359.12	\$108,359.12
The Memorial Hospital	Data Collection	35.80	\$47,317.93	\$47,317.93
Thompson Valley Emergency Medical Services	Ambulance and Other Vehicles	40.65	\$67,444.15	\$67,444.15
Thompson Valley Emergency Medical Services	EMTS Equipment	38.47	\$48,369.20	\$48,369.20
Town of Merino	EMTS Equipment	34.04	\$12,150.00	\$12,150.00
Trinidad Fire Department	EMTS Equipment	42.87	\$10,261.75	\$10,261.75
Upper Pine River Fire Protection District	Ambulance and Other Vehicles	38.23	\$37,386.00	\$31,000.00
Upper San Juan Health Service District	Ambulance and Other Vehicles	40.80	\$81,278.50	\$81,278.50
Upper San Juan Health Service District	EMTS Equipment	42.58	\$7,429.00	\$7,429.00
Ute Mountain Ute Tribe	EMTS Equipment	42.27	\$29,149.60	\$29,149.60
Ute Pass Regional Ambulance District	Ambulance and Other Vehicles	41.45	\$109,147.50	\$95,512.00
Ute Pass Regional Ambulance District	EMTS Equipment	38.10	\$19,008.00	\$0.00
Vail Clinic Inc. dba Vail Valley Medical Center	Injury Prevention	41.75	\$6,000.00	\$6,000.00
Walsh Ambulance Service	EMTS Equipment	38.47	\$12,499.53	\$12,499.53
Washington County Ambulance Service	Ambulance and Other Vehicles	41.05	\$169,200.00	\$144,900.00
West Douglas County Fire Protection District	EMTS Equipment	39.30	\$4,614.00	\$4,614.00
West Metro Fire Protection District	Ambulance and Other Vehicles	35.02	\$91,776.00	\$91,776.00
West Metro Fire Protection District	EMTS Equipment	34.67	\$75,498.84	\$75,498.84
Western Regional EMS, Inc.	Data Collection	42.29	\$50,431.38	\$50,431.38
Western Regional EMS, Inc.	EMTS Equipment	36.83	\$129,279.37	\$129,279.37
Western Regional EMS, Inc. - NWRETAC	Conference and Forum Support	43.82	\$14,000.00	\$14,000.00
Western Regional EMS, Inc. - NWRETAC	Regional Medical Direction	38.64	\$44,000.00	\$44,000.00
Yampa Fire Protection District	EMTS Equipment	41.00	\$65,782.39	\$65,782.39
			<b>\$6,926,234.57</b>	<b>\$5,534,516.27</b>



## Designated Trauma Centers as of June 30, 2013

Level	Facility Name	City
IV	Animas Surgical Hospital	Durango
IV	Arkansas Valley Regional Medical Center	La Junta
III	Aspen Valley Hospital (CAH)	Aspen
III	Avista Adventist Hospital	Louisville
NonD	Avon Urgent Care (CCEC)	Avon
NonD	Basin Clinic (CCEC)	Naturita
III	Boulder Community Hospital	Boulder
NonD	Boulder Community Hospital-Foothills Campus	Boulder
NonD	Castle Rock Adventist Health Campus (CCEC)	Castle Rock
NonD	Centennial Medical Plaza (CCEC)	Englewood
RPTC	Children's Hospital Colorado	Aurora
NonD	Children's Hospital Colorado at Parker Adventist Hospital	Parker
NonD	Children's Hospital Colorado at St. Joseph Hospital	Denver
III	Colorado Plains Medical Center	Fort Morgan
IV	Community Hospital	Grand Junction
IV	Conejos County Hospital Corporation (CAH)	La Jara
NonD	Crested Butte Medical Center (CCEC)	Crested Butte
IV	Delta County Memorial Hospital	Delta
I	Denver Health Medical Center	Denver
V	Denver Heath East Grand Clinic (CCEC)	Winter Park
IV	East Morgan County Hospital (CAH)	Brush
IV	Estes Park Medical Center (CAH)	Estes Park
NonD	Family Health West Hospital (CAH)	Fruita
NonD	First Choice Emergency Room (CCEC)	Colorado Springs
III	Good Samaritan Medical Center	Lafayette
IV	Grand River Medical Center (CAH)	Rifle
IV	Gunnison Valley Health (CAH)	Gunnison
IV	Haxtun Hospital District (CAH)	Haxtun
IV	Heart of the Rockies Regional Medical Center (CAH)	Salida
IV	Keefe Memorial Hospital	Cheyenne Wells
IV	Kit Carson County Memorial Hospital (CAH)	Burlington
IV	Lincoln Community Hospital (CAH)	Hugo
II	Littleton Adventist Hospital	Littleton
III	Longmont United Hospital	Longmont
III	Lutheran Medical Center	Wheat Ridge
III	McKee Medical Center	Loveland
II	Medical Center of the Rockies	Loveland
IV	Melissa Memorial Hospital (CAH)	Holyoke
II	Memorial Hospital Central (University of Colorado Health)	Colorado Springs
NonD	Memorial Hospital North (University of Colorado Health)	Colorado Springs
III	Mercy Regional Medical Center	Durango
IV	Middle Park Medical Center - Granby Campus	Granby
IV	Middle Park Medical Center - Kremmling Campus	Kremmling
III	Montrose Memorial Hospital	Montrose
IV	Mt San Rafael Hospital (CAH)	Trinidad
II	North Colorado Medical Center	Greeley
III	North Suburban Medical Center	Thornton
NonD	Northeast ER	Thornton
NonD	Ortho Colorado Hospital	Lakewood

Level	Facility Name	City
NonD	Pagosa Springs Medical Center	Pagosa Springs
III	Parker Adventist Hospital	Parker
II	Parkview Medical Center	Pueblo
NonD	Parkview Pueblo West Emergency Services (CECC)	Pueblo West
II	Penrose Hospital	Colorado Springs
IV	Pikes Peak Regional Hospital (CAH)	Woodland Park
IV	Pioneers Medical Center (CAH)	Meeker
IV	Platte Valley Medical Center	Brighton
NonD	Porter Adventist Hospital	Denver
III	Poudre Valley Hospital	Fort Collins
IV	Presbyterian/St Luke's Medical Center	Denver
NonD	Prowers Medical Center (CAH)	Lamar
IV	Rangely District Hospital (CAH)	Rangely
IV	Rio Grande Hospital (CAH)	Del Norte
IV	Rose Medical Center	Denver
IV	San Luis Valley Regional Medical Center	Alamosa
IV	Sedgwick County Health Center	Julesburg
III	Sky Ridge Medical Center	Lone Tree
NonD	Southeast Colorado Hospital (CAH)	Springfield
IV	Southwest Memorial Hospital (CAH)	Cortez
IV	Spanish Peaks Regional Health Center (CAH)	Walsenburg
V	St. Anthony Breckenridge Community Clinic (CCEC)	Breckenridge
NonD	St. Anthony Copper Mountain (CCEC)	Copper Mountain
I	St. Anthony Hospital	Lakewood
III	St. Anthony North	Westminster
V	St. Anthony Keystone Medical Clinic (CCEC)	Keystone
IV	St. Francis Medical Center	Colorado Springs
NonD	St. Joseph Hospital	Denver
III	St. Mary-Corwin Medical Center	Pueblo
II	St. Mary's Hospital	Grand Junction
IV	St. Thomas More Hospital	Canon City
IV	St. Vincent General Hospital District (CAH)	Leadville
III	Sterling Regional Medical Center	Sterling
III	Summit Medical Center	Frisco
I	Swedish Medical Center	Englewood
NonD	Swedish SW ER (CCEC)	Littleton
V	Telluride Medical Center (CCEC)	Telluride
II	The Medical Center of Aurora	Aurora
IV	The Memorial Hospital (CAH)	Craig
II	University of Colorado Hospital	Aurora
III	Vail Valley Medical Center	Vail
III	Valley View Hospital	Glenwood Springs
NonD	Weisbrod Memorial County Hospital (CAH)	Eads
IV	Wray Community District Hospital (CAH)	Wray
IV	Yampa Valley Medical Center	Steamboat Springs
IV	Yuma District Hospital (CAH)	Yuma



Totals:

RPTC (Regional Pediatric Trauma Center)	1
Level ?	3
Level I	9
Level III	20
Level IV	36
Level V	4

<b>Total Designated Trauma Centers</b>	<b>73</b>
<b>Total Non-Designated Facilities</b>	<b>22</b>
<b>Total</b>	<b>95</b>
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	

# **Trauma System Improvement Rapid Planning Event**

## **Final Report**



Colorado Department  
of Public Health  
and Environment

**Submitted by the**

**State Emergency Medical and Trauma Services Advisory Council**

**November 2012**

# Final Report – November 2012

## Trauma System Improvement Rapid Planning Event

### The Charge

On October 13, 2011, Dr. Chris Urbina, Executive Director and Chief Medical Officer, Colorado Department of Public Health and Environment (CDPHE), charged the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) with examining the following issues:

1. Does the current system efficiently ensure an injured patient is reaching the facility most prepared to care for him or her?
2. Is the number of high level trauma centers sufficient to serve the needs of the state in both rural and urban settings? Do we have the right number of trauma centers?
3. Is the volume criteria for Level I centers the appropriate number? And should there be volume criteria for other level centers?
4. What are the regulatory changes necessary to improve how we do business – both designations themselves and how we operate?

Dr. Urbina requested that Chief Dan Noonan, SEMTAC chair, work with Randy Kuykendall, Deputy Director, Health Facilities and Emergency Medical Services Division, to form a task force of SEMTAC members to develop recommendations for the department to address these questions. The task force was to use LEAN methodology to work on this challenge while including input from the broader community.

### The Process

A Rapid Planning Event (RPE) Team, made up of 10 members of the SEMTAC, one facilitator and one team leader, was convened for two three-day planning events, one in March and one in May of 2012. The group used an A3 process to identify key areas of growth for the trauma system. The public was invited to observe the process and was allowed to comment or provide additional information at two public comment periods daily.

After starting with dozens of ways to improve or refine the trauma system, the team narrowed the topics to nine, with one to three recommendations per topic. The group worked to clarify language before presenting the results to the SEMTAC at the July 2012 meeting.

### The Results

The nine topics and their respective recommendations are listed below (in no particular order):

#### Critical Care Ground Transport Recommendations

- Recommend that Emergency Medical Practice Advisory Council review the need for implementing and recognizing an official Critical Care Paramedic certification program in the state of Colorado.
- Recommend that, with a change in scope, CDPHE consider adopting a new minimum equipment requirement for ambulances maintaining critical care capabilities.

### Interfacility Transport Recommendations

- CDPHE should undertake a project to analyze available data to see if inter-facility air medical transport dispatch consistently utilizes the closest appropriate aircraft (both fixed wing as well as rotor).
- CDPHE should consider if the designation process for Level I and Level II centers should include guidelines for the manner in which “one call” centers are operated and have a process to assure such centers are acting in a manner which is in the best interest of the public. This will assure confidence in the integrity of these “one call” services for those who rely on them to facilitate patient transfer.

### Medical Records and Imaging Transfer between Facilities Recommendations

- Recommend that CDPHE create the means to transfer radiological images between designated facilities in Colorado.
- Monitor and encourage the ongoing efforts within the state to allow electronic sharing of medical records.

### Outreach/Education from Level I/II Facilities to Rural Facilities Recommendation:

- Mandate that Level I and II trauma facilities provide outreach to other trauma facilities as a requirement of their designation process.

### Required Education at Rural Trauma Facilities Recommendation:

- Each designated facility should provide a minimum and required amount of trauma education to nurses and physicians.

### Telemedicine Consultation Recommendations

- Encourage every rural facility to have robotic telemedicine capabilities and encourage purchase of supporting equipment.
- Require designated facilities that participate in telemedicine to allow the end user the ability to utilize equipment without restriction to communicate with any other facility or person within the state.
- Explore the medicolegal implications of telemedicine consultations.

### Data Performance and Improvement Subcommittee Recommendation:

- Develop a statewide Continuous Quality Improvement (CQI) committee under the CDPHE to effectively perform trauma CQI.

### Trauma Center Designation Recommendations

- Carefully define the scope of care at all trauma center levels (upper and lower thresholds). Define changes that constitute a significant change in scope of practice. Any changes need to be timely reported to CDPHE.
- Refine the parameters of the waiver process if an expanded scope of care is requested.
- Change the Pre-Review Questionnaire to match the defined scope of care at all levels.

### Designation Criteria for Level I & II Trauma Centers Recommendations

- Recommend that a minimum volume requirement remains necessary and be maintained at similar Level I centers. This will ensure a concentration of higher-level patients at higher-level centers.
- Minimum volume criteria should be set for Level II traumas centers. However, recognizing

that some Level II centers are geographically isolated and/or serve as a critical resource to population centers in the state, other criteria options are appropriate. Recommend that Level II trauma centers be required to meet one of the following criteria:

- 180 patients, with an ISS > 15 in any consecutive 12 month period, over the previous three year designation period
- 900 total trauma admissions in any consecutive 12 month period, over the previous three year designation period.
- Geographic isolation i.e., >50 miles from nearest Level I or II trauma center
- A waiver based on specialty services i.e., pediatrics, burns, etc.
- A waiver based on ability to meet currently unmet needs in a community.
- Recommend the expected scope of practice for Levels I, II, III and IV trauma centers be established in rule and requests from facilities wishing to admit patients beyond the identified scope of practice be authorized as appropriate under the department's existing trauma waiver system.

### **The Vetting Process**

The presentation at the July SEMTAC meeting marked the beginning of a public comment period that lasted through most of August. Comments were compiled and presented back to the public prior to a Statewide Trauma Advisory Committee meeting held on September 5<sup>th</sup>, 2012. This meeting was convened to solicit formal public comment on the draft recommendations within the report. Written and oral comments from the September 5<sup>th</sup> meeting were added to the document and presented to SEMTAC and the public prior to the October SEMTAC meeting.

On October 3, 2012, the Statewide Trauma Advisory Committee (STAC) met again. Based on the public comment as well as discussion during the meeting, STAC made a variety of edits and deletions to the draft recommendations for consideration by SEMTAC the next day. On October 4, 2012, SEMTAC made some additional edits, voted to adopt the recommendations and agreed on a prioritization schedule for 2013. This final report is hereby submitted.

### **The Changes**

Major changes during the vetting process included:

- The Telemedicine Consultation topic and all three recommendations were deleted.
- The recommendations for Designation Criteria for Level I and II Trauma Centers were revised significantly and the last recommendation was deleted.
- The Data Performance Improvement recommendation was revised.
- The Trauma Center Designation Recommendations were combined and revised significantly.
- Within the category of Critical Care Ground Transport, the concept of critical care paramedic was generalized to critical care certification to potentially include other health professions.
- The topics of Outreach and Education and Required Education at Rural Facilities were merged into one topic with one significantly revised objective.
- The two recommendations with regard to Medical Records Imaging were combined and changed to focus on collaboration with other interested parties.

**The Final Product**

As Adopted by the State Emergency Medical and Trauma Services Advisory Council, October 4, 2012.

**Topics in Priority Order for 2013****1. Designation Criteria for Level I & II Trauma Centers**

- Recommend that the department assign a work group of appropriate stakeholders to recommend a volume criterion for Level I centers.
- Recommend that the department assign a work group of appropriate stakeholders to consider and recommend volume criteria for Level II centers.

**2. Data Performance and Improvement Subcommittee**

- The department should develop a task force to work on a proposal for what a statewide CQI process would look like to send for review by the Attorney General.

**3. Trauma Center Designation**

- Recommend that CDPHE assign a group to carefully define the scope of care at all trauma center levels. Define changes that constitute a significant change in scope of practice and define a process for the review and designation of facilities.

**4. Critical Care Ground Transport**

- Recommend that SEMTAC appoint a task force to review the need for implementing and recognizing an official Critical Care (CC) certification program in the state of Colorado and how to assist in making this program available statewide.
- Recommend that, with a change in scope, CDPHE consider adopting a new minimum equipment requirement for ambulances maintaining critical care capabilities.

**5. Outreach/Education from Level I/II Facilities to Rural Facilities and Required Education at Rural Trauma Facilities**

- Recommend that CDPHE investigate whether there are gaps in the availability of continuing education for lower level and non-designated facilities.

**6. Medical Records and Imaging Transfer between Facilities**

- Recommend that CDPHE collaborate with the State Internet Portal Authority (SIPA) and other interested groups to create or facilitate ongoing efforts at the state and local level to share medical records and images.

**7. Interfacility Transport**

- CDPHE should undertake a project to analyze available data to see if inter-facility air medical transport dispatch consistently utilizes the closest appropriate aircraft (both fixed wing as well as rotor).
- CDPHE should consider if the designation process for Level I and Level II centers should include guidelines for the manner in which “one call” centers are operated and have a process to assure such centers are acting in a manner which is in the best interest of the public. This will assure confidence in the integrity of these “one call” services for those who rely on them to facilitate patient transfer.