



**COLORADO**

**Health Facilities & Emergency  
Medical Services Division**

Department of Public Health & Environment

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Emergency Medical and Trauma Services Branch

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# 2014 Annual Legislative Report

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July 2013 - June 2014

Submitted to the Colorado Legislature

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[www.coems.info](http://www.coems.info)

# 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 providers is the most valuable resource in the emergency medical and trauma services system. This report is dedicated to the ongoing support of these 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. In addition, today's emergency medical and trauma services systems are involved in non-traditional issues such as time sensitive medical syndromes, the role of the EMTS system in supporting healthy community programs and in being full partners in the broader scope of health care across Colorado communities. 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. EMTS agencies are finding themselves more and more engaged in activities around community health initiatives, resource coordination and emergency management planning.

The Emergency Medical and Trauma Services Branch 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 branch 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, 74 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 board made up of EMS and trauma system experts representing hospitals, 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 board 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 continue to meet quarterly with department staff members to help ensure coordination and collaboration between state, regional and local partners.

Emergency Medical and Trauma Services Branch staff members strive to maintain open and effective communication with internal and external customers on a daily basis. Branch 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, including hot topics and newly released information as well as upcoming meetings and training events. The branch’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 patient care reports, and submit grant funding applications and quarterly progress reports.

The Emergency Medical and Trauma Services Branch 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 2014

- 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 2014, the database contained over 2.8 million records. The department provided multiple webinars and face-to-face trainings to Regional Emergency Medical and Trauma Advisory Council (RETAC) coordinators and EMS agency staff members on the use of ImageTrend software, including "Report Writer" training on database queries, data analysis and report creation.
- The number of hospitals using ImageTrend's Hospital Dashboard, an enhancement that streamlines communications between medical staff in ambulances and hospitals and facilitates improved emergency care, increased from three to 24.
- The department participated in the National Highway Traffic Safety Administration's (NHTSA) Quality Review of EMS Performance Measure Data Project and provided NHTSA with all requested data.
- Anticipating the 2015 transition to the International Classification of Diseases, Tenth Revision (ICD-10), the department provided training to trauma stakeholders on trauma registry reporting and ICD-10 coding. Additionally, the top 30 ICD-9 diagnoses codes were mapped to comparable ICD-10 coding examples to facilitate the transition.
- 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; special reports to inform the recommendations of task forces on volume criteria; regional reports for completion rates for adult vs. pediatric vital signs; and Trauma Registry and EMS data quality/validity reports.
- The department coordinated an extensive stakeholder process to gather input and craft rules in order to implement House Bill 13-063 on July 15, 2014. The bill required that rules be adopted by the Chief Medical Officer and state Board of Health to create an authorization to perform acts and administer medications that are outside the scope of practice of a non-endorsed paramedic, under the direction of a medical director.
- The department implemented SB 13-225, which required the establishment of two governor-appointed advisory boards, one on stroke and the other on ST-Elevation Myocardial Infarction (STEMI). The two boards met multiple times during fiscal year 2014 and each filed an initial required report to the legislature under separate cover.
- The Colorado Resource for EMS and Trauma Education program continued to demonstrate success in fiscal year 2014. It disbursed funds in the form of education grants to help offset tuition, book and fee costs, with 1,541 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 because those acts and mediations were added to providers' scopes of practices. With the revised scopes of practice, medical directors no longer had to apply to the department for waivers for their personnel to perform those particular acts or administer those medications.
- Emergency medical services system consultations were conducted at the request of the Cheyenne and Phillips 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 continues to make 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. For the first time, funds were awarded to each region as part of a three-year commitment to provide financial support for regional medical direction allowing each region to develop consistent, regionally relevant medical direction.
- The department committed significant resources to develop an on-line certification system for EMS providers that will become reality during the next fiscal year. The Online Application Tracking Hub (OATH) is a system that automates the process for EMS providers to become certified and recertified. It is anticipated the new system will greatly improve processing times, as well as increase accuracy and efficiency for Colorado's 17,000+ EMS providers. Work to create and customize this system for Colorado has been on-going during the fiscal year, with significant staff time and resources dedicated to ensuring an accurate and effective experience for applicants when the new system is rolled out in November 2014.

# Section Updates

## Funding Section

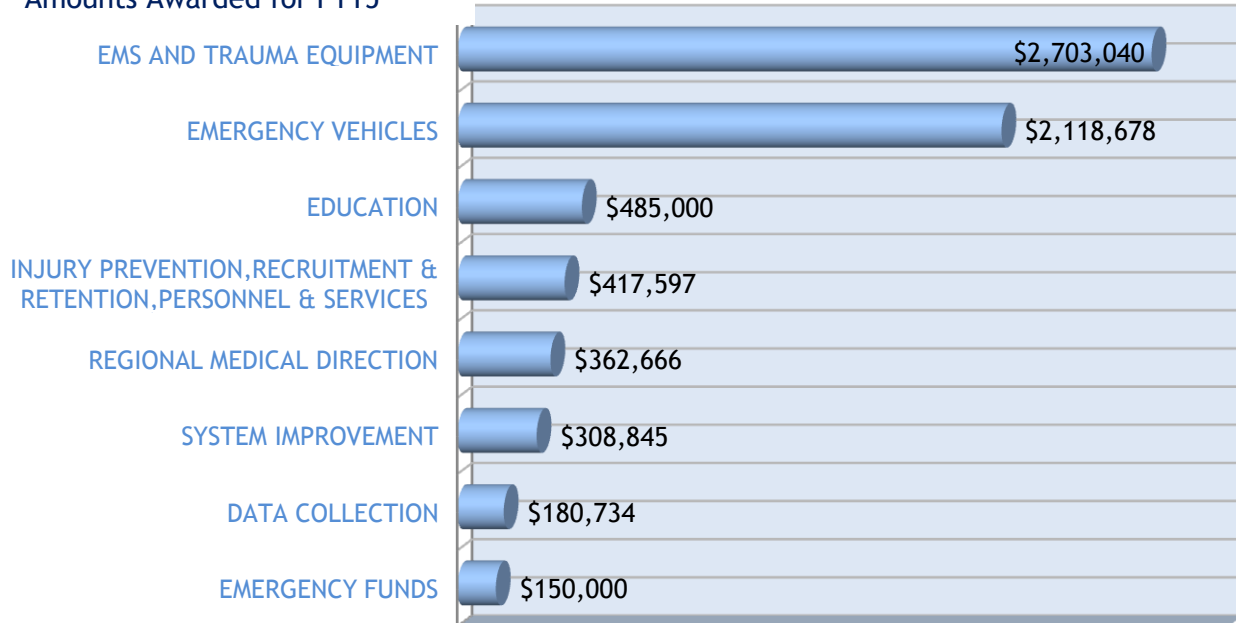
The fiscal year 2015 budget from the EMS Account for the EMS and Trauma Funding Program is \$6,693,896 and includes the statutory allocations of a minimum of \$150,000 for emergency medical personnel training and at least \$100,000 reserved for emergency grant awards.

**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 \$5,420,049 was awarded in provider grants following a competitive scoring process that used a 50-point scoring tool. A list of the awards is found in [Attachment A](#).

**System improvement funding:** The funding program also provides support for regional and statewide projects. System improvement categories include technical assistance, system improvement, Regional Emergency Medical and Trauma Advisory Council operations and conference/forum support. About \$308,845 was awarded in system improvement funding following a competitive scoring process that used a 50-point scoring tool. A list of the awards is found in [Attachment A](#).

**Regional medical direction:** Fiscal year 2015 is the first year of three in which funds are being set aside specifically for regional medical direction. \$362,666 went to the 11 regions for the purposes of developing consistent, regionally relevant medical direction.

Amounts Awarded for FY15



## Section Updates Continued

### 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 \$485,000 for fiscal year 2014 due to the continued need throughout the state, which significantly exceeds the \$150,000 statutory minimum. For fiscal year 2014, a total of \$321,326 was disbursed in the form of education grants to help offset tuition, book and fee costs, and 1,541 students were trained using support from these grant funds.

### Trauma Section

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 a very visible 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.

A trend that developed over the past few years continued in fiscal year 2014 as the trauma system saw two new trauma centers enter the market and two other facilities increase their trauma designation level:

- Castle Rock Adventist Hospital opened as a Level III trauma center
- Pagosa Springs Medical Center became a Level IV trauma center (previously non-designated)
- Good Samaritan Medical Center moved from a Level III to a Level II trauma center
- St. Francis Medical Center moved from a Level IV to a Level III trauma center

The cumulative result is that the number of Level II trauma centers increased from nine to 11 between fiscal year 2012 and 2014, and the number of Level III trauma centers increased from 19 to 20 in the same time period.

### Trauma Designation

- As of June 30, 2014, there were 74 designated trauma centers in Colorado, with the majority of acute care general hospitals and critical access hospitals participating. [See Attachment B](#) for a list of trauma centers in Colorado.
- Physicians and nurses, along with program staff members, conducted on-site reviews at 31 of those facilities in the fiscal year.
- Staff members provided on-site technical assistance on program development issues at an additional 13 facilities, almost all rural.



## Section Updates Continued

### Trauma 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 2014 included a small but significant change to Level I trauma rules. Level I trauma centers provide the most comprehensive trauma care available and serve as teaching and research facilities. As such, it is deemed important by the national verifying body, the American College of Surgeons, that Level I trauma centers treat at least a certain number of severely injured patients each year. Colorado rules previously set that minimum at 400 severely injured patients per year. Through a Colorado Board of Health rule revision, that number was modified to be 320 per year to reflect a nationwide change in the way injury severity is scored.

### Trauma 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 addition to the rule change mentioned above, trauma staff members worked with stakeholders through the Statewide Trauma Advisory Committee to begin an important discussion regarding the scope of care offered at different level trauma centers. The first topic to be addressed is what types of orthopedic injuries can be safely cared for at Level IV trauma centers and what resources that care requires. A similar discussion will take place for Level III facilities and for other specialty services including general surgery and neurosurgery.

### STEMI and Stroke Systems of Care

In fiscal year 2013, Senate Bill 13-225 was passed by the Colorado Legislature and signed into law by Governor John Hickenlooper. The legislation called for creation of two governor-appointed advisory groups within the Department of Public Health and Environment: a 15 member ST-Elevation Myocardial Infarction (STEMI) Task Force and an 18 member Stroke Advisory Board. Implementation of this legislation is being carried out by the Emergency Medical and Trauma Services Branch because of its experience with EMS and trauma system development and because of the similarities in approach to dealing with any time-sensitive syndrome.

Each advisory group is charged with studying and making recommendations for developing a statewide plan to improve the quality of care for its respective population (STEMI or stroke patients). The groups are charged with studying the creation of a state database/registry and public access to non-confidential information in that database/registry, planning to encourage coordination of services between rural and urban hospitals and considering whether a state designation of STEMI/stroke centers is appropriate or needed to assure access to quality care for Colorado residents with STEMI or stroke.

Experience in the realm of trauma system development has been used as a potential model for consideration by the STEMI/stroke groups. In addition, data collected by the EMS system has been used extensively to describe the scope of prehospital care provided to potential STEMI/stroke patients in Colorado.

Each advisory group has a separate schedule for reporting back to the Legislature on its findings. The first report for each was due Jan. 31, 2014, and can be found at [www.coems.info](http://www.coems.info).

## Section Updates Continued

### 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. These data, combined with hospital discharge data and emergency department data from the Colorado Hospital Association and death certificate data from the department's Health Statistics and 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 360,000 records. In response to requests by trauma stakeholders, the co-morbidities and complications fields in the Colorado Trauma Registry were aligned with the National Trauma Data Standard (see [www.ntdsdictionary.org](http://www.ntdsdictionary.org)) developed by the American College of Surgeons. Staff members continue to update trauma registry data elements and response options and provide technical assistance to users to improve the validity of trauma data reporting.

In fiscal year 2014, trauma registry data were used to evaluate several components of the trauma system including:

- Burn injuries and associated injury severity and length of stay
- Hip injuries resulting from falls
- Orthopedic injuries by catchment areas
- State-level data to assist in a geospatial EMS triage study
- Most frequent injuries, mechanisms of injury, and spine, chest and abdomen injuries
- Various issues associated with pediatric trauma patients

### Evaluation of the Emergency Medical Services 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.nemsis.org](http://www.nemsis.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 2.8 million patient encounters.

## Section Updates Continued

In fiscal year 2014, EMS data were used to evaluate several components of the emergency medical services care system, including the following:

- 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.
- Frequency of EMS lift and assist calls for adults ages 65+ within a specific geographic area.
- Overall EMS data quality through participation in the National Highway Traffic Safety Administration's Quality Review of EMS Performance Measure Data Project.
- Completion rates of vital signs reports for patients ages 0-18.

## Professional Standards Section

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, 2014, there were 17,369 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.

Number of certified EMS providers as of June 30, 2014:

17,369	12,743	66	598	3,962
Total EMS providers	EMT	Advanced EMT	EMT-Intermediate	Paramedic

The department made significant process toward the implementation of an online EMS provider certification process to replace the current paper process. System development and programming were completed on June 30, 2014. A two phase implementation plan was approved with education coordinators and medical directors as the first implementation phase scheduled for the end of September and full implementation, including all providers, in early November. The system is currently in active user testing.

The department drafted new rules implementing House Bill 13-1063 regarding paramedics with a critical care endorsement. A series of stakeholder meetings involving a broad range of interested parties was held through January 2014 with the purpose of creating recommendations to assist SEMTAC and EMPAC in developing draft rules for the Board of Health and executive director consideration. SEMTAC provided draft rules to the Board of Health regarding education and certification requirements, while EMPAC provided draft rules for the executive director regarding medical direction and scope of practice. After public hearings by the Board of Health and the executive director, new rules were adopted and became effective on July 15, 2014. The first applications were processed and certificates issued the day the rules became effective. As of Aug. 15, 2014, there are 23 paramedics with a critical care endorsement. This endorsement is an authorization to perform acts and administer medications, under direction of a medical director, that are outside the scope of practice of a non-endorsed paramedic. This endorsement allows agencies that transport long distances to perform acts and administer medications for which their medical directors previously needed a department-approved waiver. The endorsement improves Colorado's transport and treatment of critically ill patients.

## Section Updates Continued

### Investigation and Enforcement

The department continues to oversee discipline and enforcement activities for EMS providers. During fiscal year 2014, the department instituted 31 enforcement actions against certified EMS providers, holding steady from last year. Additionally, the department completed 800 background investigations on new and renewal applications. The department investigated and closed 22 complaints.

### Professional Standards Section

#### Medical Direction

Significant progress in medical oversight of EMS practice in Colorado continues through efforts of the Emergency Medical Practice Advisory Council and the Colorado regional medical direction initiative.

This statewide regional medical direction initiative involves a coordinated effort among Colorado's 11 Regional Emergency Medical and Trauma Advisory Councils (RETACs) and was developed to:

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

This initiative allows each of the 11 regions within the state to play an integral part in developing medical direction that is consistent with standards across the state yet able to meet local needs.

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 on their programs and concentrate on meeting program deliverables and outcomes. However, each year, funding will be based upon performance reviews of the regions' abilities to meet their previous year's defined deliverables.

To ensure that these public funds are being well spent, the program must demonstrate that it creates added value for the Colorado EMS system. Therefore, all EMS agency medical directors and EMS agency clinical coordinators will be surveyed multiple times throughout the three year program to determine what value they receive from regional medical direction. The surveys will be used not only to determine if the initiative is improving Colorado EMS but also to help evaluate the initiative over time.

## Section Updates Continued

### Emergency Medical Practice Advisory Council

During fiscal year 2014, the Emergency Medical Practice Advisory Council reviewed and finalized recommendations for changes to the rules pertaining to EMS practice and medical director oversight that implemented the paramedic with a critical care endorsement.

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. As of June 30, 2014, there were 276 active waivers covering 56 waived acts and/or medications.

### Air Ambulance Licensing

In fiscal year 2014, the department licensed 20 fixed and rotor wing air ambulance services providing transportation to patients in Colorado. Seven of these services have corporate headquarters in Colorado. There are 20 fixed and rotor wing bases in Colorado with a total of 59 aircraft, and there are additional out-of-state services with bases situated near the state borders, generally within an hour flight distance. A map of licensed air ambulance services can be found on our website at [www.coems.info](http://www.coems.info).

### EMS System Consultative Reviews

Emergency medical services system consultations were conducted at the request of the Phillips and Cheyenne 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 communication platform. The digital trunked radio system in Colorado consists of 213 remote tower sites, more than 1,000 agencies and 72,000 subscriber units (individual radios) spread across five zones. The system carried more than 100 million calls in 2013.

Local agencies provide additional funding to add infrastructure to the overall digital trunked radio system. Five digital trunked radio tower sites will be built in the near future, and a system-wide upgrade commenced in September 2013 from system release 7.5 to 7.14 and will be completed in August 2014.

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

## Related Activities continued

### 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 Branch 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 Colorado Child Fatality Prevention System. State funds also have been distributed through the Emergency Medical and Trauma Services Branch'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 Branch 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 2014, the Injury, Suicide and Violence Prevention Branch continued to collaborate with the Emergency Medical and Trauma Services Branch 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 created a nine-part grant writing webinar series for motor vehicle partners interested in applying for the Colorado Department of Transportation's (CDOT) Fiscal Year 2015 grant application. As a result, seven Regional Emergency Medical and Trauma Advisory Councils (RETACs) received CDOT funding to improve seat belt compliance; one RETAC and one hospital received CDOT funding to improve young driver safety; and one hospital received CDOT funding to decrease distracted driving.

Additionally, the Injury, Suicide and Violence Prevention Branch provided scholarships to two additional staff from 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. There are now a total of four hospital-based Stepping On master trainers in Colorado who are certified to train leaders within their hospital systems and communities to facilitate the eight-week program for older adults. This year, these master trainers trained 31 hospital staff as Stepping On leaders. Between July 1, 2013, and June 30, 2014, the leaders provided 22 Stepping On classes, reaching 230 older adults.

## Related Activities continued

### Emergency Medical Services for Children

The department is authorized to establish a program and receive funds to improve the quality of emergency care to pediatric patients throughout the state, including a component to address public awareness of pediatric emergencies and injury prevention. The Emergency Medical and Trauma Services Branch was re-awarded a federal EMS for Children State Partnership Grant through 2017. A cooperative agreement is in place with the Pediatric Emergency Medicine Section of the University of Colorado, School of Medicine to implement this grant. This partnership between state institutions leverages the clinical expertise and research capacity of the University of Colorado with the regulatory and program expertise of the department. In the past year, the program updated its strategic plan, facilitated a variety of educational outreach activities reaching over 500 providers statewide; began use of a mobile simulation education lab across the state; and continued to build partnerships between pediatric specialists, EMS medical directors and Regional Emergency Medical and Trauma Advisory Councils across the state. In addition, a major survey of pediatric readiness among EMS services across the state was conducted with an 87 percent response rate.

Fiscal Year 2015 Public Notice of Funding Awards for Provider Grants and System Improvement Requests								
Applicant Name	Category Name	Score	Match %	Total Projct Amt	Match Amt	State Amt Requested	ProvGr Amt Awrded	Sys Imp Awrded
Agate Volunteer Fire Department	EMTS Equipment	37.80	10%	\$17,186.55	\$1,718.67	\$15,467.88	\$15,467.88	
Alamosa County Ambulance	Ambulance/Other Vehicles	40.89	50%	\$187,000.00	\$93,500.00	\$93,500.00	\$85,000.00	
American Medical Response - Pueblo	Ambulance/Other Vehicles	31.38	50%	\$243,664.00	\$121,832.00	\$121,832.00	\$0.00	
Arvada Fire Protection District	EMTS Equipment	39.71	50%	\$37,483.10	\$18,741.55	\$18,741.55	\$18,741.55	
Banner Health N ColoMed Ctr Paramdc Svcs	Ambulance/Other Vehicles	36.89	50%	\$193,892.00	\$96,946.00	\$96,946.00	\$96,946.00	
Basalt & Rural Fire Protection District	Ambulance/Other Vehicles	36.27	50%	\$174,027.00	\$87,013.50	\$87,013.50	\$87,013.50	
Burlington Fire Protection District	EMTS Equipment	23.77	10%	\$2,937.00	\$293.70	\$2,643.30	\$0.00	
Byers Fire Protection District No. 9	EMTS Equipment	40.92	50%	\$20,148.00	\$10,074.00	\$10,074.00	\$10,074.00	
Canon City Area Fire Protection District	EMTS Equipment	32.00	10%	\$60,001.86	\$6,000.19	\$54,001.67	\$0.00	
Carmel Fire Department	EMTS Equipment	44.00	50%	\$15,868.13	\$7,934.08	\$7,934.05	\$7,934.05	
Central Mountain RETAC	EMTS Equipment	45.00	50%	\$25,548.08	\$12,774.04	\$12,774.04	\$12,774.04	
Chaffee County Fire Protection Distict	Communications	44.60	50%	\$49,828.64	\$24,914.32	\$24,914.32	\$24,914.32	
Cheyenne County Plains to Peaks RETAC	EMTS Equipment	44.50	50%	\$1,706,977.09	\$853,488.55	\$853,488.54	\$801,116.15	
CHI CO Foundation	Injury Prevention	31.00	50%	\$18,800.00	\$9,400.00	\$9,400.00	\$0.00	
CHI CO Foundation	EMTS Equipment	27.33	50%	\$18,167.00	\$9,083.50	\$9,083.50	\$0.00	
Children's Hospital Colorado	Injury Prevention	28.08	50%	\$70,919.20	\$33,932.60	\$36,986.60	\$0.00	
City of Fountain Fire Department	Ambulance/Other Vehicles	37.00	50%	\$154,152.00	\$77,076.00	\$77,076.00	\$77,076.00	
City of Littleton Fire Department	EMTS Equipment	31.67	50%	\$154,042.36	\$77,021.18	\$77,021.18	\$0.00	
City of Steamboat Springs	Communications	44.00	50%	\$5,458.00	\$2,729.00	\$2,729.00	\$2,729.00	
City of Steamboat Springs	Ambulance/Other Vehicles	43.63	50%	\$180,604.00	\$90,302.00	\$90,302.00	\$90,302.00	
City of Steamboat Springs	Personnel and Services	42.38	50%	\$50,112.72	\$25,056.36	\$25,056.36	\$25,056.36	
City Of Wray Ambulance	EMTS Equipment	40.17	50%	\$28,000.00	\$14,000.00	\$14,000.00	\$14,000.00	
City Of Yuma Ambulance Service	EMTS Equipment	42.92	50%	\$6,999.50	\$3,499.75	\$3,499.75	\$3,499.75	
Colorado Trauma Network	System Improvement	40.15	0%	\$41,000.00	\$0.00	\$41,000.00		\$41,000.00
Community College of Aurora	EMTS Equipment	34.83	50%	\$12,600.00	\$6,300.00	\$6,300.00	\$0.00	
Cortez Fire Protection District	EMTS Equipment	28.58	50%	\$10,014.00	\$5,007.00	\$5,007.00	\$0.00	
County of Clear Creek, Ambulance	EMTS Equipment	42.53	50%	\$82,866.67	\$41,433.34	\$41,433.33	\$41,433.33	
County of Huerfano	Personnel and Services	35.75	10%	\$142,800.00	\$14,280.00	\$128,520.00	\$128,520.00	
Crested Butte Fire Protection District	Ambulance/Other Vehicles	40.63	50%	\$171,296.00	\$85,648.00	\$85,648.00	\$85,000.00	
Crowley County Ambulance	Data Collection	45.30	50%	\$6,781.05	\$3,390.53	\$3,390.52	\$3,390.52	
Crowley County Ambulance	EMTS Equipment	43.20	50%	\$65,521.20	\$32,760.60	\$32,760.60	\$32,760.60	
DeBeque Fire Protection District	Communications	40.80	50%	\$3,223.00	\$1,611.50	\$1,611.50	\$1,611.50	
Deer Mountain Volunteer Fire Department	Communications	44.83	10%	\$6,664.55	\$666.46	\$5,998.09	\$5,998.09	
Deer Mountain Volunteer Fire Department	EMTS Equipment	43.42	10%	\$15,561.00	\$1,556.10	\$14,004.90	\$14,004.90	
Deer Mountain Volunteer Fire Department	Ambulance/Other Vehicles	43.11	10%	\$175,564.00	\$17,556.40	\$158,007.60	\$158,007.60	



Fiscal Year 2015 Public Notice of Funding Awards for Provider Grants and System Improvement Requests								
Applicant Name	Category Name	Score	Match %	Total Projct Amt	Match Amt	State Amt Reqsted	ProvGr Amt Awrdded	Sys Imp Awrdded
Del Norte Community Ambulance, Inc.	Personnel and Services	37.25	50%	\$41,600.00	\$20,800.00	\$20,800.00	\$20,800.00	
Del Norte Fire Department	EMTS Equipment	35.52	50%	\$10,625.00	\$5,312.50	\$5,312.50	\$5,312.50	
Delta County Ambulance District	Ambulance/Other Vehicles	42.87	50%	\$36,373.00	\$18,186.50	\$18,186.50	\$18,186.50	
Delta County Memorial Hospital	EMTS Equipment	41.58	50%	\$46,500.00	\$23,250.00	\$23,250.00	\$23,250.00	
Denver Health and Hospital Authority	EMTS Equipment	38.00	50%	\$5,724.00	\$2,862.00	\$2,862.00	\$2,862.00	
Denver Health and Hospital Authority	Personnel and Services	34.73	50%	\$169,099.20	\$80,523.60	\$88,575.60	\$0.00	
Dolores Fire Protection District	Ambulance/Other Vehicles	39.59	50%	\$170,000.00	\$85,000.00	\$85,000.00	\$85,000.00	
Douglas County Search and Rescue	EMTS Equipment	38.57	10%	\$5,173.00	\$517.30	\$4,655.70	\$4,655.70	
Dove Creek Volunteer Ambulance Service	Recruitment and Retention	41.48	50%	\$54,995.20	\$27,497.60	\$27,497.60	\$27,497.60	
Durango Fire Protection District	EMTS Equipment	40.43	50%	\$18,457.00	\$9,228.50	\$9,228.50	\$9,228.50	
Durango Fire Protection District	Ambulance/Other Vehicles	36.66	50%	\$189,971.00	\$94,985.50	\$94,985.50	\$94,985.50	
East Phillips County Hospital District	Ambulance/Other Vehicles	43.74	50%	\$156,200.00	\$78,100.00	\$78,100.00	\$78,100.00	
Eastern Colorado Tactical Fire & Rescue	EMTS Equipment	35.95	10%	\$3,790.00	\$379.00	\$3,411.00	\$3,411.00	
Elbert Fire Protection District	EMTS Equipment	37.25	50%	\$7,990.00	\$3,995.00	\$3,995.00	\$3,995.00	
Elizabeth Fire Protection District	Personnel and Services	34.92	50%	\$34,560.00	\$17,280.00	\$17,280.00	\$0.00	
Elk Creek Fire Protection District	EMTS Equipment	37.63	50%	\$55,879.00	\$27,939.50	\$27,939.50	\$27,939.50	
Englewood Fire Department	EMTS Equipment	36.28	50%	\$97,339.75	\$48,669.88	\$48,669.87	\$48,669.87	
Fairmount Fire Protection District	EMTS Equipment	35.83	10%	\$7,078.45	\$707.87	\$6,370.58	\$6,370.58	
Federal Heights Fire Department	EMTS Equipment	35.50	50%	\$15,500.00	\$7,750.00	\$7,750.00	\$7,750.00	
Foothills RETAC	Injury Prevention	36.00	50%	\$10,220.00	\$5,110.00	\$5,110.00	\$5,110.00	
Foothills RETAC	RETAC Operations	32.58	0%	\$7,040.00	\$0.00	\$7,040.00		\$0.00
Fremont County Commissioners Office	Supplmntl Medical Direction	38.58	0%	\$15,600.00	\$0.00	\$15,600.00		\$15,600.00
Fremont Search and Rescue, Inc.	Ambulance/Other Vehicles	38.81	10%	\$19,774.97	\$1,977.50	\$17,797.47	\$17,797.47	
Gilpin Ambulance Authority	Ambulance/Other Vehicles	42.38	50%	\$157,885.00	\$78,942.50	\$78,942.50	\$78,942.50	
Golden Gate Fire District	Communications	41.65	10%	\$8,295.00	\$829.50	\$7,465.50	\$7,465.50	
Golden Gate Fire District	EMTS Equipment	41.43	10%	\$9,580.00	\$958.00	\$8,622.00	\$7,362.00	
Grand Lake Fire Protection District	EMTS Equipment	38.43	50%	\$299.00	\$149.50	\$149.50	\$149.50	
Grand Lake Fire Protection District	Communications	27.20	50%	\$3,760.00	\$1,880.00	\$1,880.00	\$0.00	
Greater Brighton Fire Protection District	EMTS Equipment	34.72	50%	\$71,768.96	\$35,884.48	\$35,884.48	\$0.00	
Greater Brighton Fire Protection District	Personnel and Services	33.28	50%	\$119,121.60	\$59,560.80	\$59,560.80	\$0.00	
Hanover Fire Protection District	Ambulance/Other Vehicles	37.63	10%	\$121,950.00	\$12,195.00	\$109,755.00	\$109,755.00	
Haxtun Hospital District	EMTS Equipment	36.82	50%	\$6,431.00	\$3,215.50	\$3,215.50	\$3,215.50	
HealthOne EMS	Conference/Forum Support	40.83	30%	\$22,300.00	\$6,690.00	\$15,610.00		\$15,610.00
Highland Rescue Team Ambulance District	EMTS Equipment	36.58	50%	\$44,246.29	\$22,123.15	\$22,123.14	\$22,123.14	
Hot Sulphur Spgs-Parshall FPD	EMTS Equipment	37.83	50%	\$21,120.00	\$10,560.00	\$10,560.00	\$10,560.00	
Indian Hills Fire Protection District	EMTS Equipment	40.42	50%	\$11,220.73	\$5,610.39	\$5,610.34	\$5,610.34	

Fiscal Year 2015 Public Notice of Funding Awards for Provider Grants and System Improvement Requests								
Applicant Name	Category Name	Score	Match %	Total Projct Amt	Match Amt	State Amt Reqsted	ProvGr Amt Awrdded	Sys Imp Awrdded
Jackson 105 Fire Protection District	Data Collection	40.52	10%	\$40,332.79	\$4,033.29	\$36,299.50	\$36,299.50	
Johnstown Fire Protection District	Ambulance/Other Vehicles	33.43	50%	\$105,125.00	\$52,562.50	\$52,562.50	\$0.00	
Karval Fire Protection District	Data Collection	37.60	50%	\$4,975.00	\$2,487.50	\$2,487.50	\$2,487.50	
La Junta Rural Ambulance Service	Personnel and Services	38.67	50%	\$129,610.42	\$61,719.71	\$67,890.71	\$67,890.71	
La Veta Fire Protection District	Communications	44.38	50%	\$12,255.60	\$6,127.80	\$6,127.80	\$6,127.80	
Lamar Fire and EMS	Ambulance/Other Vehicles	45.30	50%	\$167,000.00	\$83,500.00	\$83,500.00	\$83,500.00	
Larkspur Fire Protection District	Ambulance/Other Vehicles	41.75	50%	\$94,243.72	\$47,121.86	\$47,121.86	\$47,121.86	
Lefthand FPD	EMTS Equipment	40.45	50%	\$42,140.00	\$21,070.00	\$21,070.00	\$21,070.00	
Logan County Government	EMTS Equipment	38.30	50%	\$35,524.30	\$17,762.15	\$17,762.15	\$17,750.00	
Logan County Government	Ambulance/Other Vehicles	36.00	50%	\$142,162.00	\$71,081.00	\$71,081.00	\$71,081.00	
Lower Valley Fire Protection District	Ambulance/Other Vehicles	44.94	50%	\$160,816.00	\$80,408.00	\$80,408.00	\$78,950.00	
Lower Valley Fire Protection District	EMTS Equipment	43.14	50%	\$29,383.10	\$14,691.55	\$14,691.55	\$14,691.55	
Lutheran Hospital Association of the SLV	EMTS Equipment	37.93	10%	\$200,867.18	\$20,086.74	\$180,780.44	\$75,892.14	
Mile-High RETAC	Conference/Forum Support	39.46	0%	\$91,685.94	\$0.00	\$91,685.94		\$91,685.94
Milliken Fire Protection District	Ambulance/Other Vehicles	33.90	10%	\$148,475.00	\$14,847.50	\$133,627.50	\$0.00	
Milliken Fire Protection District	EMTS Equipment	31.94	10%	\$18,582.00	\$1,858.20	\$16,723.80	\$0.00	
Montrose Memorial Hospital	EMTS Equipment	34.07	50%	\$14,487.48	\$7,243.74	\$7,243.74	\$0.00	
Morgan County Ambulance Service	EMTS Equipment	44.37	50%	\$15,144.30	\$7,572.15	\$7,572.15	\$6,310.13	
Morgan County Ambulance Service	Ambulance/Other Vehicles	42.71	50%	\$89,307.00	\$44,653.50	\$44,653.50	\$44,653.50	
Mountain View Fire Protection District	EMTS Equipment	39.88	50%	\$56,363.30	\$28,181.65	\$28,181.65	\$28,181.65	
North Park Hospital District	Ambulance/Other Vehicles	42.40	50%	\$19,000.00	\$9,500.00	\$9,500.00	\$9,500.00	
North Suburban Medical Center	Injury Prevention	36.50	50%	\$4,495.00	\$2,247.50	\$2,247.50	\$2,247.50	
Northern Saguache County Ambulance Dist	EMTS Equipment	38.38	50%	\$6,075.00	\$3,037.50	\$3,037.50	\$3,037.50	
Oak Creek Fire Protection District	Ambulance/Other Vehicles	46.43	10%	\$153,208.00	\$15,320.80	\$137,887.20	\$137,887.20	
Oak Creek Fire Protection District	EMTS Equipment	43.17	10%	\$32,113.19	\$3,211.32	\$28,901.87	\$28,901.87	
Otero Junior College	EMTS Equipment	41.75	50%	\$27,774.00	\$13,887.00	\$13,887.00	\$13,887.00	
Palmer Lake Volunteer Fire Department	EMTS Equipment	35.87	20%	\$7,351.57	\$1,470.32	\$5,881.25	\$5,881.25	
PHC- Fort Morgan, INC.	EMTS Equipment	41.05	50%	\$5,452.48	\$2,726.24	\$2,726.24	\$2,673.36	
Pueblo West Fire Department	EMTS Equipment	32.25	50%	\$7,843.83	\$3,921.92	\$3,921.91	\$0.00	
RAMROD	EMTS Equipment	38.50	10%	\$52,716.57	\$5,271.67	\$47,444.90	\$47,444.90	
RAMROD	Personnel and Services	36.32	10%	\$22,005.00	\$2,200.50	\$19,804.50	\$19,804.50	
RAMROD Ark River EMS	Technical Assistance	28.58	0%	\$20,075.00	\$0.00	\$20,075.00		\$0.00
Regents of University of Colorado	System Improvement	38.10	0%	\$105,660.64	\$0.00	\$105,660.64		\$0.00
RETACs	Regional Medical Direction	N/A	0%	\$362,666.00	\$0.00	\$362,666.00		\$362,666.00
Rocky Ford Emergency Services	Ambulance/Other Vehicles	42.46	50%	\$174,085.00	\$87,042.50	\$87,042.50	\$85,000.00	
Rocky Mountain Adventist Healthcare Fndn	Conference/Forum Support	39.54	0%	\$4,321.42	\$0.00	\$4,321.42		\$4,321.42

Fiscal Year 2015 Public Notice of Funding Awards for Provider Grants and System Improvement Requests								
Applicant Name	Category Name	Score	Match %	Total Projct Amt	Match Amt	State Amt Reqsted	ProvGr Amt Awrdded	Sys Imp Awrdded
Sable Altura Fire Protection District	EMTS Equipment	40.00	50%	\$19,883.60	\$9,941.80	\$9,941.80	\$9,941.80	
Saguache County	Personnel and Services	43.30	50%	\$30,912.00	\$15,456.00	\$15,456.00	\$15,456.00	
San Luis Valley RETAC	EMTS Equipment	45.50	50%	\$1,059,516.86	\$529,758.43	\$529,758.43	\$482,613.87	
Security Fire Protection District	Data Collection	32.10	50%	\$38,466.45	\$19,233.23	\$19,233.22	\$0.00	
Silverton-San Juan County Ambulance	EMTS Equipment	41.60	10%	\$68,288.31	\$6,828.84	\$61,459.47	\$61,459.47	
Silverton-San Juan County Ambulance	Personnel and Services	36.30	10%	\$23,040.00	\$2,304.00	\$20,736.00	\$20,736.00	
Southeast Colorado RETAC	Conference/Forum Support	38.31	0%	\$35,580.00	\$0.00	\$35,580.00		\$35,580.00
Southeast Colorado RETAC	Injury Prevention	34.50	50%	\$98,130.50	\$44,502.00	\$53,628.50	\$0.00	
Southwest RETAC	System Improvement	39.00	0%	\$23,640.00	\$0.00	\$23,640.00		\$9,300.00
Southwest Teller County EMS	EMTS Equipment	42.40	50%	\$5,874.00	\$2,937.00	\$2,937.00	\$2,937.00	
Southwest Teller County EMS	Data Collection	41.20	50%	\$7,820.00	\$3,910.00	\$3,910.00	\$3,910.00	
Spanish Peaks Bon Carbo Fire Prot Dist	Ambulance/Other Vehicles	39.58	50%	\$17,591.38	\$8,795.69	\$8,795.69	\$8,795.69	
St. Vincent Hospital Ambulance Service	Communications	43.07	30%	\$5,450.36	\$1,635.11	\$3,815.25	\$3,815.25	
St. Vincent Hospital Ambulance Service	EMTS Equipment	42.55	30%	\$52,569.48	\$15,770.85	\$36,798.63	\$36,798.63	
St. Vincent Hospital Ambulance Service	Ambulance/Other Vehicles	39.51	30%	\$157,706.00	\$47,311.80	\$110,394.20	\$110,394.20	
Starting Hearts Inc.	EMTS Equipment	34.00	50%	\$62,500.00	\$31,250.00	\$31,250.00	\$0.00	
Sterling Fire Department	Personnel and Services	36.63	50%	\$79,200.00	\$39,600.00	\$39,600.00	\$39,600.00	
Stonewall Fire Protection District	EMTS Equipment	32.58	50%	\$15,548.00	\$7,774.00	\$7,774.00	\$0.00	
Stratton Fire Protection District	EMTS Equipment	44.67	10%	\$72,893.00	\$7,289.30	\$65,603.70	\$65,603.70	
Summit County Government	Communications	45.43	50%	\$6,400.00	\$3,200.00	\$3,200.00	\$3,200.00	
Summit County Government	Ambulance/Other Vehicles	43.95	50%	\$269,728.00	\$134,864.00	\$134,864.00	\$134,864.00	
The Memorial Hospital at Craig	Ambulance/Other Vehicles	39.00	50%	\$163,731.00	\$81,865.50	\$81,865.50	\$81,865.50	
Thompson Valley Health Services District	EMTS Equipment	43.69	50%	\$8,961.99	\$4,481.00	\$4,480.99	\$4,480.99	
Thompson Valley Health Services District	Ambulance/Other Vehicles	43.16	50%	\$125,905.00	\$62,952.50	\$62,952.50	\$62,952.50	
Town of Limon	EMTS Equipment	38.83	10%	\$11,883.33	\$1,188.35	\$10,694.98	\$10,694.98	
Town of Limon	Personnel and Services	37.78	10%	\$49,865.29	\$4,986.53	\$44,878.76	\$44,878.76	
Trinidad Ambulance District	EMTS Equipment	29.25	50%	\$16,335.51	\$8,167.76	\$8,167.75	\$0.00	
Trinidad Area Health Association	EMTS Equipment	38.79	10%	\$253,409.12	\$25,340.92	\$228,068.20	\$40,066.84	
Trinidad Area Health Association	Data Collection	36.71	10%	\$274,849.56	\$27,484.96	\$247,364.60	\$126,751.89	
Trinidad Area Health Association	Personnel and Services	29.08	10%	\$49,008.96	\$4,900.90	\$44,108.06	\$0.00	
Upper Pine River Fire Protection District	EMTS Equipment	38.62	50%	\$156,663.87	\$78,331.94	\$78,331.93	\$78,331.93	
Upper San Juan Health Services District	Data Collection	40.70	50%	\$16,394.00	\$8,197.00	\$8,197.00	\$7,895.00	
Washington County Ambulance Service	EMTS Equipment	39.92	50%	\$97,168.02	\$48,584.01	\$48,584.01	\$48,584.01	
West Custer County Hospital District	Technical Assistance	42.62	0%	\$25,000.00	\$0.00	\$25,000.00		\$25,000.00
Western Regional EMS Inc Northwest RETAC	EMTS Equipment	45.33	50%	\$572,026.78	\$286,013.44	\$286,013.34	\$286,013.34	
Western Regional EMS Inc Northwest RETAC	Technical Assistance	42.58	0%	\$25,148.00	\$0.00	\$25,148.00		\$25,148.00

Fiscal Year 2015 Public Notice of Funding Awards for Provider Grants and System Improvement Requests								
Applicant Name	Category Name	Score	Match %	Total Project Amt	Match Amt	State Amt Requested	ProvGr Amt Awrdded	Sys Imp Awrdded
Western Regional EMS Inc Northwest RETAC	Conference/Forum Support	40.33	0%	\$14,000.00	\$0.00	\$14,000.00		\$14,000.00
Western RETAC	EMTS Equipment	42.83	50%	\$179,318.58	\$89,659.29	\$89,659.29	\$89,659.29	
Western RETAC	Conference/Forum Support	39.08	0%	\$6,600.00	\$0.00	\$6,600.00		\$6,600.00
Western RETAC	Technical Assistance	38.75	0%	\$48,400.00	\$0.00	\$48,400.00		\$25,000.00
Western RETAC	RETAC Operations	37.42	0%	\$36,354.00	\$0.00	\$36,354.00		\$0.00
Windsor Severance Fire Protection District	Ambulance/Other Vehicles	35.29	50%	\$105,125.00	\$52,562.50	\$52,562.50	\$0.00	
						<b>\$7,783,246.88</b>	<b>\$5,420,049.40</b>	<b>\$671,511.36</b>

## Designated Trauma Centers as of June 30, 2014

<b>Level</b>	<b>Facility Name</b>	<b>City</b>
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	Banner North CO Emergency Care (CCEC)	
II	Boulder Community Hospital	Boulder
NonD	Boulder Community Hospital-Foothills Campus	Boulder
III	Castle Rock Adventist Hospital	Castle Rock
NonD	Centennial Medical Plaza	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 Medical Center	Fruita
NonD	First Choice Emergency Room (CCEC)	Colorado Springs
II	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	Wheatridge
III	McKee Medical Center	Loveland
II	Medical Center of Aurora	Aurora
II	Medical Center of the Rockies	Loveland
IV	Melissa Memorial Hospital (CAH)	Holyoke
II	Memorial Hospital Central (Univ. 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 (CCEC)	Thornton
NonD	Ortho Colorado Hospital	Lakewood

IV	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
NonD	Saddle Rock Emergency Room (CCEC)	Aurora
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)	Cooper Mountain
I	St. Anthony Hospital	Lakewood
V	St. Anthony Keystone Medical Clinic (CCEC)	Keystone
III	St. Anthony North	Westminster
III	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
NonD	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
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

RPTC (Regional Pediatric Trauma Center)	1
Level I	3
Level II	11
Level III	20
Level IV	35
Level V	4
Total Designated Trauma Centers	74
Total Non-Designated Facilities	21
Total	95

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