



**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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# 2017 Annual Legislative Report

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July 2016 - June 2017

Submitted to the Colorado Legislature

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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 Colorado Department of Public Health and Environment 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.

## Contents

Executive Summary.....	1
Key Accomplishments in Fiscal Year 2017 .....	3
Section Updates .....	5
Funding Section .....	5
Trauma Section .....	6
Professional Standards Section.....	9
Related Activities.....	12
Communication Systems.....	12
Injury Prevention.....	12
Emergency Medical Services for Children.....	13
Attachment A – Fiscal Year 2017 Funding Program Awards .....	14
Attachment B - Designated Trauma Centers as of June 30, 2016 .....	20

This report is available online at [www.coems.info](http://www.coems.info)

## 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 full partners in the broader scope of health care across Colorado communities, with involvement in non-traditional issues such as time sensitive medical syndromes and healthy community programs. Patient outcomes depend on factors such as:

- 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 members 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. Emergency medical services (EMS) agencies and trauma facilities are finding themselves 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
- registration of emergency medical responders (EMR)

Each year, the emergency medical services agencies in Colorado transport and provide quality medical care to more than 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 17,500 EMS providers, provide out-of-hospital health care services to ill and injured patients. Additionally, 81 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 communication between state agencies and local constituents. During the past year, the regional councils have successfully completed a 2-year biennial plan; continued to build on the developing regional medical direction initiative; and represented the needs and interests of urban, rural and frontier constituents to the department and the state councils. Representatives from each region continue to meet quarterly with state council and 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. A weekly email update is sent to stakeholders and includes hot topics and newly released information as well as upcoming meetings and training events. The branch's website, located at [coems.info](http://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 status 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. 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 2017

- 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 emergency medical and trauma services system. Approximately \$7.2 million was distributed to support EMS and trauma statewide.
- The 2016 legislative session produced a number of bills that directly impacted the Emergency Medical and Trauma Services Branch. Significant work went into gathering stakeholder input, holding a variety of task force meetings and drafting rules for promulgation through the Board of Health. Work included revising the air ambulance licensing regulations, moving Emergency Medical Responder (EMR) registration from the Department of Public Safety to the Department of Public Health and Environment, and drafting rules to implement SB 16-069 for community integrated health care service licensing and community paramedic endorsement.
- In March 2017, the Board of Health unanimously adopted 6 CCR 1013-4 Trauma Chapter Three. This followed significant work as stakeholders and the department developed a platform to allow expanded scope within trauma center designation as related to orthopedics. The task force continues to work on the expanded scope topics of general surgery and neurosurgery, and expects to bring revised draft rules to the Board of Health in mid-2018.
- The Colorado Resource for EMS and Trauma Education (CREATE) program continued to demonstrate success in fiscal year 2017. It disbursed funds in the form of education grants to help offset tuition, book and fee costs, with 860 students trained using support from these grant funds.
- The governor signed into law HB 15-1015 on May 8, 2015, making Colorado one of the first states to adopt the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA). More than 10 states have now joined the compact, and the first commission meeting is scheduled for October 2017. The compact will simplify the complexities of interstate licensing and certification of EMS Providers by allowing immediate recognition of certification in all participating states.
- Emergency medical services system consultations were conducted at the request of the Baca and Clear Creek County governments during the past year. The department worked collaboratively with regional and local stakeholders to assemble 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 Online Application Tracking Hub (OATH) continues to provide a successful electronic platform for many of the Branch's regulatory responsibilities.
- OATH is the application process for EMS providers to become certified and recertified, and it allows medical directors and education programs to confirm continued education and skills assessment. The online system provides a public lookup to view EMS provider certification levels and status. The online system was rolled out November 2014 and is nearing the end of the third year of implementation. Because EMS provider certifications are valid for three years, all certified providers will be through the process by November 2017.

- The scope of practice waiver process has been successfully moved from paper to the electronic platform, which includes an automated reporting function and email reminders of waiver reports and expiration deadlines.
- Air ambulance licensing and its inspection functionality were also added into the OATH system, moving the antiquated paper process into the electronic environment.
- Approximately 850 Emergency Medical Responders (EMRs) were successfully transitioned from the Colorado Department of Public Safety, Division of Fire Prevention and Control (DFPC) to the department by July 1, 2017. Additionally, the 22 EMR education centers and groups were transitioned to the system. The transition was smooth and successful because of the ongoing and broad-based communication to the provider community and teamwork between DFPC and the department.
- The department continued implementation of SB 13-225 established two governor-appointed advisory boards, one on stroke and the other on ST-Elevation Myocardial Infarction (STEMI). The STEMI task force concluded its work and released a final report. The Stroke Advisory Board continues to meet and work on its charge.
- In order to reach a wider cross-section of stakeholders, the October 2016 State Emergency Medical and Trauma Services Advisory Council (SEMTAC) quarterly meeting was held in Durango.

# Section Updates

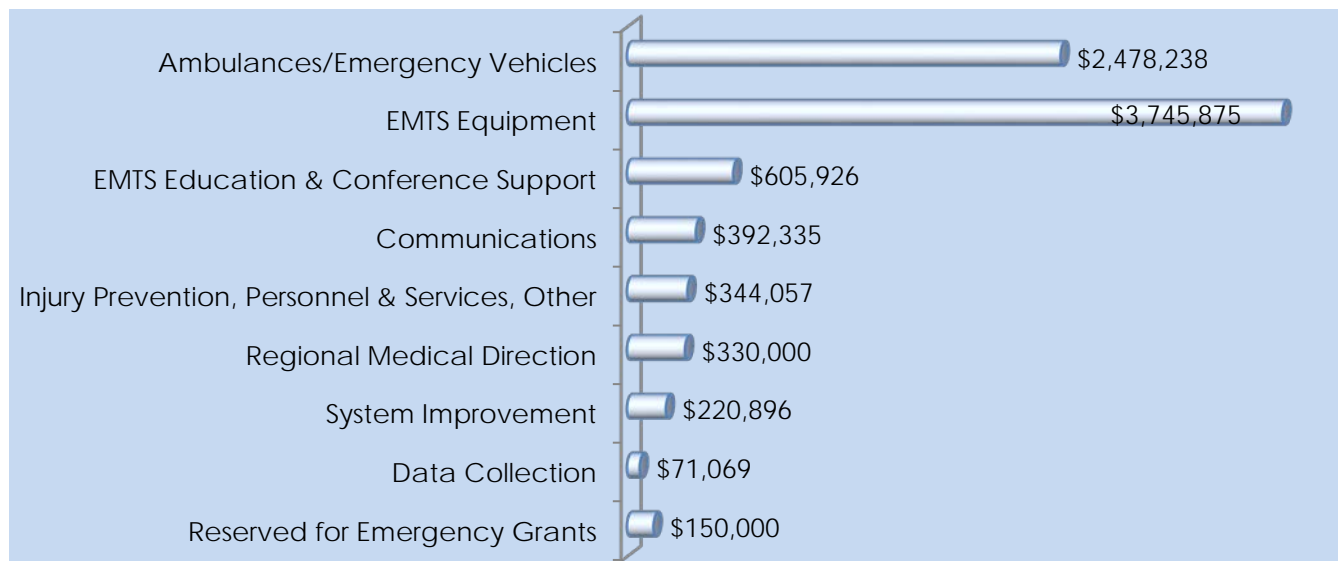
## Funding Section

The fiscal year 2018 budget from the EMS Account for the Emergency Medical and Trauma Services Funding program is \$8,443,896. The budget amount includes the statutory allocations of a minimum of \$150,000 for emergency medical personnel training and \$100,000 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 funds to ensure buy-in and support at the local level. Provider grant categories include ambulances/EMS vehicles, communications, data collection, EMS and trauma equipment, injury prevention, recruitment/retention, personnel/ services and other. A total of \$6,533,857 was awarded in provider grants following a competitive scoring process that used a 50-point scoring tool. A list of the provider grant awards is found in [Attachment A](#).

**System improvement funding:** The funding program also provides support for regional and statewide projects designed to enhance the emergency medical and trauma services system in Colorado. System improvement categories include technical assistance, system improvement, Regional Emergency Medical and Trauma Services Advisory Council operations and conference/forum support. A total of \$703,835 was awarded in system improvement funding. This total includes \$330,000 distributed to the 11 regions to continue development of medical direction on a regional basis. A list of the awards is found in [Attachment A](#).

**Amounts Awarded for FY17**



## Year-Round Education Opportunities

The Colorado Resource for EMS and Trauma Education (CREATE) program was successfully launched in July 2010 through the Colorado Rural Health Center. The CREATE program was developed to improve access to funding support for educating EMS and trauma providers on a continuing basis throughout each fiscal year, as opposed to the traditional provider grants program that was only open for applications one time per year. The CREATE program was funded at \$500,000 for fiscal year 2017 due to the continued need throughout the state, which significantly exceeds the \$150,000 statutory minimum. For fiscal year 2016, a total of \$209,066 was disbursed in the form of education grants to help offset the cost of tuition, books and fees, for 985 students who were trained with assistance from these grants.

## 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 designation for acute care facilities, trauma system rule development and trauma system assessment.

### Trauma Designation

The Trauma Section's most visible activity is the process of trauma center designation. Every licensed health care facility in Colorado which receives 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 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. See [Attachment B](#) for a list of trauma centers in Colorado.

In fiscal year 2017 two facilities were newly designated, and two more increased their level of designation. In addition, two facilities discontinued Level IV designation. By June 30, 2017, there were 81 designated trauma centers serving the people of Colorado.

- St. Joseph Hospital (Denver) became a Level IV trauma center.
- Haxtun Hospital District became a Level IV trauma center.
- Community Hospital (Grand Junction) increased its designation Level from IV to III.
- Platte Valley Medical Center (Brighton) increased its designation Level from IV to III.
- Two previously designated facilities left the designation system in FY 2017: Southeast Colorado Hospital (Springfield) and Church Ranch Neighborhood Health Center (Westminster).

Fiscal year 2017 saw continued growth in the number of non-designated facilities. Facilities may choose to be "non-designated" for trauma and thus agree not to keep any trauma patients with complex injuries. As of June 30, 2014, there were 21 facilities non-designated for trauma; a year later there were 32; as of June 30, 2016, there were more than 45; and a year later on June 30, 2017, there were more than 55 non-designated facilities. This prolific growth is largely the result of the emerging concept of "free-standing emergency departments." These conveniently-located facilities offer emergency level care to patients arriving by car or ambulance with the potential for rapid door-to-physician times. However, patients requiring more than emergency department treatment must be transferred to inpatient facilities (hospitals). The Trauma Section continues to search for ways to adequately monitor the flow of trauma patients from free-standing emergency departments to inpatient facilities.



Community engagement and technical assistance are two of the most important aspects of the Trauma Section's work. Fiscal year 2017 offered many opportunities to provide assistance and engage stakeholders across the state:

- There were 29 designation reviews or re-reviews completed by a team of physicians, nurses and Trauma Section staff members.
- Additionally, staff members provided 39 on-site technical assistance visits and/or compliance checks for facilities with plans of correction and two trainings for trauma nurse coordinators reaching more than 100 participants.

## Trauma Regulation

Rule development is another primary program function and is necessary to implement the concepts expressed in the emergency medical and trauma system laws. 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 2017 saw the adoption of new trauma "expanded scope of care" rules. The concept for these rules has been discussed for a number of years, and the rule changes in 6 CCR 1015-4, Chapter Three, are the first of several changes to adapt to the changing landscape of healthcare. The rules adopted provide additional guidance in the development of a trauma quality improvement program for all Level III-V facilities. In addition, Level III and IV facilities accepting orthopedic patients beyond the usual scope of care for their designation level must have specific safeguards in place to ensure the optimal care of those patients. Additions to the scope of care rules are anticipated in fiscal year 2019 as the task force tackles issues around general surgery and neurosurgical care.

## Trauma System Assessment

In fiscal year 2016, staff worked extensively with stakeholders to develop a simple, low-cost method of data collection for Level IV and V trauma centers. These centers are exempt from the requirement to provide detailed patient-level information to the Colorado Trauma Registry; however, they do have a requirement to report on trauma patients. Staff developed a 26-element spreadsheet that is free to trauma centers and a web portal for data submission. Data collection was implemented Jan. 1, 2016. Fiscal year 2017 saw the first full year of data from these facilities and has allowed staff to begin to track patient care across the system. Additional quality improvement projects are planned for the next fiscal year.

## 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 Gov. John Hickenlooper. The legislation called for creation of two governor-appointed advisory groups within the Colorado Department of Public Health and Environment: a 15-member ST-Elevation Myocardial Infarction (STEMI) Task Force and an 18-member Stroke Advisory Board.

The STEMI Task Force ended and delivered its final report to the legislature in August 2015. The report listed numerous recommendations for the development of a STEMI system of care. In fiscal year 2017, the legislature passed [HB 17-1246](#), which directs STEMI receiving centers and encourages STEMI referring centers to report data to a national heart attack database and submit those reports to the department. The department is developing protocols for accepting those reports.

The Stroke Advisory Board is continuing its work through 2018 and submitted an annual report in December 2016. This report contained recommendations for developing a statewide plan to improve the quality of care. Issues discussed included: data reporting, a plan to encourage coordination of services between rural and urban hospitals and a statewide system of quality improvement utilizing a council of subject matter experts. The next report of this board will be released in January 2018. Also in fiscal year 2017, [Senate Joint Resolution 17-027](#) passed, recognizing the need to expand access to effective treatment for stroke patients.

## 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 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 is 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 Colorado 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 Center for Health & Environmental Data, 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 over 477,000 records. In response to requests by trauma stakeholders and in alignment with the National Trauma Data Standards (see [www.ntdsdictionary.org](http://www.ntdsdictionary.org)), developed by the American College of Surgeons, staff members continue to update the Colorado Trauma Registry data elements and response options and provide technical assistance to users to improve the validity of trauma data reporting.

### Evaluation of the Emergency Medical Services System

Since January 2007, ambulance agencies have submitted reports on more than 4.4 million EMS incidents. For this fiscal year, almost half a million patient care reports were submitted into the Colorado EMS Information System. EMS data is collected using the national standard of NEMSIS, the National EMS Information System (see <https://nemsis.org/>). NEMSIS released Version 3 of the data standard, and states have been migrating users to the new version. In Colorado, a Data Task Force identified and recommended the elements that should be reported to the state EMS data repository. Version 3 centers on quality, and significant effort went into developing the Colorado data dictionary and the validator called the "schematron." Data Section staff wrote more than 200 validation rules and set up the new platform for EMS data collection including the front-facing program that all EMS providers will use to document patient care. The new software version will correct many of the shortcomings of the previous version, and should provide additional capabilities to collect quality data that can be used to improve patient care and support quality improvement projects. The department worked with 35 different EMS agencies to beta test the Version 3 software in order to help ensure that valid data is being collected in a consistent manner.

In fiscal year 2017, EMS data were used to evaluate various components of the emergency medical services care system, including:

- EMS agency data submission, timeliness, volume and completion rates
- EMS events by age groups, specific geographic area, response time, etc.
- Vital signs, procedures
- Pediatric medication and procedure reports including cases with behavioral care
- Naloxone and rapid sequence intubation use
- Air medical transports
- Cardiac, trauma and stroke events
- Events by destination (e.g., number of events resulting in transport to acute care facilities)
- Primary/secondary impressions

## Professional Standards Section

The department is the state agency responsible for the certification of EMS providers in Colorado and the oversight of EMS education programs that provide both initial and continuing education courses. As of June 2017, there were 17,838 EMS providers certified in Colorado. During the year, the department processed over 6,000 applications for certification or certification renewal for EMS providers and EMR personnel.

EMS provider practice levels include Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), Emergency Medical Technician-Intermediate (EMT-I) and Paramedic. The number of paramedics includes 271 who are endorsed to provide critical care acts and medications.

Number of certified EMS providers as of June 30, 2017:

Total EMS providers	EMT	Advanced EMT	EMT-Intermediate	Paramedic
17,838	12,718	233	488	4,399

## Emergency Medical Responder registration

The department transitioned the Emergency Medical Responder (EMR) voluntary registration program from the Department of Public Safety, Division of Fire Prevention and Control (DFPC) effective July 1, 2017. Over 850 accounts were created for EMR personnel registered with DFPC and as of June 30, 2017, there are 655 actively registered EMRs.

## Investigation and Enforcement

The department continues to oversee discipline and enforcement activities for EMS providers. During fiscal year 2017, the department instituted 25 enforcement actions against certified EMS providers. Additionally, the department completed 824 background investigations on new and renewal applications, and investigated and closed 26 complaints.

## Medical Direction

Medical oversight of EMS practice in Colorado occurs at the EMS agency level, as legislative requirements state that all EMS providers have a physician medical director in order to provide any direct patient care. Currently, the Emergency Medical Practice Advisory Council (EMPAC) and Colorado regional medical directors continue to focus on system quality improvements and to advance clinical EMS therapies and protocols to ensure the patients in Colorado are receiving the safest and most effective care available.

Regional medical direction 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.

The regional medical direction 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 and meet local needs. The regional medical directors and regional medical coordinators meet quarterly to collaboratively share and discuss current local issues as well as best practices in regional medical oversight, and provide valuable insight to EMPAC for advancing patient care.

The State Emergency Medical and Trauma Services Advisory Council approved allocating \$363,000 in grant funds for the purpose of funding regional medical direction. Guaranteed funding eliminates the need for regions to submit annual competitive grant requests, allowing them to concentrate on meeting program deliverables and outcomes. Each year, funding is based upon performance reviews of the regions' abilities to meet previous year's defined deliverables.

To ensure these public funds are being well spent, those involved with the program work to demonstrate that it creates added value for the Colorado EMS and trauma system. In 2015, a survey was released to EMS medical directors to gather input. The survey demonstrated the importance of communication among EMS medical directors and the value of continuous quality improvements as a tool for agency medical directors. Overall, the consensus of the agency medical directors who responded to the initial survey was that the regional medical direction initiative was a valuable resource that facilitated their ability to provide better medical oversight of their EMS agencies and ultimately improve EMS care throughout Colorado. A follow up survey will be conducted during the last quarter of 2017 to ensure that the program continues to generate value for the Colorado EMS and trauma system.

Successes of the regional medical direction initiative include:

- Ten of the 11 regions now have regional protocols, and many of the regions are working together to develop multi-region protocols.
- A quarterly newsletter facilitates communication between the regional medical directors and their regions' EMS agency medical directors. In addition, all regions now have regular meetings of their agency medical directors to facilitate the sharing of best practices and the discussion of changes in EMS practice, state and national benchmarking, local practice and operational issues and ways to improve medical oversight.
- Several regions have begun regional continuous quality improvement programs to evaluate care within their region.
- Many of the regions have developed education and training programs that are shared among the agencies within the region.

### Emergency Medical Practice Advisory Council

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. The waiver request, reporting and tracking system was added to the electronic OATH system starting with the May 2017 meeting following beta testing for the November 2016 meeting. As of June 30, 2017, there were 568 active waivers covering 62 waived acts and/or medications.

### Air Ambulance Licensing

In fiscal year 2017, the department licensed 19 fixed- and rotor-wing air ambulance services providing transportation to patients in Colorado and authorized six air ambulance services to operate in Colorado under a new legislative authority. A map of licensed air ambulance services can be found at [www.coems.info](http://www.coems.info). The Air Ambulance Task Force completed its task and recommended new rules for air ambulance licensing that become effective July 1, 2017. The air ambulance licensure process now includes a state inspection process that resulted in the creation of a new position in the branch.

### EMS System Consultative Reviews

Emergency medical services system consultations were conducted at the request of the Chaffee and Kiowa County governments during the past year. The department worked collaboratively with regional and local stakeholders to assemble 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. After each review, department staff members and the review team met with local officials and stakeholders to provide a formal report on 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 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 229 remote tower sites, more than 1,000 agencies and more than 97,000 subscriber units (individual radios) spread across five zones. The system carried more than 100 million calls in fiscal year 2017. Local agencies provide additional funding to add infrastructure to the overall digital trunked radio system. Several new digital trunked radio tower sites are being constructed currently, with others scheduled to be completed in the near future. The Emergency Medical and Trauma Services grants program continues to help 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.

On April 24, 2015, Gov. Hickenlooper signed SB 15-234 which included funding for the Public Safety Communications Network to replace the statewide legacy microwave infrastructure. In April 2016, the microwave upgrade/replacement contract was awarded and the vendor, along with the help of state technicians, is in the first phase of Install. Once complete, there will be a redundant “ring” of microwave to give greater communications reliability.

The First Responder Network Authority (FirstNet) is an independent authority within the U.S. Department of Commerce. Chartered in 2012, its mission is to ensure the building, deployment and operation of the nationwide, broadband network that equips first responders to save lives and protect U.S. communities. Public safety spent years advocating for a nationwide broadband network for first responders following the Sept. 11, 2001 terrorist attacks. Major public safety organizations continue to voice their strong support for the FirstNet network today. The FirstNet State Plan comes fully funded and will require no additional financial resources from the states to deploy or operate the network. On June 19, 2017, FirstNet released the state plans for the nationwide high-speed data and voice network. States and territories had 45 days to review the plans and submit comments.

### Injury Prevention

Injury prevention efforts at the state level are coordinated through the Violence and Injury Prevention-Mental Health Promotion 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.

During fiscal year 2017, joint efforts with the Violence and Injury Prevention-Mental Health Promotion Branch included continuation of a joint committee, the Injury Prevention Committee which meets at least quarterly. This dual purpose committee serves to help unify injury prevention efforts across the two branches so that stakeholders have one place to discuss, prioritize and implement prevention activities. Many trauma centers participate in this discussion and use the opportunity to find assistance and resources for the development of their facility-based efforts. Other joint efforts between EMTS and the Violence and Injury Prevention Branch



included a brief joint training on injury prevention resources, cooperation on implementation of grant activities and cooperation on injury data surveillance.

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 and the Administration for Community Living. Limited state general funds are provided to the Office of Suicide Prevention for its activities and to the Colorado Child Fatality Prevention System.

## Emergency Medical Services for Children

The department is authorized under CRS 25-3.5-204 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 in 2014 that has been extended through early 2018. 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.

Over the past three years the program has collaborated extensively with Children's Hospital Colorado to deliver mobile simulation-based training to over 600 EMS and hospital providers in communities across the state. The program is also working with the designated family representative to improve emergency clinician access to information on children with special healthcare needs. The program in conjunction with its advisory group the Pediatric Emergency Care Committee (PECC) has been monitoring ambulance response data housed at the department and has recognized a large number of ambulance responses for behavioral and psychiatric emergencies in children, particularly in the 9 - 17 age range. A voluntary group has been formed to further explore this issue consisting of EMS, hospital, physician, behavioral health and state agency representatives to explore next steps in improving these responses and reducing their numbers which is expected to continue through 2017.

Finally, the program is a participant in a facility recognition quality improvement collaborative project at the national level that is working to improve emergency department preparedness to care for pediatric patients. The exact trajectory of this project is still unknown but may result in some type of voluntary recognition program for pediatric prepared hospitals.

## Attachment A - Fiscal Year 2017 Funding Program Awards

Applicant Name	Category	Score	Match %	Total Project Amount	State Amount Requested	Provider Grant Award Amount	System Improvement Award Amount
Action Care Ambulance, Inc.	EMTS Equipment	31.0	50%	\$22,891.80	\$11,445.90		
American Medical Response - Boulder County	Ambulance and Other Vehicles	25.9	50%	\$23,142.00	\$115,701.00		
American Medical Response - Boulder County	EMTS Equipment	34.5	50%	\$78,053.66	\$39,026.83		
American Medical Response - Pueblo	Ambulance and Other Vehicles	32.9	50%	\$139,490.00	\$69,745.00		
Aspen Ambulance District	Ambulance and Other Vehicles	37.7	50%	\$228,515.00	\$82,110.00	\$82,110.00	
Banner Health North Colorado Medical Center Paramedic Services	Ambulance and Other Vehicles	33.2	50%	\$190,920.00	\$90,247.00		
Bent County Ambulance Service	Personnel and Services	35.8	50%	\$36,462.40	\$18,231.20		
Brush Fire Department	EMTS Equipment	41.7	50%	\$30,000.00	\$15,000.00	\$15,000.00	
Burlington Fire Protection District	EMTS Equipment	28.2	50%	\$1,927.00	\$963.50		
Canon City Area Fire Protection District	Personnel and Services	43.4	50%	\$19,401.20	\$9,700.60	\$9,700.60	
Carbondale and Rural Fire Protection District	EMTS Equipment	40.5	50%	\$46,699.74	\$23,349.87	\$20,453.37	
Central Mountains RETAC	Regional Medical Direction	N/A	0%	\$33,000.00	\$33,000.00		\$33,000.00
Chaffee County Search and Rescue South	EMTS Equipment	42.4	30%	\$1,557.74	\$1,090.41	\$1,090.41	
Chaffee County Search and Rescue - North	Communications	43.9	50%	\$5,786.20	\$2,893.10	\$2,893.10	
Cheyenne County (Plains to Peaks)	EMTS Equipment	42.6	50%	\$2,038,107.17	\$1,019,053.57	\$1,003,710.08	
Cheyenne County (Plains to Peaks)	Regional Medical Direction	N/A	0%	\$33,000.00	\$33,000.00		\$33,000.00
CHI CO Foundation (St. Mary Corwin)	Injury Prevention	43.7	50%	\$5,781.00	\$2,890.50	\$2,890.50	
City of Colorado Springs Fire Department	EMTS Equipment	33.7	50%	\$5,002.91	\$2,501.44		
City of Glenwood Springs Fire Department	Personnel and Services	43.6	50%	\$49,132.80	\$24,566.40	\$24,556.40	
City of Steamboat Springs	EMTS Equipment	42.0	50%	\$23,785.00	\$11,892.50	\$11,892.50	
City Of Wray Ambulance	Personnel and Services	37.7	50%	\$172,848.00	\$86,424.00	\$86,424.00	
Conejos County	Ambulance and Other Vehicles	43.3	40%	\$241,098.00	\$144,658.80	\$144,658.80	
County of Clear Creek, Ambulance	Ambulance and Other Vehicles	41.9	50%	\$174,674.00	\$87,337.00	\$87,337.00	



County of Clear Creek, Ambulance	Communications	44.0	50%	\$4,296.40	\$2,148.20	\$2,148.20	
County of Park	Communications	42.4	50%	\$567,193.00	\$283,596.50	\$283,596.50	
Crested Butte Fire Protection District	Personnel and Services	35.6	50%	\$84,452.16	\$42,226.08		
Cunningham Fire Protection District	Ambulance and Other Vehicles	35.8	50%	\$194,318.00	\$86,201.50		
Cunningham Fire Protection District	EMTS Equipment	38.8	50%	\$32,289.00	\$16,144.50	\$16,144.50	
Del Norte Fire Department	Ambulance and Other Vehicles	35.8	10%	\$30,000.00	\$27,000.00		
Delta County Ambulance District	Data Collection	43.0	50%	\$9,571.66	\$4,785.83	\$4,785.83	
Delta County Ambulance District	EMTS Equipment	41.1	50%	\$14,011.00	\$7,005.50	\$7,005.50	
Delta County Fire Protection District 4	EMTS Equipment	41.9	50%	\$11,708.00	\$5,854.00	\$5,854.00	
Delta County Memorial Hospital	EMTS Equipment	40.8	50%	\$9,692.00	\$4,846.00	\$4,846.00	
Denver Health and Hospital Authority	Communications	34.1	50%	\$140,530.92	\$70,265.46		
Dolores Fire Protection District	EMTS Equipment	36.6	50%	\$65,120.39	\$32,560.19	\$32,560.19	
Dove Creek Volunteer Ambulance Service	Personnel and Services	30.5	50%	\$92,385.09	\$46,192.54		
Elbert Fire Protection District	Data Collection	40.1	50%	\$16,642.43	\$8,321.21	\$8,321.21	
Elizabeth Fire Protection District	Data Collection	39.0	10%	\$45,565.00	\$41,008.50	\$41,008.50	
Elk Creek Fire Protection District	EMTS Equipment	40.7	50%	\$37,466.05	\$18,733.02	\$18,733.02	
Federal Heights Fire Department	Ambulance and Other Vehicles	40.1	50%	\$114,217.00	\$57,108.50	\$57,108.50	
Flagler Rural Fire Protection District	EMTS Equipment	44.3	10%	\$31,230.00	\$28,107.00	\$28,107.00	
Florence Volunteer Fire Department	Ambulance and Other Vehicles	43.4	50%	\$176,885.29	\$88,442.64	\$88,442.64	
Florence Volunteer Fire Department	EMTS Equipment	46.1	50%	\$18,010.35	\$9,005.17	\$9,005.17	
Foothills RETAC	Regional Medical Direction	N/A	0%	\$33,000.00	\$33,000.00		\$33,000.00
Fowler Rural Fire Protection Dist.	Ambulance and Other Vehicles	44.3	10%	\$191,529.00	\$172,376.10	\$166,182.30	
Frederick Area Fire Protection District	Injury Prevention	25.8	50%	\$22,750.00	\$11,375.00		
Gateway-UnawEEP Fire Protection District	Ambulance and Other Vehicles	37.1	50%	\$58,555.57	\$29,277.78	\$27,268.75	
Gateway-UnawEEP Fire Protection District	Communications	41.0	50%	\$19,812.21	\$9,906.10	\$8,007.73	
Gateway-UnawEEP Fire Protection District	EMTS Equipment	41.5	50%	\$2,368.80	\$1,184.40	\$1,184.40	
Gilpin Ambulance Authority	Ambulance and Other Vehicles	41.4	50%	\$163,461.00	\$81,730.50	\$81,730.50	
Grand Junction Fire Department	Ambulance and Other Vehicles	42.6	50%	\$41,425.00	\$20,712.50	\$20,712.50	
Grand Junction Fire Department	Personnel and Services	42.5	50%	\$46,312.56	\$23,156.28	\$23,156.28	

Greater Brighton Fire Protection District	EMTS Equipment	39.2	50%	\$19,483.25	\$9,741.62	\$9,741.62	
Groove Medical Services, Inc.	Ambulance and Other Vehicles	31.5	10%	\$21,558.76	\$18,268.88		
Groove Medical Services, Inc.	Data Collection	40.8	10%	\$1,260.00	\$1,134.00	\$1,134.00	
Gunnison Valley Hospital - EMS	Ambulance and Other Vehicles	40.7	50%	\$60,850.32	\$30,425.16	\$30,425.16	
Gunnison Valley Hospital - EMS	Communications	43.7	50%	\$11,251.00	\$5,625.50	\$5,625.50	
Gunnison Valley Hospital - EMS	EMTS Equipment	43.6	50%	\$19,829.94	\$9,914.97	\$9,914.97	
Highland Rescue Team Ambulance District	Data Collection	38.2	50%	\$11,275.00	\$5,637.50	\$5,637.50	
Highland Rescue Team Ambulance District	EMTS Equipment	39.1	50%	\$98,335.41	\$49,167.70	\$31,500.00	
Indian Hills Fire Protection District	EMTS Equipment	42.2	50%	\$5,793.86	\$2,896.93	\$2,896.93	
Keefe Memorial Health Service District	EMTS Equipment	41.8	10%	\$38,481.21	\$34,633.08	\$34,633.08	
Kit Carson County	Ambulance and Other Vehicles	37.8	10%	\$170,461.00	\$153,414.90	\$153,414.90	
Kremmling Fire Protection District	EMTS Equipment	34.4	50%	\$44,520.00	\$22,260.00		
Kremmling Memorial Hospital District	EMTS Equipment	42.0	50%	\$319,359.74	\$159,679.87	\$106,179.87	
Kremmling Memorial Hospital District	Personnel and Services	45.0	50%	\$13,632.08	\$6,816.04	\$6,816.04	
La Veta Fire Protection District	EMTS Equipment	41.7	50%	\$16,765.57	\$8,382.77	\$8,382.77	
Lefthand FPD	EMTS Equipment	43.4	50%	\$11,879.00	\$5,939.50	\$2,015.00	
Livermore Fire Protection District	Ambulance and Other Vehicles	41.3	10%	\$63,240.00	\$56,916.00	\$56,916.00	
Livermore Fire Protection District	Communications	42.8	10%	\$4,863.63	\$4,377.26	\$4,377.26	
Lower Valley Hospital Association	EMTS Equipment	39.1	50%	\$94,212.84	\$47,106.42	\$47,106.42	
Lutheran Hospital Association of the San Luis Valley	EMTS Equipment	46.0	50%	\$207,291.48	\$103,645.73	\$51,168.44	
Mesa County Fire Chiefs Association	EMTS Equipment	42.3	50%	\$28,964.75	\$14,482.37	\$14,482.37	
Mesa County Fire Chiefs Association	System Improvement	34.6	0%	\$19,750.00	\$19,750.00		
Mile-High RETAC, Inc.	Conference and Forum Support	39.0	0%	\$136,327.40	\$136,327.40		\$136,327.40
Mile-High RETAC, Inc.	Regional Medical Direction	N/A	0%	\$33,000.00	\$33,000.00		\$33,000.00
Mile-High RETAC, Inc.	RETAC Operations	36.5	0%	\$29,865.00	\$29,865.00		
Morgan County Ambulance Service	Ambulance and Other Vehicles	40.5	50%	\$103,437.00	\$51,718.50	\$49,168.50	
Morgan County Ambulance Service	Data Collection	43.5	50%	\$16,640.48	\$8,320.24	\$8,320.24	
Nederland Fire Protection District	EMTS Equipment	35.8	50%	\$14,281.00	\$7,140.50		
North Fork Ambulance Association	Ambulance and Other Vehicles	36.7	50%	\$103,149.00	\$51,574.50	\$51,574.50	
North Fork Ambulance	Personnel and	36.7	50%	\$241,539.84	\$120,769.92	\$120,769.92	

## Attachment A

Association	Services						
Northeast Colorado RETAC	Regional Medical Direction	N/A	0%	\$33,000.00	\$33,000.00		\$33,000.00
Northwest RETAC	Conference and Forum Support	41.0	0%	\$14,000.00	\$14,000.00		\$14,000.00
Northwest RETAC	Regional Medical Direction	N/A	0%	\$33,000.00	\$33,000.00		\$33,000.00
Nucla-Naturita Fire Protection District Ambulance	EMTS Equipment	43.2	50%	\$7,846.70	\$3,923.35	\$3,923.35	
Olathe Fire Protection District - EMS Division	Personnel and Services	34.1	50%	\$122,741.10	\$61,370.54		
Ouray County Emergency Medical Service	Communications	45.6	50%	\$5,803.88	\$2,901.93	\$2,901.93	
Ouray County Emergency Medical Service	Personnel and Services	45.0	50%	\$44,784.00	\$22,392.00	\$22,392.00	
Platte Canyon Fire Protection District	Ambulance and Other Vehicles	35.9	30%	\$178,348.00	\$121,627.80		
Platte Valley Medical Center - EMS	EMTS Equipment	38.6	50%	\$172,586.20	\$86,293.10	\$86,293.10	
Poudre Valley Health System Foundation	EMTS Equipment	33.3	50%	\$77,515.00	\$38,757.50		
Pueblo Rural Fire Protection District	EMTS Equipment	42.9	50%	\$26,571.80	\$13,285.90	\$12,136.39	
Rangely Hospital District Ambulance Service	Ambulance and Other Vehicles	41.9	50%	\$182,320.00	\$87,796.50	\$87,796.50	
Red, White and Blue Fire	Ambulance and Other Vehicles	34.4	50%	\$196,731.00	\$98,365.50		
Regents of University of Colorado	EMTS Equipment	38.8	50%	\$87,355.00	\$43,677.50	\$36,285.37	
Rico Fire Protection District	Ambulance and Other Vehicles	42.8	20%	\$178,116.00	\$142,436.00	\$142,436.00	
Rico Fire Protection District	EMTS Equipment	42.7	20%	\$13,769.46	\$11,015.56	\$11,015.56	
Ridgway Fire Protection District	EMTS Equipment	45.2	50%	\$40,215.00	\$20,107.50	\$20,107.50	
Rist Canyon Volunteer FD	Communications	43.4	40%	\$5,758.70	\$3,455.22	\$3,455.22	
Rist Canyon Volunteer FD	Data Collection	40.2	40%	\$1,438.00	\$862.80	\$862.80	
Rist Canyon Volunteer FD	EMTS Equipment	40.0	40%	\$3,788.00	\$2,272.80	\$2,272.80	
Rocky Mountain Rescue Group	Ambulance and Other Vehicles	36.6	50%	\$17,038.97	\$8,519.48	\$8,519.48	
Rocky Mountain Rescue Group	Communications	40.3	50%	\$34,800.00	\$17,400.00	\$17,400.00	
Sable Altura Fire Protection District	Ambulance and Other Vehicles	36.9	50%	\$347,322.00	\$173,661.00	\$169,856.00	
San Luis Valley RETAC	EMTS Equipment	39.4	50%	\$3,127,615.00	\$1,563,807.50	\$1,563,807.50	
Security Fire Protection District	Communications	34.1	50%	\$20,000.00	\$10,000.00		
Sedgwick County Ambulance Service	Ambulance and Other Vehicles	42.6	50%	\$132,610.00	\$66,305.00	\$66,305.00	
Silverton-San Juan County Ambulance	EMTS Equipment	41.1	10%	\$76,196.78	\$68,577.06	\$68,577.06	
Silverton-San Juan County Ambulance	Other	37.8	10%	\$612.49	\$551.24	\$551.24	
Silverton-San Juan County Ambulance	Personnel and Services	34.4	10%	\$3,000.00	\$2,700.00		
South Fork Fire Protection	Ambulance and	41.5	50%	\$62,731.00	\$31,365.50	\$31,365.50	

District	Other Vehicles						
Southeast Colorado Hospital District	Ambulance and Other Vehicles	43.8	10%	\$168,658.00	\$147,798.00	\$147,798.00	
Southeast Colorado Hospital District	EMTS Equipment	44.9	10%	\$92,793.00	\$83,513.70	\$83,513.70	
Southeast Colorado RETAC	Conference and Forum Support	43.3	0%	\$19,536.69	\$19,536.69		\$19,536.69
Southeast Colorado RETAC	Regional Medical Direction	N/A	0%	\$33,000.00	\$33,000.00		\$33,000.00
Southern Colorado RETAC	Regional Medical Direction	N/A	0%	\$33,000.00	\$33,000.00		\$33,000.00
Southwest Health Systems	Ambulance and Other Vehicles	38.9	50%	\$361,990.00	\$180,995.00	\$177,345.00	
Southwest Health Systems	EMTS Equipment	38.8	50%	\$113,810.79	\$56,905.39	\$55,662.51	
Southwest RETAC	Regional Medical Direction	N/A	0%	\$33,000.00	\$33,000.00		\$33,000.00
Southwest Teller County EMS	Ambulance and Other Vehicles	42.1	50%	\$187,347.00	\$93,673.50	\$90,260.50	
Stagecoach State Park	EMTS Equipment	40.2	50%	\$4,000.00	\$2,000.00	\$1,558.00	
Sterling Fire Department	Communications	34.8	50%	\$33,800.00	\$16,900.00		
Summit County Government	Ambulance and Other Vehicles	39.4	50%	\$191,731.00	\$95,865.50	\$91,963.00	
Sunshine Fire Protection District	Communications	39.8	50%	\$7,843.75	\$3,921.87	\$3,921.87	
Tallahassee Volunteer Fire Dept	Communications	37.8	10%	\$29,792.35	\$26,813.11	\$26,813.11	
The Memorial Hospital at Craig	Communications	39.7	50%	\$18,978.50	\$9,489.25	\$9,489.25	
Thompson Valley Health Services District	Ambulance and Other Vehicles	38.3	50%	\$152,442.00	\$76,221.00	\$76,221.00	
Town of Limon	EMTS Equipment	42.2	10%	\$111,399.44	\$100,259.49	\$100,259.49	
Town of Limon	Personnel and Services	37.6	10%	\$52,000.00	\$46,800.00	\$46,800.00	
Trinidad Ambulance District	Ambulance and Other Vehicles	35.2	50%	\$231,675.73	\$85,659.06		
Trinidad Area Health Association	EMTS Equipment	41.4	50%	\$130,428.85	\$65,214.42	\$65,214.42	
University of Colorado Health - Memorial Health System	EMTS Equipment	31.1	50%	\$53,845.72	\$26,922.84		
Upper Pine River Fire Protection District	Ambulance and Other Vehicles	37.8	50%	\$196,000.00	\$97,610.00	\$97,260.00	
Upper San Juan Health Services District	Communications	41.8	50%	\$26,455.20	\$13,227.60	\$13,227.60	
Upper San Juan Health Services District	EMTS Equipment	42.1	50%	\$17,421.00	\$8,710.50	\$8,710.50	
Ute Mountain Ute Tribal EMS	Ambulance and Other Vehicles	30.9	50%	\$356,632.00	\$178,245.00		
Ute Pass Regional Health Service District	Ambulance and Other Vehicles	40.9	50%	\$52,972.36	\$26,486.17	\$26,486.17	
Ute Pass Regional Health Service District	Communications	43.1	50%	\$5,925.00	\$2,962.50	\$2,962.50	

## Attachment A

Ute Pass Regional Health Service District	EMTS Equipment	41.1	50%	\$17,705.24	\$8,852.62	\$8,852.62	
Walsh Hospital District	Ambulance and Other Vehicles	42.2	10%	\$200,200.00	\$167,575.50	\$167,575.50	
Walsh Hospital District	Communications	46.7	10%	\$6,128.00	\$5,515.20	\$5,515.20	
Walsh Hospital District	Data Collection	46.3	10%	\$1,110.00	\$999.00	\$999.00	
Walsh Hospital District	EMTS Equipment	45.3	10%	\$111,250.16	\$100,125.11	\$100,125.11	
Walsh Hospital District	Technical Assistance	43.0	0%	\$26,394.00	\$26,394.00		\$24,970.00
West Metro Fire Protection District	Ambulance and Other Vehicles	33.0	50%	\$517,810.00	\$258,832.00		
Western RETAC	Conference and Forum Support	36.6	0%	\$26,062.15	\$26,062.15		\$26,062.15
Western RETAC	EMTS Equipment	40.2	50%	\$13,750.00	\$6,875.00	\$6,875.00	
Western RETAC	Regional Medical Direction	N/A	0%	\$33,000.00	\$33,000.00		\$33,000.00
Yuma Fire Department	EMTS Equipment	43.2	50%	\$34,155.00	\$17,077.50	\$17,077.50	
				<b>Totals:</b>	<b>\$9,395,498.83</b>	<b>\$7,031,573.82</b>	<b>\$550,896.24</b>

## Attachment B - Designated Trauma Centers as of June 30, 2016

I	Denver Health Medical Center	Denver
I	St. Anthony Hospital	Lakewood
I	Swedish Medical Center	Englewood
II	Boulder Community Hospital	Boulder
II	Good Samaritan Medical Center	Lafayette
II	Littleton Adventist Hospital	Littleton
II	Medical Center of Aurora	Aurora
II	Medical Center of the Rockies	Loveland
II	Memorial Hospital Central (Univ. of Colorado Health)	Colorado Springs
II	North Colorado Medical Center	Greeley
II	Parker Adventist Hospital	Parker
II	Parkview Medical Center	Pueblo
II	Penrose Hospital	Colorado Springs
II	Sky Ridge Medical Center	Lone Tree
II	St. Mary's Hospital	Grand Junction
II	University of Colorado Hospital	Aurora
III	Aspen Valley Hospital (CAH)	Aspen
III	Avista Adventist Hospital	Louisville
III	Castle Rock Adventist Hospital	Castle Rock
III	Colorado Plains Medical Center	Fort Morgan
III	Longmont United Hospital	Longmont
III	Lutheran Medical Center	Wheat Ridge
III	McKee Medical Center	Loveland
III	Memorial Hospital North (University of Colorado Health)	Colorado Springs
III	Mercy Regional Medical Center	Durango
III	Montrose Memorial Hospital	Montrose
III	North Suburban Medical Center	Thornton
III	Porter Adventist Hospital	Denver
III	Poudre Valley Hospital	Fort Collins
III	San Luis Valley Regional Medical Center	Alamosa
III	St. Anthony North Health Campus	Westminster
III	St. Francis Medical Center	Colorado Springs
III	St. Mary-Corwin Medical Center	Pueblo
III	Sterling Regional Medical Center	Sterling
III	Summit Medical Center	Frisco
III	Vail Valley Medical Center	Vail
III	Valley View Hospital	Glenwood Springs
IV	Animas Surgical Hospital	Durango
IV	Arkansas Valley Regional Medical Center	La Junta
IV	Centennial Medical Plaza	Englewood
IV	Church Ranch Emergency Room	Westminster
IV	Colorado Canyons Hospital and Medical Center	Fruita
IV	Community Hospital	Grand Junction
IV	Conejos County Hospital Corporation (CAH)	La Jara
IV	Delta County Memorial Hospital	Delta
IV	East Morgan County Hospital (CAH)	Brush
IV	Estes Park Medical Center (CAH)	Estes Park
IV	Grand River Medical Center (CAH)	Rifle
IV	Gunnison Valley Health (CAH)	Gunnison
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
IV	Melissa Memorial Hospital (CAH)	Holyoke
IV	Middle Park Medical Center - Granby Campus	Granby
IV	Middle Park Medical Center - Kremmling Campus	Kremmling
IV	Mt San Rafael Hospital (CAH)	Trinidad
IV	Pagosa Springs Medical Center	Pagosa Springs
IV	Pikes Peak Regional Hospital (CAH)	Woodland Park
IV	Pioneers Medical Center (CAH)	Meeker
IV	Platte Valley Medical Center	Brighton
IV	Presbyterian/St Luke's Medical Center	Denver
IV	Rangely District Hospital (CAH)	Rangely
IV	Rio Grande Hospital (CAH)	Del Norte
IV	Rose Medical Center	Denver
IV	Saddle Rock Emergency Room (CCEC)	Aurora
IV	Sedgwick County Health Center	Julesburg
IV	Southeast Colorado Hospital (CAH)	Springfield
IV	Southwest Memorial Hospital (CAH)	Cortez
IV	Spanish Peaks Regional Health Center (CAH)	Walsenburg
IV	St. Anthony North 84th Ave ED	Westminster
IV	St. Thomas More Hospital	Canon City
IV	The Memorial Hospital (CAH)	Craig
IV	Wray Community District Hospital (CAH)	Wray
IV	Yampa Valley Medical Center	Steamboat Springs
IV	Yuma District Hospital (CAH)	Yuma
V	Denver Heath East Grand Clinic (CCEC)	Winter Park
V	St. Anthony Breckenridge Community Clinic (CCEC)	Breckenridge
V	St. Anthony Keystone Medical Clinic (CCEC)	Keystone
V	Telluride Medical Center (CCEC)	Telluride
RPTC	Children's Hospital Colorado	Aurora
NonD	Banner Fort Collins Medical Center	Greeley
NonD	Banner North CO Emergency Care (CCEC)	Greeley
NonD	Centura Health Emergency & Urgent Care (CCEC)	Avon
NonD	Centura Health Emergency & Urgent Care (CCEC)	Arvada
NonD	Centura Health Emergency & Urgent Care (CCEC)	Golden
NonD	Centura Health Emergency & Urgent Care Indian Peaks(CCEC)	Dacono
NonD	Centura Health Emergency & Urgent Care (CCEC)	Parker
NonD	Children's Hospital Colorado at Parker Adventist Hospital	Parker
NonD	Children's Hospital Colorado at St. Joseph Hospital	Denver
NonD	Children's Hospital Colorado South Campus	Highlands Ranch
NonD	Community Medical Center Emergency Department	Lafayette
NonD	Greeley Emergency Center (CCEC)	Greeley
NonD	Gunnison Valley Health Mountain Clinic	Gunnison
NonD	Haxtun Hospital District (CAH)	Haxtun
NonD	North Suburban Medical Center- Northeast ER (CCEC)	Westminster
NonD	North Suburban Medical Center-Northwest ER (CCEC)	Thornton
NonD	Parkview Pueblo West Emergency Services (CECC)	Pueblo West
NonD	Prowers Medical Center (CAH)	Lamar
NonD	Saint Joseph Hospital	Denver
NonD	SCL Health Community Hospital	Westminster
NonD	Southland ER Parker Adventist (CCEC)	Aurora
NonD	St. Anthony Copper Mountain (CCEC)	Cooper Mountain
NonD	St. Vincent General Hospital District (CAH)	Leadville



NonD	Swedish SW ER (CCEC)	Littleton
NonD	UC Health Emergency Room (CCEC)	Broomfield
NonD	UC Health Emergency Room (CCEC) Meadow Grass Dr	Colorado Springs
NonD	UC Health Emergency Room (CCEC) Firestone Blvd	Firestone
NonD	UC Health Emergency Room (CCEC) Woodman Rd	Colorado Springs
NonD	UC Health Emergency Room (CCEC) Ralston Rd	Arvada
NonD	UC Health Emergency Room (CCEC) Powers Blvd	Colorado Springs
NonD	UC Health Emergency Room (CCEC) West Bowles Ave	Littleton
NonD	UC Health Emergency Room (CCEC) Green Valley Ranch Blvd	Denver
NonD	UC Health Emergency Room (CCEC) Fountain Mesa Ridge	Fountain
NonD	UC Health Emergency Room (CCEC) Colorado Blvd	Thornton
NonD	UC Health Emergency Room (CCEC) Colorado Blvd	Thornton
NonD	UC Health Emergency Room (CCEC) 104th Ave	Commerce City
NonD	UC Health Emergency Room (CCEC) Smoky Hill Rd	Aurora
NonD	UC Health Emergency Room (CCEC) E Mississippi	Aurora
NonD	UC Health Emergency Room (CCEC)	Parker
NonD	UC Health Harmony Road ER	Fort Collins
NonD	UC Health Harmony ER	Longmont
NonD	Weisbrod Memorial County Hospital (CAH)	Eads

Totals	
Level I:	03
Level II:	13
Level III:	21
Level IV:	39
Level V:	04
RPTC (Regional Pediatric Trauma Center):	01
Total Designated Trauma Centers:	81
Total Non-Designated Facilities:	42
<b>Total:</b>	<b>120</b>
*All other hospitals are licensed as acute care hospitals	
*CAH - Indicates licensure as a Critical Access Hospital	
*CCEC - Indicates licensure as community clinic with emergency care	