



**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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2020  
**Annual Legislative Report**

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July 2019 - June 2020

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.

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## Executive Summary

Colorado's Emergency Medical and Trauma Services (EMTS) system provides high quality medical care and transportation 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 including 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, positioned, and staffed 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 Service (EMS) agencies and trauma facilities are essential partners in community and public 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 branch's regulatory responsibilities are to:

- certify EMS providers
- register emergency medical responders (EMR)
- recognize educational programs that deliver initial EMS provider training and continuing education
- license air ambulance agencies
- administer and manage grant funding
- designate hospitals and other health care facilities as trauma centers
- regulate scopes of practice for EMS providers
- provide technical assistance

Each year, Emergency Medical Services (EMS) agencies in Colorado respond to over 750,000 incidents and provide quality medical care and transportation to over 500,000 patients. Of these patients, approximately 25 percent are trauma (injured) patients, and 75 percent are patients with medical, psychiatric or other conditions. These services are provided by over 200 locally licensed ambulance services, which are staffed by a combination of 18,500 paid and unpaid professional EMS providers. Additionally, 84 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 with 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 (EMPAC). EMPAC provides the Department expert advice related to technical scope of care for EMS providers and advises on EMS medical director requirements. The eleven council members represent urban and rural EMS medical directors and providers. EMPAC 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 Services Advisory Councils (RETACs) 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. Regional councils complete 2-year biennial plans that outline goals, programs and initiatives. Regions represent 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 maintain open and effective communication with internal and external customers on a daily basis. They 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 \$2 fee assessed per each motor vehicle registered and this is supplemented by the collection of trauma center designation fees, air ambulance licensure fees, and provisional EMS provider certification fees. The Department relies on these funds to monitor and develop emergency medical service agencies and trauma centers; support the continued development of rural, frontier and underdeveloped trauma and emergency medical services systems; and, increase the availability of equipment and personnel across the state of Colorado. Revenues have been reduced significantly in the last two fiscal years. Reductions in funding are due to a change implemented by the Department of Revenue in the prior fiscal year that narrowed the types of registrations subject to the \$2 EMS fee, combined with the decrease in vehicle registrations processed to the global pandemic.

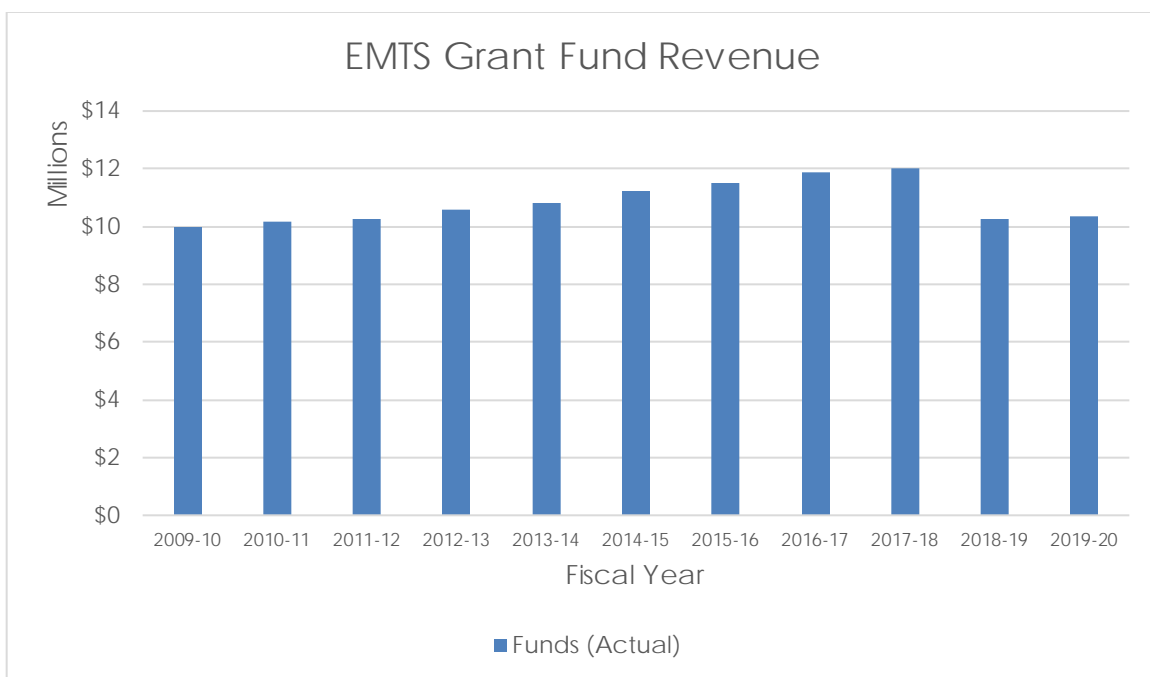
## Key Accomplishments in Fiscal Year 2020

- The Department relies on 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. This fiscal year, the Department distributed \$7.4 million via grants to support, develop and improve Colorado's statewide EMS and trauma system.
- Significant progress was made on the 2019 legislative session initiatives.
  - Senate Bill 19-052 expands the scope of practice for EMS providers in clinical settings, and a multi-disciplinary task force drafted rule revisions in 6 CCR 1015-3 Chapter Two that will go through the Chief Medical Officer hearing process in late 2020. It's anticipated the rules will become effective January 2021.
  - Senate Bill 19-242 allows EMS providers to voluntarily become licensed, rather than certified, with proof of a four-year Bachelor's degree in a field related to the health sciences, or an equivalent field. This required rule revision in 6 CCR 1015-3 Chapter One, and the state advisory council stood up a task force that addressed this work. The draft rules will go through the Board of Health hearing process in late 2020 with a projected start date of January 2021.
  - Senate Bill 19-065 granted authority for the Department to contract with a peer assistance program to provide support services and referrals to EMS providers statewide, and to collect funds to support the program through a \$2.55 certification fee. There is a funding shortfall for this program, and the state advisory committee worked with the Department to find a short-term solution using funding from the grants program. The peer assistance program became operational in early 2020.
- The Department convened two task forces to review and revise 6 CCR 1013-4 Chapter Two (State Emergency Medical and Trauma Care System Standards) and Chapter Four (Regional Emergency Medical and Trauma Advisory Councils). Both of these task forces completed their work, and the revisions were incorporated into the ongoing work of the Chapter Three task force. The Chapter Three task force completed its work and the revised Chapter One through Four rules were promulgated June 14, 2020.
- The Colorado Resource for EMS and Trauma Education (CREATE) program continued its success in fiscal year 2020, disbursing funds in the form of education grants to help offset tuition, book and fee costs. 307 students were trained using support from these grant funds. Demand for CREATE funding was adversely affected by the global pandemic when a substantial number of courses were canceled or postponed in the fourth quarter of the fiscal year.
- 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). Now 20 states have joined the compact, and the commission declared the EMS Compact operational in March 2020. The compact simplifies the complexities of interstate licensing and certification of EMS providers by allowing immediate recognition of certification in authorized circumstances in participating states.

# Section Updates

## Funding Section

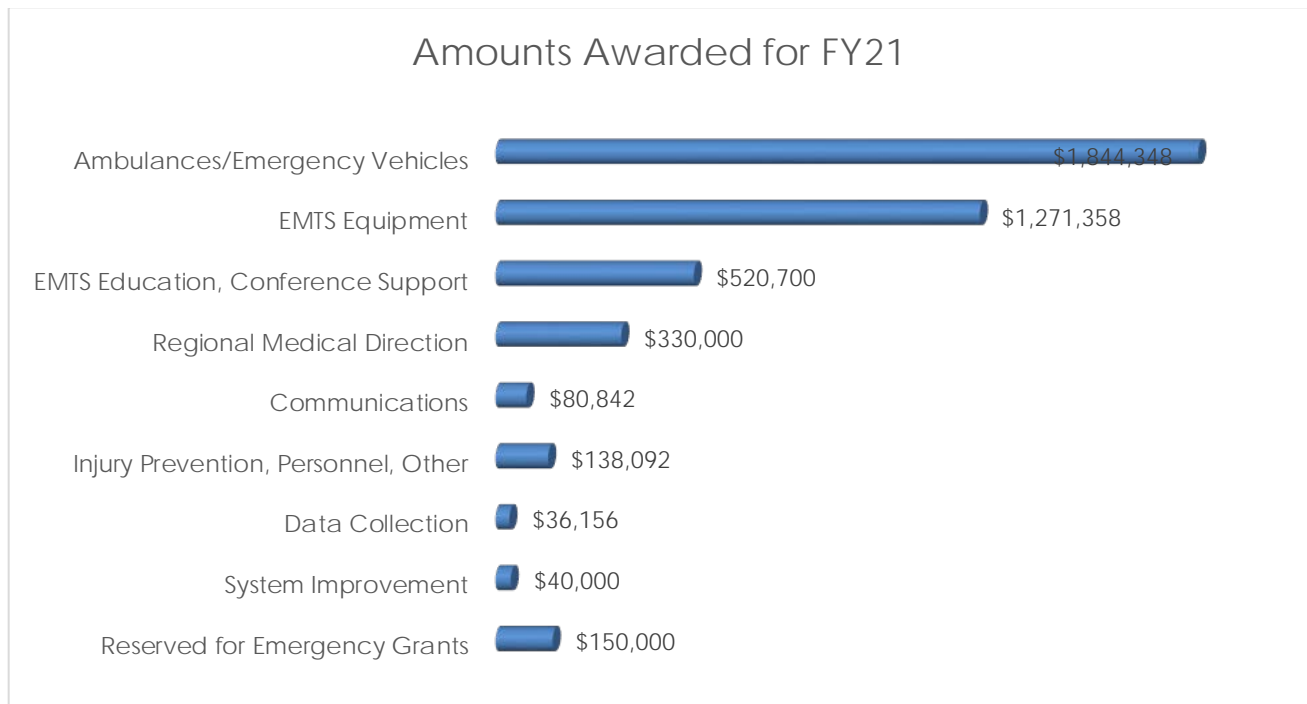
The fiscal year 2021 budget from the EMS Account for the Emergency Medical and Trauma Services Funding program was \$8,443,896, including the statutory allocations of a minimum of \$150,000 for training emergency medical personnel and \$100,000 for emergency grant awards. In fiscal year 2021, grants supporting Colorado’s Emergency Medical and Trauma System were reduced and limited for the second consecutive fiscal year. Furthermore, when adjusted for inflation, the EMTS grant program is currently at the lowest funding level in the past decade. Reductions in the funding are attributed to two primary factors: a change implemented by the Department of Revenue in fiscal year 2020 that narrowed the types of registrations subject to the \$2 EMS fee, and a decrease in vehicle registrations processed in fiscal year 2020 due to the global pandemic. The EMTS grant funds are essential to the sustainability of Colorado’s Emergency Medical and Trauma Services system, especially in Colorado’s rural and frontier communities.



**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 and EMS vehicles, communications, data collection, EMS and trauma equipment, injury prevention, recruitment and retention, personnel and services and other. A total of \$3,370,796 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 designed to enhance the Emergency Medical and Trauma Services system in Colorado. System improvement categories include technical assistance, system improvement and conference and forum support. A total of \$390,700 was awarded in system improvement funding.

This total includes \$330,000 distributed to 10 regions to continue development of medical direction on a regional basis. A list of the awards is found in [Attachment A](#).



### 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 2020 due to the continued need throughout the state, which significantly exceeds the \$150,000 statutory minimum. For fiscal year 2020, a total of \$225,366.68 was disbursed in the form of education grants to help offset the cost of tuition, books and fees, for 307 Colorado EMS and trauma providers who were trained with assistance from these grants. Demand for CREATE funding was adversely affected by the global pandemic in the fourth quarter of the fiscal year. A substantial number of courses were canceled or postponed until stringent personal protective measures could be incorporated into the education programs to minimize transmission of COVID-19.



## 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.

On June 30, 2020, 84 designated trauma centers were serving the people of Colorado. During the fiscal year 2020 one facility (North Suburban Medical Center) increased their trauma designation level by meeting the requirements of a Level II trauma center.

Unfortunately, fiscal year 2020 saw a decline in the number of non-designated facilities in Colorado. The decline is continuing as free-standing emergency departments across Colorado are closing due to the financial impact of the Coronavirus pandemic. As of June 30, 2020, Colorado had 50 non-designated facilities.

Community engagement and technical assistance are two of the most important aspects of the Trauma Section's work. Fiscal year 2020 offered many opportunities to provide assistance and engage stakeholders across the state:

- There were 17 designation reviews or re-reviews completed by a team of physicians, nurses and Trauma Section staff members. In late March, 2020, all on-site reviews were postponed due to COVID19. The Department granted a one-time waiver for all facilities extending their trauma designation by one year.
- Additionally, staff members provided 54 on-site technical assistance visits and/or compliance checks for facilities with plans of correction and six trainings for trauma nurse coordinators and registry staff reaching more than 400 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 2020 saw the completion of three years of work revising Chapters One through Four of the Trauma Rules. The entire rule set was promulgated June 14, 2020 after significant stakeholder input and Board of Health approval.

### STEMI and Stroke Systems of Care

In 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 boards

within the Colorado Department of Public Health and Environment: a 15-member ST segment-Elevation Myocardial Infarction (STEMI) Task Force and an 18-member Stroke Advisory Board.

The STEMI Task Force ended and delivered its final report with recommendations for the development of a heart attack system of care to the legislature in August 2015. In 2017, the legislature passed [House Bill 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 developed the platform, implemented a process, and is collecting those quarterly reports.

Senate Bill 18-1265 was passed by the legislature and signed into law by Gov. John Hickenlooper extending the work of the board until 2028. The Stroke Advisory Board continues its work to make recommendations to improve the system of care for stroke in Colorado in an annual report to the legislature. The board continues to act as a resource to Colorado's communities while gathering information to make additional recommendations to resolve gaps in the system of care in Colorado's diverse regions. In 2020, the legislature removed the Department's administrative support for the Stroke Advisory Board. This board continues its work independently.

## Data Section

### 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. Since January 2007, EMS ambulance agencies have submitted reports on more than 5 million EMS incidents across the state. These data are entered and stored in a software product known as ImageTrend, which is used across various programs within the EMTS branch. In fiscal year 2018 the Department contracted with ImageTrend to develop a statewide trauma registry to facilitate improved data collection from all facilities. This system was implemented in fiscal year 2019, and in 2020 all facilities were compliant with data submission. The Department continues to validate and analyze both EMS and trauma data for quality improvement across the state.

### 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 holds hundreds of thousands of records that provide key information on trauma care across the state. 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. In fiscal year 2020, data from the Colorado Trauma Registry were used to evaluate various aspects of the trauma system including:

- Trauma data submission and volume
- Geographic locations of all trauma facilities
- Trauma incidents by age groups, specific geographic area, Injury Severity Score (ISS), mechanism of injuries
- Pediatric, firearms, motor vehicle related injuries
- Site level reports for designation reviews
- Causes and procedures
- Under and over triage
- Inter-facility transfers
- Hospital/ED length of stay
- Patient population statistics

### Evaluation of the Emergency Medical Services System

During fiscal year 2020, over 750,000 patient care reports were submitted into the Colorado EMS Database using the national standard of NEMSIS, the National EMS Information System (see <https://nemsis.org/>). As of Jan. 1, 2018 all licensed ambulance agencies were required to submit patient care data to the Department in the newest version of NEMSIS (Version 3). The new software version corrected many of the shortcomings of the previous version, and provides additional capabilities to collect quality data that can be used to improve patient care and support quality improvement projects. As an example, the Department has been able to construct robust regional compliance reports, injury summaries, benchmark reports that examine key aspects of patient care across the state. These reports allow ambulance agencies to retrieve their own benchmark data as well as compare their numbers to their region and the state overall. EMS data continues to be utilized by several stakeholders and presented to various audiences via conferences, meetings, and reports to create a more complete picture of patient care across the state.

In fiscal year 2020, EMS data were used to evaluate various components of the emergency medical services care system, including:

- EMS agency data submission, timeliness, and volume
- Geographic locations of all EMS agencies
- EMS events by age groups, specific geographic area, medications administered
- Emergent responses and transports
- EMS billing rates
- Vital signs, procedures (e.g., blood glucose measure on seizure patients)
- Naloxone use and opioid-associated resuscitative emergencies
- Snow sport related emergencies
- Air medical transports
- Cardiac arrest, trauma and stroke events
- Events by destination (e.g., number of events resulting in transport to acute care facilities)
- Primary/secondary impressions
- Common causes of injuries by region

## Operations Section

The Department is the state agency responsible for the oversight of EMS education programs, oversight of continuing education programs, and the certification of EMS providers in Colorado. As of June 2020, there were 18,586 EMS providers certified in Colorado. During the fiscal year, the Department processed over 6,000 applications for registration, certification or certification renewal for EMS providers and EMR personnel.

### Certified EMS Providers

EMS provider certification levels include Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), Emergency Medical Technician-Intermediate (EMT-I) and Paramedic. In Colorado, Emergency Medical Responders (EMR) complete a voluntary registration program with the Department.

EMR	EMT	Advanced EMT	EMT-Intermediate	Paramedic*	Total
438	13,382	349	419	4,436	18,586

Note: Of the 4,436 certified paramedics, 412 have earned the Critical Care endorsement and 23 earned the Community Paramedicine endorsement. Seven paramedics have both the Critical Care and Community Paramedicine endorsements. The Community Paramedicine endorsement is relatively new, but vital. Community Paramedics augment Colorado's healthcare system by utilizing specialized paramedics in the home setting when traditional home health services are either not available or applicable.

### EMS Education Programs

The Department provides regulatory oversight for EMS education across the state. In fiscal year 2020, 218 education programs were authorized to provide initial EMS education in Colorado. Compared nationally, Colorado consistently outperforms national averages on the National Registry certification examination.

	EMT	Advanced EMT	Paramedic
<b>Colorado</b>	<b>84%</b>	<b>80%</b>	<b>98%</b>
National	79%	74%	86%

(July 1, 2019 - June 30, 2020 cumulative passrate on national certification examination. Data provided by the National Registry of EMTs.)

## Investigation and Enforcement

The Department continues to oversee discipline and enforcement activities for EMS providers, EMRs, licensed air ambulance agencies and EMS education programs. During fiscal year 2020, the department instituted 37 enforcement actions against certified EMS providers. Additionally, the department completed 703 background investigations on new, renewal, and provisional applications; initiated 84 complaint investigations; and closed 82 complaint investigations.

## 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 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 eleven Regional Emergency Medical and Trauma Services 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 meet quarterly to share and discuss current local issues as well as best practices in regional medical oversight.

The Regional Medical Direction Committee works with the Emergency Medical Practice and Advisory Council to drive quality of care for the EMS systems throughout the state of Colorado. Funding is available annually for regional medical direction programs through evaluation and recommendation by the State Emergency Medical and Trauma Services Advisory Council. This process is separate from the annual competitive provider grant process, and as such allows regions to concentrate on meeting program deliverables and outcomes. Each year, funding is based upon performance reviews of the regions' abilities to meet the previous year's defined deliverables.

## 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 continues to be improved and refined for efficiency and to reduce the reporting burden on the medical directors. As of June 30, 2019, the Department had approved 456 active scope of practice waivers: four waivers are for Basic Life Support provider levels, 417 for Advanced Life Support provider levels, and 35 for combination Basic and Advanced Life Support provider levels.

## Air Ambulance Licensing

Colorado is served by 20 licensed air ambulance services and 11 recognized air ambulance services. (recognized agencies have 12 or fewer patient pick-ups in Colorado a year). A list of licensed air ambulance services can be found at [www.coems.info](http://www.coems.info).

## EMTS System Consultative Reviews

An Emergency Medical and Trauma Services system consultation is underway at the request of Bent County. The Department worked collaboratively with regional and local stakeholders to assemble a team of practicing EMS and trauma professionals from communities across the state to assist the county in analyzing their current EMTS systems and developing strategies for improvement. After the review is complete, Department staff members and the review team will meet with local officials and stakeholders to provide a formal report on the system assessment and recommendations for enhancing the local EMTS system.

## 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 247 remote tower sites, more than 1,000 agencies and more than 100,000 subscriber units (individual radios) spread across five zones. The system carried more than 110 million calls in fiscal year 2019. 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.

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. FirstNet Colorado leads the state's efforts to plan, develop and deploy the National Public Safety Broadband Network.

House Bill 18-1325 provided an appropriation of \$2 million dollars in FY18-19 and \$2 million dollars in FY19-20 for the Office of Information Technology, Public Safety Communications Network to work in partnership with local and regional government entities to add additional Digital Trunked Radio System (DTRS) sites in areas experiencing critical coverage gaps for public safety radio communications.

### 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 2020, joint efforts with the Violence and Injury Prevention-Mental Health Promotion Branch included continuation of a joint committee, the Injury Prevention Committee that 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 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 Colorado Revised Statute § 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. Historically, the Emergency Medical and Trauma Services Branch was the Colorado grantee for the federal EMS for Children State Partnership Grant and worked in partnership with the Section of Pediatric Emergency Medicine at the University of Colorado School of Medicine to implement the grant. On April 1, 2018, the School of Medicine became the direct grantee for the grant, and established a cooperative agreement with the Department to continue the partnership in successfully implementing the 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 five years the program has collaborated extensively with the Children's Hospital Colorado Outreach and Education team to deliver mobile simulation-based training to nearly 2,500 EMS and hospital providers in communities across the state. Between July 1, 2018 and June 30, 2019, the mobile simulation lab reached almost 300 providers. In 2018, the program, in partnership with Children's Hospital Colorado, completed a large study on the effect of serial trainings using mobile simulation for pediatric emergencies among prehospital providers. The results, finalized in early 2019, showed improvement in providers' recognition and management of pediatric critical illness.

The program also continues to support an online education module to help providers better distinguish between accidental and inflicted injury. The module currently provides CEs to EMS providers in Colorado and several other states and is working toward being able to provide CMEs to nurses and physicians.

Finally, the program has been developing two initiatives to improve pediatric readiness across the state. The first, Colorado Pediatric Preparedness for the Emergency Room (COPPER), is aimed at improving emergency department preparedness in caring for pediatric patients. A steering committee is currently working to define the categories, criteria, incentives and resources for the program. Once finalized, COPPER will be a statewide, voluntary recognition program for hospital emergency departments. The second initiative, Colorado Pediatric Emergency Care Coordinators (COPECC), is being developed to promote and assist with the implementation of pediatric emergency care coordinators at EMS agencies across the state. Although not yet fully developed, COPECC will likely provide education and resources related to the role and value of a pediatric emergency care coordinator and may also facilitate workshops and/or annual meetings across the state.



## Attachment A - Fiscal Year 2021 Funding Program Awards

Applicant	Project Total	Grantee Match	State Amount Requested	State Amount Funded	Score
Adams County Fire Protection District	\$204,549.0	50%	\$102,714.00	\$102,274.50	39.9
Agate Fire Protection District	\$38,353.14	10%	\$34,517.83	\$34,517.82	42.6
Alamosa County Ambulance District	\$244,129.0	50%	\$122,064.53	\$122,064.53	44.3
Arkansas Valley Ambulance District	\$44,716.50	50%	\$32,189.79	\$22,358.25	37.4
Aurora Fire Rescue Department	\$87,474.00	50%	\$43,737.00	\$0.00	34.7
Big Sandy Fire Protection District	\$35,005.16	10%	\$31,504.64	\$31,504.64	44.5
Calhan Fire Protection District	\$65,560.56	50%	\$65,560.56	\$32,780.28	42.3
Central Mountains RETAC	\$33,000.00	0%	\$33,000.00	\$33,000.00	--
Chaffee County	\$94,631.44	50%	\$47,315.72	\$47,315.72	42.5
Cheyenne County Ambulance	\$113,751.0	10%	\$105,399.90	\$102,375.90	43.2
City of Federal Heights	\$29,900.74	50%	\$14,950.37	\$14,950.37	42.8
City of Grand Junction	\$20,373.08	50%	\$10,186.54	\$10,186.54	40.7
City of Steamboat Springs	\$197,503.8	50%	\$100,904.50	\$98,751.91	38.4
City of Yuma Ambulance Service	\$103,161.2	50%	\$53,630.60	\$51,580.60	43.6
Coal Creek Canyon Fire Protection District	\$31,812.00	50%	\$15,906.00	\$0.00	35.3
Colorado Centre Metropolitan District	\$19,543.57	50%	\$13,545.52	\$9,771.78	39.7
Cortez Fire Protection District	\$20,400.00	50%	\$10,200.00	\$0.00	32.2
County of Clear Creek, Ambulance	\$164,826.0	50%	\$157,126.90	\$82,413.00	38.9
County of Logan	\$50,776.26	50%	\$25,388.13	\$25,388.13	45.0
De Beque Fire Protection District	\$26,600.00	50%	\$13,300.00	\$0.00	39.6
Delta County Ambulance District	\$343,267.9	50%	\$171,633.99	\$0.00	36.0
Denver Fire Department	\$29,427.00	50%	\$14,713.50	\$0.00	31.6
Donald Wescott Fire Protection District	\$35,005.18	50%	\$17,502.59	\$17,502.59	39.7
Durango Fire Protection District	\$273,903.3	50%	\$116,385.17	\$116,385.17	42.3
Eagle County Health Service District	\$306,829.4	50%	\$153,414.71	\$0.00	36.1
Elizabeth Fire Protection District	\$44,206.80	50%	\$22,103.40	\$22,103.40	37.1
Elk Creek Fire Protection District	\$213,409.0	50%	\$106,704.50	\$106,704.50	40.0
Emergency Medical Services Association of Colorado	\$20,700.00	0%	\$20,700.00	\$20,700.00	41.2
Evergreen Fire Protection District	\$30,581.00	50%	\$15,290.50	\$0.00	35.6
Falck Rocky Mountain Ambulance	\$12,759.50	50%	\$6,379.75	\$0.00	34.3
Foothills RETAC	\$33,000.00	0%	\$33,000.00	\$33,000.00	--
Four Mile Fire Protection District	\$4,005.00	50%	\$2,475.00	\$2,002.50	40.4
Grand County Search and Rescue	\$14,868.26	20%	\$11,894.61	\$0.00	35.3
Gunnison Valley Hospital	\$234,071.0	50%	\$117,035.51	\$117,035.50	42.8
Hanover Fire Protection District	\$51,768.83	50%	\$25,884.42	\$25,884.41	39.0
Hinsdale County Emergency Medical Service	\$195,238.8	10%	\$210,880.67	\$175,714.97	45.5
Huerfano County Hospital District	\$295,816.6	10%	\$312,168.84	\$266,234.94	37.5
Indian Hills Fire Protection District	\$71,000.00	50%	\$35,500.00	\$35,500.00	36.9
Karval Fire Protection District	\$32,181.02	50%	\$16,090.51	\$16,090.51	38.3
Keefe Memorial Health Service District	\$26,925.00	50%	\$13,462.50	\$13,462.50	40.9
Kiowa Fire Protection District	\$49,336.16	50%	\$24,668.08	\$0.00	36.5
La Plata County EMS Council	\$13,850.00	50%	\$6,925.00	\$6,925.00	36.8
Lake George Fire Protection District	\$6,371.64	50%	\$3,185.82	\$3,185.82	44.8
Larkspur Fire Protection District	\$55,801.82	50%	\$27,900.91	\$0.00	39.0
Las Animas Bent County Fire Protection District	\$30,493.42	50%	\$15,246.71	\$15,246.71	42.6
Lincoln Community Hospital	\$212,257.0	30%	\$148,579.90	\$148,579.90	42.3
Livermore Fire Protection District	\$13,164.00	20%	\$10,531.20	\$10,531.20	44.6
Los Piños Fire Protection District	\$29,656.20	50%	\$22,103.40	\$14,828.10	37.8
Lower Valley Fire Protection District	\$16,541.22	50%	\$8,270.61	\$8,270.61	40.1
Lutheran Hospital Association of the SLV	\$103,743.0	50%	\$129,792.41	\$51,871.50	40.1
Mile-High RETAC	\$40,000.40	0%	\$40,000.40	\$40,000.40	37.7

Mile-High RETAC	\$33,000.00	0%	\$33,000.00	\$33,000.00	--
Montrose Fire Protection District	\$121,579.9	50%	\$60,789.95	\$60,789.95	42.6
Morgan County Ambulance	\$125,721.5	50%	\$62,860.76	\$62,860.76	43.9
Nederland Fire Protection District	\$57,775.64	50%	\$28,887.82	\$28,887.82	40.8
North Central Fire Protection District	\$50,910.35	10%	\$45,819.32	\$45,819.31	42.4
North Park Hospital District	\$76,828.00	50%	\$38,414.00	\$38,414.00	38.9
Northeast Colorado RETAC	\$33,000.00	0%	\$33,000.00	\$33,000.00	--
Northglenn Ambulance, Inc.	\$299,138.4	50%	\$182,781.50	\$149,569.20	39.3
Norwood Fire Protection District	\$127,645.0	50%	\$63,822.54	\$63,822.53	37.6
Nucla Naturita Fire Protection District	\$228,346.0	50%	\$126,777.15	\$114,173.00	36.7
Olathe Fire Protection District	\$54,979.14	10%	\$57,907.92	\$49,481.22	40.3
Ouray County	\$11,000.00	50%	\$5,500.00	\$5,500.00	45.1
Pitkin County	\$263,904.0	50%	\$113,348.50	\$113,348.50	41.0
Plains to Peaks RETAC	\$33,000.00	0%	\$33,000.00	\$33,000.00	--
Platte Canyon Fire Protection District	\$60,237.20	50%	\$30,118.60	\$30,118.60	39.1
Rattlesnake Fire Protection District	\$12,562.00	50%	\$6,281.00	\$6,281.00	42.0
Red, White and Blue Fire Protection District	\$418,178.0	50%	\$209,089.00	\$0.00	33.8
Rico Fire Protection District	\$8,995.00	20%	\$7,196.00	\$7,196.00	40.8
Rocky Mountain Rescue Group	\$35,018.44	50%	\$17,509.22	\$0.00	36.6
San Luis Valley RETAC	\$33,000.00	0%	\$33,000.00	\$33,000.00	--
Silverton San Juan County Ambulance Association	\$32,706.53	50%	\$16,996.27	\$16,353.26	39.0
Southeast Colorado Hospital District	\$191,559.2	50%	\$95,863.64	\$95,779.63	48.3
Southeastern Colorado RETAC	\$33,000.00	0%	\$33,000.00	\$33,000.00	--
Southern Colorado RETAC	\$33,000.00	0%	\$33,000.00	\$33,000.00	--
Southwest Health System, Inc.	\$67,350.26	50%	\$33,675.13	\$33,675.13	43.2
Southwest RETAC	\$25,853.80	0%	\$25,853.80	\$0.00	40.5
Southwest RETAC	\$33,000.00	0%	\$33,000.00	\$33,000.00	--
Southwest Teller County EMS	\$11,641.63	50%	\$7,729.82	\$5,820.81	39.5
Stadium Medical, Inc.	\$305,655.0	50%	\$152,827.50	\$0.00	33.6
Summit Fire and EMS Authority	\$462,356.0	50%	\$231,178.01	\$0.00	34.1
Thompson Valley Health Services District	\$175,907.0	50%	\$87,953.50	\$87,953.50	39.2
Town of Limon dba Limon Ambulance Service	\$73,435.31	10%	\$66,091.77	\$66,091.77	42.3
Trinidad Ambulance District	\$39,484.93	50%	\$32,037.47	\$19,742.46	39.6
Upper Pine River Fire Protection District	\$71,562.40	50%	\$37,161.20	\$35,781.20	46.0
Ute Mountain Ute Tribe	\$255,322.0	50%	\$127,661.00	\$0.00	29.4
Ute Pass Regional Ambulance District	\$130,989.1	50%	\$67,494.56	\$65,494.56	42.4
Washington County Ambulance Service	\$83,309.00	50%	\$41,654.50	\$41,654.50	44.7
West Custer County Hospital District	\$110,680.0	50%	\$55,340.00	\$55,340.00	43.3
West Metro Fire Protection District	\$205,258.0	50%	\$102,629.00	\$0.00	32.7
Western RETAC	\$33,000.00	0%	\$33,000.00	\$33,000.00	--
Yampa Fire Protection District	\$217,107.0	50%	\$108,553.50	\$108,553.50	42.2
			Total State Amount Requested	Total State Amount Funded	
			\$5,505,371.09	\$3,761,496.41	

## Attachment B - Designated Trauma Centers (June 30, 2020)

I	Centura Health-St Anthony Hospital	Lakewood
I	Denver Health Medical Center	Denver
I	Swedish Medical Center	Englewood
I	University Of Colorado Health At Memorial Hospital Central	Colorado Springs
I	University Of Colorado Hospital Authority (Anschutz)	Aurora
RPTC	Children's Hospital Colorado	Aurora
II	Centura Health-Littleton Adventist Hospital	Littleton
II	Centura Health-Penrose St Francis Health Services	Colorado Springs
II	Children's Hospital Colorado - Colorado Springs	Colorado Springs
II	Foothills Hospital (Boulder Community Foothills Hospital)	Boulder
II	Good Samaritan Medical Center	Lafayette
II	Medical Center Of Aurora, The	Aurora
II	North Colorado Medical Center	Greeley
II	North Suburban Medical Center	Thornton
II	Parker Adventist Hospital	Parker
II	Parkview Medical Center Inc	Pueblo
II	Sky Ridge Medical Center	Lone Tree
II	St Marys Medical Center	Grand Junction
II	Uchealth Medical Center Of The Rockies	Loveland
III	Aspen Valley Hospital	Aspen
III	Castle Rock Adventist Hospital	Castle Rock
III	Centura Health-Avista Adventist Hospital	Louisville
III	Centura Health-Porter Adventist Hospital	Denver
III	Centura Health-St Francis Medical Center	Colorado Springs
III	Centura Health-St Mary Corwin Medical Center	Pueblo
III	Colorado Plains Medical Center	Fort Morgan
III	Community Hospital	Grand Junction
III	Longmont United Hospital	Longmont
III	Longs Peak Hospital	Longmont
III	Lutheran Medical Center	Wheat Ridge
III	Mckee Medical Center	Loveland
III	Mercy Regional Medical Center	Durango
III	Montrose Memorial Hospital	Montrose
III	Platte Valley Medical Center	Brighton
III	San Luis Valley Health	Alamosa
III	St Anthony North Health Campus	Westminster
III	St Anthony Summit Medical Center	Frisco
III	Sterling Regional Medcenter	Sterling
III	UC Health Highlands Ranch	Highlands Ranch
III	UC Health Poudre Valley Hospital	Fort Collins
III	UC Health Yampa Valley Medical Center	Steamboat Springs
III	University Of Colorado Health At Memorial Hospital North	Colorado Springs
III	Vail Health Hospital	Vail
III	Valley View Hospital Association	Glenwood Springs
III	UC Health Greeley Hospital	Greeley
IV	Arkansas Valley Regional Medical Center	La Junta
IV	Centennial Medical Plaza	Centennial
IV	CENTURA HEALTH-84th AVENUE NEIGHBORHOOD HEALTH CENTER	Westminster
IV	Centura Health-St Thomas More Hospital	Canon City
IV	Colorado Canyons Hospital And Medical Center	Fruita
IV	Delta County Memorial Hospital	Delta

IV	East Morgan County Hospital	Brush
IV	Estes Park Medical Center	Estes Park
IV	Grand River Medical Center	Rifle
IV	Gunnison Valley Hospital	Gunnison
IV	Haxtun Hospital District	Haxtun
IV	Heart Of The Rockies Regional Medical Center	Salida
IV	Keefe Memorial Hospital	Cheyenne Wells
IV	Kit Carson County Memorial	Burlington
IV	Lincoln Community Hospital	Hugo
IV	Melissa Memorial Hospital	Holyoke
IV	Memorial Regional Hospital	Craig
IV	Middle Park Medical Center- Kremmling	Kremmling
IV	Middle Park Medical Center-Granby	Granby
IV	Mt San Rafael Hospital	Trinidad
IV	Pagosa Springs Medical Center	Pagosa Springs
IV	Pioneers Medical Center	Meeker
IV	Presbyterian St Luke's Medical Center	Denver
IV	Rangely District Hospital	Rangely
IV	Rio Grande Hospital	Del Norte
IV	Rose Medical Center	Denver
IV	Saint Joseph Hospital	Denver
IV	San Luis Valley Health Conejos County Hospital	La Jara
IV	Sedgwick County Memorial Hospital	Julesberg
IV	Southwest Memorial Hospital	Cortez
IV	Spanish Peaks Regional Health Center	Walsenberg
IV	Steamboat Emergency Center	Steamboat Springs
IV	UC Health Pikes Peak Regional Hospital	Woodland Park
IV	Wray Community District Hospital	Wray
IV	Yuma District Hospital	Yuma
V	DENVER HEALTH WINTER PARK CLINIC (Denver Health East Grand Community Clinic And Emergency Center)	Winter Park
V	St Anthony Breckenridge Community Clinic Emergency Center	Breckenridge
V	St Anthony Keystone Medical Clinic	Keystone
V	Telluride Regional Medical Center	Telluride
NonD	Animas Surgical Hospital, LLLC	Durango
NonD	Banner Fort Collins Medical Center	Fort Collins
NonD	Banner North Colorado Emergency Care	Greeley
NonD	Centura Health Emergency & Urgent Care	Golden
NonD	Centura Health Emergency & Urgent Care Arvada	Arvada
NonD	Centura Health Emergency & Urgent Care Avon	Avon
NonD	Centura Health Emergency & Urgent Care Highlands Ranch	Highlands Ranch
NonD	Centura Health Emergency & Urgent Care Indian Peaks	Dacono
NonD	Centura Health Emergency & Urgent Care Lakewood	Lakewood
NonD	Centura Health Emergency & Urgent Care Meridian	Parker
NonD	Children's Hospital Colorado At Parker Adventist Hospital	Parker
NonD	Children's Hospital Colorado-North Campus	Broomfield
NonD	Children's Hospital Colorado South Campus	Highlands Ranch
NonD	Children's Hospital Colorado Urgent Care, Uptown	Denver
NonD	Community Medical Center Emergency Department	Lafayette
NonD	Complete Care Colorado Springs	Colorado Springs
NonD	Greeley Emergency Center	Greeley
NonD	Gunnison Valley Health Mountain Clinic	Crested Butte
NonD	North Suburban Medical Center - Northeast ER	Thornton
NonD	North Suburban Medical Center- Northwest ER	Westminster
NonD	Parkview Emergency Services At Pueblo West	Pueblo West

NonD	Prowers Medical Center	Lamar
NonD	Rose Medical Center Stapleton ER	Denver
NonD	Saddle Rock Emergency Room	Aurora
NonD	SCL Health Saint Joseph Emergency Department Aurora	Aurora
NonD	SCL Health Saint Joseph Emergency Department Littleton	Littleton
NonD	SCL Health Saint Joseph Emergency Department Northglenn	Northglenn
NonD	Sky Ridge Medical Center-South Parker ER	Parker
NonD	Southeast Colorado Hospital	Springfield
NonD	Southland ER Parker Adventist	Aurora
NonD	Southmoor Emergency & Urgent Care	Denver
NonD	St Anthony Copper Mountain Clinic	Copper Mountain
NonD	St Vincent General Hospital District	Leadville
NonD	Swedish Medical Center Belmar ER	Lakewood
NonD	Swedish Southwest ER	Littleton
NonD	UC Health Broomfield Hospital	Broomfield
NonD	UC Health Emergency Room - Commerce City	Commerce City
NonD	UC Health Emergency Room - Thornton	Thornton
NonD	UC Health Emergency Room - Littleton	Littleton
NonD	UC Health Emergency Room - Aurora Central	Aurora
NonD	UC Health Emergency Room - Green Valley Ranch	Denver
NonD	UC Health Emergency Room - Powers	Colorado Springs
NonD	UC Health Emergency Room - Woodmen	Colorado Springs
NonD	UC Health Emergency Room - Meadowgrass	Colorado Springs
NonD	UC Health Emergency Room - Fountain	Fountain
NonD	UC Health Emergency Room - Arvada	Arvada
NonD	UC Health Grandview Hospital	Colorado Springs
NonD	UC Health Harmony Road ER	Fort Collins
NonD	Weisbrod Memorial County Hospital	Eads
NonD	West Littleton Emergency Room	Littleton

Trauma Center Count	
Level I Trauma Centers:	5
Level II Trauma Centers:	13
Level III Trauma Centers:	26
Level IV Trauma Centers:	35
Level V Trauma Centers:	4
RPTC (Regional Pediatric Trauma Center):	1
Total Designated Trauma Centers:	84
Total Non-Designated Facilities:	50
Total:	134
*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	