



COLORADO

**Health Facilities & Emergency
Medical Services Division**

Department of Public Health & Environment

Emergency Medical and Trauma Services Branch

2022

Annual Legislative Report

July 2021 - June 2022

Submitted to the Colorado Legislature

Report to the Legislature Concerning Colorado's Emergency Medical and Trauma Services System

Report on the expenditure of finances credited to the Emergency Medical Services Account and the quality of the emergency medical and trauma services system pursuant to Colorado Revised Statutes §§ 25-3.5-606, 25-3.5-709, and 25-3.5-210.

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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This report is available online at www.coems.info

Executive Summary

Colorado's emergency medical and trauma services system provides high quality emergency medical and trauma 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 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 services (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 and license EMS providers
- Register emergency medical responders
- Recognize educational programs that deliver initial EMS provider training and continuing education
- License and regulate air ambulance agencies
- Regulate EMS education programs
- 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, EMS agencies and trauma centers in Colorado provide quality medical care to approximately one million patients. Of these patients, roughly 25 percent are trauma (injured) patients, and 75 percent are patients with medical, psychiatric or other conditions. These services are provided by over 200 ambulance services - which are staffed by a combination of 19,500 paid and unpaid professional EMS providers - and a network of hospitals designated as "trauma centers".

Historically, ambulance services in Colorado have been licensed by individual counties. This created regulation duplicity and significant variability in expectations. With the passage of Senate Bill 22-225, Colorado will align ground ambulance service regulation with national best practices.

Effective July 1, 2024, ground ambulance services in Colorado will be licensed and regulated by the CDPHE Emergency Medical & Trauma Services branch. CDPHE, in collaboration with stakeholders, is writing the ground ambulance administrative rules and creating a transition plan.

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 ("SEMTAC") 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 State Emergency Medical and Trauma Services Advisory 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 the Emergency Medical Practice Advisory Council ("EMPAC"), another "Type II" advisory board. The Emergency Medical Practice Advisory Council provides the department with expert advice related to the technical scope of care for EMS providers and advises on EMS medical director requirements. The 13 council members represent urban and rural EMS medical directors and providers. The Emergency Medical Practice Advisory Council 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 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, 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.

Colorado's emergency medical and trauma system, and the department's Emergency Medical and Trauma Services Branch, is predominantly funded by a \$2 fee collected for each motor vehicle registered in Colorado, 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.

The \$2 motor vehicle registration fee is deposited in the EMS Account of the Highway Users Tax Fund (HUTF). In 2010, the fee was increased from \$1 to \$2 per vehicle registered to adjust for inflation and increase funding demands. In fiscal year 2018, a change implemented by the Department of Motor Vehicles reduced the revenue to the EMS Account by \$1.6 million; this revenue reduction is expected to continue indefinitely. During the pandemic, vehicle sales and registrations fell significantly while inflation continued to rise. The purchasing power of the HUTF-EMS funds for fiscal year 2022 was at a 10-year low. In fiscal year 2022, \$2 million from the general account supplemented the HUTF EMS Account to ensure local EMS services had access to the grant funds required to sustain operations.

Section Updates

Funding Section

The fiscal year 2023 budget from the EMS Account for the emergency medical and trauma services funding program was \$8,378,896, including the statutory allocations of a minimum of \$150,000 for training emergency medical personnel and \$100,000 for emergency grant awards and a \$2 million supplemental appropriation from the general fund. Grants supporting Colorado's emergency medical and trauma services system increased substantially in fiscal year 2023 due to the supplemental appropriation and a small increase in vehicle registrations. When adjusted for inflation, funding from the HUTF EMS account for the emergency medical and trauma services grant program is at the lowest level in the past decade. The continued low level of funding is 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 the decline in vehicle registrations due to the global pandemic. Grant funds are essential to the sustainability of Colorado's emergency medical and trauma services system, especially in Colorado's rural and frontier communities.

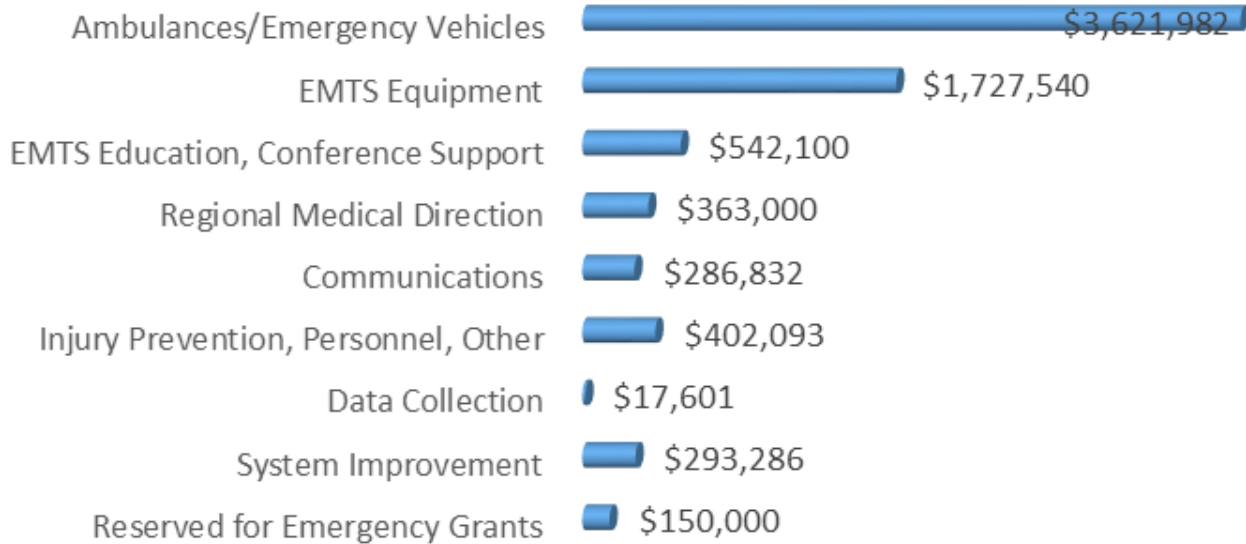
Provider grants

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 EMTS vehicles, communications, data collection, EMS and trauma equipment, injury prevention, recruitment and retention and personnel and services. A total of \$6,098,2850 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 \$697,487 was awarded in system improvement funding. This total includes \$363,000 distributed to 11 regions to continue the development of EMS medical direction on a regional basis. A list of the awards is found in Attachment A.

Fiscal Year 2023 EMTS Funding Program- Amounts Awarded



Year-Round Education Opportunities

The 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 \$400,000 for fiscal year 2022 in the form of education grants to help offset the cost of tuition, books and fees for 118 Colorado EMS and trauma providers who were trained with assistance from these grants. Although demand for CREATE funding was adversely affected by the global pandemic, educational programs had indications of recovery during the final quarters of the fiscal year as stringent personal protective measures were incorporated into the education programs to minimize transmission of COVID-19.

Emergency Medical and Trauma Services System Consultative Reviews

At the request of local governments, the department conducts consultative reviews. The department works 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 emergency medical and trauma services system and developing strategies for improvement. The consultative review team provides a final report to local officials and stakeholders. There were no requests for consultative reviews in fiscal year 2022.

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 and non-designated trauma centers. Critical access hospitals and community clinics not routinely receiving trauma patients may seek a non-designated certification. In fiscal year 2022 the department worked closely with all non-designated facilities to become integrated in the trauma system. This project required facilities to complete an organizational profile and commence submitting data to the department's approved data collection system.

On June 30, 2022, 85 designated trauma centers were serving the people of Colorado and 38 non-designated facilities were participating in the system. Fiscal year 2022 saw one level II trauma facility decrease their designation to level III due to neurosurgery coverage, one level III trauma center reduce their designation to level IV due to staffing issues and one level III trauma center reduce their designation level to IV to benefit the system as a whole.

Community engagement and technical assistance are two of the most important aspects of the trauma section's work. Fiscal year 2022 offered opportunities to provide assistance and engage stakeholders across the state:

- Trauma designation reviews continued in a hybrid/remote format.
- Many facilities were still recovering from the pandemic response and programmatic function was impacted as evidenced by an increase in designation reviews requiring a plan of correction. Trauma staff provided technical assistance to 13 facilities on various stages of plans of correction.
- There were 32 designation reviews or re-reviews completed by a team of physicians, nurses and trauma section staff members.
- Additionally, staff members provided technical assistance and/or compliance checks for facilities with plans of correction and nine training sessions for trauma nurse coordinators and registry staff.

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. Trauma rules were not modified in fiscal year 2022.

Data Section

EMS and Trauma Data Collection and Reporting

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 by 2020 all designated trauma facilities were compliant with data submission. In 2022, the department onboarded all non-designated trauma facilities into the system for a wider glimpse of the trauma system across the state. The department continues to validate and analyze both EMS and trauma data for quality improvement across the state.

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. 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), 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 2022, data from the Colorado trauma registry were used to evaluate various aspects of the trauma system including:

- Trauma data submission and volume
- Data quality of trauma records
- Trauma incidents by age groups, specific geographic area, Injury Severity Score (ISS), mechanism of injuries
- Pediatric, falls, motor vehicle related injuries
- Site level reports for designation reviews
- Primary causes of injury
- Traumatic Brain Injuries (TBIs)
- Hospital/ED length of stay
- Snow sport related injuries

The department continues to leverage the Colorado EMS Database to construct robust regional compliance reports, injury summaries, and 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. In June 2022, updates to the EMS data rules (6 CCR 1015-3 Chapter Three) were updated to enhance data quality standards as well as timeliness. Agencies are now required to submit patient care reports to the state repository within 48 hours, allowing for enhanced surveillance of and response to time sensitive issues statewide. 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 2022, EMS data were used to evaluate various components of the emergency medical services care system, including:

- EMS agency data submission, timeliness, and volume
- EMS events by age groups, specific geographic area, medications administered
- Emergent responses and transports
- 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
- Utilization of scope of practice waivers

Operations Section

The department is the state agency responsible for the oversight of the certification and licensure of EMS providers in Colorado and all EMS education programs. As of June 2022, there were 19,997 EMS providers certified or licensed in Colorado. During the fiscal year, the department processed over 6,000 applications for registration, licensure, certification or renewal for EMS providers and Emergency Medical Responders.

EMS Providers

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

FY	EMR	EMT	Advanced EMT	EMT Intermediate	Paramedic*	Total
2021	366	13,701	371	366	5,058	19,496
2022	396 ▲	14,046 ▲	380 ▲	309 ▼	5,461 ▲	20,196 ▲

- Of the 5,461 paramedics in Colorado, 529 earned the Critical Care endorsement, 38 earned the Community Paramedicine endorsement, and 23 paramedics have both the Critical Care and Community Paramedicine endorsements.
- With the planned sunseting of the national EMT-Intermediate credentialing exam on

December 31, 2019, there is no longer a pathway for initial certification/licensure at the EMT-Intermediate level. However, currently certified/licensed EMT-Intermediates are able to maintain their certification/license by completing continuing education.

EMS Education Programs

The department provides regulatory oversight for EMS education across the state. In fiscal year 2022, Colorado had 220 education programs authorized to provide initial EMS education. Compared nationally, Colorado consistently outperforms national averages on the National Registry certification examination.

National EMS Certification Examination Pass Rates*			
	EMT	Advanced EMT**	Paramedic
Colorado Candidates	81%	50%	89%
National Average	77%	71%	81%

* Data report provided by NREMT.org “Pass/Fail Report”; data for the prior 24 months will change as candidates test. Updated 06/15/2022

**n=14 total AEMT candidates from one cohort, 7 passed.

Peer Support Services

Colorado’s EMS personnel are dedicated to providing high quality medical care, even during the most challenging circumstances. They may experience a broad range of physical and emotional health consequences as a result of working on the front lines, often being exposed to extreme stress and hazardous conditions, all while managing complicated patient encounters. EMS personnel are at an increased risk for depression, post-traumatic stress symptoms, suicidal ideation, and a host of other functional and relational conditions. As our personal and work lives slowly return to normal, EMS providers continue to display some of the highest suicide attempt and ideation rates across the population.

Championed by Senator Leroy Garcia in 2019 to protect the mental wellness of Colorado’s EMS personnel, SB 19-065 created the Colorado Peer Assistance Program for EMS providers. This legislation ensures that all EMS providers in Colorado have free and confidential access to mental health counseling and other wellness resources, with the goal of helping EMS professionals safely return to work. The Emergency Medical and Trauma Services Branch provides these services through the Path4EMS program.

The [Path4EMS](#) program was initially delivered through a single contracted agency and saw modest utilization by our EMS providers. Beginning in July 2022, complete program oversight was returned to the Emergency Medical and Trauma Services Branch and delivery of program services is now provided by numerous mental health providers throughout the state, using a fee-for-service approach. These changes have been well received by EMS providers and agencies, as evidenced by a three-fold increase in utilization thus far. Operating the program through the Branch has also proved useful in our outreach efforts and allows us to leverage existing education pathways. Finally, there is the added benefit of significant cost savings, with all funding going toward actual program services.

Air Ambulance Licensing

In FY22, Colorado was served by 31 licensed air ambulance services, 21 of which have a full two-year license and an additional ten air ambulance services have a one-year out-of-state recognition license. The recognition license allows an agency to initiate up to 12 medical flights per year in Colorado, with no restrictions on the number of patients transported into Colorado, if the flight originates outside of Colorado. The list of current licensed air ambulance services can be found on the Emergency Medical and Trauma Services [Public Portal](#).

Investigation and Enforcement

The department continues to oversee discipline and enforcement activities for Emergency Medical providers and Responders, licensed air ambulance agencies, and EMS education programs. During fiscal year 2021, the department experienced a dramatic increase in consumer complaints, criminal convictions of EMS personnel and air ambulance complaint. The department completed 723 investigations in fiscal year 2022 (949 in fiscal year 2021, and 787 in fiscal year 2020) on background checks and complaints related to EMS personnel and 5 air ambulance agency complaints.

Medical Direction

Medical oversight of EMS practice in Colorado occurs at the local 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 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 meets 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 Directors committee works with the Emergency Medical Practice 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.

Type II Advisory Boards

State Emergency Medical and Trauma Services Advisory Council

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. In fiscal year 2021, the State Emergency Medical and Trauma Services Advisory Council conducted regular public meetings each quarter, and held an additional meeting in April 2021. The State Emergency Medical and Trauma Services Advisory Council advised the department on a variety of policy issues during the fiscal year, including reviewing and recommending rules for promulgation by the Board of Health, recommending trauma center designation, advising 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, and the designation of trauma centers. In fiscal year 2021, the State Emergency Medical and Trauma Services Advisory Council added the Education committee and maintained all other existing committees. The following State Emergency Medical and Trauma Services Advisory Council committees were operational during fiscal year:

- Injury Prevention Committee
- Statewide Trauma Advisory Committee
- Safety Committee
- Pediatric Care Committee
- Education Committee
- Designation Review Committee
- Public Policy & Finance Committee

Emergency Medical Practice Advisory Council

The Emergency Medical Practice Advisory Council reviewed and made recommendations on requests for waivers to the EMS practice scope of practice rules by EMS agency medical directors. Additionally, the council began the development of statewide guidelines for waiver types. As of June 30, 2022, the department had 326 active scope of practice waivers:

- four basic life support waivers
- 273 for advanced life support provider levels
- 49 for combination basic and advanced life support provider levels

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 (DTRS) provides statewide, two-way interoperable communications to state, local, tribal and a limited number of federal government agencies over a shared communication platform. The DTRS in Colorado consists of 251 remote tower sites, serving more than 1,000 agencies and more than 100,000 subscriber units (individual radios) spread across six zones. The DTRS averages nearly 8 million calls per month. Some local agencies provide additional funding to add infrastructure to the overall DTRS. Several new DTRS radio tower sites are under various stages of planning and construction. The emergency medical and trauma services funding program continues to assist with improvement of local communications needs throughout the state. Funding has provided equipment to agencies to enable them to utilize the DTRS and in some cases to keep 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 Powered by AT&T' continues to work toward building out sites in Colorado to improve needed coverage.

House Bill 18-1325, known as the DTRS Coverage Bill, 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 DTRS sites in areas experiencing critical coverage gaps for public safety radio communications. This program assisted with funding improvements at 10 new DTRS sites to fill known radio signal coverage gaps.

Injury Prevention

Injury prevention efforts at the state level were 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.

Toward the end of fiscal year 2022, joint efforts with the Violence and Injury Prevention-Mental Health Promotion Branch concluded and the continuation of a joint steering committee ended collaboration with Prevention Services Division. The department recognized the need for a committee to continue to help unify injury prevention efforts across the two branches so that stakeholders have one place to discuss, prioritize and implement prevention activities. As a result the Prevention Committee was formed as a subcommittee of SEMTAC to address disease prevention in general with a focus on injury prevention.

Emergency Medical Services for Children

The University of Colorado assumed responsibility for the Colorado EMS for Children Program in 2018. A cooperative agreement with the department and the University of Colorado School of Medicine was established in 2018 to continue the partnership in successfully implementing the grant. CDPHE has continued to maintain a very solid relationship and continued to successfully partner on many pediatric-focused projects that have helped improve emergency department and prehospital care for children across Colorado. This includes a component to address public awareness of pediatric emergencies and injury prevention. The federal EMS for Children State Partnership Grant is administered in partnership with the Section of Pediatric Emergency Medicine at the University of Colorado School of Medicine. 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.

The EMS for Children program continues to collaborate extensively with the Children's Hospital Colorado Outreach and Education team to deliver mobile simulation-based training to EMS and hospital providers in communities across the state. The program also continues to support an online education module to help providers better distinguish between accidental and inflicted injury. The module currently provides continuing education courses to EMS providers in Colorado and several other states and is working toward being able to provide continuing medical education credit courses to nurses and physicians.

In fiscal year 2022, the EMS for Children program continued work implementing the Colorado Pediatric Preparedness for the Emergency Room (COPPER) program. The COPPER program is aimed at improving emergency department preparedness in caring for pediatric patients. After extensive stakeholder input citing the effects of the pandemic on staffing and facility priorities, the COPPER program will continue to work toward its goal.

Additionally, a second initiative, the Colorado Pediatric Emergency Care Coordinators (COPECC), was developed and implemented to promote and assist with the implementation of pediatric emergency care coordinators at EMS agencies across the state. The COPECC program provides education and resources related to the role and value of a pediatric emergency care coordinator and also facilitates workshops across the state.

Attachment A: Fiscal Year 2022 Funding Awards

Organization Name	Project Total	Match %	State Amount Requested	State Amount Awarded (Provider)	State Amount Awarded (System)	Score
Agate Fire Protection District	\$54,646.91	20%	\$51,460.61	\$43,717.53		35.1
Alamosa County Ambulance District	\$268,909.00	50%	\$134,454.50	\$134,454.50		44.6
Arkansas Valley Ambulance District	\$338,228.44	50%	\$169,584.32	\$169,114.22		39.2
Arvada Fire Protection District	\$52,335.15	50%	\$52,335.15	\$26,167.57		30.4
Beulah Fire Protection and Ambulance District	\$31,811.76	50%	\$15,905.88	\$15,905.88		42.5
Calhan Fire Protection District	\$79,976.54	50%	\$39,988.27	\$39,988.27		39.6
Canon City Area Fire Protection District	\$21,924.00	50%	\$10,962.00	\$10,962.00		38.2
Carbondale Rural Fire Protection District	\$250,773.00	50%	\$125,886.50	\$125,386.50		36.8
Central Mountains RETAC	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
Cheyenne County Ambulance	\$77,217.92	10%	\$74,342.27	\$69,496.13		40.2
Cheyenne County dba Plains to Peaks RETAC	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
Children's Hospital Colorado - SI	\$80,822.36	0%	\$118,181.00		\$80,822.36	36.5
Cimarron Hills Fire Department	\$160,212.31	50%	\$88,292.61	\$80,106.16		38
City of Grand Junction	\$221,348.82	50%	\$156,232.93	\$110,674.41		31.5
City of Rocky Ford Db a Rocky Ford Emergency Services	\$284,181.01	10%	\$255,762.91	\$255,762.91		45
City of Yuma Ambulance Service	\$286,246.85	50%	\$125,293.43	\$125,293.43		44.4
Clear Creek EMS	\$150,036.99	50%	\$75,018.50	\$75,018.50		41.2
Colorado River Fire Protection District	\$315,413.35	50%	\$135,202.60	\$133,280.10		35.9
Crested Butte Fire Protection District	\$628,213.91	50%	\$126,157.50	\$126,157.50		43
Crowley County Ambulance	\$252,314.99	20%	\$116,757.36	\$116,757.36		44.2
Crystal Park Metropolitan District	\$145,946.70	10%	\$9,314.10	\$9,314.10		40.3
Delta County Ambulance District	\$8,237.90	50%	\$119,703.03	\$119,703.03		43.7
Denver Health and Hospital Authority	\$239,406.06	50%	\$282,005.65	\$129,604.44		36
Divide Fire Protection District	\$279,241.89	50%	\$52,657.50	\$37,867.50		37.9
Dove Creek Ambulance District	\$75,735.00	50%	\$58,545.00	\$58,545.00		43.8
Durango Fire Protection District	\$117,090.00	50%	\$142,324.26	\$142,324.26		41.1
Eagle County Health Service District	\$327,537.52	50%	\$259,158.26	\$219,459.71		33.1
Eagle County Health Service District - SI	\$468,143.34	0%	\$59,528.00		\$20,000.00	32.8
Elizabeth Fire Protection District	\$150,000.00	50%	\$75,000.00	\$75,000.00		38.1
Evergreen Fire Protection District	\$29,758.62	50%	\$14,879.31	\$14,879.31		36.6
Florissant Fire Protection District	\$63,900.00	50%	\$51,414.38	\$31,950.00		39.4

Foothills RETAC	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
*Fort Lewis Mesa Fire Protection District	\$293,867.96	10%	\$264,639.56	\$264,481.16		41.8
Frederick Area Fire Protection District	\$186,052.00	50%	\$93,026.00	\$93,026.00		39.2
Gateway-UnawEEP Fire District	\$211,550.00	10%	\$191,295.00	\$190,395.00		43.2
Gilpin Ambulance Authority	\$69,968.75	50%	\$34,992.46	\$34,984.37		43
Grand County Emergency Medical Services	\$628,213.91	50%	\$269,662.46	\$268,897.46		40.9
Greater Brighton Fire Protection District	\$309,228.00	50%	\$147,429.00	\$147,429.00		38.7
Gunnison Valley Hospital	\$131,194.00	50%	\$65,597.00	\$65,597.00		44.2
Highland Rescue Team Ambulance District	\$54,525.00	50%	\$28,211.24	\$27,262.50		40.6
*Inter-Canyon Fire Protection District	\$63,084.00	50%	\$31,542.00	\$31,542.00		36.5
Keefe Memorial Health Service District	\$23,100.11	50%	\$11,779.94	\$11,035.18		42.4
Kiowa Fire Protection District	\$70,737.10	50%	\$35,500.00	\$35,368.55		38.8
Lake George Fire Protection District	\$73,509.04	50%	\$37,524.52	\$36,754.52		42.7
Larkspur Fire Protection District	\$261,283.00	50%	\$113,740.00	\$113,740.00		37.8
Las Animas Bent County Fire Protection District	\$75,100.60	50%	\$37,550.30	\$37,550.30		45
Lefthand Fire Protection District	\$19,796.30	50%	\$10,030.85	\$9,898.15		41.5
Los Pinos Fire Protection District	\$34,883.60	50%	\$17,441.80	\$17,441.80		34.8
Lutheran Hospital Association of the San Luis Valley	\$111,833.75	50%	\$80,006.00	\$55,917.03		38.9
Mesa County Fire Authority	\$211,050.00	10%	\$190,305.00	\$189,945.00		39.8
Metro Care Ambulance Service LLC	\$106,825.00	50%	\$53,412.50	\$53,412.50		35.3
Mile High Ambulance, LLC	\$80,918.28	50%	\$40,459.14	\$40,459.14		35.1
Mile-High RETAC - RMD	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
Mile-High RETAC - SI	\$43,671.10	0%	\$43,671.10		\$41,200.00	41.2
Monte Vista Community Ambulance Service	\$37,633.65	50%	\$19,529.33	\$18,816.82		43.3
Montrose Fire Protection District	\$89,365.76	50%	\$44,682.88	\$44,682.88		42.3
Montrose Memorial Hospital, Inc.	\$156,313.80	0%	\$284,436.00		\$156,313.80	35.3
Morgan County Ambulance	\$133,947.01	50%	\$63,064.01	\$62,630.50		42.1
North Central Fire Protection District	\$32,298.20	10%	\$29,068.38	\$29,068.38		34.7
North Fork Fire Protection District	\$47,654.00	50%	\$23,827.00	\$23,827.00		38.4
North Park Hospital District	\$27,368.20	50%	\$13,684.10	\$13,684.10		40
Northeast Colorado RETAC - RMD	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
Northeast Colorado RETAC - SI	\$25,932.50	0%	\$25,932.50		\$25,932.50	40.7
Northwest RETAC - RMD	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
Ouray County	\$205,724.00	50%	\$103,362.00	\$102,863.00		45
Platte Canyon Fire Protection District	\$54,540.00	50%	\$27,270.00	\$27,270.00		37.8

Roaring Fork Fire Rescue Authority	\$252,390.00	50%	\$126,395.00	\$126,195.00		37.1
San Luis Valley RETAC - SI	\$10,217.71	0%	\$10,217.71		\$10,217.71	37
San Luis Valley RETAC - RMD	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
Sedgwick County	\$227,838.00	50%	\$114,219.00	\$113,919.00		43.8
Silverton San Juan County Ambulance Association	\$15,108.90	50%	\$9,953.45	\$7,554.45		41.4
South Fork Fire Protection District	\$91,900.35	50%	\$45,950.18	\$45,950.18		42.9
Southeastern Colorado RETAC - RMD	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
Southern Colorado RETAC - RMD	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
Southwest Health System, Inc.	\$287,101.54	50%	\$143,550.77	\$143,550.77		41.2
Southwest RETAC - RMD	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
Southwest Teller County Emergency Medical Services	\$11,142.48	50%	\$5,571.24	\$5,571.24		40.7
St. Vincent General Hospital District	\$342,957.83	50%	\$129,651.67	\$128,401.67		41.3
Summit Fire & EMS Fire Protection District	\$443,293.96	50%	\$221,646.98	\$221,646.98		31.2
Telluride Fire Protection District	\$90,029.60	50%	\$45,014.80	\$45,014.80		39.1
Thompson Valley Health Services District	\$211,975.00	50%	\$103,675.00	\$103,675.00		40
Town of Center Fire Protection District	\$25,854.60	50%	\$13,360.00	\$12,927.30		43.5
Town of Limon dba Limon Ambulance Service	\$69,999.75	10%	\$62,999.78	\$62,999.78		40.8
Trinidad Ambulance District	\$182,949.43	50%	\$105,784.32	\$91,474.72		39.9
Trinidad Area Health Association dba Mt. San Rafael Hospital	\$16,227.00	50%	\$8,113.50	\$8,113.50		38.4
Upper Pine River Fire Protection District	\$31,876.92	50%	\$16,600.00	\$15,578.46		36.1
Upper San Juan Health Service District	\$177,817.06	50%	\$93,427.28	\$88,908.53		40.6
Ute Pass Regional Health Service District	\$431,182.05	50%	\$215,591.03	\$213,659.26		42.4
West Metro Fire Protection District	\$237,679.97	50%	\$119,515.99	\$118,839.99		33.8
Western RETAC	\$33,000.00	0%	\$33,000.00		\$33,000.00	Approved
				Total Provider Grant Awards		
			Requested			
Totals:			\$7,383,257.60	\$6,098,850.29	\$697,486.37	

Attachment B: Statewide Ketamine Use

In accordance with C.R.S. 25-3.5-210, the Department is providing this report on the statewide use of ketamine by emergency medical service providers and any complications that arise out of such use.

Ketamine is a medication that has sedative and analgesic properties. Emergency Medical Services (EMS) providers administer ketamine for pain management, sedation, and as a component of Rapid Sequence Induction (RSI). Ketamine and RSI are not within the scope of practice of most Colorado EMS providers but can be approved for use by Colorado Paramedics through a scope of practice waiver. Both acts are within scope of practice for Paramedics with Critical Care Endorsement. With the signing of House Bill 21-1251 on July 6, 2021, the Department retired all Ketamine for Extreme Agitation/Excited Delirium waivers. Further, 6 CCR 1015-3, Chapter Two - Rules Pertaining to EMS Practice and Medical Director Oversight were revised to ensure compliance with HB 21-1251. The revisions were reviewed by the Emergency Medical Practice Advisory Council at their Aug. 9, 2021 meeting and approved by the Department's Chief Medical Officer on Oct. 20, 2021. Chapter Two revisions became effective Jan. 1, 2022.

Also effective Jan. 1, 2022, all waiver data reporting, including for the use of ketamine and RSI, must be submitted using the Department's ePCR system. To support this transition and enhance the quality of ePCR data, the Department developed a data dictionary and training material to guide accurate data entry. All EMS agencies operating under a scope of practice waiver are required to submit data into the ePCR system and attend data entry training. Additionally, 6 CCR 1015-3, Chapter Three - Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping were revised to reduce data submission time from sixty days to forty-eight hours, require data submission compliance for agencies seeking a scope of practice waiver, and better align with national EMS data standards. Chapter Three revisions became effective June 14, 2022.

Between July 1, 2021 and June 30, 2022, 1500 ePCRs with one or more ketamine administration(s) were identified in the Department's EMS Data Repository^{1,2,3}. Of those, 2 percent documented one or more potential medication complication(s). These data do not establish a causal link between the medication and complications or outcomes⁴.

Footnotes

- 1) All licensed ambulance agencies are required to submit ePCRs to the Department as specified by 6 CCR 1015-3. Non-licensed ambulance agencies may also utilize ketamine, and those incidents are not included in this dataset. These data include all ePCRs submitted to the Department with an incident date between 7/1/2021 - 6/30/2022 where ketamine was documented in the 'Medication Given' field (RXNorm codes including 6129, 6130, 203184, 330467). No narrative searches were conducted to retrieve additional information for the purposes of this report. Any instances of ketamine administered prior to EMS care were excluded.

- 2) EPCRs which listed the role of the person administering ketamine as Nurse Practitioner (NP) Registered Nurse (RN), or Physician (MD/DO) and other non-EMS providers were excluded.
- 3) These data were obtained from a live data system, which allows for the submission and alteration of ePCRs by the submitting agency at any time, therefore these data are subject to change. Data retrieved from the Colorado EMS Data Repository on 9/14/2022.
- 4) Data included in the Count of ePCRs with Any Reported Medication Complication(s) were determined using the 'Medications Complication' field associated with ketamine administration. This data field was missing or not documented in 258 ePCRs (17% of all ePCRs examined). No narrative searches or analysis of vitals signs were conducted. The included complications were: altered mental status, bleeding, hypoxia, injury, respiratory distress, vomiting, apnea, bradycardia, bradypnea, extravasation, hypertension, nausea, tachycardia, hypotension, hypoxia, and other.

Attachment C: Quarterly Branch Reports

The Branch submits quarterly reports to the State Emergency Medical and Trauma Services Advisory Council. These reports are included in this legislative report as part of the official record.

October 2021

Emergency Medical & Trauma Services Branch Activity Report

Presented to the
State Emergency Medical and Trauma Services Advisory Council

Report For Period:
July 2021 - September 2021



Emergency Medical and Trauma Services Branch Activity Report to the State Emergency Medical and Trauma Services Advisory Council (SEMTAC)

This report is submitted as a record of key activities by the Emergency Medical and Trauma Services Branch for the period of July 1, 2021 - September 30, 2021.

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EMTS Branch Report

Donnie Woodyard, Branch Chief, donnie.woodyard@state.co.us

Branch Updates

Energy and efforts to fill and onboard three vacant staff positions in the EMTS branch have been a priority during the past quarter. One new position created by HB21-1251, and two existing positions. We are pleased to announce that Mr. Matt Pickler joined the Data Section at the end of Q2. Matt is experienced in data management and joins us from the University of Denver. We are in the process of interviewing candidates for the new data consultant position, created by HB21-1251.

Samantha Meza's last day with the EMTS Branch was Sept. 21, 2021. After recently completing her Master's in Public Administration, she accepted a position with the City of Denver. While she will be missed at the EMTS Branch, we share in congratulating her on the next chapter of her professional development. Additionally, Stacey Quesada, MPH, the EMS for Children Program Manager and an employee of the University of Colorado School of Medicine, accepted a new position with Center for Public Health Innovation. The University of Colorado is recruiting for a new EMSC Program Manager.

The enforcement group has also added a new member to their team. Alex Scherer joined HFEMS division in August coming from the Air Pollution Division of CDPHE. Welcome Alex!

The Branch is facilitating stakeholder feedback and meetings for the EMS Chapter 3 Task Force. The Task Force is focused on updating rules related to the collection and reporting of essential data from licensed ambulance agencies related to the performance, needs, and quality assessment of the statewide emergency medical and trauma services system. Thus far, participation in the Task Force meeting has been robust with great stakeholder representation.

At the August 2021 EMPAC meeting, the Division announced the initiation of an internal process improvement evaluation. The recommendations from the process improvement process (evaluation) are anticipated to be reviewed and implemented in Q1 2022.

National Updates

NREMT - The National Registry of EMTs announced a project to modernize the psychomotor examinations for the Advanced-EMT and Paramedic certification levels. Information about the multi year project is available on the NREMT's ALS Redesign [website](#). Additionally, the NREMT removed the outdated EMT psychomotor skills examination sheets from their website; EMS education programs are reminded not to use the outdated EMT sheets.

EMS Compact - The EMS Compact announced the appointment of Ray Mollers as the Executive Director for the Interstate Commission for EMS Personnel Practice - the governmental body responsible for the day-to-day operations of the EMS Compact. The EMS Compact is fully operational with over 300,000 EMS personnel registered with a multi-state Privilege to Practice.

NHTSA Office of EMS- After 15 years of federal service, including the last five leading the National Highway Traffic Safety Administration Office of EMS, Jon Krohmer, MD, announced that he will be retiring in November.

National EMS Advisory Committee - Congratulations to Kathleen Adalgais, MD, MP for her reappointment to the National EMS Advisory Committee. The NEMSAC membership consists of 25 members of the EMS community who represent different aspects of the industry. The members are appointed by the Secretary of the Department of Transportation for two-year terms.

Operations Section

Mike Bateman, Section Manager, michael.bateman@state.co.us

Emergency Medical Practice Advisory Council (EMPAC)

Upon the signing of HB 21-1251 into law July 6, 2021, all existing Ketamine for Extreme Agitation/Excited Delirium waivers were suspended. The council reviewed 22 waiver applications during their August 9, 2021 meeting, 18 of which were approved, 2 were tabled, and 2 were denied. The next EMPAC meeting is scheduled for Monday, Nov. 8, 2021, starting at 10 a.m. remotely via Zoom. The next Regional Medical Direction committee meeting will be held the same day immediately prior to the EMPAC meeting, from 8 a.m. to 9:45 a.m.

Path4EMS

During the past quarter, the Path4EMS program has continued to serve providers on a consistent basis. The program has also started to become a part of the professional landscape here in Colorado, serving as a point of contact and a reference in the area of provider wellness. Outreach efforts have continued as well, with a greater focus on building working relationships with the numerous other agencies and organizations striving toward our shared goals. Finally, strategies for recognition and prevention are also being developed now with the hopes of getting out in front of these issues whenever possible.

Funding Section

Eric Schmidt, Section Manager, eric.schmidt@state.co.us

Technical Assistance

At the request of local governments and in conjunction with the regional emergency medical and trauma services advisory councils (RETACs), staff members coordinate technical assistance services to local entities. There were no formal requests for technical assistance requested this quarter. The department has performed 21 local EMTS system assessments since the program began. Copies of the final reports with recommendations are available from the department.

CREATE

The Colorado Rural Health Center continues to administer the Colorado Resource for EMS and Trauma Education (CREATE) grant program. There was one financial waiver request submitted for review during the quarter that was not approved. The Expert Review Committee evaluated 16 applications

requesting \$78,828 in funding for 16 courses. Ten courses were approved with \$34,495 awarded. There were no requests for financial waiver submitted during the period.

Provider Grants and System Improvement Funding Requests

All projects for the fiscal year 2021 funding have been completed and closed. Reversions totaled \$125,415 for the year.

The legislature authorized approximately \$6.1 million for the funding program in fiscal year 2022. Five hundred thousand dollars was allocated for the CREATE educational grant program, \$359,700 for regional medical direction projects, \$304,146 for supplemental RETAC funding, \$65,000 to provide support for the new trauma registry software, \$300,000 in temporary funding for the peer assistance program and \$150,000 was set-aside for emergency grants. An additional \$565,439 was held back due to reduced revenue projections. Revenues have not yet recovered even though the restrictions affecting the ability to register vehicles have been relaxed for more than nine months. Grant agreements for 69 projects are fully executed. One agreement is pending signature by the grantee and two agreements are still under development by the department.

Emergency Grants

There were two emergency grant requests received in the last quarter. One project was awarded \$5,063 to repair a cardiac monitor-defibrillator for a rural ambulance agency. One application is still pending required information from the applicant.

Trauma Section

Martin Duffy, Section Manager, martin.duffy@state.co.us

Trauma Reviews/Designations

The trauma section completed one level I, one level II, three level IIIs and one level IV review in the third quarter of 2021. These reviews were successfully completed on a remote platform. The remote platform continues to necessitate a higher level of technical assistance to prepare the facility and review team.

Trauma Consultations and Outreach Visits

The trauma section provided technical assistance to a wide range of stakeholders in Q3 of 2021. Staff facilitated registry webinars providing education on data submission and the ImageTrend platform. The trauma section provided ongoing technical assistance to 4 facilities that are on a Plan of Correction and 2 facilities pursuing designation or increasing their level of designation.

Designation Review Committee (DRC)

The DRC meeting in July was held remotely. The DRC considered three facilities that were given an automatic recommendation on their designation.

Statewide Trauma Advisory Committee (STAC)

The STAC meeting in July was held remotely. The STAC discussed non-designated facility integration into a license management system provided by ImageTrend. This would allow the Department to effectively communicate and gather trauma data from these facilities. The

committee went on to discuss data compliance from facilities that use a vendor to submit data. Stakeholders were reminded of the expectation that data be submitted to the department in a timely and accurate manner.

Data Section

Amber Viitanen, EMTS Data Section Manager, amber.viitanen@state.co.us

The data team continues to provide technical assistance and subject matter expertise to both internal and external stakeholders. After onboarding a new team member the team has enhanced several aspects of internal application and reporting systems. Specifically, air ambulance applications, organizational profiles, and scope of practice waivers have undergone robust process improvements, and these changes plan to be rolled out during Q3 of 2021. Additionally, the team leads the EMS Chapter 3 EMS data rule task force which aims to update the rules to require the latest version of NEMSIS (National Emergency Medical Services Information System) data, 3.5.0 beginning January 2023. Finally, the team provided guidance across the branch in appropriate data collection, analysis, and dissemination of trauma registry data, scope of practice waiver data, EMS personnel data, and organizational profile data.

EMTS Investigations

Shelley Sanderman, HFEMSD Enforcement, shelley.sanderman@state.co.us

The EMTS Investigations Team continues to see a large number of complaints and arrests of EMS providers. In the third quarter of 2021, the team processed approximately 8 CORA requests for HFEMS. During this quarter, the Team received 15 new complaints and continues to investigate 24 active complaints from previous quarters. Eight complaints have been investigated and closed out. Additionally, in the third quarter of 2021, the Team has received, reviewed, and processed 15 CBI subsequent arrest reports of certified providers. Five temporary suspension of certifications were negotiated, as well as two probations of certification, and two Letters of Admonition. The Team is currently investigating and/or paused investigations on 4 complaints related to the administration of ketamine, and has closed out one ketamine complaint. Finally, the Team continues to work with the Attorney General's office on 7 cases involving certified providers.

Regional Emergency Medical and Trauma Services Advisory Councils (RETACs)

Mattew Paswaters, Coordinator, mattew.paswaters@state.co.us

All 11 RETACs submitted their fiscal year 2022 budgets, fiscal year 2021 fourth quarter activity reports and fiscal year 2021 annual financial reports. The most recent quarterly RETAC forum was held September 1-2 in Crested Butte. The next RETAC forum is December 8-9 in Loveland. SEMTAC members are encouraged to attend RETAC forum meetings. SEMTAC members interested in attending a RETAC forum should contact Mattew Paswaters for information.

Emergency Medical Services for Children (EMSC)

Stacey Quesada, EMSC Program Manager, stacey.quesada@cuanschultz.edu

The Emergency Medical Services for Children (EMSC) program continues work to expand and improve the capacity for pediatric emergency care across Colorado.

Colorado Pediatric Emergency Care Coordinators (COPECC)

EMSC facilitated two COPECC steering committee meetings during the quarter. In addition, the COPECC committee hosted the first COPECC workshop for EMS providers across the state on August 12th. The virtual workshop was designed to educate prehospital pediatric emergency care coordinators (PECCs) and/or their agency leaders on the fundamentals of the PECC role and the resources available to support them.

Colorado Pediatric Preparedness for the Emergency Room (COPPER)

EMSC conducted three COPPER steering committee meetings during the quarter. COPPER is currently being piloted with six hospitals: Grand River Health, Gunnison Valley Health, Lincoln Health, Montrose Memorial, Swedish Medical Center, and Valley View Hospital. Pilot sites are in the process of using COPPER resources to address gaps in their pediatric readiness. To date, one site, Swedish Medical Center, has addressed all of the COPPER requirements and has submitted an application for COPPER recognition. The COPPER team is working with the Swedish Medical Center to identify a date for a consultative visit.

Pediatric Care Committee (PCC)

EMSC hosted the quarterly PCC meeting on July 7th. At the meeting, new bylaws were approved and adopted by the committee. The new bylaws can be found [here](#). In addition, four new members were introduced to the committee: Dr. Taylor McCormick, Cameron Duran, Codi Wingo, and Danny Barela. The committee expressed its appreciation for the following outgoing members: Dr. Chris Darr, Jeff Force, Audrey Jennings, and Cindy Joseph.

Mobile Simulation Lab

The EMSC program has spent the last few months transitioning vehicles for the mobile simulation lab. The former vehicle arrangement consisted of a pickup truck and a large cargo trailer. These vehicles are in the process of being sold. Yampa Fire Protection District has donated a used ambulance to the EMSC program. This vehicle will replace the truck and trailer. EMSC hopes to be able to deploy the mobile simulation lab in the coming months.

Colorado Rural Expansion Project (C-REP)

EMSC Colorado was one of four EMSC state partnership programs selected to receive HRSA's rural expansion supplemental funding award. This funding will allow EMSC Colorado to deliver key education and training on pediatric behavioral/mental health, trauma-informed care, and child abuse and neglect in rural, remote, and tribal communities across the state. This new EMSC Colorado initiative will be referred to as the Colorado Rural Expansion Program, or C-REP. EMSC Colorado will be collaborating with CU School of Psychiatry, Partners for Children's Mental Health, and ECHO Colorado to implement C-REP in the coming months.

Additional information is available on the [EMSC website](#).

Communications

Curtis Nations, Communications Program Coordinator, curtis.nations@state.co.us

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 (DTRS) provides statewide, two-way interoperable communications to state, local, tribal and a limited number of federal government agencies over a shared communication platform. The DTRS in Colorado consists of 251 remote tower sites, serving more than 1,000 agencies and more than 100,000 subscriber units (individual radios) spread across six zones. The DTRS averages nearly 8 million calls per month. Some local agencies provide additional funding to add infrastructure to the overall DTRS. Several new DTRS radio tower sites are under various stages of planning and construction. The Emergency Medical and Trauma Services funding program continues to assist with improvement of local communications needs throughout the state. Funding has provided equipment to agencies to enable them to utilize the DTRS and in some cases to keep 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 Powered by AT&T' continues to work toward building out sites in Colorado to improve needed coverage.

House Bill 18-1325, known as the DTRS Coverage Bill, 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. This program assisted with funding improvements at 10 new DTRS sites to fill known radio signal coverage gaps.

EMTS Data Tables

▼ = Decrease from prior period.	▲ = Increase from prior period.	↔ = No change from prior period.
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EMS Personnel by level in Colorado					
Level	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
Registered EMR	382	383	370	366	356 ▼
EMT	13,400	13,556	13,663	13,701	13,771 ▲
Advanced-EMT	352	383	381	371	360 ▼
EMT-Intermediate	399	390	384	366	352 ▼
Paramedic	4,495	4,522	5,015	5,058	5,134 ▲
Total EMS Personnel*	19,098 ▲	19,317 ▲	19,443 ▲	19,496	19,617 ▲

* Total EMS Personnel excludes registered EMRs

Subset of EMS Personnel With Endorsements or License					
Level	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
EMT Licensed	n/a	n/a	371	501	631 ▲
AEMT Licensed	n/a	n/a	10	21	25 ▲
Paramedic Licensed	n/a	n/a	299	372	425 ▲
Paramedic Critical Care Endorsement	422	430	436	455	470 ▲
Paramedic Community Paramedic Endorsement	22	25	24	26	29 ▲
Paramedic Critical Care + Community Paramedic Endorsements	8	8	14	13	15 ▲

*Data presented in this table are a subset of the total EMS personnel presented in the table above.



Peer Support Fees Collected

	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
Fees Collected	\$4,049.05	\$3,670.15	\$4,925.95	\$4,207.50	\$4,335.00 ▲
Net Program Fees	N/A	N/A	N/A	\$ 33,884.40	\$ 38,219.40

*The Peer Support Fee is the \$2.55 charge per EMS certification or license issued. Net Program Fees are the total fees collected during the life of the program, less refunds issued. The current life of the program is from August 3, 2019 through June 30, 2021.

EMS Education Programs

	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
Education Programs	220	224	225	225	226 ▲

NREMT Cognitive Exams: Cumulative Pass Rates (Colorado vs National)

	National				Colorado		
	2019	2020	2021 YTD		2019	2020	2021 YTD
EMT	81%	78% ▼	78%	EMT	85%	84% ▼	81%
AEMT	78%	73% ▼	71%	AEMT	80%	80% →	91%
Paramedic	89%	85% ▼	82%	Paramedic	98%	99% ▲	92%

** Data report provided by NREMT.org; data for the prior 24 months will change as candidates test. Updated 9/24/2021

Air Ambulance Agencies

	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q2
Licensed	20	20	21	22	23 ▲
Recognized	10	8	11	11	10 ▼
Total	30 ▼	28 ▼	32 ▲	33 ▲	33 →





Exigent Circumstance Air Ambulance Flights					
	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
Approved	1	0	2	0	0 →
Denied	0	0	1	0	0 →

Scope of Practice Waivers (Active)					
	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
Waivers (BLS)	4	3	3	3	4 →
Waivers (ALS)	421	346	382	382	285 →
Waivers (BLS + ALS)	45	42	44	44	51 →
Total	470 ▲	391 ▼	429 ▲	429	340 →

Licensed Ambulance Agency & ePCR Data					
	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
EMS Agencies Reporting	176	180	195	191 ▼	
EMS Records Submitted	166,458	166,163	163,999	177,507 ▲	

Note, in accordance with data rules, agencies have 60 days to submit data. 2021 (Q2) is the most recent data.





CREATE and Emergency Grants					
	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
CREATE Grant Awards	\$45,221	\$33,954	\$29,744	\$ 23, 312	\$34,495
Emergency Grants	0	0	0	0	\$5,063

Provider Grants and System Improvement Funding					
	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
Applications Received	-	-	72		-
Funds Requested	-	-	\$4.4M		-
Funds Awarded	\$3.7 M	-	-	\$ 3.9M	-

Trauma System Designated Reviews Conducted					
Designation Level	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
Level 1	Designation reviews were suspended during this time period due to the COVID-19 public health emergency.	0	0	1	
Level 2		2	1	1	
Level 3		3	3	3	
Level 4		0	0	1	
Level 5		0	1	0	
Total		5	5	6	

Colorado Trauma System Facility Designations							
	Level 1	Level 2	Level 3	Level 4	Level 5	Total Designated	Non-designated
Number	6	14	26	33	4	83 →	44 →





Enforcement: EMS Personnel					
EMS Personnel	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
New Complaints /Investigations & Background Check Reviews	236	288	242	183	170 ▼
Application / Renewal Denial	2	0	0	0	0 →
Letter of Admonition	0	0	1	1	2 ▲
Probation/Temp Probation	2	5	3	8	2 ▲
Suspension/Temp Suspension	1	3	5	5	3 ▼
Revocation	0	0	0	2	0 ▲
Relinquishment	0	2	0	2	0 ▲

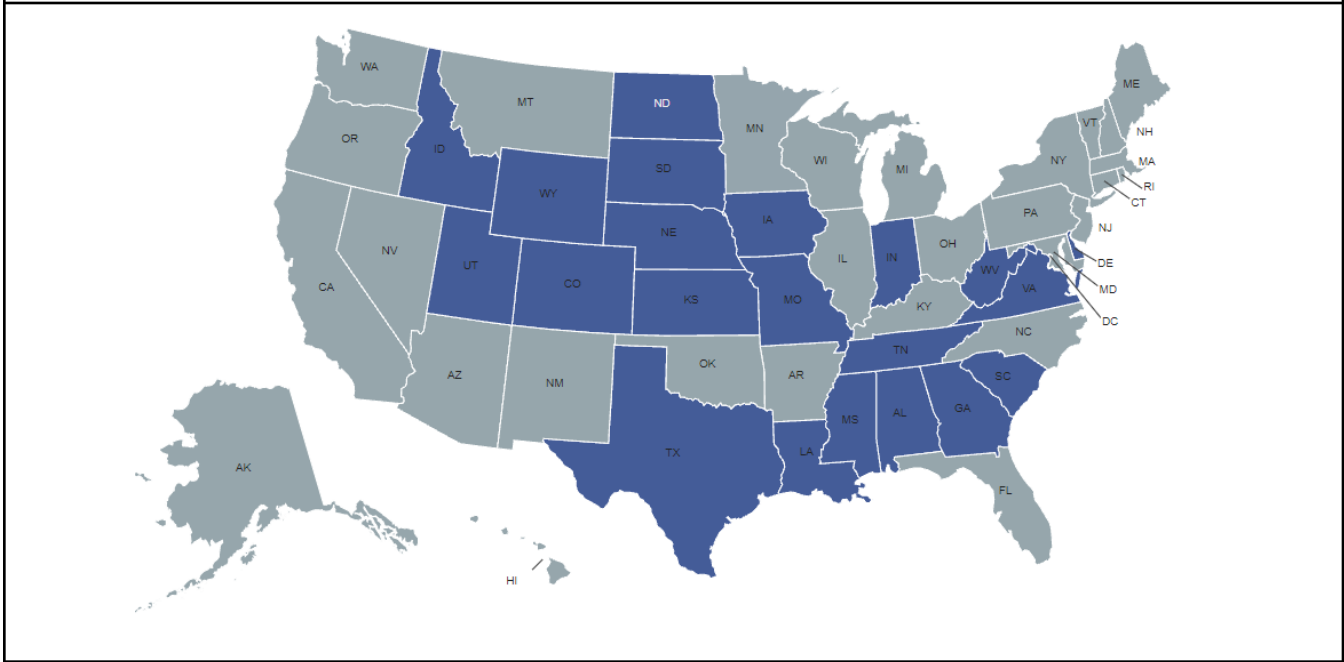
* Dismissed/No Action includes complaints and reviews of criminal history for initial applicants, renewals, and FBI/CBI subsequent reports.

Enforcement: Air Ambulance Agencies					
	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
New Complaints / Investigations	0	1	1	2	1 ▼
Closed Complaints/Investigations	0	0	1	0	0 →
Dismissed / No Action	0	0	0	0	0 →
Conditional License	0	0	1	0	0 →
Suspension	0	0	0	0	0 →
Revocation	0	0	0	0	0 →

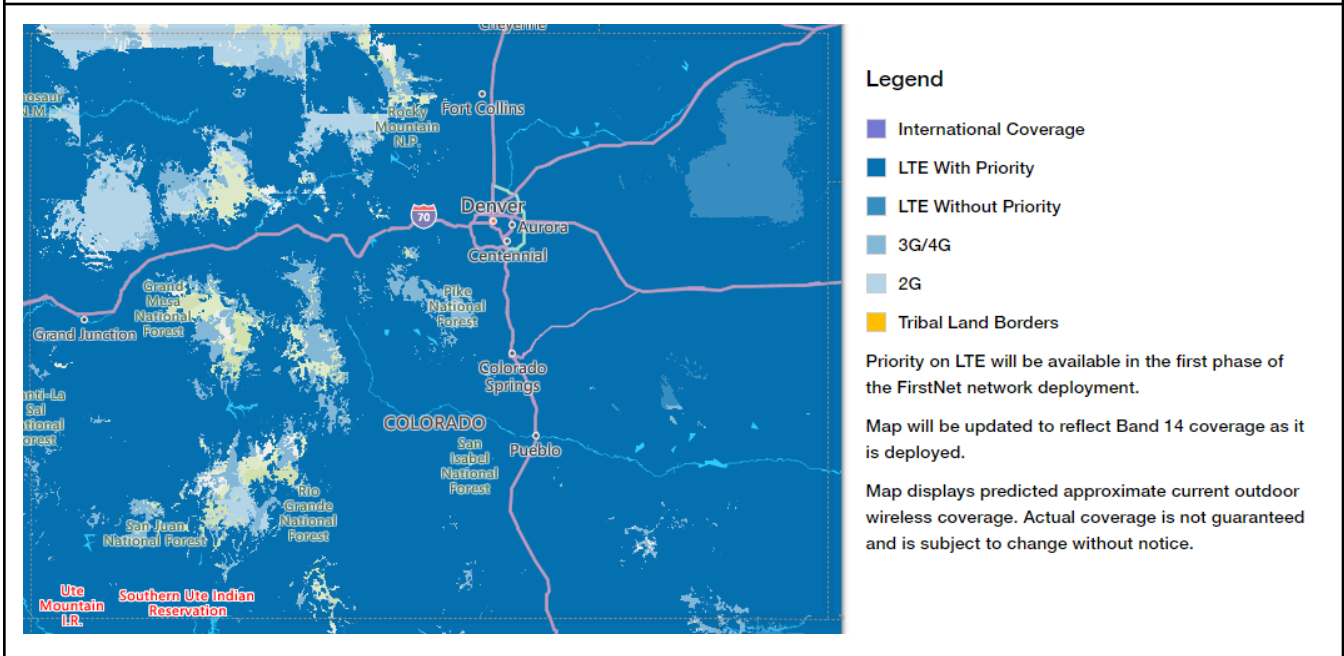




Interstate Compact for EMS Personnel Practice Member States



FirstNet Coverage Map for Colorado





EMTS Branch Personnel Roster		
Name	Section	Position Description
Donnie Woodyard	Branch	Branch Chief
Amber Viitanen	Data	Section Manager
Angela Bahn	Data	Data Quality Specialist
Scott Beckley	Data	Lead Data Analyst
Dale Knochenmus	Data	Statistical Analyst
Matt Pickler	Data	Management and Technology Advisor
New Position - Vacant	Data	EMS Data Consultant
Michael Bateman	Operations	Section Manager
Vanessa Brazee	Operations	Licensing Specialist
Eric Lucas	Operations	EMS Operations Specialist
Jennyfer Nguyen	Operations	Certification Technician
Timothy Petreit	Operations	Peer Assistance Coordinator
Martin Duffy	Trauma	Section Manager
Eileen Brown	Trauma	Emergent Systems of Care Specialist
Lisa Domenico	Trauma	Trauma Section Administrative Assistant
Kiva Thompson	Trauma	Trauma System Nurse Consultant
Eric Schmidt	Funding	Section Manager
Vacant	Funding	EMTS Branch Coordinator
Matthew Paswaters	Funding	Boards and Councils Coordinator
Andre Smith	Funding	Grants and Communications Coordinator



January 2022

Emergency Medical & Trauma Services Branch Activity Report

Presented to the
State Emergency Medical and Trauma Services Advisory Council

Report For Period:
October 2021 - December 2021



Emergency Medical and Trauma Services Branch Activity Report to the State Emergency Medical and Trauma Services Advisory Council (SEMTAC)

This report is submitted as a record of key activities by the Emergency Medical and Trauma Services Branch for the period of October 1, 2021 - December 31, 2021.

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EMTS Branch Report

Donnie Woodyard, Branch Chief, donnie.woodyard@state.co.us

Branch Updates

The fourth quarter of 2021 included the continued balance between the ongoing rising COVID-19 response, with yet another rise in cases and workload, and routine EMTS Branch activities. As detailed in this report, key deliverables and branch activities included:

- Randy Kuykendall celebrated his retirement as the Health Facilities & EMS Division Director at the end of December. Director Kuykendall had 46 years of public service and over 17 years with CDPHE. Elane McMannis is serving as the Interim Division Director.
- Welcoming Bill Clark as the EMTS EMS Data Consultant in the Data section. Bill has an extensive background in EMS data collection, analytics, and quality assurance.
- Welcoming Audra LeTurgez as the EMTS Branch Program Assistant, part of the Funding section. Audra is a resident of Pueblo and has a bachelor's degree in Communications and Homeland Security. Audra started in December and will continue her orientation and onboarding during the first quarter of 2022.
- EMS Chapter 3 (EMS Data Rules) Task Force successfully completed a collaborative stakeholder process to update and revise a proposed draft. The rules are anticipated to be presented to the Board of Health in early 2022.
- The independent Ketamine Investigatory Review Panel released their [final report](#) and recommendations. The panel's recommendations are currently being reviewed by CDPHE and the EMTS Branch.
- Governor Polis, on October 17, 2021, via Executive Order A2021 236, made [six appointments](#) to the Emergency Medical Practice Advisory Council.
- In November, the EMTS Branch announced a number of process improvement enhancements and changes related to the review, processing, and monitoring of scope of practice waivers. The new process is expected to better leverage the subject matter expertise of the Emergency Medical Practice Advisory Council (EMPAC), enhance the role of stakeholder and community feedback, reduce administrative burden, and increase public protection.
- In November, the scope of practice for paramedics and EMT-Intermediates was [temporarily expanded](#) to include the administration of monoclonal antibodies (mAbs).
- The [2021 EMTS Branch Annual Legislative Report](#) was published and distributed to the legislature, as pursuant to Colorado Revised Statutes §§ 25-3.5-606, 25-3.5-709, and 25-3.5-210.

National Updates

NREMT - The National Registry of EMTs announced the sunsetting of the Provisional NREMT certification option. Provisional NREMT certifications were temporarily issued at the onset of the COVID-19 pandemic when psychomotor examinations were not available. NREMT candidates with a provisional certification had until Dec. 31, 2021 to complete a psychomotor examination.

EMS Compact - The EMS Compact's National EMS Coordinated Database is fully operational with over half of the EMS Compact states successfully submitting real-time licensure data and the remaining states working to establish a connection in 2022. The database currently has licensure data for over 213,000 EMS providers. The public is able to quickly validate an individual's EMS license and privilege to practice status on the www.emscompact.gov website by entering a [National EMS ID](#) number.

Operations Section

Mike Bateman, Section Manager, michael.bateman@state.co.us

Emergency Medical Practice Advisory Council (EMPAC)

At the Nov. 8, 2021 EMPAC meeting the department announced the conclusion of its internal process improvement project for scope of practice waivers and highlighted the following changes: transition of waiver data reporting from Google Forms to ePCRs starting Jan. 1, 2022; independent department review and decision for initial, renewal, and transfer waiver requests; EMPAC review of requests for novel waiver types and scheduled review of existing waiver types. In line with these changes, the department notified EMPAC of administrative approval of all renewal and transfer waiver requests submitted for review in Nov., and referred Ketamine for Pain Management, RSI - Adult, RSI - Pediatric, and Tranexamic acid (TXA) waiver types for review in Feb. The next EMPAC meeting is scheduled for Monday, Feb. 14, 2022, starting at 10 a.m. remotely via Zoom. The next Regional Medical Direction committee meeting will be held the same day immediately prior to the EMPAC meeting, from 8 a.m. to 9:45 a.m.

Path4EMS

The last quarter of 2021 has seen a steady utilization of the Path4EMS program. This includes 10 new providers accessing services, as well as numerous EMS agencies and other stakeholder organizations seeking resources and guidance in the areas of provider wellness and resiliency. This continued success is a direct result of focused outreach efforts and an ongoing collaboration with the greater EMS community. With the potential need for these services only increasing, Path4EMS remains prepared to respond and is taking proactive measures whenever possible to ensure Colorado EMS providers have access and options when it comes to wellness resources.

Funding Section

Eric Schmidt, Section Manager, eric.schmidt@state.co.us

Technical Assistance

At the request of local governments and in conjunction with the regional emergency medical and trauma services advisory councils (RETACs), staff members coordinate technical assistance services to local entities. There were no formal requests for technical assistance requested this quarter. The department has performed 21 local EMTS system assessments since the program began. Copies of the final reports with recommendations are available from the department.

CREATE

The Colorado Rural Health Center continues to administer the Colorado Resource for EMS and Trauma Education (CREATE) grant program. There were no financial waiver requests submitted for review during the quarter. The Expert Review Committee evaluated six applications requesting \$85,364 in funding for six courses. Five courses were approved with \$49,464 awarded.

Provider Grants and System Improvement Funding Requests

The legislature authorized approximately \$6.1 million for the funding program in fiscal year 2022. Five hundred thousand dollars was allocated for the CREATE educational grant program, \$359,700 for regional medical direction projects, \$304,146 for supplemental RETAC funding, \$65,000 to provide support for the new trauma registry software, \$300,000 in temporary funding for the peer assistance program and \$150,000 was set-aside for emergency grants. An additional \$565,439 was held back due to reduced revenue projections for the fiscal year 2022 cycle. All grant agreements for the fiscal year 2022 funding cycle have been fully executed. Two projects have been completed and closed. Only five percent of the amount awarded has been expended so far. Eighty-four percent of the applicants turned in their second quarter projects on time. Several progress reports noted that global supply chain disruptions may delay project completion. The Funding section is working with the Fiscal Services branch to address these issues in compliance with state fiscal rules.

Emergency Grants

There were no emergency grant requests received in the last quarter. The project to repair a cardiac monitor-defibrillator for a rural ambulance agency awarded last quarter was completed successfully in October.

Trauma Section

Martin Duffy, Section Manager, martin.duffy@state.co.us

Trauma Reviews/Designations

The Trauma section completed one level II, and four level IV reviews in the fourth quarter of 2021. These reviews were successfully completed on a remote platform. The remote platform continues to necessitate a higher level of technical assistance to prepare the facility and review team. The designation process will continue to adapt as circumstances develop.

Trauma Consultations and Outreach Visits

The Trauma section provided technical assistance to a wide range of stakeholders in Q4 of 2021. Staff facilitated registry webinars providing education on data submission and the ImageTrend platform. The Trauma section provided ongoing technical assistance to six facilities that are on a plan of correction and several facilities pursuing designation or increasing their level of designation.

Designation Review Committee

The DRC meeting in October was held remotely. The DRC considered three facilities that were given an automatic recommendation on their designation and two facilities that required DRC consideration. The department continued the designation of all facilities presented to DRC.

Statewide Trauma Advisory Committee

The committee meeting in July was held remotely. The committee discussed non-designated facility integration into a license management system provided by ImageTrend. This would allow the department to effectively communicate and gather trauma data from these facilities. Trauma section staff held two webinars in the fourth quarter providing technical assistance on gatekeeper and organization profile set up, and non-designated data submission. The committee went on to discuss data compliance from facilities that use a vendor to submit data. Stakeholders were reminded of the expectation that data be submitted to the department in a timely and accurate manner.

Data Section

Amber Viitanen, EMTS Data Section Manager, amber.viitanen@state.co.us

The data team continues to provide technical assistance and subject matter expertise to both internal and external stakeholders. After onboarding a new team member the team has enhanced several aspects of internal application and reporting systems. Specifically, air ambulance applications and organizational profiles have undergone robust process improvements, and these changes were rolled out during Q3 of 2021. Additionally, the team led the EMS Chapter 3 EMS data rule task force which aimed to update the rules to require the latest version of NEMIS (National Emergency Medical Services Information System) data, 3.5.0 beginning January 2023. Finally, the team provided guidance across the branch in appropriate data collection, analysis and dissemination of EMS patient care data, trauma registry data, scope of practice waiver data, EMS personnel data, and organizational profile data.

EMTS Investigations

Shelley Sanderman, HFEMSD Enforcement, shelley.sanderman@state.co.us

The EMTS Investigations Team continues to see a large number of complaints and arrests of EMS providers. In the fourth quarter of 2021, the Team processed approximately thirteen Colorado Open Records Act requests related to EMS. During this quarter, the Team launched 256 investigations of complaints and provider arrests. The Team investigated 6 six complaints and in addition to those

carried over from previous quarters. Additionally, in the fourth quarter of 2021, the Team has received, reviewed, and processed 58 CBI subsequent arrest reports of certified providers, and 67 CBI subsequent arrest reports for initial applicants. One summary suspension of a provider's certificate was issued, and two temporary suspensions of certifications were negotiated, as well as two probations of certifications, and two letters of admonition. The Team is currently investigating one complaint related to the administration of ketamine. Further, in 2021, one investigation related to the administration of ketamine was paused, one investigation related to the administration of ketamine resulted in a provider certificate being placed on probation, and two investigations related to the administration of ketamine were closed out with no action. Finally, the Team continues to work with the Attorney General's office on six cases involving certified providers. The Team received 3 complaints related to air ambulances, one of which was closed out with no action and two of which continue to be investigated.

Regional Emergency Medical and Trauma Services Advisory Councils (RETACs)

Matthew Paswaters, Coordinator, matthew.paswaters@state.co.us

All 11 RETACs submitted their first quarter fiscal year 2022 activity reports. The most recent quarterly RETAC forum was held Dec. 8-9, 2021, in Loveland. The next RETAC forum is March 2-3 in Burlington. SEMTAC members are encouraged to attend RETAC forum meetings. SEMTAC members interested in attending a RETAC forum should contact Matthew Paswaters for information.

Emergency Medical Services for Children

EMSC Program Manager, Vacant.

The Emergency Medical Services for Children program continues work to expand and improve the capacity for pediatric emergency care across Colorado.

Additional information is available on the [EMSC website](#).

Communications

Curtis Nations, Communications Program Coordinator, curtis.nations@state.co.us

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 (DTRS) provides statewide, two-way interoperable communications to state, local, tribal and a limited number of federal government agencies over a shared communication platform. The DTRS in Colorado consists of 251 remote tower sites, serving more than 1,000 agencies and more than 100,000 subscriber units (individual radios) spread across six zones. The DTRS averages nearly 8 million calls per month. Some local agencies provide additional funding to add infrastructure to the overall DTRS. Several new DTRS radio tower sites are under various stages of planning and construction. The Emergency Medical and Trauma Services funding program continues to assist with improvement of local communications

needs throughout the state. Funding has provided equipment to agencies to enable them to utilize the DTRS and in some cases to keep 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 Powered by AT&T' continues to work toward building out sites in Colorado to improve needed coverage.

House Bill 18-1325, known as the DTRS Coverage Bill, 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. This program assisted with funding improvements at 10 new DTRS sites to fill known radio signal coverage gaps.



EMTS Data Tables

▼ = Decrease from prior period.	▲ = Increase from prior period.	↔ = No change from prior period.
---------------------------------	---------------------------------	----------------------------------

EMS Personnel by level in Colorado					
Level	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Registered EMR	383	370	366	356	372 ▲
EMT	13,556	13,663	13,701	13,771	13,814 ▲
AEMT	383	381	371	360	356 ▼
EMT-Intermediate	390	384	366	352	344 ▼
Paramedic	4,522	5,015	5,058	5,134	5,200 ▲
Total EMS Personnel*	19,317 ▲	19,443 ▲	19,496 ▲	19,617 ▲	19,715 ▲

* Total EMS Personnel excludes registered EMRs

Subset of EMS Personnel With Endorsements or License					
Level	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
EMT Licensed	n/a	371	501	631	718 ▲
AEMT Licensed	n/a	10	21	25	24 ▼
Paramedic Licensed	n/a	299	372	425	480 ▲
Paramedic Critical Care Endorsement	430	436	455	470	483 ▲
Paramedic Community Paramedic Endorsement	25	24	26	29	36 ▲
Paramedic Critical Care + Community Paramedic Endorsements	8	14	13	15	19 ▲

*Data presented in this table are a subset of the total EMS personnel presented in the table above.



Peer Support Fees Collected

	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Fees Collected	\$3,670.15	\$4,925.95	\$4,207.50	\$4,335.00	\$3,970.35 ▼
Net Program Fees	N/A	N/A	\$ 33,884.40	\$ 38,217.40	\$42,187.40

*The Peer Support Fee is the \$2.55 charge per EMS certification or license issued. Net Program Fees are the total fees collected during the life of the program, less refunds issued. The current life of the program is from August 3, 2019 through June 30, 2021.

EMS Education Programs

	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Education Programs	224	225	225	226	227 ▲

NREMT Cognitive Exams: Cumulative Pass Rates (Colorado vs National)

	National				Colorado		
	2019	2020	2021 YTD		2019	2020	2021 YTD
EMT	81%	79% ▼	79% →	EMT	85%	85% →	83% ▼
AEMT	78%	76% ▼	73% ▼	AEMT	80%	82% ▲	85% ▲
Paramedic	89%	88% ▼	83% ▼	Paramedic	98%	99% ▲	94% ▼

** Data report provided by NREMT.org "Pass/Fail Report"; data for the prior 24 months will change as candidates test. Updated 12/27/2021

Air Ambulance Agencies

	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Licensed	20	21	22	23	23 →
Recognized	8	11	11	10	10 →
Total	28 ▼	32 ▲	33 ▲	33 ▲	33 →

Exigent Circumstance Air Ambulance Flights

	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Approved	0	2	0	0	1 ▲
Denied	0	1	0	0	0 ↔

Scope of Practice Waivers (Active)

	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Waivers (BLS)	3	3	3	4	5
Waivers (ALS)	346	382	382	285	290
Waivers (BLS + ALS)	42	44	44	51	51
Total	391 ▼	429 ▲	429	340	346

Licensed Ambulance Agency & ePCR Data

	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
EMS Agencies Reporting	180	195	191	195 ▼	
EMS Records Submitted	166,163	163,999	177,507	188,916 ▲	

Note, in accordance with data rules, agencies have 60 days to submit data. 2021 (Q2) is the most recent data.

CREATE and Emergency Grants					
	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
CREATE Grant Awards	\$33,954	\$29,744	\$ 23, 312	\$ 34,495	\$49,464
Emergency Grants	0	0	0	\$5,063	\$0

Provider Grants and System Improvement Funding					
	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Applications Received	-	72			-
Funds Requested	-	\$4.4M			-
Funds Awarded	-	-	\$ 3.9M		-

Trauma System Designated Reviews Conducted						
Designation Level		2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Level 1	Designation reviews were suspended during this time period due to the COVID-19 public health emergency.	0	0	1		0
Level 2		2	1	1		1
Level 3		3	3	3		0
Level 4		0	0	1		4
Level 5		0	1	0		0
Total		5	5	6		5

Colorado Trauma System Facility Designations							
	Level 1	Level 2	Level 3	Level 4	Level 5	Total Designated	Non-designated
Number	6	14	26	33	4	83 →	42 →



Enforcement: EMS Personnel

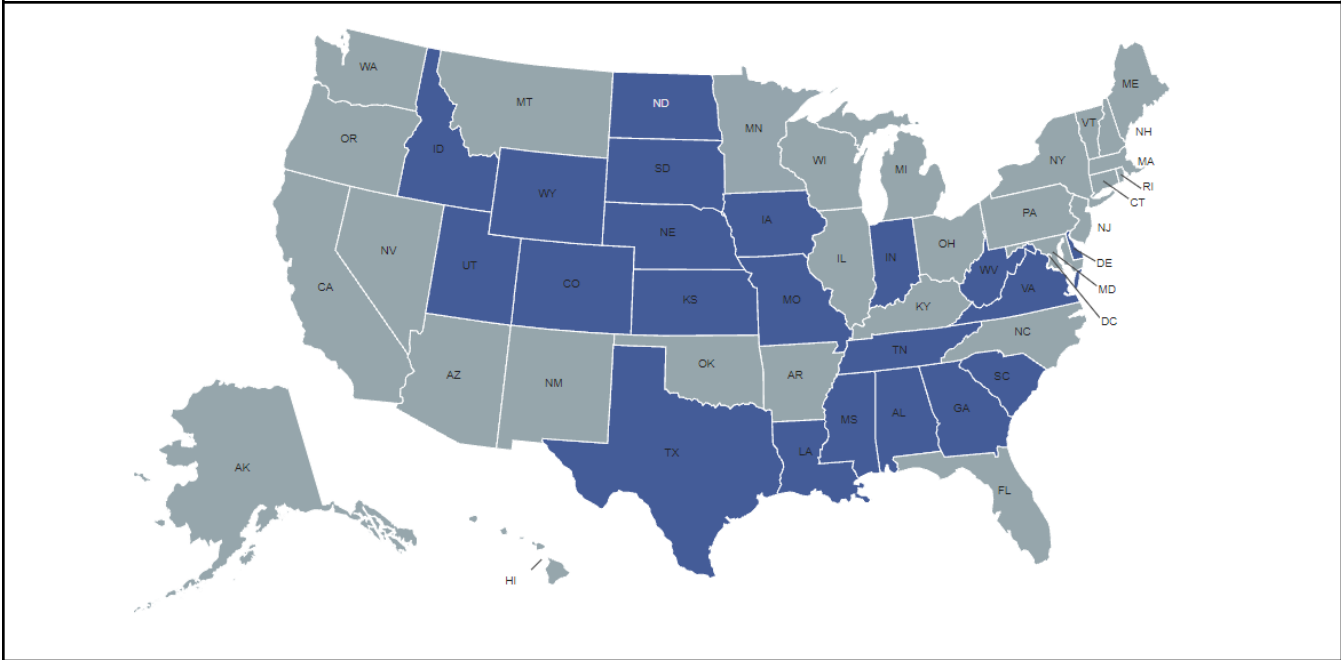
EMS Personnel	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
New Complaints /Investigations & Background Check Reviews	288	242	183	170	256 ▲
Application / Renewal Denial	0	0	0	0	0 →
Letter of Admonition	0	1	1	2	2 →
Probation	5	3	8	2	2 →
Suspension/Temp Suspension	3	5	5	3	3 →
Revocation	0	0	2	0	0 →
Relinquishment	2	0	2	0	0 →

* Dismissed/No Action includes complaints and reviews of criminal history for initial applicants, renewals, and FBI/CBI subsequent reports.

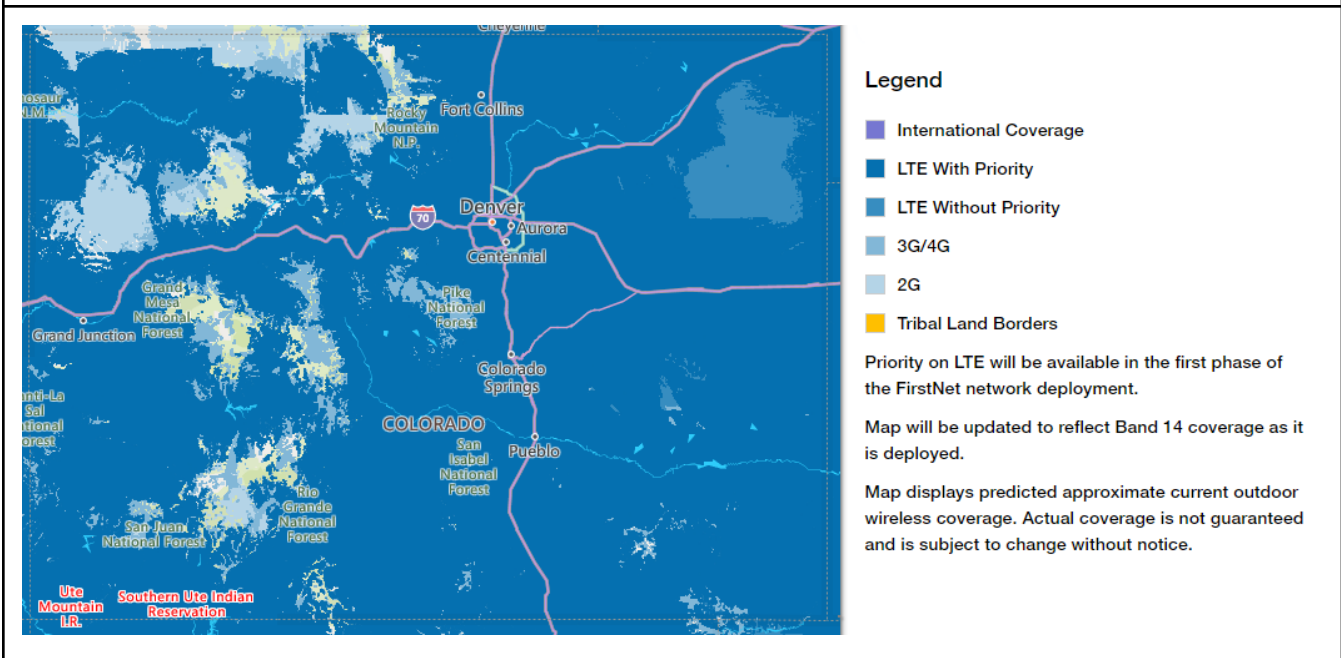
Enforcement: Air Ambulance Agencies

	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
New Complaints / Investigations	1	1	2	1	3 ▲
Closed Complaints/Investigations	0	1	0	0	1 ▲
Dismissed / No Action	0	0	0	0	1 ▲
Conditional License	0	1	0	0	0 →
Suspension	0	0	0	0	0 →
Revocation	0	0	0	0	0 →

Interstate Compact for EMS Personnel Practice Member States



FirstNet Coverage Map for Colorado



EMTS Branch Personnel Roster

Name	Section	Position Description
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Scott Beckley	Data	Lead Data Analyst
Dale Knochenmus	Data	Statistical Analyst
Matt Pickler	Data	Management and Technology Advisor
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April 2022

Emergency Medical & Trauma Services Branch Activity Report

Presented to the
State Emergency Medical and Trauma Services Advisory Council

Report For Period:
January 2022 - March 2022



Emergency Medical and Trauma Services Branch Activity Report to the State Emergency Medical and Trauma Services Advisory Council

This report is submitted as a record of key activities by the Emergency Medical and Trauma Services Branch for the period of January 1, 2022 - March 31, 2022.

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EMTS Branch Report

Donnie Woodyard, Branch Chief, donnie.woodyard@state.co.us

Branch Updates

The first quarter of 2022 included a dramatic decrease in COVID-19 cases, the relaxing/end of many public health orders, and the start of a transition back to normalized operations. As detailed in this report, key deliverables for the first quart of 2022 included:

- Celebrating the promotion of Lisa Domenico, in the Trauma Section, to Health Professional III.
- Celebrating the promotion of Jennyfer Nguyen, in the Operations Branch, to Certification Specialist, Technician IV.
- On February 14, 2022 the department presented Dr. Kevin Weber a Colorado flag, flown over the state capitol building, and a certificate to honor his service and contributions to Colorado's emergency medical and trauma services. On March 2, 2022, division leadership attended the memorial service to honor Dr. Weber's life.
- The Emergency Medical Practice Advisory Council fully implemented the revised waiver review process at their February meeting. To better facilitate a multidisciplinary review of waivers, EMPAC created a task force of subject matter experts to review the technical details of waivers between EMPAC meetings. All task force meetings will be open to the public.
- A request for hearing, of the EMS Chapter 3 EMS Data Rules, was requested from the Board of Health. On April 20, 2022, the department will present changes to 6 CCR 1015-3, Emergency Medical Services, Chapter Three - rules pertaining to emergency medical services data and information collection and record-keeping to the board of health. Proposed rule changes are the result of stakeholder feedback.

National Updates

The National Registry of EMTs project to sunset the ALS psychomotor exam and redesign the cognitive exam is proceeding on schedule. The NREMT is working with education programs to increase awareness of technology enhanced items. The new item (question) types allow the exam to better assess a candidate's understanding of the depth of comprehension and knowledge of a particular topic. The new items will increase testing fidelity by making the experience more genuine, practice-related, and engaging for test takers. Additional information about the ALS exam redesign is available here: <https://nremt.org/Document/ALS-Redesign>

The National Highway Traffic Safety Administration Office of EMS celebrated the retirement of Dr. Jon Krohmer and welcomed Gamunu "Gam" Wijetunge as the new director. As an OEMS team member for more than 20 years, Gam led collaborative projects related to improving post-crash care, the EMS workforce and EMS system emergency preparedness, including the development of the EMS Workforce Agenda for the Future and EMS Agenda 2050. When not applying his energy towards improving EMS systems nationwide, Gam volunteers as a paramedic and fire captain at a rescue squad in Wheaton, Maryland where he also serves as president. Director Wijetunge's email address is: gamunu.wijetunge@dot.gov

Operations Section

Mike Bateman, Section Manager, michael.bateman@state.co.us

Emergency Medical Practice Advisory Council

At the Feb. 14, 2022 meeting the council reviewed and recommended for approval guidelines for the waived administration of ketamine and tranexamic acid (TXA). Review of RSI Adult and RSI Pediatric waiver guidelines was tabled to the May meeting. Additionally, the council created a task force to assist in the review of the RSI waiver guidelines, and the department referred Blood Products, Cefazolin, Closed Joint Reduction, and Dexmedetomidine waiver types for review at the May meeting. Subsequently, a special meeting of the EMPAC was held March 17, 2022, during which the May waiver referrals were added to the task force's agenda and the council decided to maintain the task force to review/revise waiver guidelines in between the quarterly council meetings. The next EMPAC meeting is scheduled for Monday, May 9, 2022, starting at 10 a.m. remotely via Zoom. The next Regional Medical Direction committee meeting will be held the same day immediately prior to the EMPAC meeting, from 8 to 9:45 a.m.

Path4EMS

The utilization of Path4EMS services continued at a rate similar to the previous quarter. Our efforts remain focused on determining the best ways to ensure that those who want or need these services are well informed and readily connected. We are also reminding providers to remain mindful of their own wellness and resiliency, as well as that of their peers, as we continue to settle into a new post-pandemic normal.

Funding Section

Eric Schmidt, Section Manager, eric.schmidt@state.co.us

Technical Assistance

At the request of local governments and in conjunction with the regional emergency medical and trauma services advisory councils, staff members coordinate technical assistance services to local entities. There were no formal requests for technical assistance requested this quarter. The department has performed 21 local EMTS system assessments since the program began. Copies of the final reports with recommendations are available from the department.

CREATE

The Colorado Rural Health Center continues to administer the Colorado Resource for EMS and Trauma Education grant program. There was one financial waiver request submitted for review during the quarter. The financial waiver request was approved. The Expert Review Committee evaluated nine applications requesting \$67,709 in funding for 12 courses. Six courses were approved with \$46,885 awarded.

Provider Grants and System Improvement Funding Requests

The legislature authorized approximately \$6.1 million for the funding program in fiscal year 2022. Five hundred thousand dollars was allocated for the CREATE educational grant program, \$359,700 for regional medical direction projects, \$304,146 for supplemental RETAC funding, \$65,000 to provide support for the new trauma registry software, \$300,000 in temporary funding for the peer assistance program and \$150,000 was set-aside for emergency grants. All grant agreements for the fiscal year 2022 funding cycle have been fully executed. Five projects have been completed and closed. About 10 percent of the amount awarded has been expended so far. Eighty-one percent of the applicants turned in their third quarter projects on time. A significant number of progress reports noted that global supply chain disruptions may delay project completion. The Funding section is working with the Fiscal Services branch to address these issues in compliance with state fiscal rules.

For the fiscal year 2023 funding cycle, 78 applications were submitted requesting approximately \$7.1 million in state dollars. There were 72 provider grant requests, five system improvement projects and one request that included both types of requests. The regular funding source from vehicle registration fees will provide approximately \$4.5 million of EMTS grant funding in fiscal year 2023. The state's budget request also included a \$2 million one-time appropriation from the general fund to supplement the EMTS funding program. The status of the supplemental funding will not be known until the legislature adopts the fiscal year 2023 appropriations bill. Nine regional grant reviews were completed in March. The review for system improvement projects and the remaining regional reviews are scheduled in April. SEMTAC reviews will be completed in May and awards will be announced by June 30.

Emergency Grants

There were no emergency grant requests received in the last quarter.

Trauma Section

Martin Duffy, Section Manager, martin.duffy@state.co.us

Trauma Reviews/Designations

The Trauma section completed two level I, two level II, three level III and four level IV reviews in the first quarter of 2022. These reviews were successfully completed on a combination of hybrid remote platforms and in-person. The remote platform continues to necessitate a higher level of technical assistance to prepare the facility and review team.

Trauma Consultations and Outreach Visits

The Trauma section provided technical assistance to a wide range of stakeholders in Q1 of 2022. Staff facilitated registry webinars providing education on data submission and the ImageTrend platform. The Trauma section provided ongoing technical assistance to several facilities that are on a plan of correction and several facilities pursuing designation or increasing their level of designation as well as focused technical assistance to all of our nondesignated facilities.

Designation Review Committee

The DRC meeting in January was held remotely. The DRC considered three facilities that were given an automatic recommendation on their designation and two facilities that required DRC consideration. The department continued the designation of all facilities presented to DRC.

Statewide Trauma Advisory Committee

The committee meeting in January was held remotely. The committee discussed non-designated facility integration into a license management system provided by ImageTrend. This would allow the department to effectively communicate and gather trauma data from these facilities. Trauma section staff held two webinars in the first quarter providing technical assistance on gatekeeper and organization profile set up, and non-designated data submission. The committee went on to discuss ED divert and system overload. The department provided support and oversight of the transport mechanisms and resources available to overcome this issue. The STAC chair then entertained stakeholder feedback regarding issues that affect trauma care.

Data Section

Amber Viitanen, EMTS Data Section Manager, amber.viitanen@state.co.us

The data team continued to provide technical assistance and subject matter expertise to both internal and external stakeholders. The team wrapped up the facilitation of the EMS Chapter 3 task force which aimed to update the rules that specify the collection and dissemination of EMS data. The Chapter 3 task force consisted of 13 stakeholders representing diverse perspectives from across the state. Meetings were held virtually, monthly and were open to the public. Meetings included robust conversations around several topics such as the national EMS data standard updates, data submission timeliness, compliance, enforcement, and data confidentiality. The rule modifications were

presented to and approved by SEMTAC in January 2022, and are anticipated to be presented to the Board of Health in April 2022. In preparation for the transition to the newest version of the national EMS data standard, NEMSIS 3.5, the team has started meeting weekly with the state's EMS patient care reporting software team to ensure a smooth transition for agencies. Additionally, the team continued to refine its data quality improvement processes by adding several new reports to its caudra of communications with EMS and Trauma leaders. This quarter, dozens of completeness reports were distributed to agencies with waivers to emphasize the importance of submitting complete, timely and accurate data. These reports have sparked several improvement projects at the local and state level, and as the data continues to become more reliable, the EMTS branch has been asked to participate in several data linking projects that could provide additional insights into EMS and trauma patient care, resource utilization, and much more. Finally, the team provided guidance across the branch in appropriate data collection, analysis and dissemination of EMS patient care data, trauma registry data, scope of practice waiver data, EMS personnel data, and organizational profile data.

EMTS Investigations

Shelley Sanderman, HFEMSD Enforcement, shelley.sanderman@state.co.us

The EMTS Investigations Team continues to see a large number of complaints and arrests of EMS providers. During this quarter, the team launched 34 investigations of complaints and provider arrests. The team investigated 19 complaints in addition to those carried over from previous quarters. Additionally, in the first quarter of 2022, the team has received, reviewed and processed 15 CBI subsequent arrest reports of certified providers. Two suspensions of provider certificates were issued, as well as six probations of certifications, and one letter of admonition. The team is currently investigating one complaint related to the administration of ketamine. Finally, the team continues to work with the Attorney General's office on eight cases involving certified providers. The team received three complaints related to air ambulances, which continue to be investigated.

Regional Emergency Medical and Trauma Services Advisory Councils (RETACs)

Mattew Paswaters, Coordinator, mattew.paswaters@state.co.us

All 11 RETACs submitted their second quarter fiscal year 2022 activity reports. The most recent quarterly RETAC forum was held March 2-3, 2022, in Burlington. The next RETAC forum is June 1-2 in La Junta. SEMTAC members are encouraged to attend RETAC forum meetings. SEMTAC members interested in attending a RETAC forum should contact Mattew Paswaters for information.

Emergency Medical Services for Children

Nicolena Mitchell NRP, EMSC Program Manager, nicolena.mitchell@cuanschutz.edu

Kathleen Adelgais, MD MPH, EMSC Project Director, kathleen.adelgais@childrenscolorado.org

EMS for Children Survey

During the first quarter of 2022, EMS for Children administered the annual EMS for Children survey to all licensed transport agencies and a subset of non-transport EMS agencies. As of this time, 80.9% of the agencies completed the survey, an increase from 67% from last year. The survey asked agencies if they have individuals designated to coordinate pediatric emergency care and if/how they verify providers' competency with pediatric-specific equipment. Data from the survey will be shared once it is available.

Colorado Pediatric Emergency Care Coordinators (COPECC)

EMSC restarted its COPECC meetings this past January after a brief hiatus over the fall. The program facilitated three monthly COPECC steering committee meetings during this quarter. In the summer of 2021, the group hosted a workshop attended by over 30 Colorado prehospital pediatric emergency care coordinators. In March 2022, members of the COPECC steering committee supported the Western RETAC PECC Seminar held in Ridgway Colorado with 11 EMS agencies represented. Attendees were trained on Trauma-Informed Care and Child Maltreatment (see details regarding Colorado Rural Expansion Program or C-REP below) as well as simulation training and use of current established resources for PECCs available nationally and through Colorado EMSC. A second workshop for PECCs will be held in Northeast Colorado in May 2022 with more details to come soon.

Colorado Pediatric Preparedness for the Emergency Room (COPPER)

EMSC has continued to conduct monthly COPPER steering committee meetings. EMSC, with the help of the steering committee, was able to officially launch with six pilot sites over the last year. Pilot sites since that time have provided useful feedback on the application process and this information is being incorporated into new directions to better support facilities as they work to establish themselves as Pediatric Ready. Colorado EMSC is now also working to support American College of Surgeons verified trauma centers in meeting the new requirement of establishing pediatric readiness programs as their facility. This will affect 17 facilities in Colorado.

In 2020, Colorado participated in a pilot of the National Pediatric Readiness Assessment and current data reveals that 27 facilities in Colorado, out of 63 respondents, indicate that they have either a physician or nurse PECC. Colorado's results from the NPRA are posted on the EMSC website.

Colorado Rural Expansion Program (C-REP)

In September 2021, Colorado EMSC was awarded a supplemental grant from HRSA to support rural, remote and tribal communities in Colorado. The funds were granted to address youth mental health crises, child maltreatment and improve access to trauma-informed care trained emergency care providers in our state. These funds have supported four Trauma Informed Care workshops training 50 providers, and an online 4-part series on child maltreatment that has over 100 registrants. In addition, funds to support eight Youth Mental Health First Aid Certification courses were obtained. Currently there is a course scheduled for May 13, 2022 in Granby and additional courses in Southern Colorado are being arranged for the next few months. Communities interested in sending providers to a YMHFA certification training can contact Colorado EMSC.

Pediatric Care Committee (PCC)

Colorado EMSC hosted the quarterly PCC meeting on January 12, 2022 and again on April 13, 2022. New members have joined the committee and our new EMSC Program Manager has vacated her role as the Member at Large to serve as the Executive Secretary.

Additional information is available on the [EMSC website](#).

EMTS Data Tables

▼ = Decrease from prior period.	▲ = Increase from prior period.	→ = No change from prior period.
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EMS Personnel by level in Colorado

Level	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Registered EMR	370	366	356	372	386 ▲
EMT	13,663	13,701	13,771	13,814	13,900 ▲
AEMT	381	371	360	356	360 ▲
EMT-Intermediate	384	366	352	344	335 ▼
Paramedic	5,015	5,058	5,134	5,200	5,319 ▲
Total EMS Personnel*	19,443 ▲	19,496 ▲	19,617 ▲	19,715 ▲	19,916 ▲

* Total EMS Personnel excludes registered EMRs

Subset of EMS Personnel With Endorsements or License

Level	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
EMT Licensed	371	501	631	718	807 ▲
AEMT Licensed	10	21	25	24	34 ▲
Paramedic Licensed	299	372	425	480	553 ▲
Paramedic Critical Care Endorsement	436	455	470	483	503 ▲
Paramedic Community Paramedic Endorsement	24	26	29	36	38 ▲
Paramedic Critical Care + Community Paramedic Endorsements	14	13	15	19	19 →

*Data presented in this table are a subset of the total EMS personnel presented in the table above.

Peer Support Fees Collected

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Fees Collected	\$4,925.95	\$4,207.50	\$4,335.00	\$3,970.35	\$5,225
Net Program Fees	N/A	\$ 33,884.40	\$ 38,217.40	\$ 42,187.40	\$47,412.40

*The Peer Support Fee is the \$2.55 charge per EMS certification or license issued. Net Program Fees are the total fees collected during the life of the program, less refunds issued. The current life of the program is from August 3, 2019 through June 30, 2021.

EMS Education Programs

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Education Programs	225	225	226	227	220 ▼

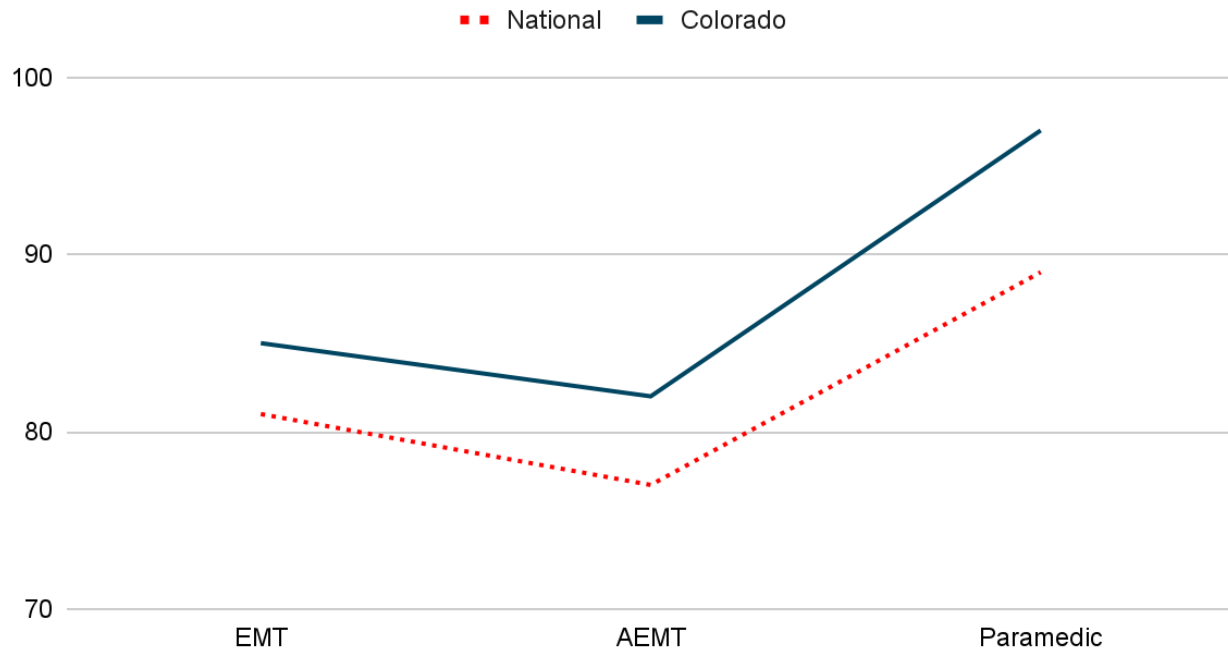
NREMT Cognitive Exam Performance

	National First Attempt Pass				Colorado First Attempt Pass		
	2020	2021	2022 YTD		2020	2021	2022 YTD
EMT	66%	69% ▲	76% ▲	EMT	75%	77% ▲	82% ▲
AEMT	56%	59% ▲	68% ▲	AEMT	68%	83% ▲	N/A
Paramedic	69%	70% ▲	75% ▼	Paramedic	91%	86% ▼	91% ▲
	National Cumulative Pass Rate				Colorado Cumulative Pass		
	2020	2021	2022 YTD		2020	2021	2022 YTD
EMT	80%	79% ▼	81% ▲	EMT	85%	83% ▼	85% ▲
AEMT	76%	74% ▼	74% →	AEMT	82%	83% ▲	N/A
Paramedic	89%	85% ▼	79% ▼	Paramedic	99%	95% ▼	96% ▲

** Data report provided by NREMT.org "Pass/Fail Report"; data for the prior 24 months will change as candidates test. Updated 03/22/2022

NREMT Cognitive Exams: Long Range Jan 2018 - Dec 2021

Cumulative Pass Rate on Cognitive Examination 2018-2021



** Data report provided by NREMT.org "Pass/Fail Report"; Jan 2018 - Dec 2021. Updated 03/22/2022

Air Ambulance Agencies

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Licensed	21	22	23	23	21 ▼
Recognized	11	11	10	10	10 →
Total	32 ▲	33 ▲	33 ▲	33 ▲	31 ▼

Exigent Circumstance Air Ambulance Flights

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Approved	2	0	0	1	2 ▲
Denied	1	0	0	0	0 →

Scope of Practice Waivers (Active)

	2021 Q1	2021 Q2	2021 Q3	2022 Q4	2022 Q1
Waivers (BLS)	3	3	4	5	2
Waivers (ALS)	382	382	285	290	274
Waivers (BLS + ALS)	44	44	51	51	50
Total	429 ▲	429	340	346	326

Licensed Ambulance Agency & ePCR Data

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
EMS Agencies Reporting	195	195	199	196 ▼	
EMS Records Submitted	195,655	213,923	231,489	226,096 ▼	

Note, in accordance with data rules, agencies have 60 days to submit data. 2021 (Q2) is the most recent data.

CREATE and Emergency Grants

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
CREATE Grant Awards	\$29,744	\$ 23, 312	\$ 34,495	\$ 49,464	\$46,885
Emergency Grants	0	0	\$5,063	\$0	\$0

Provider Grants and System Improvement Funding

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Applications Received	72				78
Funds Requested	\$4.4M				\$7.1
Funds Awarded	-	\$ 3.9M			-

Trauma System Designated Reviews Conducted

Designation Level	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Level 1	0	0	1	0	2
Level 2	2	1	1	1	2
Level 3	3	3	3	0	3
Level 4	0	0	1	4	4
Level 5	0	1	0	0	0
Total	5	5	6	5	11



Colorado Trauma System Facility Designations

	Level 1	Level 2	Level 3	Level 4	Level 5	Total Designated	Non-designated
Number	6	14	26	35	4	85 →	39 →

Enforcement: EMS Personnel

EMS Personnel	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
New Complaints /Investigations & Background Check Reviews	242	183	170	256	179 ▼
Application / Renewal Denial	0	0	0	0	0 →
Letter of Admonition	1	1	2	2	1 ▼
Probation	3	8	2	2	6 ▲
Suspension/Temp Suspension	5	5	3	3	2 ▼
Revocation	0	2	0	0	0 →
Relinquishment	0	2	0	0	3 ▲

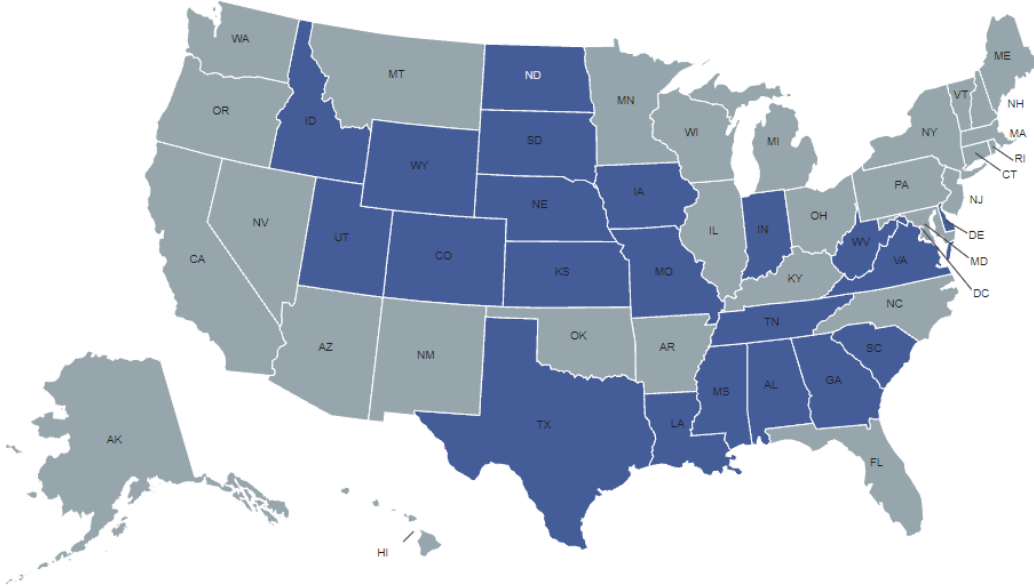
* Dismissed/No Action includes complaints and reviews of criminal history for initial applicants, renewals, and FBI/CBI subsequent reports.

Enforcement: Air Ambulance Agencies

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
New Complaints / Investigations	1	2	1	3	3 →
Closed Complaints/Investigations	1	0	0	1	0 ▼
Dismissed / No Action	0	0	0	1	0 ▼
Conditional License	1	0	0	0	0 →
Suspension	0	0	0	0	0 →
Revocation	0	0	0	0	0 →



Interstate Compact for EMS Personnel Practice States



- EMS personnel licensed in any compact state (Home State) have a privilege to practice in Colorado and all other compact states (Remote State) if they meet the following requirements:
 - At least 18 years of age
 - Have a current, unrestricted license issued by a compact member state as an EMT, AEMT (or a state level between EMT & Paramedic), or Paramedic
 - Is practicing under the supervision of a physician medical director.
- EMS personnel operating in a Remote State are responsible for knowing and complying with *all* applicable laws, rules and practice requirements established by the Remote State.
- EMS personnel operating in a Remote State are required to follow the scope of practice, protocols and procedures established by their Home State EMS license, physician medical director and protocols **OR** the scope of practice, protocols and procedures established by a physician medical director in the Remote State.
- Remote States have full authority to investigate EMS personnel, complaints and violations that occur in their state.
Remote States have the ability to suspend, revoke or limit the privilege to practice for EMS personnel practicing in their state.
- Remote States shall report complaints and investigations to individual's Home State(s) for further investigation and/or discipline.



EMTS Branch Personnel Roster

Name	Section	Position Description
Donnie Woodyard	Branch	Branch Chief
Amber Viitanen	Data	Section Manager
Angela Bahn	Data	Data Quality Specialist
Scott Beckley	Data	Lead Data Analyst
Dale Knochenmus	Data	Statistical Analyst
Matt Pickler	Data	Management and Technology Advisor
Bill Clark	Data	EMS Data Consultant
Michael Bateman	Operations	Section Manager
Vanessa Brazee	Operations	Licensing Specialist
Eric Lucas	Operations	EMS Operations Specialist
Jennyfer Nguyen	Operations	Certification Technician
Timothy Petreit	Operations	Peer Assistance Coordinator
Martin Duffy	Trauma	Section Manager
Eileen Brown	Trauma	Emergent Systems of Care Specialist
Lisa Domenico	Trauma	Trauma Designation and Fiscal Coordinator
Kiva Thompson	Trauma	Trauma System Nurse Consultant
Eric Schmidt	Funding	Section Manager
Audra LeTurgez	Funding	EMTS Branch Program Assistant
Mattew Paswaters	Funding	Boards and Councils Coordinator
Andre Smith	Funding	Grants and Communications Coordinator



JULY 2022

Emergency Medical & Trauma Services Branch Activity Report

Presented to the
State Emergency Medical and Trauma Services Advisory Council

Report For Period:
April 2022 - June 2022



Emergency Medical and Trauma Services Branch Activity Report to the State Emergency Medical and Trauma Services Advisory Council

This report is submitted as a record of key activities by the Emergency Medical and Trauma Services Branch for the period of April 1, 2022 - June 30, 2022.

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Data Table Icons

▼ = Decrease from prior period.	▲ = Increase from prior period.	↔ = No change from prior period.
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EMTS Branch Chief

Donnie Woodyard, Branch Chief, donnie.woodyard@state.co.us

EMTS Branch Summary

The second quarter of 2022 was exceptionally busy for the EMTS branch. As detailed in this report, key accomplishments, deliverables, and activities during the second quarter of 2022 include:

- [SB22-225](#), the “Ambulance Service Sustainability And State Licensing” act was signed into law by Governor Polis on June 1, 2022. This new law:
 - Establishes a five year legislative task force to evaluate Colorado’s EMS system and make recommendations on workforce sustainability, financial sustainability, accessibility to services, and ambulance licensing.
 - Standardizes statewide process and requirements for ground ambulance agency licensure and ambulance licensing. Effective July 1, 2024, CDPHE will manage statewide licensing; counties retain authority to authorize ambulances seeking to operate in each county.
- [HB22-1251](#), the “Cardiac Arrest Management” act was signed into law by Governor Polis on June 1, 2022
 - Establishes the Office of Cardiac Arrest Management
 - Established a state subscription and connection to the [Cardiac Arrest Registry to Enhance Survival](#) (“CARES”).
 - Establishes a state-wide public access AED registry.
 - Promotes AED and CPR training
- [SB22-226](#), the “Programs To Support Health-care Workforce” act was signed into law by Governor Polis on May 18, 2022
 - The law declares that “All Coloradans owe a significant debt of gratitude to our health-care, public health, **emergency medical services**, behavioral health, and direct care workforce who displayed perseverance, dedication, resilience, and bravery through the COVID-19 pandemic... [and] herefore, the general assembly declares that it is necessary to intentionally recruit, support, and retain skilled talent in Colorado's health-care, public health, **emergency medical services**, behavioral health and direct care workforce, and the general assembly further declares that supporting Colorado's health-care workforce is a critical government service.”

- The law provides funds and resources to train, recruit, and retain Colorado’s health-care workforce.
- The EMTS Grant program was provided an additional \$2M from the general fund to support Colorado’s EMS and Trauma systems of care. With these funds, EMTS awarded \$6.8M in grants supporting 90 grantees.
- The modified Scope of Practice Waiver process continues to be implemented with great success. The new process is improving stakeholder involvement, increasing the evaluation and consideration of medical appropriateness of waiver acts, and has increased the quality of data collected and analyzed for waived acts.
- After an extensive stakeholder process, the [6 CCR 1015-3 Chapter 3](#) “Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping” were approved by the Board of Health and published with an effective date of July 1, 2022.
- The \$2.55 Peer Assistance fee for each EMS personnel certification/license application was suspended, effective July 1, 2022. Suspending the fee significantly reduced administrative burden.
- The EMS Peer Assistance Program was changed with the goal of increasing access and utilization of services while reducing overall program expenses. The changes, effective July 1, 2022, will also increase the network of qualified service providers and provide EMS personnel greater flexibility and local access to services.
- The EMS provider certification/licensing application process was updated, as required by statute changes, to remove the verification of an individual’s lawful presence in the United States.
- The EMS provider certification/license system was updated to generate courtesy reminder emails in advance of an expiration date, and after a certification/license has expired.
- The Trauma & Data team implemented a pilot project linking EMS ePCR records with designated trauma center patient care records via a Health Information Hub.
- The abstract titled, “How Good is Good Enough: Establishing a Statewide Emergency Medical Services (EMS) Scope of Practice Surveillance Program”, submitted by the Data Section on behalf of the EMTS Branch was awarded third place in a national conference competition. The National Association of State EMS Officials also selected the abstract for an in-person presentation during a plenary session at the national conference.
- During Q2 we bid farewell to Angela Bahn from the data team. Anglea transferred to the private sector.

National EMS & Trauma System Updates

The National Highway Traffic Safety Administration released an updated [National Roadway Safety Strategy](#) in January 2022. Of particular interest to Colorado's EMS and Trauma systems of care is the inclusion of post-crash care. NHTSA's new goal for post-crash care is to *“Enhance the survivability of crashes through expedient access to emergency medical care, while creating a safe working environment for vital first responders and preventing secondary crashes through robust traffic incident management practices.”* The report continues, *“U.S. DOT is committed to taking action within its scope and statutory responsibilities to make advances in survivability through the delivery of equitable and impartial post-crash care, including EMS and 911. Priority areas include shortening ambulance onscene response times and improving the quality of EMS data.”* The EMTS Branch has already been in discussions with the NHTSA Office of EMS to identify opportunities for Colorado's EMS and Trauma system to contribute towards this national goal and to explore opportunities for system funding.

The National Registry of EMTs announced a number of proposed policy changes and board resolutions after their [June 2022 Board of Directors](#) meeting. Four of the proposed changes will directly impact Colorado's EMS system:

- [Resolution 22-01](#) - Allows for live remote proctoring to be done going forward, beyond the pandemic emergency, subject to the consistent conformance with the Standards for Educational & Psychological Testing, the National Commission on Certifying Agencies accreditation guidelines, and the International Organization for Standardization (ISO) 17024 guidelines, including risk analysis for each level of certification examination.
- [Resolution 22-06](#) - Authorizes the modification of standards, applications, policies, and processes to remove limits on asynchronous distributive education including all requirements for continuing education, including recertification, state licensure eligibility requirement, refresher training after three failed examinations, and re-entry.
- [Resolution 22-09](#) - Approves the ALS practice analysis addendum, based on scientific analysis, and authorizes staff to communicate with the EMS community about the enhancements being made to the examinations, namely the highlighting of the need to examine the domains of clinical judgment, leadership, and communications as part of the ALS EMS clinician.
- [Resolution 22-13](#) - Updates the eligibility criteria for all levels (EMR, EMT, AEMT, and Paramedic) to include successful completion of an EMS education program that meets or exceeds the National Emergency Medical Services Education Standards and has been awarded CAAHEP accreditation, or has been issued a CoAEMSP “Letter of Review,” or has received state EMS office approval. Furthermore, this resolution allows for the use of the paramedic examination for state licensure until this resolution is fully implemented to include development of a pathway leading to national certification for graduates of paramedic programs.

The National Registry has announced a 60 day public comment period (that commenced on June 17, 2022) to gather stakeholder feedback on the resolutions and policy changes.

The National Association of State EMS Officials released Version 3 of the [National Model EMS Clinical Guidelines](#). The Version 3 guidelines include four new guidelines, and all existing guidelines were reviewed and updated. The guidelines were created by a team of EMS providers, EMS and emergency physicians, pediatric emergency medicine physicians, pharmacologists and other technical reviewers.

Colorado joined state EMS officials from the other US states and territories at the June 2022 annual meeting. Colorado's delegation included: Donnie Woodyard (as the State EMS Director), Jeff Beckman, MD (as the State EMS Medical Director Council representative), Amber Viitanen (as the Data Council representative), Martin Duffy (as the Trauma Council representative), Eric Lucas (as the Personnel Licensure Council representative), and Nicolena Mitchell (as the Pediatric Emergency Care Council representative). Amber and Nicolena were elected by their national peers into leadership positions and Randy Kuykendall was honored for his role as the association's past president.

The EMTS Data Section was awarded Third Place for their abstract titled "How Good is Good Enough: Establishing a Statewide Emergency Medical Services (EMS) Scope of Practice Surveillance Program". Amber Viitanen presented the original research during a plenary session attended by conference attendees from all across the United States.



During the annual meeting, the National Association of State EMS Officials also passed four resolutions:

- **Resolution 22-01** (Introduced by Colorado) - urges the NREMT to increase transparency, inclusion, and collaboration with the national EMS system stakeholders, collectively with NASEMSO, and specifically with each individual State EMS Office. The resolution calls upon the Board of Directors of the NREMT to provide public access to Board Meetings, except for certain matters necessitating an executive session, and to engage in robust collaboration with state EMS officials *prior* to voting on resolutions that directly impact the principles first articulated in the *EMS Agenda for the Future* and reaffirmed through *EMS Agenda:2050*, the construct of national EMS certification, licensure of EMS personnel or regulatory framework of the state or national EMS system.
- **Resolution 22-02** (Introduced by Maine, Co-sponsored by Colorado)- challenges State EMS Directors, NASEMSO staff, NASEMSO membership, and the EMS community as a whole, to explore pathways that will encourage conversations about incorporating marginalized populations and underrepresented demographics that typically have not been engaged within the EMS workforce.
- **Resolution 22-03** (Introduced by Colorado) - calls upon the NREMT to require graduation from a nationally accredited paramedic education program as a requirement for personnel to gain national EMS certification at the Paramedic level; and calls upon the NREMT to identify a mechanism to preserve the standard of national EMS certification while collaborating with states that may need an assessment examination for state-only licensure.
- **Resolution 22-04** (Introduced by Texas) requests Federal [agencies] to take the actions necessary to recognize EMS as a valuable national system of care and recognize EMS as an independent emergency support function (ESF).

The **National Mental Health Hotline “988”** is scheduled to be activated on July 16, 2022. The new 3-digit short code, similar to 911, will route callers to the National Suicide Prevention Lifeline. For more information about 988 in Colorado, visit the [Colorado Department of Human Services website](#).

In May 2022, the **American College of Surgeons Committee on Trauma** released the 2021 revised [National Guideline for the Field Triage of Injured Patients](#). The updates include substantive changes to the format and structure to reflect the flow of information to EMS clinicians and actual use of the guideline in the field. The restructure consolidates triage criteria into two main categories based on risk of serious injury: high risk criteria (red) and moderate risk criteria (yellow). Each category is accompanied by a recommendation indicating the patient transport destination.

The **Commission on Accreditation of Allied Health Education Programs** (the recognized U.S. accreditor of 32 health sciences professions) published a position statement reinforcing their commitment to the importance of paramedic programmatic accreditation as an essential component of public protection, upon which paramedic licensing decisions are based. Their full statement is available [here](#).

Operations Section

Mike Bateman, Section Manager, michael.bateman@state.co.us

The Operations Section is responsible for certifying and licensing EMS providers, registering Emergency Medical Responders, licensing air ambulance agencies, recognizing EMS and EMR education programs, and coordinating the EMS peer assistance program, Path4EMS. Section staff also provide technical assistance to EMS medical directors, agencies, and providers regarding EMS provider scope of practice and provide administrative support for meetings of the Emergency Medical Practice Advisory Council and Regional Medical Directors Committee.

Table: Scope of Practice Waivers (Active)					
	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
Waivers (BLS)	3	4	5	2	4
Waivers (ALS)	382	285	290	274	273
Waivers (BLS + ALS)	44	51	51	50	49
Total	429	340	346	326	326

EMS Certification & Licensing

Jennyfer Nguyen, Licensing Specialist

The number of EMS personnel with a current Colorado license or certification is stable, with a 2.2% increase in the past year, however the number of personnel actively engaged in the EMS workforce is unknown. Although the EMT-Intermediate level was sunsetted many years ago, individuals with a current EMT-Intermediate certification may maintain the certification level for the duration of their career (if all requirements are fulfilled).

Table: EMS Personnel					
Level	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
Registered EMR	366	356	372	386	381 ▼
EMT	13,701	13,771	13,814	13,900	13,952 ▲
Advanced EMT	371	360	356	360	363 ▲
EMT-Intermediate	366	352	344	335	325 ▼
Paramedic	5,058	5,134	5,200	5,319	5,354 ▲
Total EMS Personnel²	19,496 ▲	19,617 ▲	19,714 ▲	19,914 ▲	19,997 ▲

1- The EMT-Intermediate level has been sunsetted. Existing personnel may maintain/renew certification; no new certifications are issued.

2- Total EMS Personnel excludes registered EMRs

Table: Subset of EMS Personnel With Endorsements or License					
Level	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
EMT Licensed	501	631	718	807	881 ▲
AEMT Licensed	21	25	24	34	32 ▼
Paramedic Licensed	372	425	480	553	580 ▲
Paramedic Critical Care Endorsement	455	470	483	503	512 ▲
Paramedic Community Paramedic Endorsement	26	29	36	38	37 ▼
Paramedic Critical Care + Community Paramedic Endorsements	13	15	19	19	19 ↔

*Data presented in this table are a subset of the total EMS personnel presented in the table above.

EMS Education Programs

Eric Lucas, EMS Operations Specialist

Colorado continues to actively engage with EMS education programs, and provide technical support to programs. Over the last year a decrease of the total number of recognized education programs was observed as the result of requests to retire programs that were duplicative following agency consolidations, EMS education programs establishing joint programs, or agencies that have contracted with larger EMS education programs to provide education resources for their providers. There was not a decrease in the number of EMS education centers providing initial EMS education.

Table: EMS Education Programs					
	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
Education Programs	225	226	227	220	219 ▼

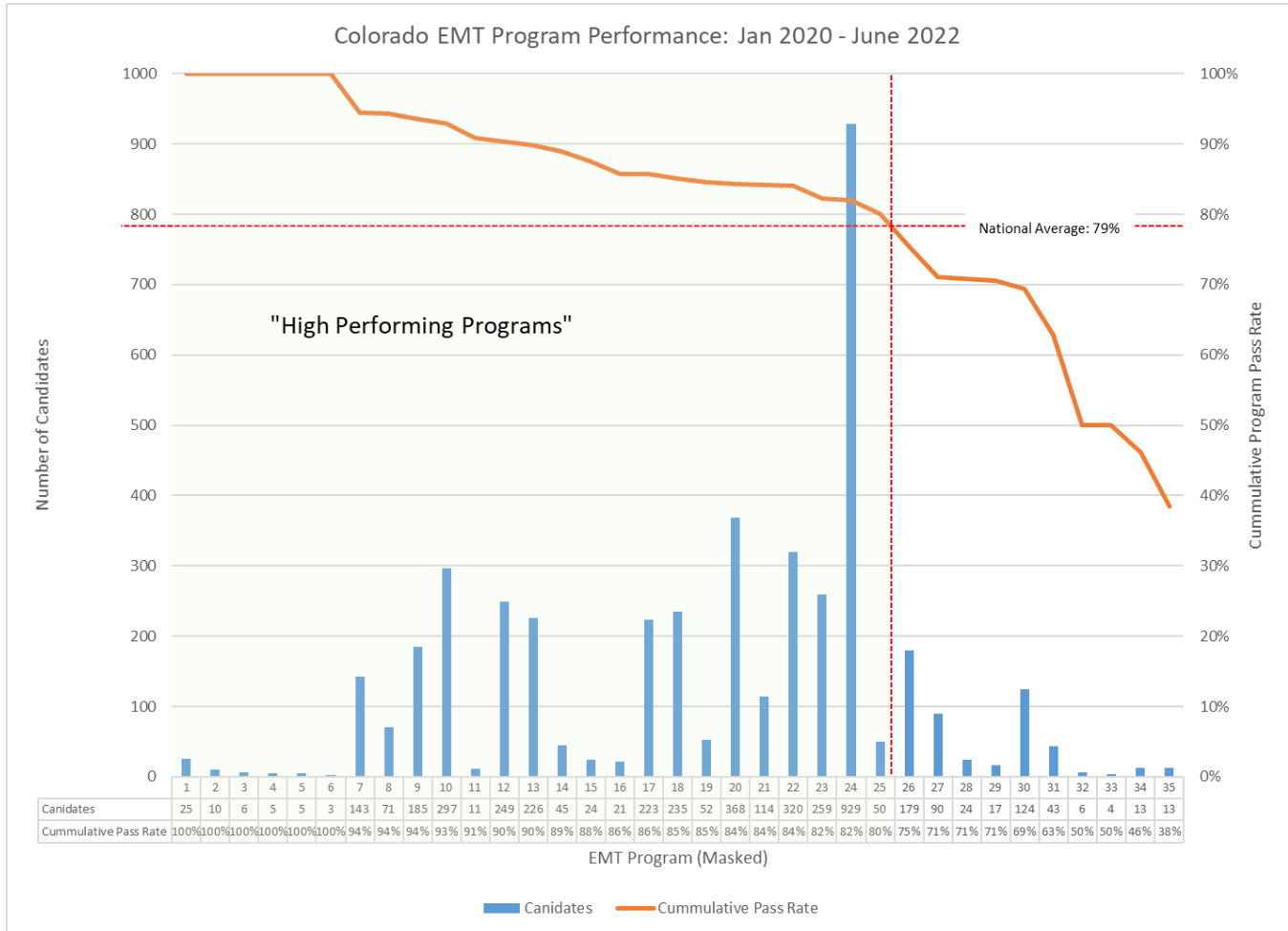
Table: NREMT Cognitive Exam Performance							
	National First Attempt Pass				Colorado First Attempt Pass		
	2020	2021	2022 YTD		2020	2021	2022 YTD
EMT	66%	68% ▲	71% ▲	EMT	75%	77% ▲	81% ▲
AEMT	56%	59% ▲	65% ▲	AEMT	68%	81% ▲	50% ¹
Paramedic	69%	70% ▲	73% ▼	Paramedic	91%	86% ▼	89% ▲
	National Cumulative Pass Rate				Colorado Cumulative Pass		
	2020	2021	2022 YTD		2020	2021	2022 YTD
EMT	80%	79% ▼	77% ▲	EMT	85%	84% ▼	83% ▲
AEMT	77%	76% ▼	71% →	AEMT	82%	81% ▲	50% ¹
Paramedic	89%	86% ▼	81% ▼	Paramedic	99%	95% ▼	94% ▲

** Data report provided by NREMT.org "Pass/Fail Report"; data for the prior 24 months will change as candidates test. Updated 06/15/2022

¹ n=14 total AEMT candidates from one cohort, 7 passed.

Colorado EMT Program Performance

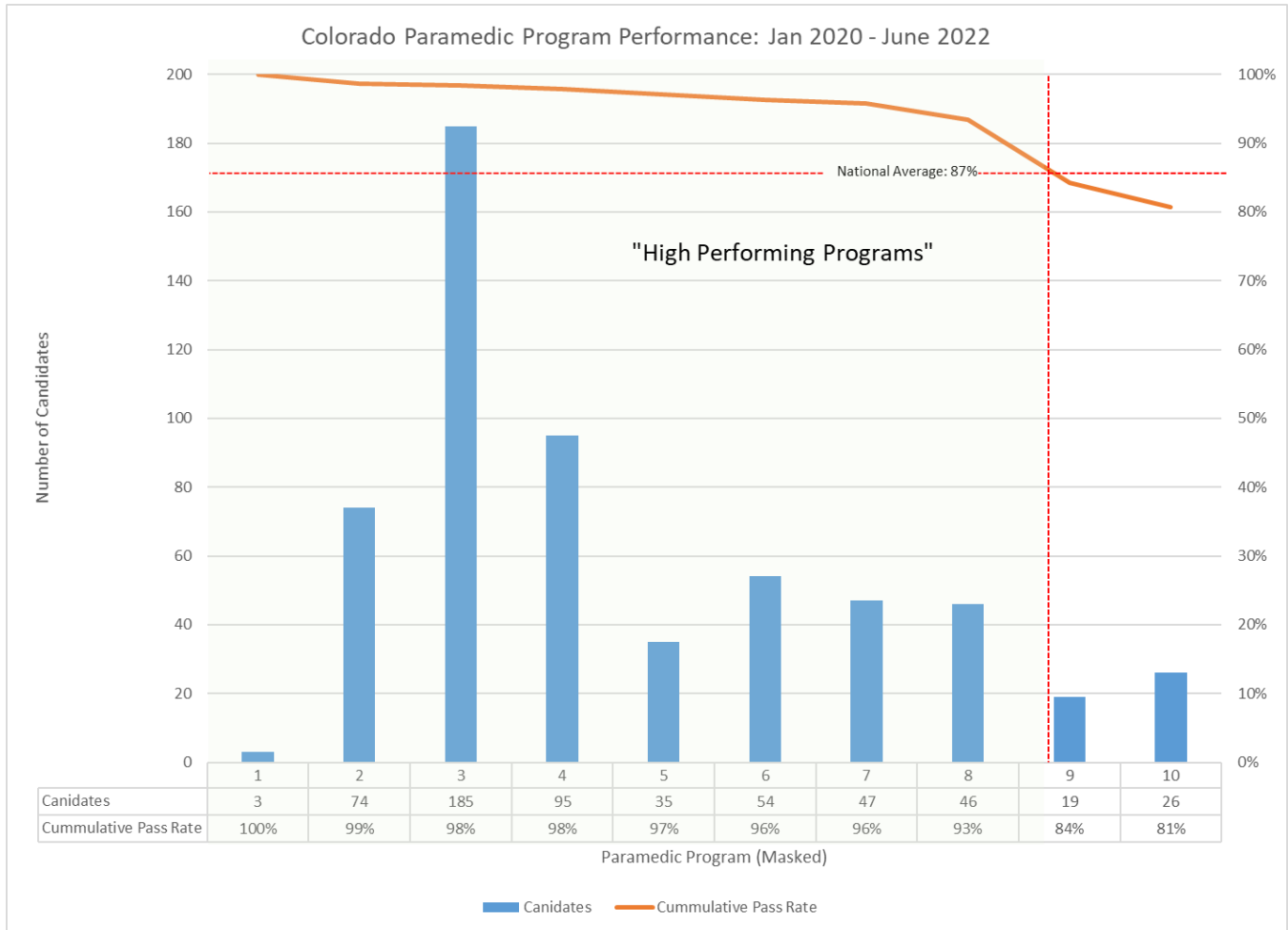
Colorado has one of the highest statewide cumulative pass rates for EMT programs in the United States. Of the 35 EMT programs with candidates taking the NREMT EMT national certification exam between January 2020 and June 2022, twenty-five programs meet the “High Performing Program” criteria; this is exceptional. (A high performing program is a program with a pass rate greater than the national average for the same time period.)



*Data provided by NREMT.org “Pass/Fail Report”; Jan 2020 - June 2022. Updated 06/15/2022; a “High Performing Program” is defined by the modified Margolis Method, as a program above the national pass rate.

Colorado Paramedic Program Performance

Colorado also has one of the highest statewide cumulative pass rates for Paramedic programs in the United States. Of the 10 Paramedic programs with candidates taking the NREMT Paramedic national certification exam between January 2020 and June 2022, eight programs meet the “High Performing Program” criteria. (A high performing program is a program with a pass rate greater than the national average for the same time period.) It is very important to note that our lowest performing program still had an 81% pass rate.



*Data provided by NREMT.org “Pass/Fail Report”; Jan 2020 - June 2022. Updated 06/15/2022; a “High Performing Program” is defined by the modified Margolis Method, as a program above the national pass rate.

Air Ambulance Licensing

Vanessa Brazee, Licensing Specialist

The Air Ambulance Licensing program engages stakeholders to ensure public safety through comprehensive licensure and data reporting of air ambulance transport agencies. The reduction in licensed and recognized agencies starting in Q1 2022 was due to several agencies merging businesses, a process for which extensive technical assistance was provided so that the agencies could continue to provide vital services to the people of Colorado. The Air Ambulance program also engages with stakeholders to encourage compliance with Colorado statutes and rules and advises the state enforcement unit when those requirements are not met. Further, assistance is available 24 hours a day to agencies that are not licensed in the state but require permission to perform an urgent transport through the Exigent Circumstance program.

Table: Air Ambulance Agencies					
	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
Licensed	22	23	23	21	21 →
Recognized	11	10	10	10	10 →
Total	33 ▲	33 ▲	33 ▲	31	31 →

Table: Exigent Circumstance Air Ambulance Flights					
	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
Approved	0	0	1	2	1 ▼
Denied	0	0	0	0	0 →

Path4EMS

Timothy Petreit, Peer Assistance Coordinator

The Path4EMS program provided services to a steady but small number of providers throughout the previous quarter. Modest increases in program inquiries were seen following targeted outreach efforts but this did not substantially affect participation. At the end of this quarter, two notable changes to Path4EMS were instituted. The program is moving from a sole provider of services to a more dispersed approach, allowing EMS providers to access a greater number of programs and professionals throughout the state. The department is also suspending collection of the \$2.55 application fee for provider certification. Both of these measures will not only greatly improve the fiscal soundness of the program, but will also provide a wider choice of program options to encourage greater use of these vital services. The department remains committed to ensuring that our EMS community has ready access to services and support during times of need and will continue working with stakeholders to bolster provider resiliency.

Table: Peer Support Fees Collected					
	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
Fees Collected	\$4,207.50	\$4,335.00	\$3,970.35	\$5,225	\$5,168.85
Net Program Fees	\$ 33,884.40	\$ 38,217.40	\$ 42,187.40	\$ 47,412.40	\$52,581.25

*The Peer Support Fee is the \$2.55 charge per EMS certification or license issued. Net Program Fees are the *total fees collected during the life of the program*, less refunds issued. The current life of the program is from August 3, 2019 through June 30, 2022.

Funding Section

Eric Schmidt, Section Manager, eric.schmidt@state.co.us

Technical Assistance

At the request of local governments and in conjunction with the regional emergency medical and trauma services advisory councils, staff members coordinate technical assistance services to local entities. There was one formal request for technical assistance this quarter. Funding for the request was approved and the assessment will be completed in fiscal year 2023. The department has performed 21 local EMTS system assessments since the program began. Copies of the final reports with recommendations are available from the department.

CREATE

The Colorado Rural Health Center continues to administer the Colorado Resource for EMS and Trauma Education grant program. There were no financial waiver requests submitted for review during the quarter. The Expert Review Committee evaluated 12 applications requesting \$158,114 in funding for 17 courses. Eight courses were approved with \$63,130 awarded.

Emergency Grants

There were no emergency grant requests received in the last quarter.

Table: CREATE and Emergency Grants					
	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
CREATE Grant Awards	\$ 23, 312	\$ 34,495	\$ 49,464	\$ 46,885	\$63,130
Emergency Grants	0	\$5,063	\$0	\$0	\$0

Provider Grants and System Improvement Funding Requests

The fiscal year 2022 funding cycle concluded on June 30. Sixteen projects were completed and closed. Expenditures total \$718,581 so far with \$3,156,875 pending requests for reimbursement. A significant number of projects requesting emergency vehicles have been delayed by global supply chain disruptions and project completion is still pending. The Funding section is working with the Fiscal Services branch to address these issues in compliance with state fiscal rules.

For the fiscal year 2023 funding cycle, 78 applications were submitted requesting approximately \$7.1 million in state dollars. There were 72 provider grant requests, five system improvement projects, and one request that included both types of requests. Eleven regional medical direction projects were approved in April. The regular funding source from vehicle registration fees will provide approximately \$4.5 million of EMTS grant funding in fiscal year 2023. The fiscal year 2023 appropriation also included a \$2 million one-time infusion from the general fund to supplement the EMTS funding program. The review for system improvement projects and the two remaining regional reviews were completed in April, and the SEMTAC reviews were completed in May. Final grant awards totaling \$6,796,337 in funding for 90 projects were announced June 26.

Table: Provider Grants and System Improvement Funding					
	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
Applications Received				78	
Funds Requested				\$7.1M	
Funds Awarded	\$ 3.9M				\$6.8M

Trauma Section

Martin Duffy, Section Manager, martin.duffy@state.co.us

Trauma Reviews/Designations

The Trauma section completed two level I, one regional pediatric trauma center, one level II, one level III and five level IV reviews in the second quarter of 2022. These reviews were successfully completed on a combination of hybrid remote platforms and in-person. The remote platform does necessitate a higher level of technical assistance to prepare the facility and review team. The review teams unanimously support the pre-review preparation allowing more time for chart review.

Table: Colorado Trauma System Facility Designations							
	Level 1	Level 2	Level 3	Level 4	Level 5	Total Designated	Non-designated
Number	6	13	27	35	4	85 →	38 →

Table: Trauma System Designated Reviews Conducted						
Designation Level	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	
Level 1	0	1	0	2	3	
Level 2	1	1	1	2	1	
Level 3	3	3	0	3	1	
Level 4	0	1	4	4	5	
Level 5	1	0	0	0	0	
Total	5	6	5	11	10	

Trauma Consultations and Outreach Visits

The Trauma section provided technical assistance to a wide range of stakeholders in Q2 of 2022. Staff facilitated registry webinars providing education on data submission and the ImageTrend platform. The Trauma section provided ongoing technical assistance to several facilities that are on a plan of correction and several facilities pursuing designation or increasing their level of designation as well as focused technical assistance to all of our nondesignated facilities. The trauma section noted an uptick in trauma designation plans of correction since the pandemic.

Data Section

Amber Viitanen, EMTS Data Section Manager, amber.viitanen@state.co.us

The data team continued to provide technical assistance and subject matter expertise to both internal and external stakeholders. The 6 CCR 1015-3 CHAPTER THREE - RULES PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND INFORMATION COLLECTION AND RECORD KEEPING were adopted by the Board of Health on April 20, 2022 and effective June 14, 2022. These rules were updated to include the new National EMS Information System (NEMSIS) data standard (Version 3.5.0), reductions in data submission timelines from 60 days to 48 hours, enhanced compliance and enforcement of data submission rules, and clarification of data release policies.

In preparation for the transition to the newest version of the national EMS data standard, NEMSIS 3.5, the team completed updates to the final data set, validation rules for that dataset, and the State Data Set which contains updated lists of facilities, agencies, medication codes, procedure codes, and accepted certification levels to share with third party software vendors and ensure a smooth transition for agencies. Additionally, the team continued to refine its data quality improvement processes by adding several new reports to its caudra of communications with EMS and Trauma leaders. This quarter, hundreds of completeness reports were distributed to agencies with waivers to emphasize the importance of submitting complete, timely and accurate data. The team saw a 29% improvement in data completeness from December following this work, and as a result has built a robust surveillance project which was recognized at a national level. Finally, the team provided guidance across the branch in appropriate data collection, analysis and dissemination of EMS patient care data, trauma registry data, scope of practice waiver data, EMS personnel data, and organizational profile data.

Table: Licensed Ambulance Agency & ePCR Data					
	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
EMS Agencies Reporting	195	199	196	207 ▲	
EMS Records Submitted	213,923	231,489	226,096	214,645 ▼	

Note, in accordance with data rules, agencies have 60 days to submit data. 2021 (Q2) is the most recent data.

Investigations & Enforcement

Shelley Sanderman, HFEMSD Enforcement, shelley.sanderman@state.co.us

The EMTS Investigations Team continues to see a large number of complaints and arrests of EMS providers. During the second quarter of 2022, the team received 166 new complaints, investigations, and background check reviews. The team issued one certification/license probation, and one application denial. The team received two new complaints related to air ambulances, which continue to be investigated. The team continues to investigate one ketamine complaint into the 3rd quarter. Finally, the team continues to work with the Attorney General’s office on seven cases involving EMS providers.

Table: EMS Personnel Enforcement					
EMS Personnel	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
New Complaints /Investigations & Background Check Reviews	183	170	256	179	166 ▼
Application / Renewal Denial	0	0	0	0	1 ▲
Letter of Admonition	1	2	2	1	0 ▼
Probation	8	2	2	6	2 ▼
Suspension/Temp Suspension	5	3	3	2	0 ▼
Revocation	2	0	0	0	1 ▲
Relinquishment	2	0	0	3	0 ▼

* Dismissed/No Action includes complaints and reviews of criminal history for initial applicants, renewals, and FBI/CBI subsequent reports.

Table: Air Ambulance Agency Enforcement					
	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2
New Complaints / Investigations	2	1	3	3	3 →
Closed Complaints/Investigations	0	0	1	0	2 ▲
Dismissed / No Action	0	0	1	0	2 ▲
Conditional License	0	0	0	0	0 →
Suspension	0	0	0	0	0 →
Revocation	0	0	0	0	0 →

EMS for Children

Nicolena Mitchell NRP, EMSC Program Manager, nicolena.mitchell@cuanschutz.edu
Kathleen Adelgais, MD MPH, EMSC Project Director, kathleen.adelgais@childrenscolorado.org

EMS for Children Survey

During the first quarter of 2022, EMSC administered the annual EMS for Children survey to all licensed transport agencies and a subset of non-transport EMS agencies. As of this time, 80.4% of the agencies completed the survey, an increase from 67% from last year. The survey asked agencies if they have an individual(s) designated to coordinate pediatric emergency care and if/how they verify providers' competency with pediatric-specific equipment. Data from the survey will be shared once it is available.



Colorado Pediatric Emergency Care Coordinators (COPECC)

In March 2022, members of the COPECC steering committee supported the Western RETAC PECC Seminar held in Ridgway Colorado with 11 EMS agencies represented. Attendees were trained on Trauma-Informed Care and Child Maltreatment (see details regarding Colorado Rural Expansion Program or C-REP below) as well as simulation training and use of current established resources for PECCs available nationally and through Colorado EMSC. A workshop for new PECCs, prehospital and hospital who have not yet started their PECC program and pediatric readiness will be held in Monte Vista in mid-August. Details and dates to come soon.

Colorado Pediatric Preparedness for the Emergency Room

EMSC has continued to conduct monthly COPPER steering committee meetings. EMSC, with the help of the steering committee, was able to officially launch with six pilot sites over the last year. Pilot sites since that time have provided useful feedback on the application process and this information is being incorporated into new directions to better support facilities as they work to establish themselves as Pediatric Ready. Colorado EMSC is now also working to support American College of Surgeons verified trauma centers in meeting the new requirement of establishing pediatric readiness programs as their facility. This will affect 17 facilities in Colorado.

In 2020, Colorado participated in a pilot of the National Pediatric Readiness Assessment (NPRA) and current data reveals that 27 facilities in Colorado (out of 63 respondents) indicate that they have either a physician or nurse PECC. Colorado's results from the NPRA are posted on the EMSC website. The first COPPER site visit will take place at Swedish Medical Center in July. Anticipated to follow this summer is Gunnison Valley.

Colorado Rural Expansion Program

In September of 2021, Colorado EMSC was awarded a supplemental grant from HRSA to support rural, remote, and tribal communities in Colorado. The funds were granted to address youth mental health crises, child maltreatment, and improve access to trauma-informed care trained emergency care providers in our state. These funds have supported 4 Trauma Informed Care workshops training 50 providers, and an online 4-part series on child maltreatment that has over 100 registrants. Youth Mental Health First Aid courses have taken place in Rifle and Granby. Due to low registrations at previous courses and alternate courses being available, scheduling for future classes has been put on hold. Children’s Hospital Colorado has received a grant to fund first responder education for youth mental health; at this time C-REP will focus its time and dollars to support CHCO and provide digital resources.

Pediatric Care Committee

Colorado EMSC hosted the quarterly PCC meeting on January 12th 2022 and again on April 13 2022. New members have joined the committee and our new EMSC Program Manager has vacated her role as the Member at Large to serve as the Executive Secretary.

Additional information is available on the EMSC [website](#).

Committees, Councils & Task Forces

Emergency Medical Practice Advisory Council

Mike Bateman, Section Manager, michael.bateman@state.co.us

At the May 9, 2022 meeting the council reviewed RSI Adult, RSI Pediatric, Blood Products, Cefazolin, Closed Joint Reduction, and Dexmedetomidine waiver guidelines, all of which were tabled and referred to the Waiver Guideline Review Task Force for additional revisions. The next EMPAC meeting is scheduled for Monday, Aug. 8, 2022, starting at 10 a.m. remotely via Zoom. The next Regional Medical Direction committee meeting will be held the same day immediately prior to the EMPAC meeting, from 8 to 9:45 a.m.

Designation Review Committee

Martin Duffy, Section Manager, martin.duffy@state.co.us

The DRC meeting in April was held in a hybrid format. The DRC considered five facilities that were given an automatic recommendation on their designation and one facility that required DRC consideration. The department continued the designation of all facilities presented to DRC.

Statewide Trauma Advisory Committee

Martin Duffy, Section Manager, martin.duffy@state.co.us

The committee meeting in April was held in hybrid format. The committee discussed designation reviews and updated stakeholders on non-designated facility integration into the trauma system. Trauma section staff held two webinars in the first quarter providing technical assistance on gatekeeper and organization profile set up, and non-designated data submission. The committee went on to discuss the system as a whole and the impact of the pandemic on the system. The STAC chair then entertained stakeholder feedback regarding issues that affect trauma care.

Regional Emergency Medical and Trauma Services Advisory Councils

Mattew Paswaters, Coordinator, mattew.paswaters@state.co.us

All 11 RETACs submitted their third quarter fiscal year 2022 activity report, fiscal year 23 budget and 2021-23 Biennial Plan update. The most recent quarterly RETAC forum was held June 1-2, 2022, in La Junta. The next RETAC forum is Sept. 7-8 in Salida. SEMTAC members are encouraged to attend RETAC forum meetings. SEMTAC members interested in attending a RETAC forum should contact Mattew Paswaters for information.

EMS System Sustainability Task Force

Randy Kuykendall, MLS, Special Projects Manager, randy.kuykendall@state.co.us

The department is actively reviewing nominations for the EMS System Sustainability Task Force, created by SB22-225. The task force will make statutory, rule, and policy recommendations for how to preserve, promote, and expand consumer access to emergency medical services in the state, including recommendations:

- Regarding the regulation of ambulance service;
- To address inequities and disparities in access to emergency medical services;
- To address workforce recruiting and retention issues;
- To promote the financial sustainability of emergency medical services; and
- Regarding the long-term sustainability of emergency medical services.

The department has identified its internal work team to coordinate meeting activities and provide long-term staff support. The membership appointments are expected to be completed in July, with the Sustainability Task Force (STF) meetings to commence sometime in August. As one of the most significant opportunities to arise regarding the long-term sustainability and reliability of Colorado's EMS and trauma system, the department is wholly committed to the project's success.

EMS Compact

Donnie Woodyard, Colorado Commissioner and Vice Chair EMS Compact, Donnie.Woodyard@EMSCompact.gov

The initial work on the EMS Compact began in 2012 with the goal of developing an interstate compact to solve the problem associated with day-to-day deployment of EMS personnel across state boundaries. Although Colorado was the first state to pass the EMS compact legislation, today the EMS compact has 21 member states with additional states seeking to pass the legislation. On June 28, 2022, Pennsylvania passed EMS Compact legislation and it is currently pending the Governor's signature. Once enacted, Pennsylvania would be the 22nd Compact Member state and add approximately 35,000 EMS providers to the nationwide EMS Compact workforce with a privilege to practice. The EMS Compact allows qualified EMS personnel licensed in one compact state (Home State) to work in other compact member states (Remote State), within their scope of practice, on a short term, intermittent basis. The EMS Compact and the REPLICIA legislation do not apply to EMS agencies.

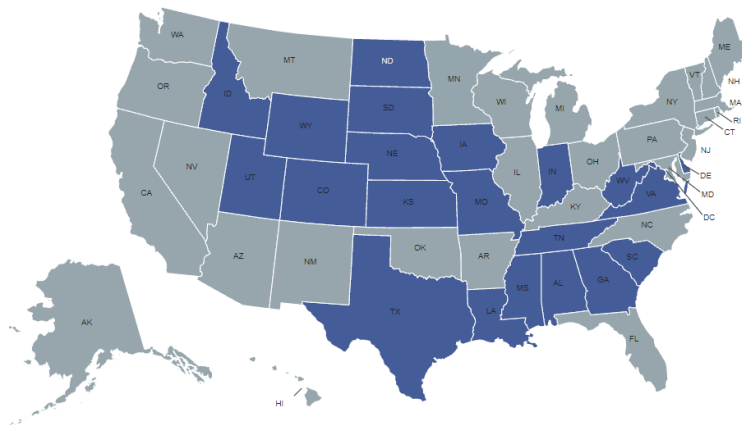
Employers and state licensing officials can validate an individual's EMS Compact privilege to practice [online](#) by entering the individual's National EMS-ID. The EMS-ID is printed on all Colorado issued EMS certifications and licenses, or it is available on an individual's National Registry of EMTs account.

All EMS Compact meetings are open to the public and stakeholders. Meeting information is published on the EMS Compact [website](#). Stakeholders can register to receive email notifications [here](#).

Table: Colorado EMS providers with multiple state licenses

2022 Q2	
Multiple State Licenses	1,246

EMS Compact Member States



EMTS Branch Personnel Roster

Name	Section	Position Description
Donnie Woodyard	Branch	Branch Chief
Amber Viitanen	Data	Section Manager
Vacant	Data	Data Quality Specialist
Scott Beckley	Data	Lead Data Analyst
Dale Knochenmus	Data	Statistical Analyst
Matt Pickler	Data	Management and Technology Advisor
Bill Clark	Data	EMS Data Consultant
Michael Bateman	Operations	Section Manager
Vanessa Brazee	Operations	Licensing Specialist
Eric Lucas	Operations	EMS Operations Specialist
Jennyfer Nguyen	Operations	Certification Technician
Timothy Petreit	Operations	Peer Assistance Coordinator
Martin Duffy	Trauma	Section Manager
Eileen Brown	Trauma	Emergent Systems of Care Specialist
Lisa Domenico	Trauma	Trauma Designation and Fiscal Coordinator
Kiva Thompson	Trauma	Trauma System Nurse Consultant
Eric Schmidt	Funding	Section Manager
Audra LeTurgez	Funding	EMTS Branch Program Assistant
Matthew Paswaters	Funding	Boards and Councils Coordinator
Andre Smith	Funding	Grants and Communications Coordinator

Resolution 2022-01



National Registry of Emergency Medical Technicians Transparency, Collaboration, and Inclusion

Whereas, a collaboration of Emergency Medical Services (EMS) pioneers formed the National Registry of Emergency Medical Technicians (NREMT) in 1970 to establish a national standard for EMS personnel; and

Whereas, through collaboration and partnership, the NREMT gained acceptance and recognition as the Nation's EMS Certification™; and

Whereas, the individual state and territory EMS offices have the sole responsibility and authority to license EMS personnel, and regulate EMS education and the EMS system of care within their state borders; and

Whereas, state EMS regulators and state legislators have recognized the certification provided by the NREMT as a National EMS Certification and state EMS offices have incorporated it through their legal processes as a prerequisite for state EMS licensure; and

Whereas, the NREMT is organized as an independent 501(c)(3) organization, and is therefore governed by a self-selected Board of Directors; and

Whereas, it has been the tradition and practice of the Board of Directors for the NREMT to conduct meetings in privacy and without granting access to key stakeholders, including state EMS officials and nationally certified EMS personnel; and

Whereas, the resolutions, policies, and decisions taken by the Board of Directors of the NREMT frequently have a direct impact on the national EMS system, state EMS regulatory offices, state EMS stakeholders, state fiscal resources, and public policy;

Now, therefore be it resolved, the National Association of State EMS Officials (NASEMSO) urges the NREMT to increase transparency, inclusion, and collaboration with the national EMS system stakeholders, collectively with NASEMSO, and specifically with each individual state EMS office.

Be it further resolved, that NASEMSO calls upon the Board of Directors of the NREMT to provide public access to Board meetings, except for certain matters necessitating an executive session.

Be it further resolved, that NASEMSO calls upon the Board of Directors of the National Registry of Emergency Medical Technicians to engage in robust collaboration with state EMS officials *prior* to voting on resolutions that directly impact the principles first articulated in the

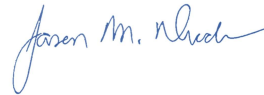
EMS Agenda for the Future and reaffirmed through *EMS Agenda:2050*, the construct of national EMS certification, licensure of EMS personnel, or regulatory framework of the state or national EMS system.

Submitted by Donnie Woodyard (CO)

Signed this 23rd day of June, 2022.



Alisa Williams
2021-2023 President



Jason Rhodes
2021-2023 Secretary

Intended Distribution:

- Partner Organizations and Associations

Resolution 2022-02



Prioritization of Diversity Among the EMS Workforce

Whereas, emergency medical services (EMS) as an industry must prioritize inclusivity to retain and welcome all EMS clinicians and associated professionals in the workforce; and

Whereas, EMS across the United States is experiencing a significant staffing crisis for EMS clinicians and associated professionals; and

Whereas, the demographics of the EMS workforce are seemingly not analogous to the communities they serve; and

Whereas, historically marginalized populations (e.g., persons of color, LGBTQIA+, immigrants) have not been broadly engaged to participate in the EMS workforce; and

Whereas, EMS clinicians are charged with providing compassionate care for all persons without regard to their race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, political beliefs, or military status; and

Whereas, National Association of State EMS Officials (NASEMSO) members declare that EMS clinicians and associated professionals are entitled to the same compassion and respect they are charged with showing their patients;

Now, therefore be it resolved, NASEMSO challenges the EMS community as a whole to join us in exploring pathways that will encourage conversations about incorporating marginalized populations and underrepresented demographics that typically have not been engaged within the EMS workforce.

Submitted by Sam Hurley (ME)

Signed this 23rd day of June, 2022.

Alisa Williams
2021-2023 President

Jason Rhodes
2021-2023 Secretary

Intended Distribution:

- Partner Organizations and Associations

Resolution 2022-03



Requirement for Accreditation of Paramedic Programs

Whereas, in Resolution 2010-04, the National Association of State EMS Officials (NASEMSO) resolved to support the National Registry of Emergency Medical Technicians' (NREMT) decision of 2013 to require graduation from a nationally accredited paramedic education program as a prerequisite for personnel to gain National Emergency Medical Services (EMS) Certification as a paramedic; and

Whereas, NASEMSO recognizes the importance of the 1996 *EMS Agenda for the Future* calling for a national standard for EMS personnel; and

Whereas, NASEMSO endorsed by resolution the principles of *EMS Agenda:2050* and encouraged our partner organizations and associations to do likewise;

Whereas, National EMS Certification and National EMS Education Program Accreditation are identified by *EMS Education Agenda for the Future: A Systems Approach (Education Agenda)* as components of the system for preparing qualified EMS personnel; and

Whereas, the *Education Agenda* calls for a single National EMS Certification agency and a single National EMS Education Program Accreditation agency, and calls for all states to adopt National EMS Certification and National EMS Education Program Accreditation; and

Whereas, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) issues the national accreditation to paramedic education programs and CAAHEP's Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), through whose many outreach efforts has made significant progress in assisting paramedic education programs to achieve accreditation; and

Whereas, NASEMSO recognizes and respects that the regulation and licensure of EMS personnel and EMS education programs is the sole jurisdictional authority and responsibility of the state EMS offices; and

Whereas, during their June 2022 meeting the NREMT Board adopted resolution *22-RESOLUTION-13: Resolution on Updated Eligibility Criteria for Initial EMS Education* permitting candidates from state-approved but non-accredited education programs to obtain National EMS Certification at the paramedic level; and

Whereas, the NREMT resolution is in direct conflict with NASEMSO Resolution 2010-04; and the *Education Agenda*;

Now, therefore be it resolved that NASEMSO calls upon the NREMT to require graduation from a nationally accredited paramedic education program as a requirement for personnel to gain national EMS certification at the paramedic level; and


Be it further resolved, NASEMSO calls upon the NREMT, as an established expert in development and administration of EMS examinations, to collaborate with states that may need an assessment examination tool for state-only licensure.

Submitted by Donnie Woodyard (CO)

Signed this 23rd day of June, 2022.



Alisa Williams
2021-2023 President



Jason Rhodes
2021-2023 Secretary

Intended Distribution:

- Partner Organizations and Associations

Resolution 2022-04



Establishing EMS as an Emergency Support Function

Whereas, the nation's emergency medical services (EMS) systems have responded to the COVID-19 pandemic since 2020 to meet the nation's prehospital medical needs; and

Whereas, EMS continues to need to be recognized as a care provider and not just a transport service; and

Whereas, it is the request of the State EMS Directors and supported by their Health and Medical Preparedness Council that EMS be recognized by our Federal partners as a vital national service and recognize EMS as an independent emergency support function (ESF) and Community Lifeline and not simply include EMS within ESF 1, ESF 4 or ESF 8;

Now, therefore be it resolved that NASEMSO hereby requests our Federal partners to support and take the actions necessary to recognize EMS as a valuable national system of care and recognize EMS as an independent emergency support function (ESF) and Community Lifeline as soon as possible.

Submitted by Joe Schmider (TX)

Signed this 23rd day of June, 2022.

Alisa Williams
2021-2023 President

Jason Rhodes
2021-2023 Secretary

Intended Distribution:

- Partner Organizations and Associations
- White House
- Federal and Congressional Leadership