

Accomplishments in 2007 Looking Ahead to 2008

by D. Randy Kuykendall

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The start of a new year is when we take stock of where we've been and begin to calculate where we want to go over the next 12 months. 2007 was yet another year where significant changes and improvements in Colorado's emergency medical and trauma services system occurred through the combined efforts of many individuals and agencies. These efforts continue to ensure that the ill and injured of our state receive high quality transportation and medical care. There are too many stakeholders to thank individually, but I'm continually reminded how fortunate I've been to work with some of the most professional and skilled health care providers in the United States.

During the past year, two legislative bills related to EMS and trauma were passed by the Colorado Legislature and signed by Gov. Bill Ritter.

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"One of the most important accomplishments was the successful launch of MATRIX, the Colorado EMS Ambulance Trip Report Information Exchange."

Section Chief's Corner Accomplishments in 2007





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Although both bills were considered "technical" fixes to existing statutes, we had the opportunity to remind Colorado's elected leadership of the importance of the emergency medical and trauma services safety net. Rules outlining the requirements for new and replacement facility trauma center designation were completed and promulgated by the Board of Health. These new rules clarify designation process requirements and provide direction for the future as our statewide trauma system continues to grow. Updated rules governing the licensing of air ambulance services have been completed and will be heard by the Board of Health at its January meeting.

After almost two years of work by the Level I & II Trauma Center Task Force, revised rules for the designation criteria for Level I and Level II trauma centers almost are complete and ready to be vetted by the Statewide Emergency Medical and Trauma Services Advisory Council (SEMTAC). This draft, based on the latest trauma center verification standards of the American College of Surgeons, was developed by the state's Level I and Level II trauma center directors. Once approved by the SEMTAC, it will be forwarded to the Board of Health for promulgation. Interested stakeholders are urged to become engaged in this important process since these rules will govern the minimum requirements of our state's most advanced trauma care centers. We expect that the final rules will be promulgated in mid-2008.

One of the most important accomplishments was the successful launch of MATRIX, the Colorado EMS Ambulance Trip Report Information Exchange. There are more than 250,000 patient care reports in the system with approximately one-half of Colorado's EMS transport agencies reporting. We now have a large body of information that can be used by local, regional and state administrators, medical directors and policy-makers to make decisions based on scientific information. New rules governing the EMS data collection process have been completed by the Data Task Force and will be considered by the SEMTAC at its January meeting for recommendation to the Board of Health. We look forward to the continued expansion of this important tool during 2008.

One of the most-discussed issues of 2007 was the revision of Rule 500. After more than two years of discussion, the rule governing the practice of emergency medical technicians by the Colorado Board of Medical Examiners was updated. Although not all stakeholders agreed on all of the issues, the process was thorough, with many stakeholders providing valuable input and feedback. Because of the changing nature of emergency medicine, it is important that Rule 500 be considered a dynamic document that will constantly be reviewed to ensure consistency with contemporary prehospital practice. To that end, the Medical Direction Committee was established to enhance the process previously established by the Medical Advisory Group. Although the Medical Direction Committee serves as an advisory body to the Colorado Department of Public Health and Environment, the membership is established with the consent of the SEMTAC and is charged with providing advice concerning Rule 500 and waiver requests to the Board of Medical Examiners. One of the most important responsibilities of the committee will be the annual review of and recommendations for updating Rule 500.



Section Chief's Corner

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As we begin 2008, there are several significant projects that will be undertaken by the Colorado emergency medical and trauma services community. One of the most interesting projects will be how we approach the implementation of the national EMS scope of practice. Many already have become involved, as this process will most likely set the stage for how we provide prehospital care for the next decade across the United States. This process will involve broad-based input from providers, educators and service administrators.

The Emergency Medical and Trauma Services Section will be starting the revision process of our CPR directive rules, which initially were developed in 1992. Given the changes in public policy, technology and end-of-life care since that time, it's important to ensure that these rules are consistent with current practice. Although these rules do not go through the same process as rules governing the emergency medical and trauma services system, input from the prehospital care community is critical to the revision process. A stakeholder process will be initiated to consider revisions to the CPR directive rules, and those interested in this process should contact our office.

Both the 2nd Annual Data Conference and Colorado EMTS Educator Conference will be offered in 2008. Details are being finalized for these two important events, and interested stakeholders should stay tuned for more information. Additionally, the 2008 EMS Gala will be held at the Denver Marriott South on May 16, 2008. Last year's event was an outstanding success and raised funds to support EMS education scholarships. This is an important Colorado tradition that supports the continued education of EMS providers from all corners of our state; please mark your calendar and plan to attend.

We look forward to working with the many individuals and organizations that provide patient care throughout Colorado to continue to improve and support the statewide emergency medical and trauma services system. Please feel free to contact us at any time with questions or suggestions that would improve the services we provide.

EMT Certification Verification Now Available Online

The Emergency Medical and Trauma Services Section's online verification system is up and running at www.coems.info. This automated system allows the public to verify certification information on Colorado EMTs as an alternative to calling the section.

Verification is accomplished by entering a last name only or by entering, if available, a Colorado EMT number or EMT level of certification. The search criteria are narrower when an EMT number or level of certification is used.

The EMT online verification system is updated on a weekly basis.

Should you be unable to locate the person you are trying to verify, please call our office at (303) 692-2986 or (303) 692-2985 and our friendly certification staff will be happy to assist you.

Statewide Events Calendar Notice! Get Noticed!



Looking for a class? Have a special training you want to publicize?

Think about using the Colorado Statewide Events Calendar on our Web site!

The education and event calendar available through the department's Emergency Medical and Trauma Services Section's Web site was recently revised and improved. This calendar is designed for training centers and groups to post their educational offerings. In addition, you may post other special events and important meetings of interest to the emergency medical and trauma providers in Colorado.

Access the calendar at www.coems.info.

For information and to receive your login and password, please contact Linda Lynch at (303) 692-2986 or linda.lynch@state.co.us.

Apply Now! EMS Provider Grants

Each year, the Colorado Department of Public Health and Environment awards approximately \$1.6 million dollars through the EMS Provider Grants Program to support improvements and expansion throughout Colorado's emergency medical and trauma services system.

To apply for a grant, please visit <u>www.coems.info</u> and click on the linked titled "Grants." The deadline is Feb. 15, 2008. We must receive both the electronic and the signed paper copy from your agency by 5 p.m. on Feb. 15, 2008.

For more information please contact Jeanne-Marie Bakehouse in the EMS Provider Grants Program at jeanne.bakehouse@state.co.us.



5th Annual EMS Gala and Auction

Please come and celebrate EMS Week 2008 with distinguished members of Colorado's EMS community. Participate in the auction to help support the Emergency Medical Services Association of Colorado's EMS Education Fund of the Emergency Medical Services Association of Colorado. Take part in a memorable evening as we recognize exceptional service, leadership and dedication by individuals and EMS agencies.

Date: May 16, 2008, 6 p.m.

Place: Marriott Denver South at Park Meadows

10345 Park Meadows Drive

Littleton, CO 80124 (800) 783-5951 www.emsac.info



RETAC Roundup

COLORADO'S



There are 11 Regional Emergency Medical and Trauma Advisory Councils (RETACs) in Colorado. Three are highlighted here, and others will be featured in the spring edition.



Mile-High RETAC

- The Mile-High RETAC town hall meeting held on Sept. 25, 2007, at Porter Hospital, with a complimentary dinner provided by Porter, Littleton and Parker Adventist Hospitals' EMS Department, was a success. Approximately 40 people were in attendance.
- The Colorado Department of Transportation Teen Seat Belt Use grant continues to grow each year. School pretesting for the school challenges was conducted in six schools with the help of several council members and stakeholders within the Mile-High RETAC. An additional person was hired to assist with this fast-growing project.
- The Mile-High RETAC emergency managers have completed the inventory of the medical surge caches and will be entering them into a centralized data base.
- The Mile-High RETAC is actively participating in the statewide needs assessment efforts.

Southern Colorado RETAC

• As a part of our regional development and biennial plan goals, the Southern Colorado RETAC is proud to announce that we now have a regional medical director. Dr. Kevin Weber has accepted this position. Some of the goals we hope to accomplish are regionalization of the EMS protocols, development of a regional CQI program and holding regional medical director/EMS director meetings on a quarterly basis. Dr. Weber will be offering technical support to EMS agencies and their local medical directors. He is a reliable resource for agencies regarding Rule 500, waivers, continuing education and many other areas of expertise. Welcome aboard Dr. Weber!



RETAC Roundup continued

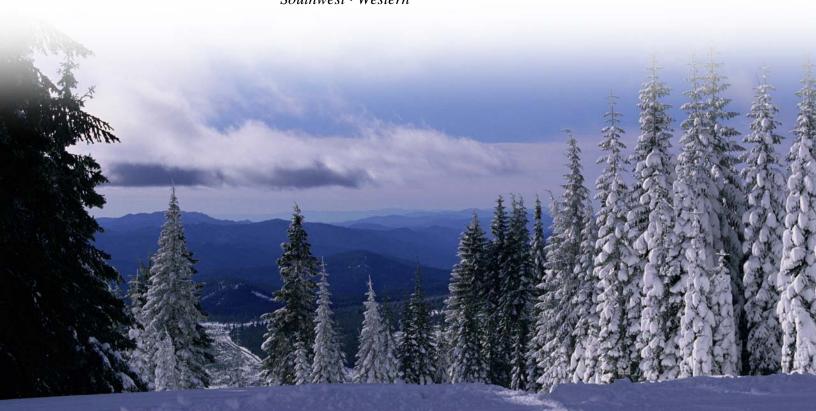
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San Luis Valley RETAC

- A third fire truck has been donated to the region. It is a 1985 Pierce 50 foot telesquirt. Battalion Chief Doug Ireland made it affordable for the San Luis Valley RETAC for the sum of \$100. Its new home is in Saguache County at the Saguache Fire Station. We have 28 all-volunteer fire departments in the San Luis Valley region, and we still need two class A pumpers.
- Recently two grants were received totaling \$300,000: one from Fire Fighter
 Assistance and one from Homeland Security. Funds were used to purchase 16
 cardiac monitors that equipped four different agencies. Every ambulance in the San
 Luis Valley now has a cardiac monitor. Now if we could just get EMTs!

Colorado's RETACs Central Mountains · Foothills · Mile-High · Northeast Colorado · Northwest Plains to Peaks · San Luis Valley · Southeast Colorado · Southern Colorado Southwest · Western



From the State Medical Director's Desk



by Dr. Fred Severyn

It's coming upon influenza season once again, and medical directors and EMS providers alike need to start thinking of patient care in addition to provider care issues—if not for simple influenza, but also for any potential emerging infectious disease threat that may surface somewhere in the world in the future.

For influenza, simple prevention is very effective. Timely vaccination against the anticipated influenza strains prior to disease outbreaks provides a significant degree of protection, especially when enough time has elapsed to allow the body to mount a significant antibody response. EMS providers can't avoid the sick requesting our services, but we can limit droplet production on the patient's part and potential exposure on our part. This exposure to viral particles also can occur via dermal contact, so barrier precautions in terms of gloves combined with simple effective hand washing after patient contact will help limit your exposure as provider. Multiple studies show the lapses with hospital-based medical providers in this simple yet effective practice, and EMS providers without sinks and running water in the ambulance won't be any more effective. Even alcohol-based hand scrubs can add to proper glove use.

EMS medical directors should advocate not only for the health care of patients served by their systems, but for system/provider health as well. Anticipate illness affecting not only your community, but your EMS and allied health professional staffs as well. Use your medical expertise and position to convince your sponsored providers to do the right things regarding simple infection-control issues. In conjunction with the Colorado Department of Public Health and Environment, the Colorado Medical Society has worked on providing disaster preparedness materials for physicians in practice in our state, and this information easily can be applied to your EMS services as well. A useful Web site is www.cms.org/disasterprep.html.

Prepare. Respond. Recover.



EMS Patient Care Times A Colorado Analysis

by Dr. Holly Hedegaard

Over the past several years, substantial resources and effort have been directed toward creating a statewide EMS database in Colorado. The Colorado MATRIX (EMS Ambulance Trip Reporting Information Exchange) now routinely receives patient care information from more than 75 EMS agencies, approximately 40 percent of the EMS agencies in Colorado. For more information on Colorado MATRIX, see www.cdphe.state.co.us/em/emtsdata/index.html.

One of the concepts behind creating a statewide database is to be able to use the data to monitor the EMS system and to identify areas for improvement. Important system measures are EMS patient care times (response time, scene time and transport time).

Using a protocol outlined by the National EMS Information System (NEMSIS), Colorado data were used to calculate EMS patient care times and to compare them to national results. For the detailed protocol, see www.nemsis.org/media/pdf/Elapsed PatientCareTimesUrbanicity50.pdf).

Briefly, Colorado EMS agencies contributing to the MATRIX were classified by urbanicity into four groups (urban, suburban, rural and wilderness) using the 2003 United States Department of Agriculture classification of counties by urban influence. A map of the areas in Colorado is shown in Figure 1. Response time (time from when the unit was notified by dispatch to arrival at the scene), scene time (time from arrival at the scene to departure from the scene) and transport time (time from departure from the scene to arrival at the destination) were calculated for all transports resulting from a 911 call with a response mode of lights and sirens to the scene.



Figure 1



Teens in the Driver's Seat Education and Enforcement Save Lives

by Sallie Thoreson

We have all heard, or lived, the stories of teens injured or killed in car crashes. In fact, motor vehicle crashes are the leading cause of death among U.S. teenagers.

Two factors commonly mentioned to account for the high motor vehicle crash rates for young drivers are inexperience and risk taking. Teens are more likely to engage in risky behaviors such as speeding, following too closely, making illegal lane changes or failing to yield the right of way and are less likely to wear their safety belts. In addition, teenage driver belt use declines with the number of teenage passengers. Male passengers in particular lead to high-risk driving.¹



Programs in Colorado

The strongest evidence of what works to reduce the injuries of young drivers is the implementation of a strong Graduated Drivers Licensing (GDL) system where young drivers can gain experience under controlled conditions. Colorado's GDL law, which first went into effect July 1, 1999, has received a "good" rating from the Insurance Institute for Highway Safety (www.iihs.org/laws/graduatedLicenseIntro.aspx).

Enforcement of the provisions of the GDL is best done by law enforcement and parents, with the backing and support of schools and the community. The Colorado Department of Transportation (CDOT) has embarked on an intensive campaign to increase seat belt use and save lives of our young drivers and passengers. Four enforcement waves and educational outreach to teens will occur through May 2008.



Teens in the Driver's Seat

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To enhance enforcement of the complicated GDL law, the Colorado State Patrol and CDOT worked with other partners to develop a training DVD for law enforcement agencies. The seven-minute video has been distributed to agencies throughout the state, and is available by contacting Heather Halpape at CDOT at (303) 757-9484 or heather.halpape@dot.state.co.us.

Some important research studies have identified the key role of parents in managing teen driving. Parents are essential in setting and monitoring family rules for the teen driver, including seatbelt use and restrictions on passengers and nighttime driving. To assist parents, a number of state agencies worked collaboratively to produce a Parent Brochure that explains the GDL system and how parents can help their teens become better, safer drivers. Traffic safety groups in Colorado are having success in providing classes to parents to explain GDL and empower parents with tools, such as a driving contract, to help them monitor their teen's driving behavior.

For more information and resources on teen driving safety, please go to www.coteendriver.com.

Teen Driving Statistics

- Per mile driven, crash rates among 16- to 19-year-old drivers are higher than those for all other age groups.
- The crash risk among 16-year-old drivers is twice as high as among 18- to 19-year-old drivers.¹
- In Colorado, 51 percent of all deaths of 16- to 17-year-olds are due to motor vehicle crashes, and 31 percent of injury hospitalizations for that age group are due to motor vehicle crash injuries.¹
- Teen seatbelt use is 73 percent, compared to 81 percent for all adults. Last year, 70 percent of teens killed in traffic crashes were not wearing seat belts.²

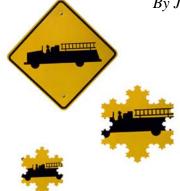
References

- 1. Colorado Department of Public Health and Environment. (2005). Injury Prevention Fact Sheet: Deaths and Hospitalization Involving Teen Drivers in Colorado. Available at www.cdphe.state.co.us/pp/injuryprevention/teenfactsheet.pdf
- Colorado Department of Transportation. (2007). News Release: Click It or Ticket Seat Belt Enforcement Oct 15-21. Available at www.dot.state.co.us/Communications/News/OP20071015-1.pdf

Winter 2008

Fire Truck Donated From Littleton

By Jon Montano





The San Luis Valley RETAC has acquired its third fire truck. This particular truck was purchased from the Littleton Fire Department for \$100, and it is now stationed at the Saguache County Fire Department. This truck was made affordable by Chief Doug Ireland and delivered by Captain Troy Spencer and Captain Gary Metz. Training was provided by Engineer Spencer Fraas. The truck is a 50 foot tele-squirt.



Jon Montano is the San Luis Valley RETAC coordinator and can be reached at emsgrant@amigo.net.





EMSC Surveys Check your mailbox in January!

The national EMS for Children (EMSC) program has identified several performance measures to monitor state activities and accomplishments in improving the delivery of emergency services to children. The performance measures encompass several areas including

- the availability of online medical direction to EMS providers;
- the availability of written protocols and guidelines on the care of pediatric patients;
- the availability of essential pediatric equipment and supplies in ambulances and transport vehicles, as outlined in the 1996 American College of Emergency Physicians guidelines;
- interfacility transfer protocols and written agreements that provide specific details regarding the transfer of pediatric patients between facilities.

A complete description of the EMSC performance measures is available at http://bolivia.hrsa.gov/emsc/PerformanceMeasures.aspx

The EMSC State Partnership grant requires each state to use standard surveys to collect information on these topics. In January 2008, the Emergency Medical and Trauma Services Section at the department will be sending surveys to EMS agency directors and to emergency department nursing directors. Completed surveys must be returned to the state health department by Feb. 15, 2008. (Details will be provided with the survey materials.) Data from the surveys will be aggregated, and a statewide estimate will be reported to the national EMSC program.

If you are an EMS agency director or emergency department nursing director, please be on the lookout for the survey in mid-January. We'd appreciate your participation and timely return of the completed survey for inclusion in the statewide results. Thanks in advance for your participation!

EMS Patient Care Times continued

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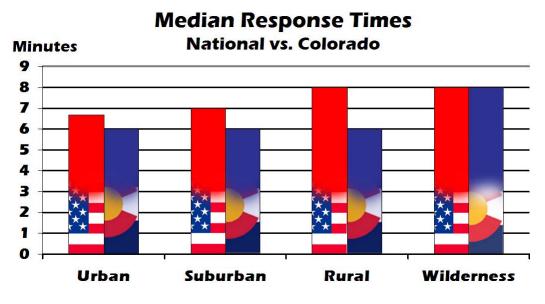


Figure 2

Figures 2-4 compare Colorado results to national results for median response, scene and transport times by urban index. The median value is the time such that half the times are below this value and half the times are above this value. In all instances, the median times for Colorado are comparable to those reported from the national database.

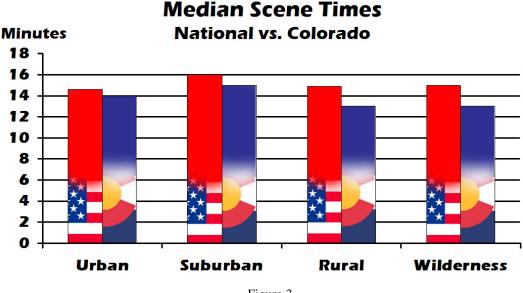


Figure 3

Covering EMS in Colorado

EMS Patient Care Times

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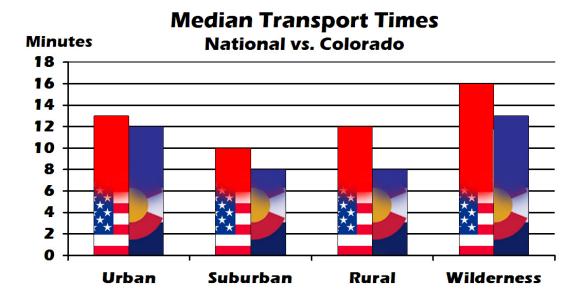


Figure 4

These results suggest that Colorado is on track with regard to response, scene and transport times. However, these results are somewhat limited since not all agencies are included in the analysis. As more agencies report data to the MATRIX, the results will more accurately reflect the true values for Colorado and for different regions.

This report is just one example of how we can begin to use the EMS data to evaluate the state system. The Emergency Medical and Trauma Services Section encourages all EMS agencies to provide data to the state database. Providing data is one way for you to provide input as we move to data-driven evaluation and decision-making. Staff members are here to provide technical assistance to agencies. Please contact us at cdphe.hfemsdata@state.co.us if you have questions or need more information on how to contribute your data to the Colorado MATRIX.

On the Scene is a quarterly publication of the Emergency Medical and Trauma Services Section of the Health Facilities and Emergency Medical Services Division at the Colorado Department of Public Health and Environment and serves the emergency medical services and trauma communities of Colorado.

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- April SEMTAC meeting. April 10, 2008.
 Sabin-Cleere Room, Colorado Department of Public Health and Environment, Denver, Colo.
- **2nd Annual Data Conference.** April 2008. Longmont, Colo.
- **EMS Gala.** May 16, 2008. Denver Marriott South.
- July SEMTAC meeting. July 10, 2008.
 Sabin-Cleere Room, Colorado Department of Public Health and Environment, Denver, Colo.

If you would like to receive this newsletter via e-mail, please send your request to jeanne.bakehouse@state.co.us. We welcome comments and content submissions.

www.coems.info

HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION

