



ON THE SCENE

Covering EMS and Trauma in Colorado

2009 Legislative Success

Governor Ritter Signs Two Bills

D. Randy Kuykendall

Without question, the 2009 Colorado legislative session proved to be an outstanding success for Colorado's emergency medical and trauma services system. The passage of Senate Bill 09-002 and House Bill 09-1275 are both major successes that will improve the fundamental foundation of EMS and trauma system development throughout our state.



[continued on page 3](#)

From left: Sen. John Morse, Dr. Ned Calonge, Jesi Debosz, Randy Kuykendall, Gov. Bill Ritter, Jr., Chris Montera, Tim Dienst, Rep. Cheryl Peniston and Dr. Art Kanowitz.



**Colorado Department
of Public Health
and Environment**

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.

4300 Cherry Creek Dr S.
Denver, Colo. 80246

Main
(303) 692-2980

Toll Free
(800) 866-7389 x2980

Fax
(303) 691-7720

www.coems.info

Online EMT verification and
data collection

www.cemsis.com

In this Issue

Cover **2009 Legislative Success**

The passage of Senate Bill 09-002 and House Bill 09-1275 are major successes in improving our EMS and trauma system.

5 **ACS Consultative Visit**

Trauma system consultation by the American College of Surgeons in Denver in May.

7 **Preventing Suicide in Colorado**

Colorado has the ninth highest suicide rate in the United States, and more Coloradans die by suicide than in motor vehicle crashes or by homicide.

8 **National EMS Memorial Moving to Colorado**

A new location in the Colorado Spring's Memorial Park.

10 **Provisional EMT Certification**

The department has developed the procedures to implement this new process and has prepared proposed revisions to Section 5 of the rules.

11 **Wash Your Hands!**

It is important to maintain our personal equipment and the tools we use everyday to serve our patients.

12 **Regional Updates from Mile-High, Plains to Peaks and Southern Colorado**

Regional updates from advisory councils that support our EMS and trauma system.

13 **Special Announcements**

Division Director **Howard Roitman**
Section Chief **D. Randy Kuykendall**
Editor **Jeanne-Marie Bakehouse**
Graphic Designer **Rio Chowdhury**

2009 Legislative Success

Governor Ritter Signs Two Bills



[continued from page 1](#)

SB 09-002 added one dollar to motor vehicle registration fees and dedicated that dollar to the support of trauma and EMS services in the state with particular focus on rural and frontier systems. Although these funds essentially double the overall support provided to our state's EMTS system, the actual impact more than doubles the funds available to EMS and trauma services through the grants process. House Bill 1275, championed by the EMS Association of Colorado, will allow applicants for EMT certification to gain a provisional certification that will allow them to begin work more quickly.

First and foremost, we want to thank the many partner organizations and individual EMTS professionals that supported these efforts. In a time when our state and national economies face significant threats, the expansion of financial support for the EMTS community is a tribute to the outstanding work done by the thousands of EMS and trauma professionals who serve patients every day in Colorado. Although this article does not permit space to thank everyone who contributed to this success, we would like to recognize the efforts of Colorado's 11 RETACs and their local connections. Without their efforts, we would not have been able to get the word out when help was needed. The Colorado Rural Health Center, the Colorado Fire Chief's Association, the EMS Association of Colorado, the Colorado Hospital Association and the Colorado Farmer's Union also were critical to this successful effort. Our most sincere thanks go to every individual who wrote an e-mail, made a phone call or talked with his or her local elected official. We've proven that individual voices can move state government!

This experience demonstrates the powerful potential that exists within the EMTS community. To progress and develop the resources necessary to meet the needs of the future, we must continue to make our needs known to the public policy makers of Colorado and maintain the momentum by being part of the public health policy development process. We must be tenacious in continuing to make our voices heard so that health care policy continues to evolve.

Now that we've achieved such success, the challenge before us is to use these new resources as wisely as we've used the resources of the past. Since 1989, the Colorado EMTS community has used the grants program to support those agencies with the most need and to help develop the resources necessary for long-term viability. Now that new resources will be available, new opportunities lie before us. Although many challenges are ahead, I'm certain that as long as the discussion is conducted in an open and collegial manner, we will ultimately achieve success.

[continued on page 4](#)

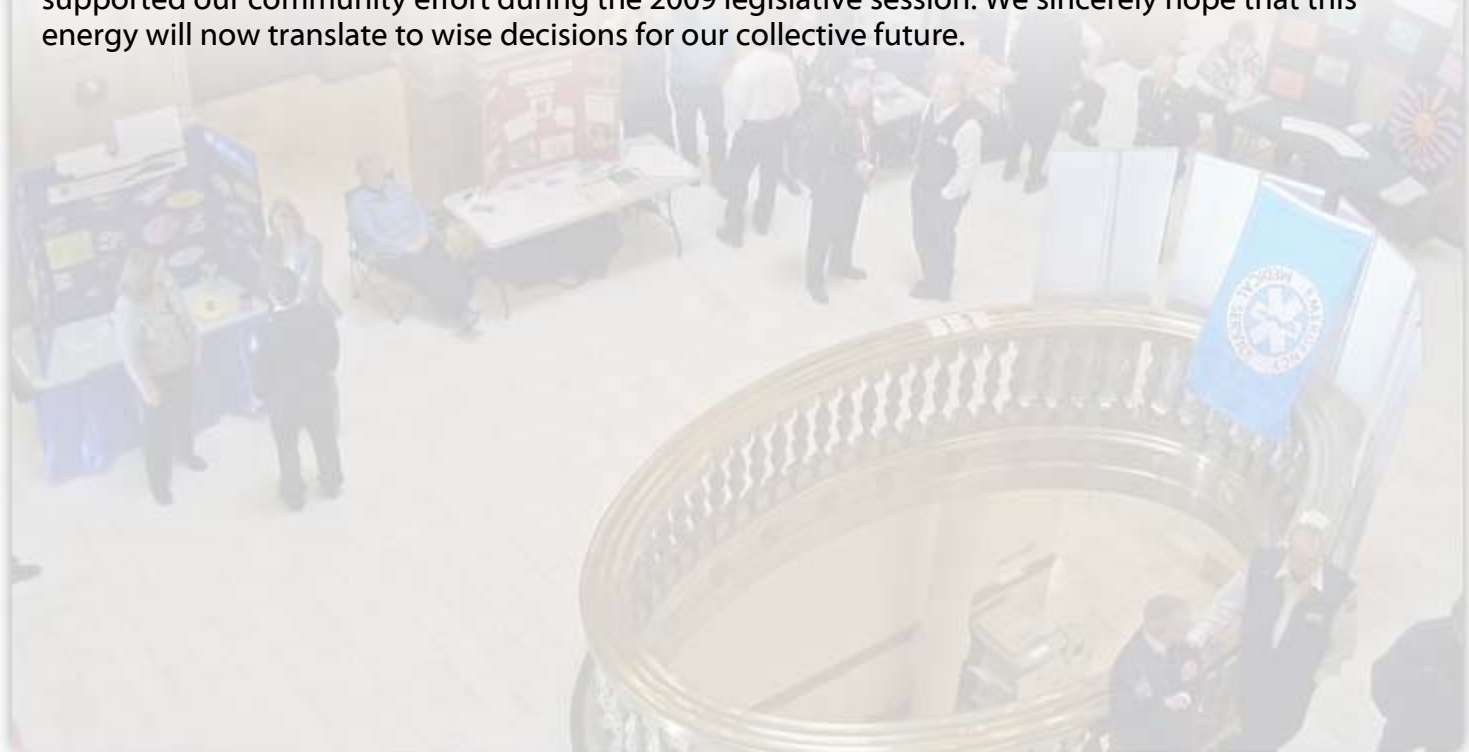
2009 Legislative Success continued

from page 3

The Department of Public Health and Environment, the Emergency Medical and Trauma Services Section and the State Emergency Medical and Trauma Services Advisory Council will work together to use the funds provided by SB 09-002 in the most productive manner possible to support both trauma and EMS throughout Colorado. There are both short-term and long-term implications for the new funds. In the short-term, there will be a second grant cycle to distribute funds during fiscal year 2010 (July 1, 2009 through June 30, 2010). At the time of this writing, the details of this grant offering are not yet finalized, but it is reasonable to anticipate a grant application process beginning in late August and closing by late September of this year. This cycle will be in addition to the grant funds awarded through the original cycle that were announced last month by this office.

A long-term planning effort will be established through the SEMTAC and the department that will address the development of long-term grant processes to ensure that the new funds provided through SB 09-002 are used to support the continued development of trauma and EMS services throughout rural and frontier Colorado.

For these efforts to be successful, it is critical that as many stakeholders as possible participate. These planning efforts will not be easy or quick, but they are important to ensure the continued development of trauma and EMS services in Colorado. Thanks to many individuals and agencies that supported our community effort during the 2009 legislative session. We sincerely hope that this energy will now translate to wise decisions for our collective future.



D. Randy Kuykendall, MLS, NREMT-P, is the chief of the Emergency Medical and Trauma Services Section and can be reached at randy.kuykendall@state.co.us.

ACS Consultative Visit

A Milestone in the State's Trauma System

Randy Kuykendall
Grace Sandeno

Colorado's long-awaited trauma system consultation visit by the American College of Surgeons took place in Denver on May 17-20 and was attended by more than 140 Colorado EMTS stakeholders. Rural EMS providers and urban surgeons, Western Slope and Eastern Plains were all represented. Some constituents were able to attend in person, while others sent their comments to the consultative visit team in writing.

Preparation for the consultation began a year ago when the department sought and received grant funding from the Caring for Colorado Foundation to support the visit. Staff prepared a 120-page application that described the Colorado trauma system as it currently exists. Dozens of constituents supported this effort by providing information for the Pre-review Questionnaire, which is available at www.cdphe.state.co.us/em/traumaconsultation/index.html.

After a brief introduction to our state, the consultation team, headed by Brent Eastman, MD, FACS, from San Diego, launched into an interactive discussion that lasted for almost 1 1/2 days regarding different aspects of a model trauma system and how those components applied to Colorado. Discussions ranged from injury prevention to care in the prehospital setting to rehabilitation for recovering trauma patients.

A number of State Emergency Medical and Trauma Services Advisory Council members were able to attend, as well as many Regional Emergency Medical and Trauma Advisory Council members and staff. A large number of trauma surgeons and trauma nurse coordinators attended, and most of the Level I, II and III trauma centers in the state were represented. There were numerous discussions about issues related to funding, recruitment and retention, designation of trauma facilities, the rural nature of Colorado, EMS and transport, training, prevention, and more. Most attendees either commented publicly or found one of the consultants at break time to express opinions and share experiences. The consultation team noted that Colorado had the best participation of any state for a consultative visit to date.



Dr. Art Kanowitz explains state regions to attendees.

[continued on page 6](#)

ACS Consultative Visit continued

from page 5

After 1 1/2 days of report writing, the team presented its preliminary findings on May 20. Some of the key recommendations include the following:

- Consider creating a multidisciplinary trauma advisory committee of the SEMTAC to better advise the SEMTAC in addressing trauma system issues.
- Employ a full-time physician state EMTS medical director to oversee the clinical aspects of the trauma and EMS system.
- Consolidate all regulatory oversight of EMS and trauma system functions within EMTS.
- Establish a statewide central communications system to coordinate and secure expeditious transports and interfacility transfers.
- Develop a statewide trauma system performance improvement plan in collaboration with trauma system constituents within the next 12 months.
- Collect trauma registry data from all hospitals to conduct a complete and comprehensive assessment of trauma care in Colorado.
- Ensure the protection of the data and the trauma quality improvement process at local, regional and state levels.
- Redefine and restructure Colorado's definition of an "inclusive system."
- Perform a patient-focused, in-depth statewide needs assessment study to determine the appropriate level, number and geographic location of trauma centers for the state.
- Develop a plan for statewide trauma system implementation, based on the needs assessment study, using the authority of the existing enabling legislation.



SEMTAC members left to right : Dan Noonan, Ralph Vickrey, Zane Laubhan, Larry Reeves and Michele Sweeney.

The exit interview presentation is available at www.cdphe.state.co.us/em/traumaconsultation/index.html. The final report of the consultation team will be issued late in July and will contain more than 100 recommendations for the state. The recommendations will be considered by a SEMTAC subcommittee for prioritization and implementation. This process will take time and require careful consideration. The department looks forward to working with EMS and trauma system stakeholders to develop future directions to support the care of the injured patient.

Please contact Randy Kuykendall at randy.kuykendall@state.co.us or Grace Sandeno at grace.sandeno@state.co.us for more information regarding the consultation process or plans to implement the recommendations.

Preventing Suicide in Colorado

Jarrod Hindman

Colorado has the ninth-highest suicide rate in the United States. More people in Colorado die by suicide than die in motor vehicle crashes or by homicide, making suicide a significant public health issue. On May 5, 2009, The Colorado Trust, in partnership with Mental Health America of Colorado and the Office of Suicide Prevention at the Colorado Department of Public Health and Environment, released *Preventing Suicide in Colorado: Progress Achieved and Goals for the Future*. First Lady Jeannie Ritter served as the honorable chairwoman of the report, which provides suicide-related information specific to Colorado and outlines strategies for moving suicide prevention and intervention efforts forward statewide. Progress since 1998 includes

- the formation of the Office of Suicide Prevention at the Colorado Department of Public Health and Environment;
- the investment by The Colorado Trust of more than \$4.1 million in suicide prevention over the last six years, supporting research, strategic planning, activities and programs in 31 counties across the state.

The four primary recommendations of *Preventing Suicide in Colorado* are

1. develop the full potential of the Colorado Office of Suicide Prevention, including enlarging awareness and acceptance of suicide prevention as a public health priority;
2. promote mental health literacy in a variety of settings and formats, with an emphasis on increasing knowledge and changing attitudes about suicide;
3. expand and equalize access to mental health care, substance abuse treatment and crisis intervention services;
4. use data to guide planning, investment and changes in policy and practice.

To view *Preventing Suicide in Colorado*, please visit the Office of Suicide Prevention website at www.coosp.org. To find out more about the work of local coalitions, review the report or contact the Suicide Prevention Coalition of Colorado at www.suicidepreventioncolorado.org or Jarrod Hindman at the Office of Suicide Prevention at jarrod.hindman@state.co.us.

If you or someone you care about is suicidal, call 1-800-273-TALK (8255).

1 800 273 TALK

National EMS Memorial Moving to Colorado

Kevin M. Agard

Photos by George Murphy and Kevin M. Agard



The mission of the National EMS Memorial Service is to remember and honor America's emergency medical service providers who have died in the line of duty. Since its inception, the National EMS Memorial Service has so honored 512 individuals from 48 states and the District of Columbia.

The National EMS Memorial Service had its beginnings in 1991 when a group from the Virginia Association of Volunteer Rescue Squads realized that, although there were law enforcement and firefighter memorials, no memorials recognized the sacrifices made by the nation's emergency medical service providers. The group set out to correct this and, in 1992, held a ceremony to recognize the line-of-duty deaths of a number of Virginia EMS providers. Later that

year, the Virginia Association of Volunteer Rescue Squads created the National EMS Memorial Service Committee to establish and organize the National EMS Memorial.

The City of Roanoke, Va., was chosen as the host location for the service and site of the memorial. Roanoke has its own place in EMS history as the home of Julian Stanley Wise, the founder of the Roanoke Life Saving and First Aid Crew, the first volunteer rescue squad in the United States.

In 1993, the National EMS Memorial Service incorporated as an independent organization responsible for the annual memorial service and the "Tree of Life," an oak tree selected as a symbol of strength. The National EMS Memorial was created at the To the Rescue Museum in Roanoke. The memorial remained there until April 2006 when the museum was unexpectedly forced to close its doors. Following the 2006 memorial service, the Memorial Service Board of Directors began a nationwide search for a new host city that could provide a suitable location on which to build a new, permanent outdoor memorial.

After 18 months, the choices were narrowed to three finalists: Colorado Springs, Kansas City and Washington, D.C. The Memorial Service Board conducted a series of intensive reviews and site visits and, at the 2008 National EMS Memorial Service, announced Colorado Springs as the new host city.

[continued on page 9](#)

National EMS Memorial continued

from page 8

The First Presbyterian Church of Colorado Springs was selected as the new venue for the annual Memorial Service. The Antler's Hilton in downtown Colorado Springs will serve as the host hotel for the event, and the city of Colorado Springs donated an appropriate lakeside location in the city's Memorial Park on which the new memorial is to be built.

Having now selected a site, the National EMS Memorial Service has begun the design and fundraising phase of its Build the Memorial Project. The service is seeking funding from private, public and corporate sectors to help meet the goal of completing the outdoor memorial in time for the 2011 memorial service.

The 2010 National EMS Memorial Service will be held at 6 p.m. on June 26, 2010, at the First Presbyterian Church. Any members of the public or the EMTS community interested in volunteering to assist with the production of the memorial service weekend should contact the Memorial Services Board at info@nemsms.org. Honor guards, buglers, and pipe and drum bands interested in participating in the National EMS Memorial Service Honor Guard should contact Jack Glass at honor.guard@nemsms.org.

Kevin Agard is a member of the board of directors and is the public information officer for the National EMS Memorial Service.



The honor guard and all uniformed EMS personnel stand together for the EMS helicopter fly-over at the end of the service.



Pictures and biographies of the honorees are on display during the memorial weekend for all to read and reflect.



Each oak leaf is engraved with the name of an EMS provider who has died in the line of duty.

Provisional EMT Certification Coming Soon

Michelle Reese

In the 2009 session, the Colorado Legislature passed House Bill 09-1275, which allows the Department of Public Health and Environment to issue a provisional 90-day certification to an applicant for emergency medical technician certification even if the department has not yet received the results of the fingerprint-based criminal history record check. As explained below, until provisional certification rules, including the establishment of a fee, are promulgated by the state Board of Health, the department may not issue provisional certifications.

The main impetus for this legislation was the delay in EMT certification attributable to Colorado Bureau of Investigation/Federal Bureau of Investigation processing time of fingerprint-based criminal history record checks. This legislation's authorization for a provisional certification will benefit EMTs, employers and patients in Colorado because it will allow those individuals who have submitted their fingerprint cards to the Colorado Bureau of Investigation to practice as EMTs in Colorado while the department is awaiting the results of the criminal history record checks.

The bill does not alter any of the current requirements for certification. In fact, the law specifically states that a provisional certification may be issued **only** if the applicant satisfies the requirements for certification. So, a candidate for EMT certification must submit an application to the department for certification in Colorado. The applicant will be required to request on the application that he or she wants a provisional certification and pay the associated fee. Additionally, the applicant must have submitted a fingerprint card to the Colorado Bureau of Investigation in addition to submitting a name-based criminal history record check to the department before a provisional certification will be issued. Finally, a provisional certification will be valid for no more than 90 days.

Again, although the bill has been signed into law, the department cannot begin issuing provisional certifications until rules are adopted and effective. The department has developed the procedures to implement this new process and has prepared proposed revisions to Section 5 of the rules pertaining to emergency medical services, 6 CCR Section 1015-3. The proposed rules first must be reviewed and recommended for adoption by the State Emergency Medical and Trauma Services Advisory Council (SEMTAC). Then, the Board of Health rule-making process itself takes several months. We are hopeful that these new rules will be adopted and in effect no later than the end of November of this year.

We will do our best to ensure that everyone can review and comment on the proposed rules, and we will keep everyone informed of the status of the rule-making process.

If you have any questions or comments, please feel free to contact Michelle Reese at (303) 692-2982 or michelle.reese@state.co.us.

Wash Your Hands! And Clean Your Stethoscope!

Grace Sandeno



When my children (now ages 6, 9, 10 and 11) want to help in the kitchen, my first question always is, "Did you wash your hands?" It amazes me, the looks I get...looks that make me think that I've inadvertently spoken in a language they don't understand.

Now, come to find out, my kids aren't the only ones who have trouble mastering the obvious.

A recent article in the journal *Prehospital Emergency Care* outlined the results of a brief study to look at possible contamination of stethoscopes with methicillin-resistant *Staphylococcus aureus* (MRSA). One would think that we would take any and all reasonable steps to prevent the spread of MRSA. But, clearly, we, as a community, may not have mastered the obvious.

The study was conducted at an academic tertiary care hospital and involved swabbing the stethoscopes of 50 consecutive consenting EMS providers who were transporting patients into the emergency department. The EMS providers were asked when they had last cleaned their stethoscopes.

Of the 50 stethoscopes sampled, 16 (32 percent) tested positive for MRSA. The longer the time since the stethoscope had been cleaned, the more likely the stethoscope would test positive. In addition, 32 percent of providers (yes, that is one third) did not know when they had last cleaned their stethoscope.

I'm not a clinician, but I suspect this is all bad news. MRSA is bad; having it on your stethoscope is bad; not knowing when you last cleaned this important piece of equipment is bad. So I'm going to borrow a line from moms everywhere and ask, "Did you wash your hands, and, by the way, did you clean that stethoscope?"

It's not that hard. Do it for yourself; do it for your patients; do it for your family members who might get exposed. EMS providers everywhere work hard to master their medical skills and maintain clean and efficient ambulances. It is equally important to maintain our personal equipment and the tools we use every day to serve our patients. Take a moment right now and clean your stethoscope!

For the full article please see *Prehospital Emergency Care*, Vol 13, No. 1, Jan-Mar 2009, "Prevalence of MRSA on the stethoscopes of EMS Providers," page 71.

RETAC Updates

Plains to Peaks, Mile-High and Southern Colorado Regions

[Kim Schallenberger](#)

Plains to Peaks RETAC

The 8th Annual Plains to Peaks EMS/Trauma Conference was held April 15-16, 2009, in Burlington. We received great support and instructors from Memorial Health System, Penrose-St. Francis Health Services and Pikes Peak Community College. In addition, instructors from Colorado Springs Fire Department, El Paso County Search and Rescue, Katabatic Consulting (Divide, Colo.), and AgraSafe (Goodland, Kan.) provided some great perspectives on various topics. The 96 participants from 22 agencies heard lectures in the morning sessions that coincided with the scenario-based instruction in the afternoon. Topics and scenarios included MCI, farm rescue, cardiac arrest, Alzheimer patients, search and rescue, pediatric abuse, stroke patients and hypothermia. Two rural case reviews were presented by Lincoln County and Kit Carson County emergency responders. A big "thank you" goes out to all the instructors, actors and support staff who make this conference a reality every year.



[Shirley Terry](#)

Mile-High RETAC

The Mile-High RETAC is completing another school challenge with the Teen Seat Belt Grant from the Colorado Department of Transportation. Thomas Jefferson High School was the winning school this spring, with Kiowa High School having the highest-ranking portfolio. Mile-High RETAC will be presenting a paper for the upcoming C-DOT conference regarding the activities.

Great efforts have been put into completing the Hospital Project for the recent five-year period. The trauma coordinators and registrars are meeting on a regular basis to validate data obtained through Trauma Base.

The Mile-High RETAC will be hosting the 2nd Annual EMS Safety Summit to be held on Oct. 8-9, 2009, at the Embassy Suites in Loveland. There will be training and vendors available on Thursday and all day Friday, with an evening reception on Thursday. More details to follow!

Stakeholders of the Mile-High RETAC were very active during the recent ACS consultative visit in Denver, providing information to the reviewers upon request.

[Theresa Jimison](#)

Southern Colorado RETAC

Dr. Kevin Weber informed outlying areas within the region on the Rule 500 changes and presented educational scenarios during a continuing education training on May 5, 2009, at the Penrose Fire Department.



Lisa Ward Joins the Division

EMS for Children Program Coordinator



The Emergency Medical and Trauma Services Section is pleased to announce that Lisa Ward has been appointed as the EMS for Children coordinator. Her professional background includes ten years as an EMT in three of Colorado's trauma centers and five years in the emergency department at The Children's Hospital in Denver. Prior to her new position with the Emergency Medical and Trauma Services Section, she worked as a Disease Intervention Specialist in the STD/HIV unit of the Colorado Department of Public Health and Environment. Lisa has a Bachelor's degree in Criminal Justice and Criminology, and she volunteers on the reserve team of the Denver County Office of the Medical Examiner.

Lisa enjoys all that Colorado outdoors has to offer, and has been a whitewater raft guide for nine years and a children's ski instructor for more than fifteen years. She enjoys road biking, kayaking, swimming and throwing tennis balls for her Husky.

Please help us welcome Lisa as we look forward to continued progress in improving the emergency care of children throughout Colorado.



CRHC Colorado Rural Health Center

Enhancing Rural Healthcare Services in Colorado

18th Annual Rural Health Conferences

Coming to a Community Near You in Summer 2009!

Who Presented by the Colorado Rural Health Center.

What A one-day rural health conference supplemented by three optional workshops the day prior to the conference (grant-writing, health information and data, or Critical Access Hospital quality improvement), plus a welcome reception.

Choose the most convenient location for you:

Where and When
Alamosa – July 16-17
Glenwood Springs - Aug. 6-7
Rocky Ford – Aug. 27-28

Insider Tip Each conference is scheduled adjacent to a local festival or event so participants can plan to stay over and enjoy summer in rural Colorado!

Topics Provider Recruitment and Retention; Uninsured, Underinsured, High Cost of Insurance; Legislative Update; and final keynote customized to the region based on results of a Colorado Rural Health Center membership survey.

Sponsors Colorado Rural Health Center, Colorado Health Institute, COPIC, AHEC, Colorado Hospital Association, AARP, Porter Adventist Hospital, HealthONE, Adams State College, St. Anthony Central Hospital, Colorado Plains Medical Center, and The Colorado Trust. Sponsorships are still available, so visit www.coruralhealth.org/crhc/events/ACSponsorship.pdf for more information.

More Info www.coruralhealth.org/crhc/events/index.php

Contact Andrea Williams at aw@coruralhealth.org



CRHC Colorado Rural Health Center

Enhancing Rural Healthcare Services in Colorado

Luncheon Presentations

Coming to a Community Near You in Summer 2009!

Who Dr. Jeb Burchenal. Dr. Jeb Burchenal is a faculty member at the University of Colorado Health Sciences Center, where he specializes in cardiovascular interventions.

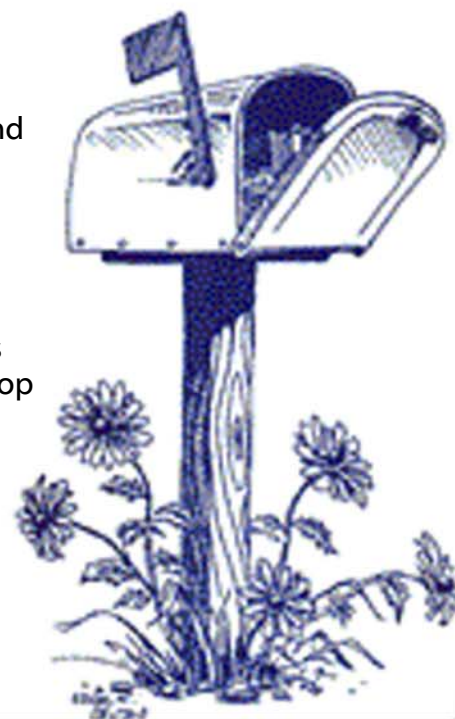
What Special luncheon presentations for EMS and trauma in rural Colorado. Pre-hospital and hospital emergency services are essential links in the chain of survival for Myocardial Infarction patients. You and the work that you do are critical to building systems for better cardiac care. Evidence shows us that rapid treatment can mean the difference between life and death, and can prevent or lessen complications. Learn more about STEMI systems of care approach with "Mission: Lifeline" to get the patients to the right place in time for life-saving treatments.

Where and When

San Luis Valley Medical Center, Alamosa
July 16th, 11 a.m. - 12:40 p.m.
Valley View Hospital, Glenwood Springs
Aug. 6th, 11 a.m. - 12:40 p.m.
Rocky Ford Depot, Rocky Ford
Aug. 27th, 11 a.m. - 12:40 p.m.

Sponsors Co-sponsored by the Colorado Rural Health Center and the American Heart Association.
www.coruralhealth.org/crhc/events/index.php

Contact To RSVP for the luncheon, please email Jen Dunn at jd@coruralhealth.org, and indicate if you have any specific dietary needs. This luncheon is part of CRHC's Critical Access Hospital Quality Improvement Workshop and Annual Rural Health Conference.



2nd EMS Safety Summit 2009

- What** A two-day safety summit featuring the latest safe-driving tips, issues in flight safety, and hot topics in equipment, insurance and road safety.
- When and Where** Oct. 8, 2009 2-7 p.m.
Oct. 9, 2009 8 a.m. - 5 p.m.
- Embassy Suites
Loveland, Colo
[Map](#)
- Contact** shirleyterry@comcast.net
maria.crespin@state.co.us

Presented by



Colorado Department
of Public Health
and Environment

