



ON THE SCENE

Covering EMS and Trauma in Colorado

Farmedic

National Farmedic Training Program

Michael C. Merrill

The Southeast Colorado Regional Emergency Medical and Trauma Advisory Council is providing a Farmedic course May 14-16, 2010. The course is taught by certified instructors who use classroom work, farm tours, demonstrations and hands-on extrications with mannequins in real life scenarios to train local responders.

The Farmedic training program was developed by Cornell University and is owned and operated by McNeil & Company (www.farmedic.com). The course provides rural fire/rescue responders with a systematic approach to farm rescue procedures that address the safety of both patients and responders. This training and education in the methods of farm/rural rescue is essential for proper response and safety of the rescuer and patient.

The Southeast region already has hosted two Farmedic courses, and this third and last course will take place in Springfield, Colo.



continued on page 14



**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

Cover Farmedic

The National Farmedic Training Program provides rural fire/rescue responders with a systematic approach to farm rescue procedures that address the safety of both patients and responders.

3 And the Beat Goes On

We look forward to continuing our work with the many partners in Colorado's EMTS system and encourage anyone interested in participating in these efforts to do so.

5 A Team in Touch

A national goal for EMS should be to deliver all patients to the hospital pain free.

6 Suicide Prevention

Suicide is a major public health problem in Colorado. Each year, Colorado's overall suicide rate is significantly higher than the national rate.

7 Effective Policy Solutions

Policy interventions can influence organizational changes, social norms and individual behavior as related to injury prevention.

8 Communications Update

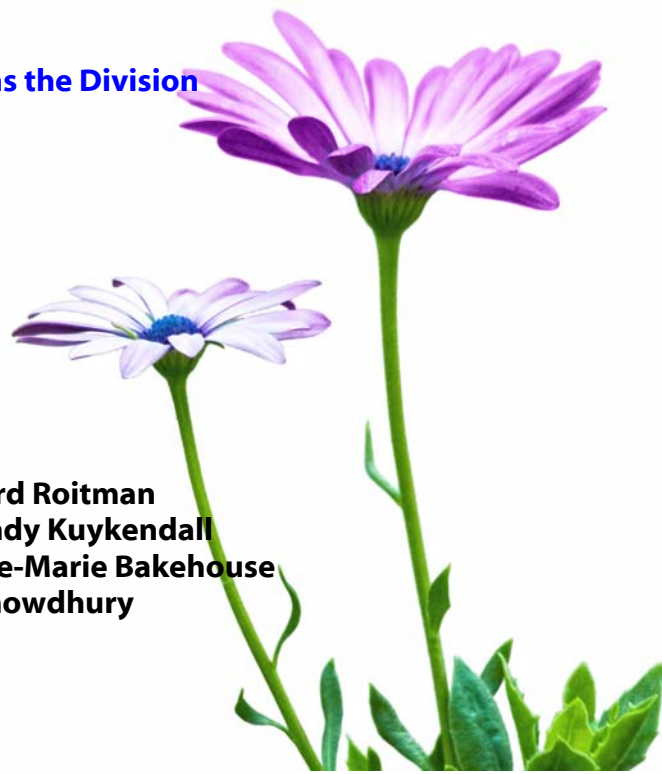
10 National EMS Memorial Service

11 Regional Updates

12 Margaret Mohan Joins the Division

15 Special Attachments

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



And the Beat Goes On

Chief's Corner



D. Randy Kuykendall

As we watch the national health care debate unfold before us with the many “talking heads” providing commentary, I’m struck by the magnitude of emotions and positions Americans take with regard to this important debate. We continually hear about the costs, inefficiencies and failures of our current system of health care, and at least some of us wonder how the health care system will change over the coming years. As these events unfold, I’m reminded of the tremendous work that has been done by the Colorado emergency medical and trauma services community over the past few years.

Here is a brief recap of the improvements and changes.

- Adopting the ground ambulance rule
- Establishing the air ambulance licensing program
- Adopting changes to the Level I and II trauma center and replacement center rule
- Updating and changing the EMT certification rule (twice)
- Planning, developing and implementing the statewide EMTS data collection program
- Establishing an EMTS investigation and enforcement program
- Doubling state-level funding for the support of EMS and trauma
- Updating the CPR Directive rules
- Establishing the provisional EMT certification process
- Completing an external state-level review of Colorado’s trauma system
- Working on a standardized assessment of Colorado’s 11 Regional Emergency Medical and Trauma Advisory regions, which will be completed within the next few months

Unlike those involved in the health care debate in Washington, D.C., the dedicated EMTS professionals in Colorado have found ways to work together and continue to bring improvements to Colorado’s “safety net” health care system that serves our citizens every day. Although the list of system-wide accomplishments is long, so is the “to do” list ahead. With the addition of new resources, new possibilities become achievable. We are constantly reviewing and re-prioritizing the list of work ahead in terms of statewide policy development projects. Much like the “to do” lists that most of us have in our personal lives, the tasks ahead for Colorado’s EMTS system continue to take form.

Some of the efforts under way include the following:

- Policy and rule development to ensure appropriate expenditure of Highway User’s Tax Fund/ EMTS funds to maximize the stability of the statewide system

[continued on page 4](#)

And the Beat Goes On continued

from page 3

- Vetting of the American College of Surgeon's Consultative Visit report and the identification of tasks to be accomplished
- Development of a statewide framework for continuous quality improvement as required by statute
- Implementation of the new EMS education and practice standards that include EMT certification processes consistent with national expectations
- Updating the rules governing the designation of Level III through Level V trauma centers
- Ensuring a process to maintain a contemporary scope of practice for EMS providers and support of EMS service medical directors
- Updating the rules governing the collection of EMS data to maintain consistency with national standards
- Implementation of the new trauma triage transportation algorithm document through the rule change process

In addition to each new initiative undertaken by the EMTS policy development process, the work of supporting Colorado's 15,000+ EMS providers, 71 trauma centers, 200+ licensed ambulance services and more than 200 other first response agencies continues as well. Although new resources have been added to our EMTS system and more will be developed in the future at the local level, the work of safely transporting and treating nearly 490,000 ambulance patients each year requires the full commitment of all these resources.

So, the beat goes on. As we continue the process of determining how best to apply the limited funds, equipment and people that serve victims of sudden illness and injury, we need to be respectful of the process, communicate accurately and productively at all levels, and always put the patients' needs ahead of personal or organizational egos. By doing this, we can ensure that, regardless of how the national health care debate turns out, our state will be in the best position possible to continue to serve Colorado's citizens and visitors.

We look forward to continuing our work with the many partners in Colorado EMS and trauma system and encourage anyone interested in participating in these efforts to do so.

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.

A Team In Touch

Pain Management

Dr. Art Kanowitz

In the October 2006 issue of *EMS Magazine*, as part of the series "Taking EMS into Tomorrow," Mike Taigman and I published an article titled "Can we deliver our patients to the hospital pain free?" In that article we made the rather bold statement that a national goal for EMS should be to deliver all EMS patients to the hospital pain free. While it is true that we may not be able to deliver all patients to the emergency department pain free, we should be able to dramatically reduce levels of pain in a large percentage of patients. As the state EMS medical director, I am challenging Colorado EMS to do our part in attaining this goal.

The No. 1 reason people call EMS is because they are experiencing pain. The pain may be due to a heart attack, a broken leg, appendicitis or just about any medical or trauma problem. Many patients don't know the cause of their pain. They just know they hurt and want help. However, EMS frequently does an inadequate job in treating the primary reason patients called for help: their pain. Looking at the utilization rates of analgesia in the field, literature suggests EMS often is negligent at treating pain. White¹ found that for suspected extremity fractures, prehospital analgesics were administered to only 1.8 percent of patients studied. McEachin² found prehospital administration for suspected lower extremity fractures occurred in only 18.3 percent of patients in the study, and Vassiliadis³ found administration of analgesics for femoral neck fractures occurred in only 51 percent of patients studied.

Pain is the most common complaint we encounter in EMS; yet we are not very good at managing pain. I would like to take a closer look at our current practices of prehospital pain management in Colorado and determine how well we are performing compared to current literature-based benchmarks. To accomplish this, we need to collect data that will determine how well we recognize and treat pain. Currently, all EMS agencies should be documenting a numeric pain scale rating (0 – 10; 0 being no pain and 10 being equivalent to the worst pain the patient can conceive) on every patient who has a subjective complaint of pain. At minimum, pain scale measurements should be recorded at least twice during every patient encounter: one measurement indicating the patient's pain level at the time of EMS arrival and one measurement indicating the patient's pain level at the time the patient is delivered to the emergency department. In addition to collecting pain scale data, we need to collect data on the techniques of pain management being employed. This includes procedures such as positioning, splinting and the administration of analgesics. With this information, we could determine frequency of pain management (what percentage of patients in which pain management was indicated actually received pain management) and the Pain Delta Score (difference in pain scores from EMS arrival to delivery in the emergency department).



continued on page 13

Suicide Prevention

Training Program For EMS

Lindsey Myers

The Injury Community Planning Group is partnering with the Injury, Suicide and Violence Prevention Unit at the Colorado Department of Public Health and Environment to develop a suicide prevention training program for EMS providers. We are using EMTS grant funds to create a three-hour suicide prevention training that can be integrated into existing EMT-Basic courses.

Additionally, at least two current EMS providers from each of Colorado's 11 regions will be trained as trainers to be certified to teach courses for their community. Individuals taking the course will receive information about suicide and its impact in Colorado, properly caring for individuals and their families when called to the scene of a suicide attempt or fatality, recognizing suicidal behavior among their fellow first responders, and taking care of themselves when dealing with their own stress.

Suicide is a major public health problem in Colorado. Each year, Colorado's overall suicide rate is significantly higher than the national rate. In 2008, Colorado had the seventh highest suicide rate in the United States, with more people dying by suicide than in motor vehicle crashes. Overall, suicide is the eighth leading cause of death in Colorado. According to the Colorado Violent Death Reporting System, EMS providers were called to the scene for at least 80 percent of the 2,353 suicides occurring in Colorado from 2004-2006. Suicide and suicide attempts are difficult situations to respond to because suicide invokes a strong emotional reaction for family members in the aftermath of a completed suicide, for surviving suicide attempters, as well as for EMS providers. EMS and other first responders need to understand the wide range of emotions involved at the scene of a suicide or suicide attempt. The way first responders act at a scene can have a huge impact on everyone involved, including reducing the risk of future suicidal behavior in the patient and/or his or her loved ones.

At the same time, EMS providers must know how to take care of themselves. First responders are at high risk of suffering secondary trauma after responding to a suicide event. Twenty-three first responders completed suicide in Colorado from 2004-2006. This underscores the need to educate EMS providers to recognize risk factors for suicide, as well as protective factors, and especially suicide warning signs in advance of suicide attempts among their colleagues, co-workers, friends and family members.

For more information about how to become an EMS Suicide Prevention Trainer , please contact Lindsey Myers at the Injury, Suicide and Violence Prevention Unit, (303) 692-2589 or lindsey.myers@state.co.us.

Effective Policy Solutions

Tools to Prevent Injuries and Violence

Sallie Thoreson

We're all familiar with the standard ways we address injury prevention: education, enforcement of laws, quality EMS care and engineering solutions. The Centers for Disease Control and Prevention and other health agencies have started to encourage policy solutions as an injury prevention tool. Laws do work to increase health and safety behaviors. For example, states with primary seat belt laws have higher seat belt use than states with only secondary seat belt laws. Also, policy interventions can influence organizational changes, social norms and individual behavior. Examples of these types of policy changes include the following:

- Seat belt policies for governmental agencies, EMS and law enforcement
- Suicide prevention, intervention and postvention training requirements for EMS providers
- Hospital emergency departments that routinely provide post-trauma psychological support and mental health education for victims of sexual assault and/or physical abuse
- School policies for seat belt use by students and staff, tied to consequences such as loss of parking privileges
- Schools with policies that strongly support bicycle helmet use, often in conjunction with Safe Route to Schools programs and parental education
- Hospital requirements that newborns must leave the hospital in appropriate car seats, including parental and staff education
- Health care facility requirements for discharge planning for older adults that include fall prevention education
- Health care provider policies to discuss injury prevention topics during well child visits, as well as evaluating older adults for fall risk
- Injury prevention advocates getting involved in broader social policies that impact injury prevention such as neighborhood design, increased recreational facilities and access to mental health care services

Many agencies have restrictions against lobbying but can engage in data collection, information dissemination, technical assistance and working on internal organizational changes. Public health policy work is an effective addition to our injury prevention toolkit.

Sallie Thoreson, MS, is an injury prevention specialist at the Colorado Department of Public Health and Environment and can be reached at sallie.thoreson@state.co.us.





Consolidated Communications Network of Colorado, Inc.

Communications Update

(Copied from a memo distributed by the Consolidated Communications Network of Colorado, Inc. For questions, please contact Bill Voges at bill.voges@state.co.us.)

To the General Membership of the Consolidated Communications Network of Colorado:

At the November 2, 2009, Consolidated Communications Network of Colorado (CCNC) Executive Board meeting, the Board determined the need to issue a temporary moratorium on the future addition of new Talk Groups or new radio subscribers to the Digital Trunked Radio System (DTRS) if the sponsoring agency was not adding infrastructure to the system. At that time, it was determined that any agencies lacking the infrastructure to support their additions, would be required to submit a 'Site Loading Study' which was under the development of a Technical Sub-Committee. Any new applications would be accepted and reviewed, but would be tabled until the CCNC Executive Board goals were met.

The specific reasons for this temporary moratorium are as follows:

- **System ID capacity issue:** The DTRS network has a known system ID capacity of 64,000 IDs per zone. There are no more than 30,000 system IDs at a single zone, however system wide, the total count approaches ~71,000 IDs. The manufacturer advised that the integrity of system reporting may be compromised if it surpasses 80,000 IDs and that call processing should not be negatively impacted beyond 80,000 IDs. The CCNC is not willing to assume the risks associated with either diminished system reporting or ANY PROBLEMS with call processing, should 80,000 IDs be surpassed. The known solutions to the ID issue is an upgrade to SR7.9 (which increases ID capacity to 128,000) or migration from Gold Elite dispatch consoles to the MCC7500 IP consoles, thus making available previously dedicated system IDs. The CCNC Executive Board is committed to working with the manufacturer to identify other possible solutions.
- **System Sustainability:** As detailed in the October 21, 2009, Letter to the General Membership, there are significant system sustainability and funding issues which need to be addressed. Specifically, there are 7 core infrastructure partners who have been funding the majority of the DTRS operational costs since its inception. This model is not sustainable and a new model must be identified and implemented for DTRS to remain successful.
- **System Infrastructure Additions:** As the DTRS has grown over the past 10 years, many entities have joined without adding the infrastructure necessary to support their traffic load. Applications to the CCNC must be more thoroughly scrutinized to ensure additional users do not negatively impact the system resources provided and used by current members.

At the November 30, 2009, CCNC Executive Board meeting, the conditions of the moratorium were further defined and specific goals were set for the Executive Board, which would need to be achieved prior to the temporary moratorium being lifted.

[continued on page 9](#)

Communications Update continued

from page 8

These activities included:

- Review of the organizational documents (Articles of Incorporation, By-Laws, and Standard Operating Procedures (SOPs) - This review has been completed.
- Organizational Mission Statement – A draft has been completed.
- Organizational Vision Statement – A draft has been completed.
- Organizational Goals – A draft has been completed.
- Operating Budget – A draft has been completed.
- Business Plan – To be drafted.
- Site Impact Study – Document draft in progress.

Specific exceptions to the moratorium were also defined, and are as follows:

- Additions may be made by existing users who already have a block of IDs set aside for future expansion
- Those user agencies which have already been approved for membership and who are in the midst of their previously identified migration plans
- Those user agencies which have already added infrastructure to the DTRS network through recent grant funding (e.g. Colorado Wireless Interoperability Network (CWIN) and the Homeland Security Grant Program (HSGP)) but who were still purchasing subscriber radios
- Any radios purchased through the 2009-2010 or 2010-2011 HSGP cycles. The 2009-2010 radios have already been funded and are pending purchase. The 2010-2011 HSGP cycle is still in progress.
- Any radios purchased through the EMTS 2010 or 2011 cycles. (The 2010 cycle actually occurred in calendar year 2009; the 2011 cycle is currently in progress in calendar year 2010).

As mentioned previously, new user and new Talk Group applications will still be accepted and reviewed during the temporary moratorium. When an application is submitted, the applying agency is strongly encouraged to call in or attend the applicable CCNC Technical Committee and General Committee meetings to answer any questions regarding its application as it may be affected by the temporary moratorium.

The CCNC Executive Board is committed to the DTRS' continued operation as the primary statewide operability and interoperability public safety communications network. This goal is critical to the success of first responder communications in Colorado. However, these challenges are serious, significant, and it is crucial that the Executive Board address them.

The Executive Board takes seriously its role as the stewards of the DTRS on behalf of all of its users and welcomes participation from all member agencies and infrastructure owners to ensure the sustainability of this most critical of networks.

Thank you,
Randal L. Smith, President
Consolidated Communications Network of Colorado

National EMS Memorial Service Finalizing Plans for Colorado Springs

Kevin M. Agard

Spring has arrived, and planning for the first National EMS Memorial Service to be held in Colorado has kicked into high gear. As we finalize our arrangements with the venues, vendors, contributors and volunteers, we would like to remind everyone there is still time to help by volunteering your time during the memorial service weekend. Volunteers are needed in a variety of areas: preparation, registration, gift shop, in-kind donation solicitations from area merchants and a number of other areas. Additionally, it's not too late for honor guards, pipers, drummers and buglers who wish to participate during the service to contact us at info@nemsms.org.

We often are asked if it is appropriate for families of prior year's honorees to attend the current year's service. The answer is an unequivocal yes! Not only is it appropriate; it is encouraged. The memorial service is a public event open to all. The only limitation is the seating available in the venue. Many family members of past honorees have returned in subsequent years. In fact, this year will provide an opportunity to attend for the families and friends of past honorees from the region who, for reasons of time and/or distance, were unable to attend the services in Roanoke, Va.

As we approach this year's service, we thought it appropriate to remember those members of the Colorado EMS community who have been honored by the National EMS Memorial Service:

		Honored
Gary McCall	St Anthony Hospital Flight for Life, Frisco	1996
Sandy Sigman	St Anthony Hospital Flight for Life, Frisco	1996
Peter A Abplanalp	AirLife-Denver, Aurora	1998
Elizabeth W Barber	AirLife-Denver, Aurora	1998
Leslie K Feldmann	AirLife-Denver, Aurora	1998
Scott David Hyslop	TriState CareFlight, Durango	2006
William Podmayer, Jr.	TriState CareFlight, Durango	2006
James Philip Saler	TriState CareFlight, Durango	2006
Timothy Russell Benway	Yampa Valley Medical Center, Steamboat Springs	2006
David B Linner, II	Yampa Valley Medical Center, Steamboat Springs	2006
Jennifer Theresa Wells	Yampa Valley Medical Center, Steamboat Springs	2006
Karen Woods	University LifeLink, Aurora	2007

Since 1992, the National EMS Memorial Service has been honoring America's EMS providers who have given their lives in the line of duty. The 2010 service will be held on June 26 at the First Presbyterian Church in Colorado Springs. Additional information on the National EMS Memorial Service can be found at <http://nemsms.org>.

Kevin Agard is a director and public information officer for the National EMS Memorial Service.

Regional Updates

Foothills and Mile-High Regions

Linda Underbrink

Foothills RETAC

- **Mass Casualty Incident:** We received an award through a Colorado Department of Public Health and Environment Hospital Preparedness Program grant, and we are revamping our regional MCI system including a major revision of the regional MCI Plan, the addition of an MCI Field Guide that complements the plan and development of an EMS Agency MCI policy template. To cap it off, we will host an MCI conference on April 9-10 at the West Metro Training Center. The conference will bring our EMS agencies together to learn about the medical aspects of an MCI event by presenting the MCI Plan, showing how the Field Guide works, and demonstrating how individual agencies can design and implement their own plan within the regional framework and within county plans and the National Incident Management System.
- **Injury Prevention:** This project will be accomplished through EMTS grant funding. The goal is to gather all trauma-related injury data within our region, contact our stakeholders who are providing injury prevention activities, and then do a gap analysis of the actual injuries versus the activities to ascertain if we are meeting the needs of our communities. In the long term, we hope to address the gaps found in this analysis.
- **EMTS Education:** We plan to host an "EMTS Education Week," a week-long conference that follows the Paramedic Refresher curriculum, but broken down into daily classes so any EMT or nurse can "drop in" to get needed continuing education credits. Educational offerings will include PEPP/PALS, ACLS, PHTLS and general continuing education credits within the required formats. This project is being done through an EMTS grant.
- **Continuing Quality Improvement:** We continue to work on the submission of a research paper our RETAC has been working on for three years. Yes, it's that old Patient Care Report CQI project, and it is completed! It shows data for PCR compliance rates over a three-year period, and the last year included the question if having a PCR in the emergency department affects patient care. Stay tuned. We hope to release this soon. If you have questions, contact Linda Underbrink, Foothills RETAC, at (970) 724-3870.

Shirley Terry

Mile-High RETAC

- The Colorado Department of Transportation grant again was awarded to the region, focusing on high school students wearing seat belts.
- The RETAC will be hosting the 3rd Annual EMS Safety Summit on Oct. 14-15 at the Embassy Suites in Loveland. The schedule is being developed and may include a full day on Thursday and a half day on Friday to allow everyone to get home safely prior to the weekend. The conference is free to Colorado residents. Each RETAC will receive two free hotel rooms. Additional information will be available at www.milehighretac.org.
- The Medical Cache Committee is working with Metropolitan Medical Response System to conduct an inventory of all types of medical caches and will be putting them into a Web-based tracking system for use by medical personnel.
- The MCI plan for the RETAC is being updated. If you are interested in participating with this project, please contact Shirley Terry, Mile-High RETAC, at (303) 300-4704.

Margaret Mohan Joins the Division



Effective March 22, Margaret Mohan, RN, has joined the Emergency Medical and Trauma Services Section as the trauma system specialist.

This is the third and final position authorized by Senate Bill 09-002 to be filled. Margaret transferred from the Department of Health Care Policy and Financing where, during her tenure, she was a nurse reviewer and manager of the Benefits and Program Integrity sections. She has a number of years' experience as a nurse at a Level I trauma center, both as a staff nurse and as a nurse manager.

Margaret's efforts will be focused on working with trauma centers in preparing for trauma designation surveys and providing technical assistance regarding quality improvement and other trauma-related activities. She will serve as the state observer for some of the designation reviews and will assist in developing rules, policies, guidelines and protocols to meet needs in the trauma community, as well as work in conjunction with other staff to help develop and implement a trauma system improvement plan.

Please help us welcome Margaret as we look forward to continued progress in improving Colorado's EMS and trauma system.



Pain Management continued

from page 5

Once we determine our current ability to recognize and treat pain, we can develop a plan to improve this aspect of care delivered to patients. When the target is set and sufficient data are collected, we will be able to educate our field providers and reach our goal of delivering all patients to the emergency department with a significant improvement in their pain.

I need your help to accomplish this plan. If you are interested in exploring the possibility of developing a state clinical guideline for managing pain in the prehospital environment, please drop me an email at KanowitzMD@aol.com. Details concerning this effort have yet to be developed, but it seems clear that improving how we address the management of pain is an important step towards improving patient outcomes. Together, we will be able to evaluate how we are performing in pain management and then implement a performance improvement plan that will help us achieve our goal.



References:

White LJ, Cooper JD, Chambers RM, et al. Prehospital use of analgesia for suspected extremity fractures. *Prehospital Emerg Care*. 2000;4:205-08.

McEachin CC, McDermott JT, Swor R. Few emergency medical services patients with lower-extremity fractures receive prehospital analgesia. *Prehospital Emerg Care*. 2002;6:406-10.

Vassiliadis J, Hitos K, Hill CT. Factors influencing prehospital and emergency department analgesia administration to patients with femoral neck fractures. *Emerg Med*. 2003;14:261-66.

Dr. Arthur Kanowitz is the state EMTS medical director and can be reached at arthur.kanowitz@state.co.us.

Farmedic continued

from the cover

Preregistration is required, and we have a limit of 20 first-come, first-serve registrants. The course will provide the participant with a textbook, certification and refreshments for the 20-hour course.

The class starts on Friday evening with a 5 p.m. registration/welcome. Saturday and Sunday classes run from 8 a.m. to 5 p.m.

NOTE: Full bunker gear required for Sunday's class.

ATTENTION: New Dates for Farmedic Course No. 3

May 14, 15 & 16: Springfield, Colo. 972 Kansas St., EMS Office registration required. Deadline for class No. 3: April 19. Registration fee: \$20.



REGISTRATION FORM

Name: _____

Address: _____

Phone: () _____ Email Address: _____

Employer: _____

Registered for Course: Please Circle One : No. 1 No. 2 No. 3

EMS Level: Please Circle One: First Responder EMTB EMT-I EMT-P Other

Please make money order, check or purchase order in the amount of \$20 to SECRETAC, Inc. Mailing address: 17765 Woodhaven Dr., Colorado Springs, CO 80908.

For course information, contact Michael C. Merrill, SECRETAC coordinator at mike@secretac.com or by phone at (719)468-0711.



7th Annual EMS Gala and Auction

The evening's highlight is a delicious surf and turf banquet, preceded by a silent auction with items from \$25 to hundreds of dollars (season ski pass, airline tickets, top-end restaurant gift certificates).

The fundraising auction is an important part and helps raise much-needed funds for education and training scholarships for rural and volunteer EMS professionals throughout Colorado. Complimentary sodas, beer and wine will be available during the silent auction at 6 p.m.

A live auction is held after the awards program and will feature several unique items such as autographed merchandise, electronics and travel packages.

Denver Marriott South at Park Meadows
10345 Park Meadows Drive, Littleton, Colorado

6 p.m. Reception and Fundraising Auction
7 p.m. Dinner and Awards Program

Individual gala tickets: \$70 each includes a \$5 scholarship donation.

Reserved tables of 10 seats: \$1,000

[Online registration is now open](#)



THE FORUM 2010

Essential Perspectives for Safety Net Providers

Register Now: April 19-21, 2010

The Forum is a two-day conference that will bring together participants from all over Colorado and the surrounding states. It serves as an *essential* educational, training, and networking event for all safety net clinics, members of the clinic team, and other interested parties. This year, the event has expanded its reach to include other states and clinic types in order to address the central issues facing us all. The Forum offers a comprehensive agenda and has a special focus for 2010 on Health Information Technology.

The Colorado Rural Health Center and ClinicNET have partnered this year to present this event. Opportunities for sponsorships are now available.

Pre-Conference Activities: April 19, 2010

- **Improving the Odds: Making Frontier Health Project Proposals More Competitive:** 9:00am - 4:00pm
 - Offered FREE by the National Center for Frontier Communities
 - **Register Now** (for this session only)
- **RHC 101:** 4:30pm - 6:00pm
 - An introduction and/or refresher course on the basics of operating an RHC
 - Designed for clinics contemplating becoming an RHC and current RHCs with new staff
- **Welcome Reception:** 6:00pm - 8:00pm
 - Meet and network with fellow attendees
 - Drinks and light appetizers will be provided

Hotel Information: Red Lion Hotel Denver Southeast

- **Location:** 3200 S. Parker Rd., Aurora, CO 80014
- **Phone:** 303.695.1700
- **Deadline:** Book by April 6, 2010 for \$89 single or double occupancy; when making a reservation, please ask for the 2010 RURA group code.

Registration & Sponsorship Materials:

- Register Online
- Register by Fax or Mail
- Sponsor & Exhibitor Benefits
- Sponsor Packet
- Exhibitor Packet
- Agenda - Now with session descriptions!

Presented By:

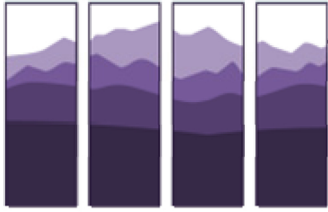


Premier Sponsor:



Classic Sponsors:

Colorado Hospital Association
COPIC Companies



Colorado Rural Health Conference

BRECKENRIDGE, COLORADO • SUMMER 2010

Save the Date: June 30 - July 2, 2010

Join us in beautiful Breckenridge, Colorado for the 19th Annual Colorado Rural Health Conference, to be held June 30 - July 2, 2010. This conference will provide participants with a wide range of educational topics, resources, networking, as well as an optional pre-conference golf tournament and welcome reception. As the State Office of Rural Health, CRHC holds an annual meeting to keep our membership informed on the latest changes in rural health policy, provider recruitment and retention techniques, and to address the challenges different regions the state are facing.

Hotel Information: Beaver Run Resort

- **Location:** 620 Village Rd., Breckenridge, CO 80424
- **Phone:** 800.265.3560
- **Deadline:** Book by June 9, 2010 for \$109 single or double occupancy using the code CRHC10 to receive the group rate; **book online** or call the number above to make your reservation

Registration & Sponsorship Materials:

- Registration Materials (coming soon)
- Golf Tournament Information & Registration (coming soon)
- **Sponsor & Exhibitor Benefits**
- **Sponsor Packet**
- **Exhibitor Packet**

Annual Rural Health Excellence Award

This prestigious award is given annually to honor those who have made a notable contribution to health, healthcare, or a healthcare delivery system in rural Colorado. Make your nominations now!

- **Nomination Form**

Please check back frequently as more information becomes available. For access to the presentations and other materials from the 2009 conferences, please visit our **Past Events** page.