

CHANGE REQUEST for FY 08-09 BUDGET REQUEST CYCLE

Department:	Colorado Department of Public Health and Environment
Priority Number:	5
Change Request Title:	Emergency Medical and Trauma Services Data Collection and Grants

SELECT ONE (click on box):

- Decision Item FY 08-09
- Base Reduction Item FY 08-09
- Supplemental Request FY 07-08
- Budget Request Amendment FY 08-09

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

This is a request for an increase of \$290,474 in the Emergency Medical Services subsection of the Health Facilities and Emergency Medical Services Division, as follows:

- \$150,000 in the Emergency Medical Services Grant Program appropriation, to fund additional grants, and
- \$112,014 and 1.5 FTE in the State EMS Coordination, Planning, and Certification Services appropriation, to support statutorily required data collection.
- \$28,460 in the Health Facilities Indirect Cost Assessment Line

Background and Appropriation History:

The Department is responsible for the development and maintenance of a statewide system for the provision of emergency medical and trauma care services. In this context “medical” refers to care for persons experiencing sudden or severe illness (such as a heart attack or stroke) and “trauma” refers to care for persons who are injured (such as car accident victims). The principal source of funding for the Department’s activities in this area is revenue from the Emergency Medical Services (EMS) Account in the Highway Users Tax Fund (HUTF). The EMS Account is funded by the inclusion of a \$1.00 fee in

each annual motor vehicle registration. This fee was created in statute in 1989, and has not been increased since.

Annual appropriations from the EMS Account provide

- 1) Department personnel (11.2 FTE) and related operating expenses for:
 - Local and regional technical assistance for the development and coordination of statewide emergency medical and trauma care services,
 - Certification of emergency medical technicians (EMTs),
 - Approval of EMT training programs,
 - Administration of the EMS grants program, and
 - Staff support for rule making and the State Emergency Medical and Trauma Services Advisory Council (SEMTAC);
- 2) Statutory distribution of funds to eleven Regional Emergency Medical and Trauma Services Advisory Councils (RETACs), responsible for planning and coordination of local and regional emergency medical and trauma services; and
- 3) An EMS grants program to assist local EMS and trauma service providers with the costs of obtaining or replacing ambulances and equipment, and training EMTs.

Funding for this request is from the EMS Account, and the fund balance is sufficient to fund an additional \$290,474 of spending per year, through a combination of current revenue and accumulated fund balance. A detailed summary of projected future revenue, expenditures and fund balance is included in the Calculations section of this document. The EMS Account is subject to the fund balance limits set forth in 24-75-402 (3) C.R.S. At the end of fiscal year 2006-2007 the balance in the EMS Account was greater than the allowed 16.5% of prior year expenditures by \$160,000.

In fiscal year 2004-2005 the appropriation lines for RETAC funding and the EMS Grant Program were reorganized to better portray the amount of funding actually allocated to RETACs (SB05-123 Supplemental Appropriations to the Department of Public Health and Environment). There was no change in total amount of funding appropriated from the EMS Account. Specific changes were: 1) the caption for Line (11) (C) (2) was changed from “Improvements to County Emergency Medical Services” to “Regional

Emergency Medical and Trauma Councils (RETACs)”, and 2) the dollar amount for the RETAC line was increased by \$834,183 and the amount for the EMS Grant Program [line (11) (C) (3)] was decreased by the same amount. It should be noted that this did not affect the total amount of funding available from Line (11) (C) (3) for distribution as grants to local EMS service providers. The amount transferred from this line, to the RETAC appropriation line, was funding that had always been allocated to regional planning and coordination, through regional EMS System grants and Area Trauma Advisory Council (ATAC) grants; it had never been used for grants to providers. RETACs were created during the 2000 Legislative session to consolidate the responsibilities associated with the County subsidy, the ATACs and the EMS System grants. This reorganization of Long Bill lines consolidated the related funding.

General Description of Request:

This Decision Item furthers development of Colorado’s emergency medical and trauma care system through the enhancement of two critical components: 1) the Emergency Medical Services Provider Grant program and 2) the collection, analysis and use of prehospital and trauma care data. These two areas of emphasis were selected based on consultation with the SEMTAC and were chosen from several options as the ones that would make the most impact with the available dollars.

Grants Program. For the Emergency Medical Services Grant Program the Department requests a \$150,000 increase in the appropriation to provide additional grants to ambulance and rescue services throughout Colorado. Grants are available for ambulance replacement; to obtain or replace medical, extrication, or telecommunications equipment, for education and EMT training; data collection hardware and software; and injury prevention projects, through a competitive application process. Grants are evaluated based on need, with priority given to applicants that have underdeveloped or aged emergency medical and trauma services equipment or systems. Applicants must provide a 50% match unless they can demonstrate financial hardship.

The EMS Grant Program is an essential contributor to the statewide existence of emergency medical and trauma care. Unlike law enforcement or fire services, state law does not establish a governmental hierarchy for the mandated provision of emergency

medical or trauma services. Over 50% of the ambulance agencies in Colorado are operated totally or partially with volunteers. Approximately 50% operate in rural / frontier areas, where their financial resources are limited due to low population density. Many struggle to fund basic operating expenses, such as insurance, fuel, and vehicle and equipment maintenance. Yet statewide coverage for emergency medical and trauma care would not exist without these smaller, community-based service providers. Replacement of an ambulance, at \$66,000 to \$113,000 each, would not be feasible for many communities without a grant. Replacement of equipment such as stretchers and cots, suction units, and cardiac monitors ranging from \$2,000 to \$21,000 each, is also beyond the reach of many agencies. Educational costs to become a certified EMT range from \$950 to become a Basic EMT to \$6,800 for a Paramedic. Because so many ambulance services rely on volunteers, the ability for ambulance services, communities, or individuals to obtain grant funds to offset the cost of EMT training is a significant factor in recruiting and maintaining staff.

The State Emergency Medical and Trauma Advisory Council (SEMTAC) has recommended that a portion of the requested \$150,000 be specifically designated for ambulance safety improvement grants. The death of three individuals in ambulance crashes in Colorado in 2006 has highlighted the need for increased vehicle safety options for safe transport of individuals in ambulances. These options, though much-needed, increase the costs of purchasing ambulances and training staff, and thus are often out-of-reach for many rural and frontier agencies with limited resources. Examples of safety options include driver surveillance/reporting systems (“black boxes” that record driver control items such as driving speed, cornering speed, acceleration and deceleration rates) which can be used to identify high risk drivers and bad driving practices, improved safety seating and crew restraint systems, specialized equipment lock down systems that prevent equipment or patients from flying around the back of the ambulance if there is a crash, and enhanced driver training courses.

Prehospital and Trauma Care Data. For the second component, the division is requesting \$138,224 and 1.5 FTE to support the system for collection and analysis of data on emergency medical and trauma care throughout the state. This focuses on two needs:

- Provision of technical/ compliance assistance to local ambulance services. 1.0 FTE personal services.
- Departmental capacity to analyze the submitted prehospital care and trauma data, for regional, local and state policy development and operational decision-making. 0.5 FTE personal services.

State statutes require that: 1) ambulance services submit prehospital care data to the Department and 2) that hospitals or clinics which are designated trauma centers submit trauma patient data to the Department. Currently, this affects 68 trauma centers and more than 230 ambulance agencies, providing care to more than 300,000 ill and injured patients each year.

The Department has created systems for the electronic submission of trauma center data and prehospital care/ambulance service data. All designated trauma centers have provided data to the Colorado Trauma Registry since 1997. However, the Department has limited capacity to analyze trauma registry data for use in evaluating the effectiveness of the statewide trauma care system. For ambulance service data, the Health Facilities and Emergency Medical Services Division at the Department is nearing completion of a system for electronic data collection from ambulance agencies. At the end of fiscal year 2006-2007, approximately 67% of ambulance services in the state had initiated participation by obtaining a data submission ID, and 34% had begun submitting data. The principal items needed to complete the system are: enrollment of and successful data submission from the remaining ambulance services, and the ability to analyze the data and provide meaningful reports for local, regional, and state policy and operational decision-making. The additional personnel resulting from this request will address these two essential services.

Data Collection – Technical/Compliance Assistance. The Department provides two avenues for data submission, designed to meet the needs and capacities of different sizes of ambulance services: 1) The Department provides two basic data collection utilities, at no cost. These are a web-based system for entry of data and submission to the state, and a PC-based software program that can print a basic trip report that can be left at the

receiving hospital. 2) For those ambulance service agencies that want, and can afford, more than very basic functionality, the division permits them to use any third-party software vendor's program as long as that program has the ability to create a data file that can be used to add the data collected in it to the division's main state data system.

Ambulance service capacity for data collection varies greatly throughout the state. Some EMS agencies have been collecting data electronically for years while others are still using paper systems. These two types of EMS agencies require different types of technical support:

- The agencies still using paper need help with basic computing skills like locating files in their computers, transferring files from one computer to another, installing and updating data collection software, and submitting the data they have entered to the state.
- The agencies with established electronic data collection systems need assistance to help integrate their systems with ours, including mapping data codes to meaningful values and creating a standard file that the state data collection system can accept. As an example for data mapping: in Colorado staff identifies a certain medications by codes. For example, Aspirin is coded to code #09. Each ambulance service has the ability to code Aspirin as any code they want, usually determined by their software vendor. Technical assistance staff need to access the ambulance service's data system and create a data mapping structure that tells our system that when it sees an this ambulance services code for Aspirin, say A1, that it needs to change that code value to a #09 so that our system will see it as Aspirin too. For creation of a standard file that the state data collection system can accept, our technical support personnel act as liaison's between ambulance service agencies, software vendors and the Department to get software vendors to make appropriate modifications to their software that allow it to generate a data file in the standard format that the state data collection system can accept. This process sometimes requires several rounds of testing and modifying before data can be accepted.

Technical support personnel are also trainers, in that they train agency staff to fill in the state-required data elements accurately and to generate data files. This training will

continue even after all of the EMS agencies are regularly submitting data into the state system, due to changes in EMS agency staffing and changes to the required data set. Technical assistance personnel also visit agencies and speak at meetings attended by emergency medical and trauma care providers to communicate where the data collection system is headed and how they can begin or continue to participate in the system.

The Department has contracted for the provision of technical assistance for the past 4 years. During fiscal years 2005-2006 and 2006-2007, the contractor provided 3,222 hours and 3,812 hours of technical assistance, respectively. The Department expects that this to be an ongoing need that must be addressed in order to accomplish enrollment of the remaining ambulance services and continue submission of data in the future. Based on the analysis included in the Calculations section of this document, it will be more cost effective and efficient to provide for this continuing need with a permanent state employee.

Additional Benefit to EMS Grant Program. Funding for the annual technical assistance contract has come from the EMS Grant Program, as a “Special Projects” grant. The SEMTAC historically has recommended that up to \$200,000 of the annual grant program appropriation be used to fund projects that have statewide impact. Proposals are evaluated and approved each year. Examples of other recent Special Projects grants include development of an EMS Medical Director course; development of an EMS Instructor/Coordinator orientation manual, EMS Management/Leadership Seminars targeted to specific topics such as HIPPA compliance or improved billing mechanisms, development of an ambulance safety toolkit, and an injury severity score-training project. For the past 4 years, the SEMTAC has deemed that establishing statewide data collection — and providing assistance to local ambulance services to accomplish it — is a sufficiently high priority to merit allocating grant funds to it. This decision item provides an alternative method to fund technical assistance. Approval of the FTE authority component of this decision item would allow the \$99,838 in EMS grant funds currently allocated to the technical assistance special project to be used instead for additional local provider grants or statewide projects. The release of these funds, added to the \$150,000

increase requested above, creates a total Decision Item benefit of \$249,838 for the EMS Grant Program.

Data Analysis. The collection, analysis, and use of data are essential for Colorado to move forward in its goal of having a fully functional, contemporary statewide emergency medical and trauma system that meets the changing needs and requirements of both medical and trauma patients. Local agencies, as well as regional and state system planners and administrators, will benefit from having standard reports and analyses to inform policy development and decision-making. Information concerning response times, ambulance utilization statistics, effectiveness of prehospital medical procedures, over- and under-triage of patients, transfer of patients between facilities, assuring that trauma patients are taken to facilities that can provide the appropriate level of care, and the oversight of EMS personnel with regard to skill maintenance are examples of information that can be invaluable to local agencies and policy makers in terms of ensuring effective treatment and transportation of ill and injured patients. The analysis and use of complete, accurate and timely EMS and trauma data is essential to ensure that the comprehensive system of patient care and transportation is maintained at a level that meets all medical standards and provides the optimum care for medical and trauma patients in Colorado.

Consequences if Not Funded:

EMS Grant Program. If this request is not approved the amount of grant funding available will continue at the present level. It is also unlikely that EMS Grant Program will be able to focus attention towards enhanced ambulance safety, as it is unlikely that SEMTAC will recommend diverting funds from the existing grant structure in the face of the existing shortfall. Thirty to forty grants are not funded each year due to lack of sufficient spending authority. If fully approved this decision item will fund ten to twenty additional grants. Failure to follow-through with improvements in ambulance vehicle safety will continue to place EMTs and patients at risk with regard to ambulance crashes. The availability of funds to support both the purchase of new ambulances with enhanced safety features, as well as the retrofitting of existing units with equipment of this nature could be an important improvement in worker and customer safety.

Data Collection and Analysis.

If the request for staffing for technical/compliance assistance is not approved, the Department will have to continue to contract for technical / compliance assistance for data collection. Failure to provide technical assistance would mean that inception of data submission from the remaining ambulance services and continuing data submission from participating ambulance services would not be accomplished, and data collection would then remain incomplete. Incomplete data from a regional and state level would preclude accurate analysis, resulting in the inability of systems to ensure adequate ambulance coverage, failure to implement and monitor the effectiveness of many medical procedures by field personnel, and the overall EMTS system ability to measure its effectiveness and efficiency in providing care and transportation. However, contracting does not appear to be the most cost effective method to procure these services.

Without the resources to perform data analysis, the data collected from both Trauma Centers and ambulance services will not be analyzed and made available for system evaluation and policy and operational decision-making. Limited data collection services provided to local agencies will continue to limit the decision-making ability of local agency managers, regional and state system leaders, and physician medical directors in terms of response times, coverage areas, ambulance deployment strategies, and the evaluation of technical medical care to patients at the bedside. This information is used to target training, make staffing decisions regarding resource deployment, and ensure that patient care activities are consistent with current standards of medical care. Should this request fail to be funded, the impact will hamper the ability of Colorado EMS agencies to establish quality improvement programs, secure necessary patient care equipment or gain training, and focus on the purchase of equipment to make ambulance vehicles safer for patients and the dedicated EMTs who respond to requests for assistance throughout Colorado.

Calculations for Request:

Summary of Request for FY 08-09						
Component	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	FTE
Total Request	\$290,474	\$0	\$0	\$290,474	\$0	1.5
(11) Health Facilities and Emergency Medical Services Division (C) Emergency Medical Services (1) State EMS Coordination, Planning and Certification Services – Personal Services Operating Indirect (both portions of request)	\$96,805 \$15,209 \$28,460	\$0	\$0	\$96,805 \$15,209 \$28,460	\$0	1.5
(11) Health Facilities and Emergency Medical Services Division (C) Emergency Medical Services (3) Emergency Medical Services Grant Program	\$150,000	\$0	\$0	\$150,000	\$0	0.0

Summary of Request for FY 09-10						
Component	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	FTE
Total Request	\$284,079	\$0	\$0	\$284,079	\$0	1.5
(11) Health Facilities and Emergency Medical Services Division (C) Emergency Medical Services (1) State EMS Coordination, Planning and Certification Services – Personal Services Operating Indirect (both portions of request)	\$96,805 \$10,026 \$27,248	\$0	\$0	\$96,805 \$10,026 \$27,248	\$0	1.5
(11) Health Facilities and Emergency Medical Services Division (C) Emergency Medical Services (3) Emergency Medical Services Grant Program	\$150,000	\$0	\$0	\$150,000	\$0	0.0

Table 1. Calculations for Data Collection and Analysis Request				
Cost Component	Rates	Tech. Assistance	Analysis	Total
Personal Services:				
Job Title		IT Professional III	Health Prof. IV	
Minimum Monthly Salary		\$4,780	\$4,630	
Applicable FTE		1.0	0.5	1.50
Resulting Annual Salary		\$57,360	\$27,780	\$85,140
PERA	10.15%	\$5,822	\$2,820	\$8,642
AED	1.60%	\$918	\$444	\$1,362
SAED	0.50%	\$287	\$139	\$426
Medicare	1.45%	\$832	\$403	\$1,235
	Subtotal (Program Appr.)	\$65,219	\$31,586	\$96,805
	Total Personal Services	\$65,219	\$31,586	\$96,805
Operating and Travel:				
General operating	\$500/FTE	\$500	\$250	\$750
Computer and software (basic) package	\$1,230/FTE	\$1,230	\$615	\$1,845
Furniture	\$2,225/FTE	\$2,225	\$1,113	\$3,338
Travel		\$7,676	\$0	\$7,676
SAS software license			\$1,600	\$1,600
	Total Operating	\$11,631	\$3,578	\$15,209
Total Direct		\$76,850	\$35,164	\$112,014
Indirect	23.4%	\$17,982	\$8,228	\$26,210
	TOTAL	\$94,832	\$43,392	\$138,224

Note: The table below depicts the additional expenses that will come from the fund to support these FTE. The spending authority is not included in the request because it will be handled through the Department’s central POTS appropriations.

Cost Component	Rates	Tech. Assistance	Analysis	Total
HLD insurance	\$524.93/mo.	\$6,299	\$3,150	\$9,449
STD insurance	0.13%	\$75	\$36	\$111
Total		\$6,374	\$3,186	\$9,560

Table 2. Calculations for EMS Grant Program Request		
Cost Component	Rates	Total
EMS Grant Program – additional grants		\$150,000
Indirect	1.50%	\$2,250
TOTAL		\$152,250

Assumptions for Calculations:

1. **Table 1. - Personal Services, Operating/Travel and Indirect.**

Personal services calculations use entry-level salaries effective on July 1, 2007 and benefits rates as shown in the table.

In-state travel costs are based on the following:

Travel Cost Component	Rates	Duration Out of Town			Total
		1 night	2 nights	3 nights	
Lodging	\$85/night	\$85	\$170	\$255	
1 day per diem	\$39/day	\$39	\$78	\$117	
Mileage	\$0.39/mile	\$78	\$156	\$234	
Cost per trip		\$202	\$404	\$606	
times number of trips		14	6	4	24
Total Travel		\$2,828	\$2,424	\$2,424	\$7,676

Assumptions regarding the frequency and duration of travel are shown within the table. The nightly hotel rate is estimated using Division experience; the daily per diem rate is the current minimum per the State Fiscal Rules; the mileage rate is the current rate for non-four-wheel-drive vehicles from the State Fiscal Rules.

Indirect cost assessments are included at the Department's cash rates effective July 1, 2007, as follows: on-site 23.4%, flow-thru [contractual] 1.5%.

2. **Revenue, Expense and Fund Balance projections** for the EMS Account (COFRS Fund 409) – with and without the cost of the Decision Item – are as follows:

With inclusion of Decision Item

Table 4. Revenue, Expenditure, and Fund Balance Summary for EMS Account (COFRS Fund 409) with Decision Item								
	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11	FY11-12
	Actual	Actual	Actual	Estimate Yr.	Request Yr.	Projected	Projected	Projected
Beginning Fund Balance	\$616,637	\$757,501	\$934,568	\$976,241	\$999,780	\$788,208	\$648,259	\$572,676
Revenue:								
Fee Revenue	\$4,618,542	\$4,747,783	\$4,860,604	\$4,956,604	\$5,052,604	\$5,148,604	\$5,244,604	\$5,340,604
Interest	\$19,480	\$29,671	\$43,166	\$43,000	\$43,000	\$43,000	\$43,000	\$43,000
Refunds	\$32,317	\$9,758	\$14,707					
Total Revenue	\$4,670,339	\$4,787,212	\$4,918,477	\$4,999,604	\$5,095,604	\$5,191,604	\$5,287,604	\$5,383,604
Expenditures:								
(11) (C) (1) EMS Coordination - Personal Services, Operating, and Indirect	\$999,422	\$1,060,970	\$1,131,053	\$1,226,121	\$1,257,198	\$1,287,970	\$1,319,604	\$1,352,123
<i>Decision Item - Personal Services, Operating, and Indirect (Includes central POTS expenditures)</i>					\$150,034	\$143,639	\$143,639	\$143,639
(11) (C) (2) RETACs	\$1,775,800	\$1,785,000	\$1,785,000	\$1,785,000	\$1,785,000	\$1,785,000	\$1,785,000	\$1,785,000
(11) (C) (3) EMS Grant Program	\$1,688,102	\$1,698,024	\$1,894,600	\$1,898,793	\$1,898,793	\$1,898,793	\$1,898,793	\$1,898,793
<i>Decision Item - Grants</i>					\$150,000	\$150,000	\$150,000	\$150,000
(11) (C) (7) Telecommunications	\$66,151	\$66,151	\$66,151	\$66,151	\$66,151	\$66,151	\$66,151	\$66,151
Total Expenditures	\$4,529,475	\$4,610,145	\$4,876,804	\$4,976,065	\$5,307,176	\$5,331,553	\$5,363,187	\$5,395,706
Ending Fund Balance	\$757,501	\$934,568	\$976,241	\$999,780	\$788,208	\$648,259	\$572,676	\$560,574
Uncommitted Fee Reserve Balance⁽¹⁾	\$749,520	\$927,293	\$964,754	\$991,181	\$781,557	\$642,890	\$568,018	\$556,097
Target Balance Not to Exceed⁽²⁾	\$747,363	\$760,674	\$804,673	\$821,051	\$875,684	\$879,706	\$884,925	\$890,219
Fund Balance - Greater (Less) Than Target	\$2,157	\$166,619	\$160,081	\$170,130	(\$94,127)	(\$236,816)	(\$316,907)	(\$344,122)

⁽¹⁾ Fee Revenue divided by Total Revenue times Ending Fund Balance. ⁽²⁾ Fund Balance not to be greater than 16.5% of expenditures.

Without Decision Item

Table 5. Revenue, Expenditure, and Fund Balance Summary for EMS Account (COFRS Fund 409) without Decision Item								
	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11	FY11-12
	Actual	Actual	Prelim. Actual	Estimate Yr.	Request Yr.	Projected	Projected	Projected
Beginning Fund Balance	\$616,637	\$757,501	\$934,568	\$976,241	\$999,780	\$1,088,242	\$1,241,932	\$1,459,988
Revenue:								
Fee Revenue	\$4,618,542	\$4,747,783	\$4,860,604	\$4,956,604	\$5,052,604	\$5,148,604	\$5,244,604	\$5,340,604
Interest	\$19,480	\$29,671	\$43,166	\$43,000	\$43,000	\$43,000	\$43,000	\$43,000
Refunds	\$32,317	\$9,758	\$14,707					
Total Revenue	\$4,670,339	\$4,787,212	\$4,918,477	\$4,999,604	\$5,095,604	\$5,191,604	\$5,287,604	\$5,383,604
Expenditures:								
(11) (C) (1) EMS Coordination - Personal Services, Operating, and Indirect	\$999,422	\$1,060,970	\$1,131,053	\$1,226,121	\$1,257,198	\$1,287,970	\$1,319,604	\$1,352,123
(11) (C) (2) RETACs	\$1,775,800	\$1,785,000	\$1,785,000	\$1,785,000	\$1,785,000	\$1,785,000	\$1,785,000	\$1,785,000
(11) (C) (3) EMS Grant Program	\$1,688,102	\$1,698,024	\$1,894,600	\$1,898,793	\$1,898,793	\$1,898,793	\$1,898,793	\$1,898,793
(11) (C) (7) Telecommunications	\$66,151	\$66,151	\$66,151	\$66,151	\$66,151	\$66,151	\$66,151	\$66,151
Total Expenditures	\$4,529,475	\$4,610,145	\$4,876,804	\$4,976,065	\$5,007,142	\$5,037,914	\$5,069,548	\$5,102,067
Ending Fund Balance	\$757,501	\$934,568	\$976,241	\$999,780	\$1,088,242	\$1,241,932	\$1,459,988	\$1,741,525
Uncommitted Fee Reserve Balance⁽¹⁾	\$749,520	\$927,293	\$964,754	\$991,181	\$1,079,059	\$1,231,646	\$1,448,115	\$1,727,615
Target Balance Not to Exceed⁽²⁾	\$747,363	\$760,674	\$804,673	\$821,051	\$826,178	\$831,256	\$836,475	\$841,841
Fund Balance - Greater (Less) Than Target	\$2,157	\$166,619	\$160,081	\$170,130	\$252,881	\$400,390	\$611,640	\$885,774

⁽¹⁾ Fee Revenue divided by Total Revenue times Ending Fund Balance. ⁽²⁾ Fund Balance not to be greater than 16.5% of expenditures.

3. Comparison of costs for using a contractor vs. a state employee for data collection technical/compliance assistance.

Table 6. Costs for Data Collection Technical Assistance if Procured by Contract			
Cost Component	Western RETAC	State Award Vendor	State Employee
Staff (IT Professional or equivalent):			
Contractor rate per hour	\$38.50	\$50.00	
times 2,080 hours (1.0 FTE) = Resulting Cost	\$80,080	\$104,000	
State employee total personal services cost (from Table 1., Technical Assistance IT Professional III column)			\$71,593
Contractor's Administration cost:			
FY08 contract rate per hour	\$38.50	\$0.00	
times hours	208	0	
Resulting Cost	\$8,008	\$0	
Operating and Travel:			
Trip expenses for on-site TA	\$11,000	\$7,676	\$7,676
General office expenses	\$750	\$0	\$500
Computer and Furniture (Year one only)			\$3,455
Subtotal	\$11,750	\$7,676	\$11,631
Total Direct Cost	\$99,838	\$111,676	\$83,224
Indirect incurred at CDPHE (1.5% Flow-thru rate)	\$1,997	\$2,234	\$19,474
TOTAL	\$101,835	\$113,910	\$102,698
(1) Western RETAC is the present contractor. Costs shown are the agreed-upon contract rates through September 2007. Western RETAC has informed the division it is no longer interested in providing these services after September 2007. The division anticipates switching to a vendor from the State Purchasing award for the remainder of FY07-08.			
(2) Hourly rates on the current State award range from \$28 to \$79 per hour, depending on the type of work / job title and experience level required. The rate of \$50 per hour is based on an average of several likely job titles.			

Impact on Other Government Agencies: No other State agencies are impacted.

Cost Benefit Analysis:

Item	Cost	Benefit
Data Collection Technical/Compliance Assistance	\$102,698 total 1.0 FTE With over 300,000 records per year, this represents a cost of \$0.34 per record.	Continuing to provide this support will: 1) allow ambulance services to comply with the statutory requirement to submit data, and 2) allow the Department to received complete and consistent data. Analyses conducted with inconsistent or incomplete data will not be accurate or representative of actual conditions. Comparable costs for using a contractor to perform this activity are more expensive than using a State employee. The annual cost to continue to use a contractor is projected to be \$113,910 for 2,080 hours (1.0 FTE), compared with \$102,698 to use a state employee. Using a state employee represents a savings of \$11,212.
		The division's contractor has felt reluctant or unable to prioritize the technical assistance requests they received, and has required the equivalent of more than 1.0 FTE per year. Through being able to directly control the person providing the assistance, evaluating and prioritizing requests, and combining technical assistance travel with other meetings or travel in the same part of the state, the division expects to be able to reduce technical assistance time to 1.0 FTE and reduce travel costs as well.
Data Analysis	\$46,578 total 0.5 FTE	The data collected will not be analyzed without additional resources. Without the ability to use the data, the value of data collection is not meaningful or justified. With the resources to conduct data analysis, the Department can make reports available to 68 trauma centers, over 230 ambulance services, the SEMTAC, the Colorado Board of Medical Examiners (responsible for Rules governing the scope of practice and allowed procedures for EMTs), and local physician advisors who supervise EMTs.
Grants Program	\$152,250 total	And additional 10-20 emergency medical and trauma care providers will be able to maintain the equipment and training they need to provide up to date, quality services.

Implementation Schedule:

Task	Month/Year
Discuss with SEMTAC and finalize procedural options for incorporating Ambulance Safety as a grant category for the FY08-09 grant cycle, including: eligible items in this category, maximum award amounts, scoring criteria, and how to integrate with these grants with the timing for FY08-09 grant application submission and scoring, and notice of grant awards.	December 2007
Note: Other than to incorporate ambulance safety, no new tasks are required to implement distribution of the additional EMS Grant Program funding/grants that will be made as a result of the Decision Item.	
Prepare PDQ's for Data Collection Technical Assistance position and Data Analysis position.	April 2008
Begin recruitment for Data Collection Technical Assistance and Data Analysis positions.	May 2008
Implement procedures for awarding FY08-09 Ambulance Safety grants.	May 2008
Hire employee for Data Collection Technical Assistance and Data Analysis positions.	July 2008

Statutory and Federal Authority:

All citations are from the 2006 C.R.S.

[25-3.5-501. Records.](#)

(1) Each ambulance service shall prepare and transmit copies of uniform and standardized records, as specified by regulation adopted by the department, concerning the transportation and treatment of patients in order to evaluate the performance of the emergency medical services system and to plan systematically for improvements in said system at all levels.

(2) The record forms adopted by the department may distinguish between rural ambulance service and urban ambulance service and between mobile intensive care units and basic ambulance service.

Source: L. 77: Entire article added, p. 1284, § 2, effective January 1, 1978. **L. 78:** Entire section amended, p. 270, § 84, effective May 23.

[25-3.5-603. Emergency medical services account - creation - allocation of funds.](#)

(1) (a) There is hereby created a special account within the highway users tax fund established pursuant to section 43-4-201, C.R.S., to be known as the emergency medical services account, which shall consist of all moneys transferred thereto in accordance with section 42-3-304 (21), C.R.S.

(3) On and after July 1, 2002, moneys in the emergency medical services account shall be appropriated:

(a) (I) To the department for distribution as grants to local emergency medical and trauma service providers pursuant to the emergency medical and trauma services (EMTS) grant program set forth in section 25-3.5-604.

(II) Of the amount appropriated pursuant to subparagraph (I) of this paragraph (a) for grants:

(A) One hundred thousand dollars shall remain in the account for unexpected emergencies that arise after the deadline for grant applications has passed. The department and the council shall promulgate any rules necessary to define the expenditures of such emergency funds.

(B) A minimum of one hundred fifty thousand dollars shall be awarded to offset the training costs of emergency medical technicians, emergency medical dispatchers, emergency medical services instructors, emergency medical services coordinators, and other personnel who provide emergency medical services. Of said one hundred fifty thousand dollars, no less than eighty percent shall be used in the training of emergency medical technicians.

History

Source: L. 89: Entire part added, p. 1149, § 2, effective July 1. L. 92: Entire section amended, p. 1143, § 2, effective May 29. L. 94: (1)(a) and (2)(c)(III) amended, p. 2559, § 61, effective January 1, 1995. L. 2000: IP(2), (2)(a)(I), (2)(a)(II)(A), (2)(b), IP(2)(c), (2)(c)(I), and (2)(c)(II) amended and (3) added, p. 533, § 12, effective July 1. L. 2005: (1)(a) and (3)(c)(II) amended, p. 1183, § 33, effective August 8; (1)(b) and (2) amended, p. 280, § 13, effective August 8.

Annotations

Editor's note: Subsection (3) was originally enacted as subsection (2.5) in Senate Bill 00-180 but was renumbered on revision for ease of location.

25-3.5-704. Statewide emergency medical and trauma care system - development and implementation - duties of the department - rules adopted by board.

(1) The department shall develop, implement, and monitor a statewide emergency medical and trauma care system in accordance with the provisions of this part 7 and with rules adopted by the state board. The system shall be implemented statewide no later than July 1, 1997. In addition, the board shall cooperate with the department of personnel in adopting criteria for adequate communications systems that counties shall be required to identify in regional emergency medical and trauma system plans in accordance with subsection (2) of this section. Pursuant to section 24-50-504 (2), C.R.S., the department may contract with any public or private entity in performing any of its duties concerning education, the statewide trauma registry, and the verification process as set forth in this part 7.

(f) Statewide trauma registry. (I) The registry rules shall require the department to establish and oversee the operation of a statewide trauma registry. The rules shall allow for the provision of technical assistance and training to designated facilities within the various trauma areas in connection with requirements to collect, compile, and maintain information for the statewide central registry. Each licensed facility, clinic, or prehospital provider that provides any service or care to or for persons with trauma injury in this state shall collect the information described in this subparagraph (I) about any such person

who is admitted to a hospital as an inpatient or transferred from one facility to another or who dies from trauma injury. The facility, clinic, or prehospital provider shall submit the following information to the registry:

(A) Admission and readmission information;

(B) Number of trauma deaths;

(C) Number and types of transfers to and from the facility or the provider; and

(D) Injury cause, type, and severity.

(II) In addition to the information described in subparagraph (I) of this paragraph (f), facilities designated as level I, II, or III shall provide such additional information as may be required by board rules.

(III) The registry rules shall include provisions concerning access to information in the registry that does not identify patients or physicians. Any data maintained in the registry that identifies patients or physicians shall be strictly confidential and shall not be admissible in any civil or criminal proceeding.

(D) That the names of patients or information that identifies individual patients shall be kept confidential and shall not be publicly disclosed without the patient's consent;

(E) That the department be allowed access to prehospital, hospital, and coroner records of emergency medical and trauma patients to assess the continuing quality improvement system for the area and state-based injury prevention and public information and education programs pursuant to paragraph (g) of this subsection (2). All information provided to the department shall be confidential pursuant to subparagraph (II) of this paragraph (h). To the greatest extent possible, patient-identifying information shall not be gathered. If patient-identifying information is necessary, the department shall keep such information strictly confidential, and such information may only be released outside of the department upon written authorization of the patient. The department shall prepare an annual report that includes an evaluation of the statewide emergency medical and trauma services system. Such report shall be distributed to all designated trauma centers,

ambulance services, and service agencies and to the chairpersons of the health, environment, welfare, and institutions committees of the house of representatives and the senate.

(II) Any data or information related to the identification of individual patient's, provider's, or facility's care outcomes collected as a result of the continuing quality improvement system and any records or reports collected or compiled as a result of the continuing quality improvement system are confidential and are exempt from the open records law in part 2 of article 72 of title 24, C.R.S. Such data, information, records, or reports shall not be subject to subpoena or discovery and shall not be admissible in any civil action, except pursuant to a court order that provides for the protection of sensitive information about interested parties. Nothing in this subparagraph (II) shall preclude the patient or the patient's representative from obtaining the patient's medical records as provided in section 25-1-801. Nothing in this subparagraph (II) shall be construed to allow access to confidential professional review committee records or reviews conducted under article 36.5 of title 12, C.R.S.

(III) That reports concerning regional emergency medical and trauma system plans include results for the emergency medical and trauma area, identification of problems under the regional emergency medical and trauma system plan, and recommendations for resolving problems under the plan. In preparing these reports, the RETACs shall obtain input from facilities, counties included under the regional emergency medical and trauma system plan, and service agencies.

History

Source: L. 95: Entire part R&RE, p. 1354, § 3, effective July 1. L. 96: (1) amended, p. 1471, § 19, effective June 1. L. 99: IP(2) and (2)(h) amended, p. 413, § 2, effective April 22. L. 2002: (1), IP(2), (2)(c), IP(2)(d), (2)(d)(IV), (2)(d)(V), (2)(e), (2)(f)(III), (2)(g), IP(2)(h)(I), (2)(h)(I)(A), (2)(h)(I)(C), (2)(h)(III), (3), (4), and (5) amended and (2)(h)(I)(E) added, p. 699, § 4, effective May 29. L. 2003: (2)(d)(I) and (2)(d)(IV) amended, p. 2057, § 1, effective May 22; (2)(h)(I)(E) amended, p. 2007, § 85, effective

May 22. L. 2004: (1) amended, p. 1693, § 27, effective July 1, 2005. L. 2005: IP(2)(d) amended, p. 281, § 15, effective August 8.

Performance Measures:

This Decision Item will support both the performance measure and workload measure below by providing additional data for decision making and evaluating decisions made in patient care.

Objective: Building a strong public health system.					
Performance Measure (Trauma)	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Percent of trauma patients with Injury Severity Score ≥ 16 admitted to Level I-III designated trauma centers as identified through the trauma registry. *In the request year, the measure will change to Injury Severity Score ≥ 25 admitted to Level I-II centers. This will identify the percent of severely injured people who are admitted to the appropriate level facility.	Benchmark	95%	95%	95%	95%
	Actual	94%	93%		

Performance Measure: Emergency Medical Technicians				
Workload Indicators	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Review applications for Emergency Medical Technician (Basic, Intermediate and Paramedic) certification and renewal of certification.	5,279	5,264	5,527	5,803
Number received	5,129	4,591	4,821	5,062
Number approved				