

STATE OF COLORADO

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Executive Director and Chief Medical Officer

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Colorado Department
of Public Health
and Environment

Emergency Medical and Trauma Services Branch Activity Report

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Jeanne-Marie Bakehouse, Branch Chief
Health Facilities and EMS Division
July 10, 2014

This report is submitted as a record of key activities by the Emergency Medical and Trauma Services Branch for the period April through June 2014.

Organizational Effectiveness

Forward progress continues with the Health Facilities and EMS Division re-alignment, and all seven of the branch chief positions have now been filled. We're pleased to announce that Jeanne-Marie Bakehouse and Margaret Mohan have been selected to serve in two of these roles. Jeanne-Marie was appointed as EMTS Branch Chief and began her assignment on June 2. Margaret was appointed to the role of Acute/Nursing Facility Branch Chief and began her new duties on June 16. Please welcome Jeanne-Marie and Margaret to their new roles.

Professional Standards Section

Marschall Smith, Section Manager, marschall.smith@state.co.us

EMS Provider Certification

As of May 31, 2014, there are 17,270 certified EMS providers in the state: 12,661 EMTs; 60 AEMTs; 594 Intermediates; and 3,955 Paramedics. The section approved 991 certificates so far this quarter, up by 152 from the same period last year. Average call volume remains steady with approximately 60 calls per day, plus an average of 10 walk-in visitors per day. There are no backlog issues at this time with the average processing time of 5-10 working days upon receipt of a completed application. The COEMS OATH project, the online certification process using the ImageTrend licensing management system, continues to be a priority. The focus has been on ensuring that legacy data will properly transfer and that enhancements are performing as expected.

Education

EMS education is divided into two categories: education centers offer initial training and education groups offer continuing education for recertification. An organization can be either a center or a group,

or both. All the education centers in Colorado are also education groups and so are counted in both categories. Additionally, an organization can offer programs for EMT, EMT-IV, Advanced EMT, EMT-Intermediate or Paramedic in any combination. In the last quarter, four new educational programs were added. There are currently 36 organizations that are considered education centers, with 20 offering programs for all levels, 15 at the EMT level only, and one for EMT and Advanced EMT. There are currently 129 education groups, with 91 offering programs for all levels, 14 for EMT level only, 11 for EMT and Paramedics, and 13 for EMT, Advanced EMT, and EMT-Intermediate.

The National Registry of Emergency Medical Technicians continues to support Colorado and two other states that have active EMT-Intermediate programs. EMTS staff members continue to help any providers with one-on-one assistance to resolve any issues or concerns regarding EMT-I.

Emergency Medical Practice Advisory Council (EMPAC)

There are currently 280 active waivers. The number of waivers has been reduced significantly as part of a clean-up effort to remove waivers that are now within the scope of practice. A list of waivers can be found at www.coems.info. The next EMPAC meeting will be Aug. 11 in Pagosa Springs.

Critical Care Endorsement

The Board of Health and the executive director of the department approved the proposed EMS Chapter One and Chapter Two rules. The effective date of the rules is July 15, 2014. A new application and instruction sheet will be available for paramedics who qualify for this endorsement.

Air Ambulance

To date there are 21 licensed air ambulance agencies in Colorado.

EMTS Investigations

Alexandra Haas, EMTS Enforcement Unit Supervisor, alexandra.haas@state.co.us

During the first quarter of 2014, disciplinary actions against EMS providers' certifications resulted in the following final dispositions: one letter of admonition, two stipulations for temporary suspension pending outcome of a court case and three revocations. One new case seeking administrative action against an EMS provider's certification was filed this quarter. As of June 12, there remains one ongoing filed case in which the department is represented by the Attorney General's Office.

Funding Section

Jeanne-Marie Bakehouse, Section Manager, jeanne.bakehouse@state.co.us

Technical Assistance

At the request of local governments and in conjunction with the Regional Emergency Medical and Trauma Advisory Councils (RETACs), staff members coordinate technical assistance services to local entities. Three areas received notice of funding for consultative visits in the upcoming fiscal year: Moffat County, Custer County and Montrose County.

CREATE

The Colorado Rural Health Center continues to administer the Colorado Resource for EMS and Trauma Education (CREATE) grant program. Apply for funds at www.coruralhealth.org/programs/create/index.htm. As part of continuing efforts to improve the program, a work group drafted proposed changes to the program regarding the scoring tool. Those recommended changes will be heard at the July SEMTAC meetings.

Provider Grants and System Improvement Funding Requests

Fiscal year 2014 concluded June 30, and open awards are being finalized and closed. Public notice of awards for fiscal year 2015 was announced June 17, and awarded entities can expect their purchase orders and contracts to be issued in July and August. Of the \$6.7 million available: \$500,000 is set aside for CREATE educational grants; \$150,000 is set aside for emergency grants; \$5.4 million was awarded for provider grants; and \$671,000 was awarded for system improvement projects.

Emergency Grants

Two emergency grants were received in the fourth quarter. One was denied for having already completed repairs on an ambulance prior to submitting an application for those repairs, and one was funded for an unexpected ambulance replacement (South Y-W).

Trauma Section

Grace Sandeno, Section Manager, grace.sandeno@state.co.us

Trauma Reviews/Designations

During the second quarter of 2014, the Trauma Section completed three triennial reviews, one re-review and two new facility reviews.

- Telluride Medical Center (level V) where several issues were identified. The facility submitted a plan of correction, received a recommendation from the Designation Review Committee (DRC) and has been re-designated for three years with a plan of correction and a CDPHE staff visit in 6-8 months.
- Pagosa Springs Medical Center (level IV) where all criteria were fully met on the new facility review, receiving an automatic recommendation from the DRC and an 18-month designation from CDPHE.
- Estes Park Medical Center (level IV) where one issue regarding quality improvement was identified on the re-review. The facility submitted a plan of correction, received a recommendation from the DRC and is continuing current designation with a plan of correction and a CDPHE staff visit in 6-9 months.
- Avista Adventist Hospital (level III, Louisville) where all criteria were fully met on the triennial review.
- Rose Medical Center (level IV, Denver) where multiple issues were identified. The facility submitted a plan of correction, and the DRC has postponed the recommendation until the July 9 meeting.
- St. Francis Medical Center (level IV, Colorado Springs), pending level III review on June 22.

Seven trauma center reviews are planned for the next quarter, including two re-reviews.

Trauma Consultations and Outreach Visits

- April 22, Phillips County report out to the stakeholders

- May 13, Rangely District Hospital and Pioneers Medical Center - orient new TNC
- May 14, The Memorial Hospital in Craig - trauma program progress assessment following 2013 designation review
- May 15, Yampa Valley Medical Center - orient new TNC
- May 27, Cheyenne County report out to the stakeholders
- June 2, McKee Medical Center - orient new TNC
- June 19, Family Health West - technical assistance visit as the facility prepares for their first trauma designation survey
- June 20, Delta County Memorial Hospital - orient new TNC

Designation Review Committee (DRC)

The Designation Review Committee met in May and June to discuss several facilities' reviews and to make recommendations regarding designation to the department. The April meeting was cancelled due to the lack of action items for consideration by the committee.

Statewide Trauma Advisory Committee (STAC)

The committee began the discussion regarding the types and severity of orthopedic injuries that can be cared for at level III and IV facilities with orthopedic services. Using hospital discharge data, the volume and type of injuries for orthopedic patients cared for at non-designated and level III and IV trauma centers is being analyzed and potential minimum requirements for orthopedic care at level IV trauma centers were discussed.

STEMI Task Force and Stroke Advisory Board

Both groups have changed from meeting monthly to meeting every other month. Agendas, minutes and other documents relevant to each group can be found at www.coems.info. The Stroke Advisory Board is talking to RETACs about potential collaboration on stroke education and treatment at the regional level. Both groups continue to develop recommendations for their next reports to the legislature. Their annual reports are also posted on the website.

Rule Change

A proposed change to the Chapter Three Trauma rules was heard and adopted by the Board of Health at its April 16 meeting. The change modified the level I trauma center annual volume criteria from 400 more seriously injured trauma patients (patients with an Injury Severity Score of 16 or greater) to 320. The rule change was effective June 13, 2014.

Regional Emergency Medical and Trauma Advisory Councils (RETACs)

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

Third quarter activity reports and income/expense statements were submitted by all 11 RETACs. The June quarterly RETAC forum was held June 4-5 in Crested Butte at the Elevation Hotel, where the major items of discussion were a potential regional medical direction survey, Stroke Advisory Board updates, biennial plan revisions, health care coalitions, online organizational profile revisions, CREATE program updates and data reporting. SEMTAC members are encouraged to attend future RETAC forums. The next forum is scheduled to be held September 3-4 in Grand Junction.

Emergency Medical Services for Children (EMSC)

Sean Caffrey, EMSC Coordinator, sean.caffrey@ucdenver.edu

EMS for Children is a federal partnership grant funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. As a state partnership grantee, the department maintains a partnership with the University of Colorado Denver School of Medicine to conduct EMS for Children activities. The department also maintains an advisory committee, the Pediatric Emergency Care Committee (PECC), with 13 members appointed by the department and/or SEMTAC to provide direction to the program. It is chaired by SEMTAC member Dr. Christine Darr. In late February, PECC members, in conjunction with a variety of stakeholders, met at The CU Anschutz Medical Campus to update the EMS for Children Strategic Plan. That plan was finalized in May.

The pediatric mobile simulation laboratory that was acquired in June 2013 has begun its first season of operation. By the July SEMTAC, approximately 200 providers will have been trained using the lab across five RETACs. While the program continues to evolve, evaluations have been overwhelmingly positive thus far. A poster on the project will be presented at the Western Pediatric Trauma Conference prior to the July SEMTAC.

The voluntary Colorado Prehospital Pediatric Quality Council (CPPQC) continues to meet quarterly and has begun an analysis of vital sign acquisition in pediatric patients that will be followed by an analysis of pediatric drug dosing. CPPQC analysis of pediatric seizure care also continues. The CPPQC is also exploring mechanisms to more effectively connect regional medical directors to pediatric emergency medicine specialists.

Finally, a task force led by EMS for Children Family Representative Emma Watt is exploring mechanisms to make medical information of children with special health care needs available to EMS crews during an emergency. For additional information on the EMS for Children program visit www.emsccolorado.org.

Communications

Bill Voges, Communications Program Coordinator, bill.voges@state.co.us

The EMTS Branch continues to support the implementation of the Statewide Digital Trunked Radio (DTR) system. Since the statewide communications plan has been finalized, the communications program staff continues to educate and inform EMS system users in “best practices” on how to integrate DTR into their daily operations. Staff members have also continued their work to identify the various mechanisms being used to maintain hospital-to-field communication throughout the state and enhance inter-agency interoperability capabilities.

Located throughout the state, the infrastructure currently consists of 212 on-the-air APCO P25 digital trunked radio sites operating in conjunction with five zone controllers and utilizes frequencies in the 700MHz/ 800MHz bands. Out of the 212 radio sites, 24 sites are accessible for aircraft communications. There are additional funded Digital Trunked Radio (DTR) remote sites throughout the state that are in the planning or engineering stages for installation.

The Digital Trunked Radio System (DTRS) will be upgraded from its current version to system release version 7.14 in a three phase approach. The first phase of the upgrade commenced on Sept. 17, 2013, and is scheduled to be finalized in August 2014. In December 2013 the radio system infrastructure was upgraded to system release 7.11. With all of the system upgrades, all portable, mobile and console base radios will continue to operate as they do today. The upgrade team is currently working on communication center console upgrades statewide.

Pueblo County secured a grant from the Chemical Stockpile Emergency Preparedness Program (CSEPP), which is funded through the Federal Emergency Management Agency (FEMA). With the funds they purchased a zone controller and will incorporate a five site simulcast cell. The plan is to have the zone controller operational by the end of August 2014 operating with 40 sites along with dispatch consoles.

House Bill 14-1203 was signed by Governor Hickenlooper on May 2, 2014, which provides funding to maintain the infrastructure of the Digital Trunked Radio System (DTRS) through the year 2025. Senate Bill 14-127 was signed by Governor Hickenlooper on June 6, 2014, concerning statewide radio communications, and in connection therewith, directing the Department of Public Safety to perform a communications needs assessment, recreating the consolidated communications system authority as a new standing public safety communications subcommittee under the Homeland Security and All-Hazards Senior Advisory Committee in the Division of Homeland Security and Emergency Management in that department, and making an appropriation.

Health & Safety Data Services Section

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To date, 85 percent (steady from the last two quarters) of EMS agencies reporting data are in compliance (i.e., have reported required data within the past 90 days). There are now over 2.8 million records in the EMS database, and 95 agencies are currently using ImageTrend software to submit patient care reports. While the EMS data system has been fully compliant with current national standards as specified by the National EMS Information System (NEMSIS) version 2.2.1, Colorado is planning for the conversion to the NEMSIS 3 platform in 2015. Discussions are underway with ImageTrend and other vendors regarding the timeline and implementation of the conversion.

ImageTrend Report Writer training was held for RETAC /CQI Coordinators March 26, 2014, at the Colorado Department of Public Health and Environment campus. The training, which was attended by 16 participants, including seven of 11 RETAC coordinators, covered the creation and interpretation of EMS data reporting output and was well received by participants.

In response to requests by trauma stakeholders, the co-morbidities and complications fields in the Colorado Trauma Registry have been aligned with the National Trauma Data Standard. Staff members continue to update Trauma Registry data elements and response options and provide technical assistance to users to improve the validity of trauma data reporting.

Section staff members have continued to:

- Provide ongoing technical assistance to transport agencies and trauma centers in EMS and trauma reporting
- Develop ad-hoc EMS and trauma reports to accommodate data requests and other data driven requirements
- Assist EMS agencies using third party vendor software to establish an Administrative Web access and process for submitting XML data to the ImageTrend database
- Monitor monthly EMS data downloads and keep the EMTS Funding Section manager apprised of agencies' reporting compliance
- Review code lists used by EMS agencies and map non-standard values to align with ImageTrend and NEMSIS code lists
- Support data analysis and reporting needs of HFEMS staff in the implementation of House Bill 1294. An automated system is scheduled to be completed by June 2014
- Provide data services to the ongoing STEMI Task Force and the Stroke Advisory Board

Medical Direction

Arthur Kanowitz, MD, FACEP, State EMTS Medical Director, arthur.kanowitz@state.co.us

Due to severe weather in the Denver area, the regional medical directors meeting scheduled for May 11 was postponed to May 12 following the Emergency Medical Practice Advisory Council meeting. The regional medical directors from the following RETACS participated in the meeting: Mile-High/Foothills, Southeastern/Southern Colorado, Plains to Peaks, Northwest and Western. There were also some members of the public who participated. The regional medical directors decided that the format of future meetings would include one central discussion item to be announced in advance of the meeting (which would consume the majority of the meeting), followed by a roundtable opportunity by each regional medical director to present any pressing issues from each region.

The central discussion item for the May meeting involved the importance of finding measurable ways to demonstrate the value of the regional medical direction process. Because the system improvement funding program is providing more than \$1 million over the next three years to support the RMD program, Dr. Kanowitz advised the group that it is very important to clearly demonstrate that the value added by the program warrants the expenditure. He challenged the group to develop objective tools to measure its value. The group had a robust discussion regarding the challenges faced by trying to establish a measure for a relatively new process that is in very different stages of development throughout the 11 RETACs. The group agreed to develop a survey that would be sent to all EMS agency medical directors and clinical coordinators to determine a baseline of their perception of the value they currently receive from the RMD program. An initial draft of the survey was prepared and input on the survey was solicited from the RETAC coordinators. As soon as the survey is finalized and approved by the entire group, it will be distributed to all EMS agencies in Colorado. The regional medical directors are looking forward to receiving the results from their regions and using the information to improve their programs.

The central discussion item used the entire time allotted for the meeting, and no regional issues were discussed. The next meeting of the regional medical directors will be Sunday, Aug. 10, 2014. The meeting will be held in Pagosa Springs with the EMPAC meeting on the following day. The meeting is open, and anyone is welcome to attend.