

STATE OF COLORADO

John W. Hickenlooper, Governor
Larry Wolk, MD, MSPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division
Denver, Colorado 80246-1530 8100 Lowry Blvd.
Phone (303) 692-2000 Denver, Colorado 80230-6928
Located in Glendale, Colorado (303) 692-3090

www.colorado.gov/cdphe



Colorado Department
of Public Health
and Environment

State Emergency Medical and Trauma Services Advisory Council

Jan. 30, 2014

DRAFT MINUTES

CALL TO ORDER

Chief Daniel Noonan, SEMTAC chair, called the Jan. 30, 2014, State Emergency Medical and Trauma Services Advisory Council (SEMTAC) to order at approximately 9 a.m. at the Colorado Department of Public Health and Environment, Denver, CO 80246. Chief Noonan welcomed everyone to the meeting and reminded them to sign in and turn their phones off.

Roll call

Mr. Randy Kuykendall, SEMTAC secretary, conducted the roll call.

Members present: Dr. Jeff Beckman, Dr. Andrew Berson, Dr. Walter Biffel, Dr. Christine Darr, Dr. David Dreitlein, Dr. Eugene Eby, Ms. Stephanie Eveatt, Mr. James Felmler, Commissioner Lew Gaiter, Chief John Hall, Captain Robert Hudgens, Commissioner Linda Joseph, Chief Richard Martin, Mr. Fred Morrison, Chief Daniel Noonan, Commissioner Buddy Schmalz, Mr. Carl Smith, Mr. Jimmy Taylor, Ms. Patti Thompson. A quorum was established.

Members excused: Mr. John Harney, Chief Randy Leshner, Dr. Ed Lopez

Ex-officio members present: Ms. Carol Gould, Mr. Randy Kuykendall, Mr. Zane Laubhan, Captain Brian Lyons, Mr. Bill Voges.

Ex-officio members absent: Mr. Michael Carter, Sheriff Don Krueger.

Emergency Medical and Trauma Services (EMTS) Branch staff present: Ms. Michelle Reese, Ms. Jeanne-Marie Bakehouse, Mr. Marschall Smith, Ms. Joni Briola, Ms. Crystal Cortes, Ms. Tamara Hoxworth, Ms. Margaret Mohan, Mr. Matthew Paswaters, Ms. Grace Sandeno, Mr. Andre Smith, Dr. Art Kanowitz, Ms. Alexandra Haas, Mr. Matt Concialdi, Ms. Eileen Shelby.

Introduction of new HFEMSD staff members

Mr. Randy Kuykendall introduced four new members of the Health Facilities and Emergency Medical Services Division. Ms. Alexandra Haas is the new policy and regulatory supervisor. Mr. Matt Concialdi is the new systems development coordinator, replacing Mr. Sean Caffrey.

Ms. Eileen Shelby is the new stroke and STEMI coordinator. Ms. Kim Fear is the new Fiscal and Administrative Services Branch manager, replacing Ms. Lynne Keilman. The job posting for the EMTS Branch chief will be posted in the near future.

Appointment of new council members

Mr. Kuykendall announced three new SEMTAC members to replace retiring members. Ms. Stephanie Harrison will serve as the trauma nurse coordinator representative, Ms. Deb Moynihan will serve as a registered nurse involved in rural emergency medical and trauma services, and Dr. Andrew Berson will serve as a board-certified surgeon providing trauma care at a Level II trauma center.

Approval of minutes

Chief Daniel Noonan indicated the draft minutes of the Oct. 24, 2013, SEMTAC meeting had been emailed to each of the SEMTAC members for review and approval, and that these minutes are also available for viewing at www.coems.info. **MOTION BY COMMISSIONER LEW GAITER, SECONDED BY COMMISSIONER LINDA JOSEPH, TO APPROVE THE MINUTES FROM THE OCT. 24, 2013, SEMTAC MEETING AS WRITTEN. MOTION PASSED UNANIMOUSLY.**

Correspondence

Mr. Randy Kuykendall indicated that there were no items of correspondence received this quarter.

OLD BUSINESS

SEMTAC meeting dates

Chief Daniel Noonan reminded everyone of the remaining 2014 meeting dates and said that the 2015 dates were shown on the agenda.

Offsite meeting discussion

Mr. Randy Kuykendall stated that the department supports going outside of Denver for meetings. The October 2014 meeting would once again be held outside of the Denver Metro area. He stated the council has gone to Glenwood Springs and Pueblo the last two years and was looking for a SEMTAC member to volunteer to host in coordination with their RETAC coordinator. SEMTAC members need to bring their suggestions to the Apr. 10, 2014, meeting.

Emergency Medical Practice Advisory Council

Dr. Eugene Eby presented the Emergency Medical Practice Advisory Council (EMPAC) report from the Nov. 11, 2013, meeting. There were 12 new waiver requests, seven requests were recommended for approval and five were tabled until the February 2014 meeting. As of December 2013, there are 477 waivers on record in Colorado. Governor Hickenlooper reappointed Dr. Diana Koelliker, Dr. Kevin Weber and Mr. Thomas Candlin to new 4-year terms, and he appointed Dr. Kevin McVaney to replace Dr. Benji Kitagawa as a physician actively serving as an EMS medical director in any area of the state. Mr. Will Dunn was reelected as the EMPAC chair, and Dr. Kevin Weber was reelected as vice chair. EMTS staff members are working with EMPAC to create a standard method for processing waiver applications, reviewing and approving waiver requests, and the tracking and reporting of

waiver data. The council was presented with an initial draft of changes to the Chapter 2 Rules regarding the scope of practice for paramedics with a critical care endorsement, and the requirements to act as a medical director who supervises a paramedic with a critical care endorsement. The finalized draft will be presented to the council for discussion and approval at the Feb.10 meeting.

Peer review bill

A proposed bill sponsored by Senators Irene Aguilar and Jeanne Nicholson and Representative Leroy Garcia is being written to give peer protection to first responders. The bill is sponsored by the Emergency Medical Services Association of Colorado. The department is not taking a position on the bill.

NEW BUSINESS

Chair and vice chair election

Both Chairperson Chief Daniel Noonan and Vice Chair Dr. Walt Biffel are term limited as of June 30, 2014. In past years the chair and vice chair positions have been elected during the July SEMTAC meeting, but this precludes any opportunity for training and succession while the current chair and vice chair are in place. Following discussion, there was a resolution to move the election of chair and vice chair to the April meeting with the elected individuals taking office at the July meeting. **MOTION BY DR. JEFF BECKMAN, SECONDED BY DR. ANDREW BERSON, TO MOVE THE ELECTION OF CHAIR AND VICE CHAIR TO APRIL SEMTAC MEETING. MOTION PASSED UNANIMOUSLY.**

There are three SEMTAC members who sent letters expressing interest in the positions to Chief Daniel Noonan. They were Commissioner Lew Gaiter, Chief Richard Martin and Mr. Fred Morrison. These three were invited to attend January pre-SEMTAC meeting. Commissioner Lew Gaiter and Mr. Morrison are seeking the chair position and Chief Richard Martin is seeking vice chair. Each candidate gave a brief bio and spoke to their interest in the positions. **MOTION BY COMMISSIONER LINDA JOSEPH, SECONDED BY DR. DAVID DREITLEIN, TO NOMINATE COMMISSIONER LEW GAITER AS CHAIR. MOTION PASSED UNANIMOUSLY. MOTION BY MR. CARL SMITH, SECONDED BY CHIEF JOHN HALL, TO NOMINATE MR. FRED MORRISON AS CHAIR. MOTION PASSED UNANIMOUSLY. MOTION BY CAPTAIN ROBERT HUDGENS, SECONDED BY MR. JIMMY TAYLOR, TO NOMINATE CHIEF RICHARD MARTIN AS VICE CHAIR. MOTION PASSED UNANIMOUSLY. Voting will occur at the April meeting, with the option of additional write-in candidates.**

Trauma Program

Ms. Grace Sandeno presented the results of the Jan. 7, 2014, re-review at Parkview Medical Center. The initial review was completed in January 2013. At the re-review, all deficiencies were corrected. Dr. Andrew Conrad spoke on behalf of Parkview, noting that the facility has improved its quality improvement processes, and he thanked the American College of Surgeons reviewers. **MOTION BY DR. EUGENE EBY, SECONDED BY MR. JIMMY TAYLOR, TO APPROVE THE RE-REVIEW DESIGNATION. MOTION PASSED UNANIMOUSLY.**

Ms. Sandeno then presented a waiver request from Memorial Hospital Central. This is a unique situation with Children's Hospital Colorado operating a licensed pediatric care unit within Memorial Hospital Central. Pediatric patients brought to the Memorial emergency department are transferred to the Children's unit for inpatient care. Memorial is designated as a level II trauma center, but the Children's inpatient unit is technically non-designated. The current process has been in place since October 2012, and Children's will be seeking Level II designation in the future. The patient receives the same level of care going from one to the other. Children's is committed to the facility. The facilities are reporting monthly to the Trauma Section regarding more seriously injured trauma patients. George Hayes from Memorial spoke on the Memorandum of Understanding both parties have for a free-standing facility sponsored by Children's Hospital to be built on the Memorial North Campus. Then, Joan Bothner from Children's spoke on their plan to build a new facility by 2016/2017. Dr. Walt Biffel stated that the Statewide Trauma Advisory Committee (STAC) recommended acceptance of the waiver.

MOTION BY DR. JEFF BECKMAN, SECONDED BY MR. JIMMY TAYLOR, TO APPROVE THE WAIVER. MOTION PASSED UNANIMOUSLY. DR. ANDREW BERSON ABSTAINED.

The last waiver request on the agenda was from Valley View Hospital. The facility was seeking a waiver to the requirement that a neurosurgeon be on-call and available within 30 minutes of the request of the trauma team leader. It is the only hospital in Glenwood Springs; the facility is attempting to have two neurosurgeons on staff to allow for 24/7/365 coverage. One of the two neurosurgeons lives more than 30 minutes away from the hospital and would be unable to make the 30 minute response requirement. They are seeking a waiver to allow a trauma surgeon to start the process so that the neurosurgeon goes directly to surgery upon arrival. It was pointed out that while the rule states the neurosurgeon must show up in person within 30 minutes, there is no rule in place at any trauma level for how quickly the patient must be taken to the operating room. If approved, this waiver would be in place until Dec. 9, 2014, the end of their current designation cycle. The facility would seek another waiver for the next designation period.

The facility presented information on current times to transfer patients. Dr. Brandon Nichol, the Valley View trauma director, brought to the department's attention that they had not realized that one of the neurosurgeons lived more than 30 minutes away. Transfer times have been a problem in past when the hospital had to transfer a patient out to another hospital. They have 10 to 12 head injuries each year requiring surgical intervention. Dr. Walt Biffel stated that STAC did not reach a decision on the waiver, acknowledging that rural issues and transfer times make this more complicated. STAC deferred to full SEMTAC. There was discussion among SEMTAC members regarding specialists at higher level facilities having faster response times written into contracts. The suggestion was made that the neurosurgeon could move closer. The question was raised if this waiver were approved, would it lead to other facilities requesting similar waivers, decreasing the level of care? There was a question if there had been other waivers in the past requesting a change to response times for other doctors. Department staff stated that previously there was a similar waiver in place in another portion of the state for the physician staffing the emergency department. Staff suggested putting conditions on the waiver if approved by SEMTAC. There was also discussion regarding whether there should be different standards between rural/mountain and urban area response times. Dr. Nichols stated

that if the waiver was not approved, the other neurosurgeon could be called in for very rare circumstances. **MOTION MOVED BY DR. DAVID DREITLEIN, SECONDED BY DR. ANDREW BERSON, TO RECOMMEND DENIAL OF THE WAIVER. MOTION PASSED. DR. JEFF BECKMAN, MR. FRED MORRISON AND MR. CARL SMITH OPPOSED THE MOTION.**

The Designation Review Committee is in need of new members. Interested SEMTAC members need to contact Chief Daniel Noonan to be appointed.

ST-Elevation Myocardial Infarction (STEMI)/Stroke Update

Legislation was passed in 2013 to create two advisory boards, one for STEMI and one for stroke. Each board will make recommendations and submit periodic reports to the legislature. The 2013 reports have been submitted and are available on the website for review. Each board will continue to meet until they are dissolved in 2015 and 2018, respectively.

Trauma Rulemaking - Trauma Chapter 3

A request for rulemaking hearing will be presented to the Board of Health on Feb. 19, 2014. The requested change would lower the volume criteria for Level I trauma centers from 400 to 320. The hearing should be scheduled for April 16, 2014.

Positively Collaborative Award

This quarter the positively collaborative award was awarded to Tom Candlin for many years of dedicated service to the EMTS community. He was nominated by Commissioner Lew Gaiter. He was given an award and a gift certificate.

Chair Report

Chief Noonan presented a video clip from a TEDMED conference, where Aimee Mullins was the speaker on “You define you, not others.”

EMTS Funding Section

CREATE

Ms. Jeanne-Marie Bakehouse presented that there are two vacancies on the CREATE Expert Review Committee’s financial waiver group and that two volunteers were needed. Ms. Deborah Moynihan and Ms. Stephanie Harrison volunteered to fill the vacancies.

EMTS Funding Update

Ms. Bakehouse asked each member of the council to sign up for provider grant reviews on May 15 and 16. She stated she expects to receive 150 applications.

Chapter 1 Update, HB13-063 Critical Care Endorsement

Mr. Fred Morrison gave a brief history of the process for implementation of this legislation, stating that SEMTAC would make recommendations for changes to EMS Chapter 1 for consideration by the Board of Health, and that EMPAC would make recommendations for changes to EMS Chapter 2 rules for consideration by the Executive Director. The department hired Anne Montera to facilitate meetings of a task force formed to provide recommendations regarding the rules necessary to create the critical care endorsement. The task force met bi-

weekly from July 2013 to January 2014. The task force recommended that the rules require initial and renewal applicants to hold a valid state-issued paramedic certificate and either a Flight Paramedic or Critical Care Paramedic certificate issued by the Board for Critical Care Transport Paramedic Certification (BCCTPC). The BCCTPC certificate process was selected because it has a rigorous, validated testing process with testing center sites along the Front Range and the Western Slope and a robust certification renewal process. The BCCTPC has no affiliation with educational institutions that offer critical care classes. The exam costs \$275 or \$125 if the provider is a member of International Association of Flight and Critical Care Paramedics (IAFCCP). Funding for the exams is available through agencies, grant processes or the CREATE grant program. Staff will go to the Board of Health on March 14, 2014, with a request to be placed on the May 2014 agenda. The rules must be effective by August 2014 per the legislation. Chief Noonan thanked Alexandra Haas for her efforts in writing the recommendations. **MOTION BY MR. CARL SMITH, SECONDED BY MR. FRED MORRISON, TO APPROVE THE RECOMMENDATIONS OF THE TASK FORCE. MOTION PASSED.**

Professional Standards Section

Mr. Marshall Smith reported that all certification requests submitted had been brought current, and that certification staff members have been processing hundreds of applications weekly. Educational opportunities are expanding with critical care endorsement coming soon. There will be a webinar on March 4, 2014, to gather input on proposed critical care endorsement rules. The I-99 process is still supported by the National Registry as long as Colorado requires the support. ImageTrend implementation of on-line certification is still moving forward.

Committee, Task Force and Workgroup Reports

Injury Community Planning Group

Ms. Carol Gould reported on the Injury Community Planning Group (ICPG). Dr. Amy Martin was the first recipient of the VIP Winnable Battle Champion award, nominations for the award can be made on www.vipreventionnetworkco.com. She then updated the council on the injury suicide strategic plan priority, with Safekids Larimer County expanding service to Loveland, and car seat education and distribution classes expanding to Weld County. Children's Hospital completed a research project analyzing the correlation between car seat inspection stations and injuries to children. The findings indicate that there were fewer injuries to children involved in car crashes in counties with inspection stations. The Foothills RETAC received a grant from CDOT to conduct a high school seatbelt challenge and a program called "Shattered Dreams." CDOT's 2014 Problem Identification Report has been completed and posted on CDOT's website at: <http://www.coloradodot.info/programs/safety-data-sources-information>. CDOT will be releasing its grant application for FY 2016 soon. The application will be due on April 1, 2015. Application documents can be found at: <http://www.coloradodot.info/business/grants/safetygrants/ots-fy-2015-funding-opportunities>. Next she reported on Older Adult Falls, with Centura Hospital having 17 Stepping On trainers across the state and doing a joint train-the-trainer class with HealthOne in March 2014. Stopping Elderly Accidents, Deaths and Injuries (STEADI) is a clinical tool kit developed by the Centers for Disease Control to assist clinicians in screening and assessing older adults for fall risk. She then discussed suicide prevention, the department is partnering with Children's Hospital to pilot a lethal means restriction counseling education program. Together they

developed a video that shows interaction between a clinician and the parents of a suicidal youth. The pilot program will be rolling out in February at Children's with a built in evaluation of the pilot program. SB14-088, Suicide Prevention Commission, was recently introduced and would create a commission to advise the Office of Suicide Prevention on funding in local communities and create an additional position. She then presented on prescription drugs. The department has purchased six lock boxes for opioid medications and is looking for law enforcement agencies to host lock boxes. There are currently a total of sixteen around the state. Lastly she discussed the move of the child death review process from the state to the local level. There will be a four day safe sleep summit in May 2014 to gather input from child care groups, human service providers, home visitation programs and hospitals. The Injury, Suicide and Violence Prevention Branch are adding infant sleep-related questions to the 2014 Pregnancy Related Assessment and Monitoring System survey and birth certificates to collect data.

Designation Review Committee Report

Dr. Charles Mains presented that this was a slow quarter for the designation review committee. Three facilities had automatic designations. Sky Ridge Medical Center received a one year designation with a re-review. There is only one Level III-V facility to be reviewed in the next quarter.

Pediatric Emergency Care Committee

Dr. Christine Darr reported on the Pediatric Emergency Care Committee. Colorado is wrapping up its participation in the bi-annual assessment of EMS services that is being conducted through the National EMS for Children Data Analysis Resource Center (NEDARC). Data from the survey will be available in a few months and will be used to target future EMS for Children activities in the state. 2013 was a big year for survey work surrounding EMS for Children with the Peds Ready Hospital Assessment conducted in early 2013 and the EMS Assessment late in the year. The EMS for Children program will be conducting a two day strategic planning summit at the University of Colorado Anschutz Medical Campus on Feb. 27 and 28th. Both Children's Hospital Colorado and Denver Health will be holding pediatric-related EMS conferences. The Colorado Prehospital Pediatric Quality Council (CPPQC or "Cupcake") met for the first time in November 2013 and will have its second quarterly meeting on Feb. 11 at Children's Hospital Colorado. The Cupcake will meet quarterly moving forward, the day after EMPAC meetings, (February, May, August and November). The most recent issue of the Journal Prehospital Emergency Care was published with a supplement representing the first round of EMS Evidenced-Based Guidelines. The first guideline published is for EMS care of pediatric seizures. Additional guidelines are also published for pain management and helicopter EMS use for patients of all ages. All members of the community are encouraged to review the guidelines which are intended to inform the process of protocol writing at the local level. An additional guideline on pediatric respiratory distress is expected soon. As the guidelines were federally funded, links to them will be provided in the Pediatric Clinical Care section of the www.emsccolorado.org website.

Statewide Trauma Advisory Committee

Dr. Walter Biffel reported on the Statewide Trauma Advisory Committee (STAC) meeting. They discussed the Level I rule change to be heard by the Board of Health on April 16, 2014. Announcements were made for open positions for STAC membership, and updates for CQI and trauma registry were given. There was discussion on a waiver application from Valley View Hospital, and the committee decided to defer the recommendation to SEMTAC. They then discussed a waiver application from Memorial Hospital Central/Children's Hospital Colorado and recommended waiver approval to SEMTAC. Lastly, they discussed scope of care and will be meeting in April to look at the platform of services necessary to provide orthopedic care at each level trauma facility. The group will start with a list of issues and the nature of the platform that is required 24/7 to meet the needs of the patient.

Public Policy and Finance Committee

Dr. David Dreitlein reported on the Public Policy and Finance Committee. He reported that Kim Fear was introduced as the division's new fiscal services manager and that she had answered questions about fund balance. She clarified that 16.5% is the ceiling amount set for fund balance and that currently the fund is around 15%. Dr. Dreitlein stated that Jeanne-Marie Bakehouse reported that \$2.5 million has already been requested for reimbursement for FY14 and 62 categories have closed. There has been \$22,473 in reversions. The committee was told that the department, as well as the rest of the state, is changing financial systems on July 1, 2014. The new system is Colorado Operations Resource Engine (CORE). The transition should be seamless to entities that have contracts or purchase orders with the department, but there is a potential risk of delays to July start dates. He reported that CREATE has approved approximately \$472K of the FY14 funds and \$143K for FY15. A small group will be assembled to look at the scoring tool and discuss whether there is an appropriate and realistic cut-off number for scoring. Right now, the CREATE scoring tool has a 50 point weight, but there is no assigned cut off score for denying a request. There is another group being formed to look at organizational profiles to recommend any necessary updates and changes.

There was a presentation by Jim Felmlee on a resident EMT program for Center Fire Protection District and another by Brandon Chambers and Dr. Kevin Weber on regional medical direction for Southern and Southeastern Colorado RETACs.

Safety Task Force

Chief Daniel Noonan explained to the group that by definition, a task force was a group that worked to accomplish particular goals and then disbanded once the goals were complete. Since the Safety Task Force group has been meeting for years and because safety is an issue of ongoing importance, the council was asked to discuss making this a committee. **MOTION BY COMMISSIONER LINDA JOSEPH, SECONDED BY DR. CHRISTINE DARR, TO MAKE THE SAFETY TASK FORCE A STANDING SEMTAC COMMITTEE STARTING WITH THE JULY 2014 MEETING. MOTION PASSED. MR. JIMMY TAYLOR OPPOSED THE CHANGE.** Ms. Shirley Terry then reported the group discussed the pros and cons of becoming a SEMTAC committee and that it needed to pursue creating goals and structure. The group discussed and created a draft purpose statement: "To provide for an environment and culture of safety to all emergency medical and trauma service providers, patients, family and community." Next, the group discussed the charge and created a draft:

“Annually perform a SWOT analysis, based upon the committee’s mission, to assist in defining its annual goals and objectives.” The group agreed that once the SWOT analysis was performed, the goals could be created for the year. She then presented that committee membership will be determined at the next meeting of the group and that a chair will be elected at the July meeting. She reported that the task force is working to provide an EMS Safety Leadership certificate to those who complete a number of courses or educational offerings that focus on safety concepts. Continuing education hours will be provided by HealthOne for the Safety Summit, and the team is currently developing a curriculum that will be presented at the October Safety Summit for review and input from the attendees.

Emergency Medical and Trauma Services Section Report

EMTS Staffing

Mr. Randy Kuykendall reported that the division has a new organizational structure and that division personnel will be re-aligned throughout the seven division branches starting on April 1, 2014. This change will allow for a more efficient division and came about as a result of input from the community. Ms. Michelle Reese and Ms. Deann Conroy are the new deputy division directors, and the seven branch chief positions should be filled by June 2014.

Stroke Data Presentation

Ms. Grace Sandeno gave a presentation on the stroke data analyzed by Mr. Steve Boylls and Mr. Scott Beckley. Steve and Scott have gathered data on the number of transports for suspected stroke patients. She presented the average trip time, time on scene and time to facility. She reported the results of an online survey of facilities regarding stroke treatment capabilities. There were 59 respondents: 33 acute care hospitals, 20 critical access hospitals, and six community or free-standing emergency centers. Over 50 percent of hospitals responded that they were not notified that a stroke patient was arriving.

Adjourned meeting at 12:45 p.m.