Regional Emergency Medical & Trauma Services Systems Development Biennial Plan

alternate v1.0

Western RETAC

Plan Cycle
July 1, 2015 – June 30, 2017

Plan Update:	**Original for FY17**
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Table of Contents

Section 1

RETAC Overview
- Mission Statement
- Description
- Ongoing Organization and Planning Process

Section 2

Accomplishments

Section 3

EMTS System Components

Section 4

Goals and Objectives

Section 5

Attest Statement

Appendices:

Supporting Documents

1 RETAC Map
2 Regional Transit and Transportation
3 Population Distribution
4 Jobs & Wages
5 WRETAC Board Representatives
6 Resolution 2014-01
7 Montrose County Resolution/Regulations

Section 1: RETAC Overview:

Mission Statement:

The mission of this RETAC is to promote, foster and support cooperative organization of Emergency Medical and Trauma Services in the Western Region and the State of Colorado utilizing data, communications, protocols and training to provide Quality Improvement. The RETAC is composed of individuals concerned with promoting, fostering, and supporting excellence in emergency medical services within and between the counties represented.

Description:

The WRETAC, also known as the Western Regional EMS Council, is the representative body for Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel counties.[1] The region encompasses 9,563 square miles and has a population of 91,841. The 12 EMS agencies that serve the region cover a total area of over 10,800 square miles.

The region is remarkably diverse in population density and terrain. The population density ranges from an average 0.8 persons per square mile in Hinsdale County up to 27.1 persons per square mile in Delta County. A large portion of the WRETAC area is covered by public land and wilderness areas without major road access. Many of the counties and citizens are isolated by this limited access land, high mountain passes, deep canyons, large river drainages and waterways, high desert plateaus, and expansive spans of public land.

There are several major geographic features and barriers in the region. The West Elk Mountains and the west side of the Continental Divide cover much of Gunnison County. The San Juan Mountain Range covers much of San Miguel and Ouray counties to the south, and all of Hinsdale County. The Uncompahgre Plateau divides Montrose County into two separate regions with the west end being accessible most of the year only through Mesa County to the north and San Miguel County to the south. The Blue Mesa Reservoir and Black Canyon of the Gunnison extend from Gunnison County, through Montrose and into Delta counties. Grand Mesa is the largest flat top mesa in the world. It is located to the northeast in Delta and Gunnison counties.

US Highway 50 is the major East/West highway in the region, and is designated as a Class A Hazardous Material route. Other highways in the region include 550, 62, 145, 92, 133, 114, 149, 141, and 348.[2] Because of limited access around the region, many are major trucking routes.

The majority of the people live in or near the incorporated cities of Montrose, Delta, and Gunnison located in the counties with the same name. The towns of Telluride, Crested

[1] RETAC Map
[2] Regional Transit and Transportation

Butte, Ouray, and Lake City are resort communities that draw large numbers of tourists seasonally for recreational activities.

Tourism, health care and social assistance, educational services, construction and manufacturing, and agriculture are major income sources in the region. The region has historically been a major mining area with a large portion of Colorado's coal production being from Delta and Gunnison counties. The coal mining in the North Fork Valley has declined because of the economy and the large mines have reduced production or closed operations in the last two years. This has left many people in the region unemployed. Limited oil and natural gas exploration has begun north of Delta County. Environmental considerations have limited its acceptance in the WRETAC area. The TransColorado pipeline transports natural gas across the area from Rio Blanco County to the San Juan Basin in New Mexico. Other areas of the WRETAC were large mining areas during the Uranium and Gold/Silver days. Most of that mining is now abandoned, but a resurgence of activity is present today. There are three large hydroelectric dams in the region and two smaller hydroelectric projects that generate power for the Western United States. The economy of the area has been slow to rebound. Unemployment remains high along with the poverty rate, and the medium income is lower for the region.[3]

The emergency medical and trauma system of the WRETAC consists of four Public Safety Answering Points that receive 911 calls and requests for emergency medical services. These public safety answering points (PSAPS) then dispatch 12 EMS agencies throughout the WRETAC, all but one of the EMS agencies are advanced life support (ALS) capable. One critical care ground transport (CCT) agency is located in Montrose. A CareFlight helicopter is stationed in Montrose as a joint effort with St. Mary's CareFlight in Grand Junction.

The WRETAC area has one hospital that is a Level III trauma center, two hospitals that are Level IV trauma centers, and one clinic that is a Level V trauma center. There are no acute care or critical access hospitals. St. Mary's Hospital in Grand Junction, Colorado is a Level II trauma center that is located approximately 35 miles outside the WRETAC area. It is considered the closest and most appropriate regional resource center, and it is the destination for most serious trauma patients. St. Mary's Hospital in Grand Junction is available and used extensively within the WRETAC for both rotor and fixed-wing transfers. Noncritical patients have been transported to the hospitals in Moab, Utah, and Cortez, Colorado from the west end of Montrose County and San Miguel County by ground ambulance because they are the nearest facilities. Critical patients are flown to St. Mary's Hospital. Other patient destinations are determined by the facilities and have included Children's Hospital and level I trauma centers in Denver, burn centers in and out of state.

[3] Jobs & Wages

Ongoing Organization and Planning Process:

Organization:

The Western Regional EMS Council, WRETAC is a 501(C)3, non-profit corporation that serves as the Western RETAC. The Board consists of 13 Voting Representatives.[4] Two representatives are appointed by the Board of County Commissioners from each of the six counties represented and one representative is appointed by the Delta Montrose Technical College. County appointments to the Board from designated trauma centers in the region include voting representatives from Delta County Memorial Hospital, Gunnison Valley Hospital, and the Telluride Medical Center. Currently there are Ad-Hoc Non-Voting regional members representing Montrose Memorial Hospital, Montrose Fire Protection District, Montrose Regional Dispatch Center, CareFlight Montrose, Basin Clinic, Classic Aviation, TransCare Ambulance, and North Fork Ambulance Association. There are two Ad-Hoc Non-Voting members from out of the region representing St. Mary's Hospital and St. Mary's CareFlight. The WRETAC Board meets quarterly in August, November, February, and May.

WRETAC has two staff members. The WRETAC Coordinator and the Special Projects Coordinator. Their functions follow.

WRETAC Coordinator

- Serves as WRETAC Coordinator fulfilling duties and deliverables required by CDPHE
    - Manages the daily functions of the WRETAC Office
    - Supervision of employees and volunteers
    - Codes invoices weekly to forward to the Treasurer for approval for payment
    - Serves as an agent to the Board on all matters relating to emergency medical and trauma service programs
    - Coordinates Board meetings by preparing the agenda with the Board President, prepares and presents supporting documentation, coordinates the taking, distributing and storing of meeting minutes and other records with timely distribution to participants, and ensuring secure storage and back up of records
    - Coordinates elections and other procedures of the Board
    - Communicates with hospitals, EMS agencies, training centers, and County and State representatives to identify opportunities to resolve problems and improve services in the region
    - Provides technical assistance and coordination on request from EMS agencies, facilities, and governmental organizations within the region related to emergency medical and trauma services

[4] WRETAC Board Representatives

- Represents WRETAC at SEMTAC, RETAC Forums and other state-level meetings and participates in state-level EMS committees and workgroups as directed by the Board
- Represents WRETAC as active member of the West Region Health Care Coalition, Western All Hazards Emergency Response, Western Colorado EMS Leadership Council, Montrose Suicide Prevention Coalition, and Aging and Disabilities Resource Center
- Coordinates and oversees the submittal of reports and forms required by CDPHE related to RETAC and associated funding
- Meets with each agency, facility, or Board of County Commissioners on a regular basis
- Helps to develop procedures with the Board and deliver and monitor effectiveness of training programs
- Serves as the primary contact for the Board for inquiries, CDPHE communications, customer complaints, and requests for special services
- Participates in special events and safety information dissemination, and participates in inter-agency activities including mock incident trainings
- Maintains the WRETAC website
- Forwards information on training and events to EMS agencies and providers to help to ensure availability of continuing education opportunities in the region

Special Projects Coordinator

- Writes, reviews and edits proposals and Letters of Intent for corporations, foundations and government grant opportunities following funding guidelines, parameters and procedures
- Researches potential funding sources
- Prepares and submits required reports to funders in accurate and timely manner
- Works closely with Grants Committee to develop priority projects, applications and strategic plans
- Manages and supports the Western Regional Occupant Safety Coalition to meet grant deliverables and participating agencies' needs
- Coordinates and interacts with existing groups
- Communicates regularly with all stakeholders
- Assists agencies with Provider Grant applications and other special grants as deemed appropriate by the Grants Committee and/or the WRETAC Coordinator
- Prepares and distributes Board Reports
- Assists WRETAC Coordinator with required reports to the CDPHE EMTS Section and WRETAC Board Committees
    - Grant Committee
    - Injury Prevention Committee
    - MCI Committee
    - Facilities Committee

The WRETAC is the fiscal agent for the Regional Medical Direction Grant. The Medical Director and RMD Coordinator are paid as contract labor under the grant. Other contract labor utilized is the contractor for bookkeeping services and support help that is needed for special projects and grant programs.

There are no county EMS councils at this time in the six county-area.

Needs Assessment and Planning Process:

The WRETAC Board meets quarterly in Montrose and attendance is available to Board members and other interested EMTS stakeholders by telephone communications. The meetings are well attended and all EMTS stakeholders are encouraged to attend.

Roundtable discussion takes place at each meeting. This allows all participants to give an update to the full Board on what is happening in their areas. There have been very few instances where needs or problems have been brought before the Board. The EMTS agencies are very centralized and keep their operations to themselves. WRETAC assistance has been rarely requested, but the WRETAC Coordinator has attended public meetings to offer information on EMTS as needed.

The Coordinator has visited with all agencies and two agencies have requested assistance. Information has been passed to the agencies and participation in public and Board meetings has taken place to explain EMS in the region and discussion has taken place on the proposed issues. Continued communication takes place and the help of the WRETAC has been appreciated. Personal communication and visits have been successful in finding funding for agencies for training and equipment.

Emergency medical and trauma services are available throughout the six county region. The level of emergency medical service offered by agencies varies and much of the area is classified as rural or frontier. The main barriers to care are the long distance patient transfer times that must be made to reach the nearest hospital, low population density, and poor road conditions in bad weather. Recruitment and retention of EMS providers is a problem in all small agencies. Many providers are older and nearing the end of their EMS careers. The secluded areas with low population densities offers limited resources in recruiting new EMS providers. Young people are not as willing to volunteer their time in EMS as the position requires them to be away for many hours on patient transports and required initial and CE training.

The three facilities offer a wide choice of care and follow-up care in the communities served. Many residents in the region must travel long distances for needed care and treatment because of the vast area in the six county-area. Community clinics offer some outreach services on a limited basis. Follow-up care after ambulance transport and treatment can result in many trips to the larger communities.

Information that is needed to determine what is needed in the WRETAC area includes:

- What are the current certification levels of EMS providers?
- What are the equipment needs of the EMS agencies?

- What training is needed for EMS and other agencies personnel to maintain certification levels?
- What is the need for EMT, EMT-I and EMT-P classes in the WRETAC?

The 2010 Abaris Group Report presented to the WRETAC identified several opportunities for improvement. Many of these areas have been included in the previous Biennial Plans as goals to accomplish. This assessment and communication with all agencies in the WRETAC area help identify ongoing needs. The needs mentioned through this SNAP document included:

- Funding-Continue to apply for grant funds from all sources.
- Education/Training-Continue to enhance the education/training opportunities, including hospital education
- Regional Training-Consider regional training equipment managed by the WRETAC and shared with member agencies.
- Long-Distance Education-Identify and promote online learning to increase access to training and removing distance barriers for rural providers.
- MCI Planning-Have WRETAC coordinate MCI planning and exercises to ensure all agency plans are compatible with one another.
- Website-Launch website to increase communication between WRETAC members, such as educational opportunities.
- Public Education/Injury Prevention-expand beyond occupant safety program and focus on new injury prevention based on regional data.
- Personnel/Staffing-Retention of EMS providers, especially in rural areas.

This biennial plan was developed with communication with the EMTS agencies, regional on line research, and direction of the WRETAC Board. Communication will continue to implement and measure the Biennial Plan goals.

Section 2: Accomplishments:

The 2013-2015 Biennial Plan period incorporated reorganization of the WRETAC with a new WRETAC Coordinator and initiating new structure to the Board. Major effort has been spent encouraging EMS providers and trauma facilities to again support the WRETAC Board and help move the organization in a positive direction. All agencies who had left the council submitted letters of interest to be appointed by their county commissioners. Accomplishments made during the two-year period follow.

- The Board of County Commissioners in the six county-area signed and approved the new Intergovernmental Agreement to support the WRETAC. In coordination with this, the WRETAC Board updated the By-Laws of the organization to correspond with the new IGA. Each County appointed two voting members to the WRETAC Board along with a representative from the Delta-Montrose Technical College. A representative from Montrose Memorial Hospital was not appointed in the process. The WRETAC Board acknowledged the need to have the major trauma facility in the region represented at their first meeting. A motion was made and approved by majority vote to appoint the MMH representative to the Board as an Ad-Hoc Non-voting member. All counties and facilities are now active members in the

WRETAC. Ad-Hoc membership now includes members from local EMS agencies, communication centers, clinics, fire departments, interfacility transport, air transport, and St. Mary's Hospital. Some of these include agencies that had left the WRETAC; they are again actively participating.

The size of the WRETAC Board was reduced to 13 voting members with the adoption of the new IGA. Reducing the size of the Board and making it more manageable was a recommendation from the Standard Needs Assessment Project (SNAP).

- The WRETAC continues to look for long-term and short-term funding streams to support viability of both the WRETAC and local EMS agencies and trauma facilities as suggested by the SNAP. The Special Programs Coordinator has helped the Basin Clinic with grant writing assistance to help them find operational funding after becoming a stand-alone clinic and the Telluride Medical Center with receiving funding to attend trauma nurse training. EMS agencies have also received grant assistance to help them be able to hire EMS providers both full and part time to maintain coverage in their areas 24/7 and ensure advanced life support to the areas. This has helped them maintain operations and retain EMS providers in the area as recommended by the SNAP.

  The WRETAC continued to receive funding from CDOT for its Occupant Safety Program but at a reduced level currently. The Western Regional Occupant Safety Council was recognized as a strength in the SNAP document. The programs value has been recognized by CDOT and increased grant funding has been approved in the next grant cycle. WRETAC will help promote a pilot program in the region with CDOT support.

  WRETAC requested operational support funding in a Systems Improvement Grant, but funding was not approved by SEMTAC. Operations continued with less funding from the CDOT grant. The occupant safety program continued with reduced outside contract labor support and reduced project costs. Spending by the WRETAC was reduced as was reflected in the operating budget. The Special Programs Coordinator elected to reduce her hours to decrease program costs. The threat of projects being tied to current funding was mentioned in the SNAP document.

  WRETAC is now the fiscal agent for the RMD Program. The two groups have combined efforts in finding educational opportunities and support of the EMS providers and trauma facilities. WRETAC continues to offer support to EMS agencies in writing grants and other funding opportunities will be searched for to support the WRETAC and regional agencies. Looking for long and short term funding streams to support the viability of the WRETAC and local agencies will be an ongoing goal for the future.

- The WRETAC staff has made a commitment to investigate funding sources available. They continued support of the Western Regional Occupant Safety

Coalition as mentioned above with CDOT and the occupant safety project. Meetings have been attended by staff regularly with the Montrose Suicide Prevention Coalition, West Region Health Care Coalition, and Adults with Disabilities Resource Council. The SNAP document recommended expanding beyond the occupant safety program and focus on new injury prevention projects. Grant support had been offered to help the different health care organizations fund their injury prevention projects and new ideas have been learned through active participation. A First Responder Resiliency Train the Trainer Class was sponsored in the region by WRETAC, a nationally recognized speaker spoke about Suicide prevention in Montrose to law enforcement, EMS Providers, and the public to help with recognition of symptoms, and a train the trainer class is being offered in Gunnison for fall prevention.

- The WRETAC Coordinator has been an active member of the Western Colorado EMS Leadership Council. The group was established to bring EMTS directors and medical directors in the region together to support the Regional Medical Direction Program as recommended by the SNAP document. The first phase of the grant process was very successful with the oversight of Montrose Fire Protection District. The council continues to meet and has approved and adopted regional EMS protocols for the six county-area. The protocols are available to all agencies at no charge for EMS providers to download on the PPP Agency App purchased by the RMD Funds. The WRETAC is now the fiscal agent for the RMD grant project. The Medical Director and RMD Coordinator remains the same. The group is now working on a regional CQA/CQI program.

- The EMS agencies in the WRETAC are all using the State Data Collection system. Software used includes ImageTrend, High Plains, and ESO. All programs download information into the state data collection system. WRETAC had assisted many of the agencies in grant writing for software and computers to comply with the data entry program. The WRETAC Coordinator is on the State Data Task Force to determine what data fields will be required for the upgrade of the system for Colorado. The WCEMSLC is currently looking at regional data, but there is still some mistrust in the data collected in the system. Looking at regional data is a goal that will continue because of the strong recommendation in the SNAP document. A major hope is that the information collected will improve with the recommendations of the Data Task Force and training will take place for the EMS providers in the area to become comfortable with the data entry process. This will help with the quality of data available to drive policy and protocol decisions through feedback to management and providers. The level III and IV facilities are now using the EMSystems data entry system. There is hope that the system will be able to integrate patient information from EMS trip sheets, hospital care, and post discharge information.

- The WRETAC Coordinator and Board continue to develop and strengthen the lines of communication between provider agencies, hospital facilities, State of

Colorado EMTS, SEMTAC, Medical Direction, Boards of County Commissioners and other elected officials. All groups in the region are encouraged to attend WRETAC meetings and work together on EMS issues. The interaction and trust has improved over the past two years with most agencies attending. *An ongoing goal will be to continue regular visits with all groups to strengthen the lines of communication.*

- The Consultative Visit Systems Improvement Grant was approved for Ouray and Montrose Counties. The visit took place the week of April 20, 2015. The WRETAC assisted CDPHE staff in setting up the meeting dates and times with the stakeholders and the six evaluators. The grant combined the visits in one week but the reports were separate for each county. This goal was completed and recommendations were made to each agency in the two county-area to help improve the EMTS system.

- The WRETAC now has a new website, www.wretac.org. It has been a learning process and information is now available to EMS providers and the public. The program is interactive and links are available to access EMS agency and training information. *Maintaining the website will be an ongoing goal to keep information up to date and become more familiar with the update process*.

The major new activities that have taken place include the WRETAC finding that the Exemption from Audit process had not been filed with the State Auditor's Office since 2005 and the Charitable Organization filing with the Secretary of State's Office had not been filed since 2009. Much time has been spent talking to the State offices to find out what is required to bring the filing current. The WRETAC is now current with the Charitable Organization filing with the Secretary of State's Office. The initial estimate for the cost of the Exemption from Audit process was over $60,000 by the local CPA/Auditor's office. System Improvement Grant funding was requested to help with the cost of the project, but it was not approved. The WRETAC Coordinator and Board Presidents with WRETAC and NWRETAC worked closely with the State Auditor's Office to work out the details. A reasonable priced auditor for the project was found which makes the cost manageable. The process will begin soon and it has been determined that the WRETAC will be filing separately from the NWRETAC.

Section 3: EMTS System Components:

SYSTEM ADMINISTRATIVE COMPONENTS:

LEADERSHIP

The formal lead agency or strategic leadership structure that controls, directs or influences individual agency activities in the region to achieve system goals.

The Western Regional EMS Leadership Council was established in 2012 to work in support of the Regional Medical Direction Grant Project that was later approved by the State. The Montrose Fire Protection District coordinated the first grant request which was submitted when there was no WRETAC Coordinator. The second RMD Grant request was approved in the 2014-2015 Grant Cycle with the Western Regional EMS Council/WRETAC designated as the fiscal agent. The project continues with the same Regional Medical Director and RMD Coordinator. The WREMSC/WRETAC Board acknowledged the success of RMD Project with Resolution 2014-01.[5] The Board wished to continue the function of the Western Regional EMS Leadership Council to support the regional EMS agencies through Regional Medical Direction. The Leadership Council consists of 22 members from EMS agencies, interfacility transport agency, air medical services, medical directors, and Trauma Facilities in the WRETAC area. Through active participation of all members, regional medical protocols have been approved and adopted by all agencies in the region. The protocols are available to all EMS providers using the PPP Agency App for smartphones provided by the RMD Project.

The Leadership Council is a lead agency that can help direct or attempt to influence individual agencies activities to achieve system goals in Regional Medical Direction. The Leadership Council does not have authority or control over individual EMS organizations. The Leadership Council was established to provide guidance for all representatives, to establish protocols, QA/QI procedures, and coordinate regional medical direction for the six county-area. It can give recommendation to all agencies, but each agency must work with their own medical director, EMS Director, and Board of Directors to adopt recommendations.

There are 12 licensed EMS agencies, one interfacility transport agency, three air medical services, one level III trauma facility, two level IV trauma facilities, and one level V trauma facility in the WRETAC area. Most of these services are represented on the WREMSC/WRETAC Board and the others are encouraged to attend the quarterly meetings and participate in the roundtable discussions. There is excellent attendance at the meetings, but concerns or issues have rarely been mentioned. The WRETAC Coordinator and Special Projects Coordinator continue to work closely with EMS agencies and trauma facilities to support grant writing for needed equipment, training, and personnel needs. They are available to offer other assistance on request.

Each EMS agency, air medical service, and trauma facility is managed through its own organizational structure. The EMS agency structures found in the region include one special ambulance district, one ambulance association, one hospital based service, two county services, seven fire protection districts, and one for profit interfacility transport

[5] Resolution 2014-10

agency. All agencies have managing Boards to establish priorities and set policies except the for profit agency.

The regionally based air medical service is CareFlight that is located at Montrose Memorial Hospital. The service was established as a joint venture between Montrose Memorial Hospital and St. Mary's Hospital April 1, 2015. CareFlight has a Board of Directors to help manage the program. Other air medical service is available in the region from Classic Lifeguard (Moab, UT) and TriState CareFlight (Durango, CO).

The management of the trauma facilities include one county hospital, one non-profit 501(c)3, and two community facilities supported by hospital districts. All are managed by Boards of Directors.

The major deficiency in leadership in the WRETAC area and all of Colorado is the need for leadership training. EMS Directors are often chosen because they have the highest skill level or have been with the organization for a long time. There is no required training on how to be a good manager or leader, and no explanation of what is required of the person assuming the position. WRETAC has obtained CREATE Grant funding to reimburse EMS Directors for one half the costs of attending the NW Leadership Academy in Glenwood Springs. Not all directors from the area have taken the opportunity to attend and many reimbursements benefitted other providers around the state. The WRETAC will continue to request grant funding for the leadership conference and work with EMSAC and other RETACs to bring quality leadership education to the area and the state. The issues of short staffing and finding the time to attend will continue to be a problem in solving this issue. Motivation and commitment are needed to attend in the future.

Another deficiency in the area is the lack of communication between EMS agencies and also trauma facilities to express the needs in their areas. There is a continued trend of each agency to work in their own silo to try to work out their own problems and find solutions. The opportunity of communication exists at the quarterly WRETAC meetings and the biannual WREMSLC meetings but issues are seldom brought to the table for discussion. It has been mentioned that the problems agencies encounter are county problems and not regional problems. The WRETAC will continue to communicate with all areas to talk about needs and funding solutions through grant opportunities. Many areas are having the same problems of recruitment and retention. These are regional issues which need to be discussed. It was mentioned by the evaluators at the recent consultative visit that county EMS councils could be established by resolution if the current regional groups are not utilized to obtain area information to help solve problems. WRETAC will support this option and the Coordinator will participate if EMS councils are established.

The first priority will be the support of EMS leadership training by continuing to find funding to send EMS Directors to the NW Leadership Academy and other quality classes. WRETAC will continue to encourage members to talk about EMS issues at meetings and look for solutions that can help.

SYSTEM DEVELOPMENT

The integrated systems of EMTS care in the region

Delta County Ambulance District is a paid service with nine full time and three part time paramedics, two full time and two part time EMT-Intermediates, five full time and 10 part time EMTs. DCAD serves the communities of Delta, Eckert, Cory, Orchard City and Cedaredge. The major transport hospital from all areas is Delta County Memorial Hospital, a Level IV Designated Trauma Facility. DCAD provides interfacility transports from Delta County Memorial Hospital to St. Mary's Hospital in Grand Junction approximately 43 miles away and provides ALS intercepts for the North Fork Ambulance Association and Olathe EMS. Mutual aid is shared with the North Fork Ambulance Association, Crawford Fire Protection District, Delta Fire Protection District (areas in Delta, Paonia, Cedaredge, and Hotchkiss), Delta County Search and Rescue, West Elk Mountain Rescue, Delta County Sheriff's Department, municipal police departments, the Colorado State Patrol, and the EMS and Fire services from the Olathe Fire Protection District. The Delta County Dispatch Center is used for communications and dispatch of personnel.

The North Fork Ambulance Association is a volunteer EMS agency that has one paramedic, two EMT-intermediate, 27 EMTs, and 16 first responders that serve the rural area of the North Fork Valley located in western Colorado. The EMS Director is a paid position. The service area includes over 1,550 square miles across canyons, rivers, mountains and valleys in portions of Delta, Montrose and Gunnison Counties. NFAA serves the communities of Crawford, Hotchkiss, Paonia, Lazear and Somerset. Their only transport hospital is Delta County Memorial Hospital. Mutual aid is shared with Delta County Ambulance District, Delta Fire Protection District, West Elk Mountain Rescue Team, Delta County Sheriff's Department, municipal police departments and the Colorado State Patrol. The Delta County Dispatch Center is used for communications and dispatch of personnel.

Crested Butte Fire Protection District-EMS serves a frontier rural district that covers the communities of Crested Butte and Mt. Crested Butte, as well as several residential developments. The first response area in Gunnison County includes national forest lands and a large ski area. Their transport hospital is Gunnison Valley Hospital which is a Level IV designated trauma facility. Mutual aid is shared with Crested Butte Search and Rescue, Crested Butte Ski Patrol, Gunnison Valley Hospital-EMS, Gunnison County Sheriff's Department, Crested Butte Police Department, and the Colorado State Patrol. Gunnison Regional Communications Center is used for communications and dispatching.

The Gunnison Valley Hospital-EMS is a paid service with six full time and eight part time paramedics, one full time and one part time intermediate, and four full time and five part time EMTs. GVH-EMS covers an area of 4,400 square miles in Gunnison County and portions of surrounding counties. It serves the City of Gunnison and all areas to the Crested Butte Fire Protection District to the north, Gunnison County line to the east and west, and Hinsdale County to the south. The main transport hospital is Gunnison Valley Hospital which is a Level IV designated trauma facility. Mutual aid is shared with Crested Butte Fire Protection District and EMS, Western State Mountain Rescue Team, Gunnison County Sheriff's Department, Gunnison Police Department, and the Colorado

State Patrol. Gunnison Regional Communications Center is used for communications and dispatching.

Hinsdale County EMS is a frontier volunteer EMS provider that serves Hinsdale County, the most remote county in the lower 49 states. The volunteers include one paramedic, four EMT-Intermediates, seven EMTs, and two first responders. The Town of Lake City is the main population center where HCEMS is located and most 911 calls originate. Hinsdale County is located in the San Juan Mountains with limited road access and many four-wheel drive only trails. The five 14,000 foot summits within 15 miles of Lake City draw many climbers to the area each year and generate calls for lost or injured hikers annually. Hinsdale County is 96 percent public land with 50 percent of that designated wilderness area. The main transport hospital is Gunnison Valley Hospital. Mutual aid is shared with Lake City Fire Protection District, Hinsdale County Search and Rescue, Hinsdale County Sheriff's Department, Lake City Marshal's Office, and the Colorado State Patrol. Gunnison Regional Communications Center is used for communications and dispatching.

Montrose Fire Rescue is a paid fire based agency with 15 full time and one part time paramedic, 16 full time and two part time EMT-Intermediates, and five full time and three part time EMTs. Volunteers include one EMT-Intermediate and three first responders. Montrose Fire Rescue serves the City of Montrose and the 186 square miles included in the Montrose Fire Protection District. The response area extends to the north at Ida Road which is the southern boundary of the Olathe Fire Protection District, the Gunnison County line to the east, Ouray County line to the south, and the top of the Uncompahgre Plateau to the west. The area extends to an area of over 1,100 square miles in portions of Montrose, Ouray, and Gunnison Counties. Mutual aid and ALS support often extends into northern Ouray County, Gunnison County, and the Olathe Fire Protection District. The transport hospital is Montrose Memorial Hospital which is a Level III designated Trauma Center. Mutual aid is shared with Olathe Fire Protection District and EMS, Ouray County EMS, Gunnison Valley Hospital-EMS, TransCare Ambulance for interfacility transports, Montrose County Sheriff's Posse, Montrose Police Department, Montrose County Sheriff's Department, and Colorado State Patrol. Montrose Regional Dispatch Center is used for communications and paging.

Olathe Fire Protection District-EMS is a paid EMS agency that has two (one full time and one part time) EMT-Intermediates, one part time paramedic, seven part time EMTs, and two part time first responders. OFPD-EMS serves the Town of Olathe and the Olathe Fire Protection District. The response area extends from the Delta County line to the north, BLM land to the east and west, and Ida Road to the south bordering Montrose Fire Protection District. Montrose Memorial Hospital is their main transporting facility in the county, but many patients go to Delta County Memorial Hospital to the north. Both hospitals are equal distance from the Town of Olathe. Transport destination is determined by the patient's location (if it is north or south of Olathe), or by patient request. Mutual aid is shared with Montrose Fire Protection District and Delta County Ambulance District, both offer Advanced Life Support intercept to the area when requested. Other mutual aid is shared with Montrose County Sheriff's Posse, Olathe Police Department, and Montrose County Sheriff's Department. Montrose Regional Communications Center is used for communications and paging of personnel.

Nucla/Naturita Fire Protection District and Ambulance has one full time EMT-Intermediate, eight volunteer EMTs, and nine first responders. NNFPD Ambulance is based in Nucla and serves the Nucla/Naturita Fire Protection District on the west end of Montrose County. The area covers approximately 210 square miles. The major transport facilities are St. Mary's Hospital in Grand Junction (Level II Trauma Center) and Montrose Memorial Hospital to the west. Patients are transported to the Basin Clinic during their business hours to stabilize or treat if possible. Transport time is approximately two hours by ground and a call can take five to six hours. Air transport services are available by CareFlight St. Mary's or Montrose, TriState CareFlight in Durango or Classic Lifeguard in Moab Utah. Mutual aid is shared with Norwood EMS, Paradox Ambulance, Montrose County Sheriff's Department, Montrose County Sheriff's Posse, municipal law enforcement, TransCare Ambulance, and the Colorado State Patrol. Dispatch services are utilized through Montrose Regional Communications Center.

Paradox Fire Protection District and Ambulance covers the Town of Paradox and the Paradox Fire Protection District. Ambulance response area covers from the Utah state border to the west, Montagram Road to the east, Highway 141 to the north and Bull Canyon to the south. The service is all-volunteer with two EMTs with IV authorization and five first responders. The major transport hospitals include Montrose Memorial Hospital, St. Mary's Hospital, and the Moab Regional Hospital in Moab, Utah. Patients are transported to the Basin Clinic during their business hours. Transport times are long and weather conditions can make transports difficult by ground through Unaweep Canyon or Dallas Divide. Air transport is available by Classic Lifeguard, CareFlight St. Mary's or Montrose, or TriState CareFlight in Durango. Mutual aid is shared with the Paradox Fire Protection District, Nucla/Naturita Ambulance, Norwood EMS, and local law enforcement, Montrose County Sheriff's Department, Montrose County Sheriff's Posse, and the Colorado State Patrol. Dispatch services are through the Montrose Regional Dispatch Center.

Basin Clinic in Naturita is not a trauma-designated facility. The clinic receives patients from Nucla/Naturita EMS and Paradox Ambulance Monday thru Friday during their scheduled hours open because of the distance to the nearest designated trauma facility. The patients receive initial treatment and stabilization, and further transfer orders to another facility by ground or air if needed. Patients are also transported to St. Mary's Hospital in Grand Junction and Moab Regional Hospital in Moab, Utah by EMS agencies in the West End of Montrose County. Interfacility transports can be arranged through the local EMS agencies or TransCare Ambulance.

Ouray County EMS is a county-owned agency that serves the Town of Ouray, Town of Ridgway and all 542 square miles in Ouray County. The San Juan Mountains cover a large part of the county which has a population density of 8.2 persons a square mile. The population peaks to over 10,000 in the summer months. Only 8.5 percent of the roads are paved in the county and many areas are accessible only on rough four-wheel drive trails. The service has two 24/7/365 ambulances located in the towns of Ouray and Ridgway, and four quick response vehicles. There are currently three paramedics, two intermediates, 18 EMTs and nine first responders trained in CPR. The main hospital transported to is Montrose Memorial Hospital. Transport times can be long

depending on location, as well as road and weather conditions. Weather can limit the use of air services that are available by CareFlight St. Mary's or Montrose, TriState CareFlight in Durango or Classic Lifeguard from Utah. Much of the mountainous terrain is inaccessible and the Ouray Mountain Rescue Team is utilized. There is a good working relationship between agencies as they all work together when needed. Mutual aid is shared with Ouray Volunteer Fire Department who staff the extrication vehicle, Ridgway Fire Protection District, Log Hill First Responder Corp, Log Hill Mesa Fire Protection District, and Ouray Mountain Rescue Team, Rangers at Ridgway State Park, Ridgway Marshal's Office, Ouray Police Department, Ouray County Sheriff's Department, TransCare Ambulance, and the Colorado State Patrol. Communication and dispatch services are provided by Montrose Regional Dispatch Center.

Telluride Fire Protection District-EMS is an ALS paid service that serves the Town of Telluride, Town of Mountain Village, Town of Placerville, Town of Ophir, and Telluride Ski Resort located in San Miguel County. The 400 square miles response area is roughly one-third of the county where 6,000 of the 7,500 residents live. The area is a major tourist destination that draws many visitors to the area, adding to the local population. It is a frontier service in a rural area. The Telluride Medical Center is a Level V designated trauma facility that has a 24/7/365 Emergency Department. Patients are transported to the TMC for stabilization and treatment. If needed they are transported to Montrose Memorial Hospital located 67 miles away by ground transportation or air ambulance if available with weather conditions. Mutual aid is shared with the Telluride Marshal's Office, Mountain Village Police Department, Telluride Ski Patrol, San Miguel County Sheriff's Department, San Miguel Search and Rescue, Norwood EMS, and the Colorado State Patrol. Dispatch and communication services are provided by Montrose Regional Dispatch Center.

Norwood Redvale Fire Protection District-EMS is a volunteer service with two Paramedics, four EMT-Intermediates, eight EMTs, and eight first responders. The area is considered frontier/rural and is located in a remote area accessible by one two-lane rural highway. It is located 67 miles from Montrose Memorial Hospital which is the major transport facility. There is no 24-hour medical facility in the area. Road conditions can be bad depending on weather conditions and frequent rock and mud-slides. Ambulance transports are long and weather can make air transport impossible. The highway follows winding rivers through canyons and over mountain passes. Mutual aid is shared with Nucla/Naturita Fire Protection District and Ambulance, Norwood Marshal's Office, San Miguel County Sheriff's Department, San Miguel County Search and Rescue, Egnar/Slick Rock Fire Protection District, and Telluride Fire Protection District-EMS. Dispatch service is provided to the area by San Miguel County Dispatch Center.

TransCare Ambulance is a private for-profit interfacility transport ambulance service licensed in Montrose and Delta counties. The service provides critical care, ALS, BLS ambulance and wheelchair transportation. The service has provided backup 911 response when requested to fill gaps in coverage for the west end Montrose County. The service has offered to provide assistance to other EMS agencies in Montrose and Ouray counties.

As stated above the major trauma facilities in the region are Montrose Memorial Hospital (Level III designated trauma center), Delta County Memorial Hospital (Level IV designated trauma center), Gunnison Valley Hospital (Level IV designated trauma center), and the Telluride Medical Center (Level V designated trauma center). Advanced Life Support is not available on all EMS services. ALS rendezvous are provided by dispatched request by Montrose Fire Rescue, Gunnison Valley Hospital-EMS, Ouray County EMS, Delta County Ambulance District, Norwood EMS, and Telluride EMS.

CareFlight Helicopters are based at St. Mary's Hospital and Montrose Memorial Hospital through a joint venture to provide emergency helicopter services to patients on the western slope. The regional service is an example of the collaborative connection between neighboring hospitals and enhances the already strong relationship with St. Mary's Hospital. Other flight services available are Classic Lifeguard in Utah and Tristate CareFlight in Durango.

The six counties in the WRETAC area cover a large area in western Colorado. Frontier agencies are often isolated from their nearest mutual aid by mountain roads, canyons, and weather conditions. These areas have become self-reliant on local services and work closely with law enforcement, and fire department personnel. Air transport is available to most areas when needed if weather and terrain permits. All areas work closely with regional mountain rescue teams (Ouray, Crested Butte, Gunnison, and Paonia), Montrose County Sheriff's Posse, and other specialty stakeholders available in the areas.

Patient transport to the nearest hospital can take over an hour from Nucla/Naturita, Paradox, Norwood, and Lake City in good weather. Crested Butte, Ouray, and the North Fork ambulances also have long transport times. Patient transports can take an ambulance out of service for several hours. When local back up crews and ambulance are not available, mutual aid is required from other EMS agencies for local coverage. This can strain the EMS resources in both areas if a second emergency response is needed.

A major challenge in all small agencies includes the difficulty of finding 24/7/365 EMS coverage. There are several EMS providers in the region who are getting older and nearing the end of their EMS careers. Remote distance from the training centers makes initial EMT training and continuing education difficult for EMS agencies and EMS personnel. Recruitment of new providers and retention of current providers remains a struggle for agencies. It is hard to find individuals who are willing to commit to the time and expense to take the initial courses and maintain their certification. Hiring at least one full time EMS provider has occurred in Olathe Fire-EMS, Nucla/Naturita EMS and Crested Butte-EMS, and grant funding has been obtained to assist Ouray County EMS and the North Fork Ambulance hire EMS providers.

Hiring full time providers has proved to enhance the EMS coverage in the region. The problem of burnout exists with only one ALS provider. It is easy for this person to cover long hours and feel the need to respond to calls beyond the scheduled work period. Historically it has been difficult to entice ALS providers to move to the remote rural areas because of isolation, few numbers of ALS calls, and skill degradation. It has been

suggested that the region looks at available EMS providers and try to establish either adopt an agency programs, or find a method of establishing a pool of ALS providers who would be willing to travel to rural areas to help with EMS coverage. Either of these solutions would be a benefit to rural areas and could offer a means of bringing continuing education to isolated areas.

Some areas are now looking at finding available housing that could be used to bring in additional EMS coverage. The constraints are finding large agencies willing to share EMS personnel, find EMS providers willing to commit the time to participate and bring training to the areas, and find someone or agency willing to buy into the program of providing a roving pool of providers, be willing to manage the unique program, and of course funding of the project. This idea has been mentioned several times by the Regional Medical Director but no action has taken place to try and find support of the program.

WRETAC will make it a priority to work with agencies to help find viable solutions for recruitment and retention of EMS providers. It will continue to help with Provider Grant assistance to find funding for paid personnel. It will work with the agencies, WCEMSLC, and the WRETAC Board to discuss a traveling paramedic program and help coordinate and manage a grant to pilot a program.

REGULATION

The system of EMTS regulation in the region

The Boards of County Commissioners in each county are responsible for the licensing of ambulances by resolution according to State Statute. Many of the regional county resolutions are outdated and need to be reviewed. There appears to be minimal implementation and enforcement of EMTS regulations currently in the region beyond ambulance inspection and licensing by the counties. Some resolutions are very basic to cover the statutory requirements with no further documentation for actual regulations. Montrose County has passed a new resolution and ambulance regulations that go into effect July 1, 2015.[6] The Montrose County Emergency Manager will take over the position of inspection of ambulances and will work with the County to make sure the regulations are implemented.

[6] Montrose County Ambulance Resolution and Regulations

Each county resolution needs to be reviewed and updated if necessary to ensure that the EMS system remains a cohesive and a well-integrated system as per the Health Facilities and Emergency Medical Services Division Chapter 4 Rules covering the licensure of ground ambulance services. The review process should include the input of all County EMS Directors and other EMTS stakeholders who participate in the system to ensure qualified expert advice in the process. The resolutions should include:

- Clearly defined coverage area and a process to add additional agencies in the event future growth requires additional agencies to provide services
- Definitions of the levels of service to be provided as well as required response times
- Costs that are associated with licensing fees and any per call fees to be paid to the county
- Minimum vehicle insurance requirements
  Vehicle design standards for safety

The resolution should be reviewed and updated on a regular basis to ensure that it remains relevant as changes occur in the county. *The resolution review will be the major priority.*

The WRETAC will continue to offer advice as requested. There has been resistance in some counties to bring issues to WRETAC and WCEMSLC. It was suggested by the Consultative Visit evaluators that were in the area in April to look at the EMTS systems in Montrose and Ouray Counties that these counties look into possibly set up EMS Councils to offer advice to the Board of County Commissioners. There is a need for stakeholder input in major EMS decisions to make sure regulations and decisions work for everyone. EMS Councils were incorporated in the regions prior to the formation of the eleven RETACs. When the county funding was directed to the RETACs for regionalization, most councils stopped being utilized.

The major constraints to forming County EMS Councils include how to fund of the process and forming another council for EMS Directors to attend. Directors are also involved in the WRETAC and WCEMSLC meetings. The Counties need to review their resolutions first then look at the possible need for forming the EMS Councils, or working with the existing groups to determine the best way to move forward with the process.

FINANCE

The financial structure supporting the EMTS system in the region

There are 12 prehospital EMS agencies and one interfacility transport agency in the WRETAC area. Funding for the agencies is provided by

- Ouray County EMS and Hinsdale County EMS are county-based agencies that receive operating funding from the county. The funding includes user fees, tax funding from mil levy, grant funding, private fund raising, and contract service. OCEMS receives additional funding from an annual ambulance subscription program and Hinsdale County receives $15,000 pass-through funding from the WRETAC to apply to its EMTS funding.

- Delta County Ambulance District is a special ambulance district in Delta County. Funding includes user fees, tax funding from mil levy, grants, and contract service.
- North Fork Ambulance Association is a private nonprofit organization. It is funded by user fees, annual membership drive, contract service, and grant funding.
- Gunnison Valley Hospital-EMS is hospital based and receives funding from Gunnison County. Other funding comes from user fees and grant funding.
- Crested Butte EMS, Montrose Fire Rescue, Norwood EMS, Nucla/Naturita EMS, Olathe-EMS, Paradox Valley Ambulance, and Telluride EMS are funded through fire protection districts tax funding from mil levy. Other funding is received by user fees, grant funding, fundraising and donations, and contract service. Two of the agencies have an annual subscription drive.
- TransCare Ambulance is a for profit interfacility transport service. It is funded by user fees.

There are nine specialty rescue services in the WRETAC Region. Funding for the organizations is provided by

- Montrose County Sheriff's Posse, Delta County SAR, Hinsdale County SAR, and San Miguel County SAR operate under the county sheriff's Department. All are volunteer and most are nonprofit organizations that solicit funding through fundraising, grants, and donations.
- Western State Mountain Rescue Team, Crested Butte SAR, Monarch Pass SAR, Ouray Mountain Rescue, and West Elk Mountain Rescue are volunteer organizations and most are organized as 501(c)3 nonprofit organizations that are funded by donations, grants, and fund raising.

The four trauma designated facilities located in the WRETAC Region are funded by

- Montrose Memorial Hospital is a Level III Trauma Center that is set up as a nonprofit organization that is funded from user fees and donations. MMH has an acute rehab unit, cardiac cath labs and services, medical imaging, neurologist on staff, and it is a partner in the dialysis center, San Juan Cancer Center, and Mountain View Therapy.
- Delta County Memorial Hospital and Gunnison Valley Hospital are nonprofit community hospitals that are designated as Level IV Trauma Centers. They are funded through county support, user fees, and donations. DCMH has a cardiac and pulmonary rehabilitation center, medical imaging, neurologist on staff, and a cancer center. GVH has medical imaging, cardiopulmonary services, rehabilitation OT and PT services, and a cancer treatment center. GVH also has assisted living facility and home health services.
- The Telluride Medical Center Trauma and Emergency Services Department is a Level V Trauma Center that provides emergency care 24 hours a day seven days a week. TMC is controlled by the Telluride Hospital District and is funded by tax funds from mil levy, user fees, and donations. TMC has medical imaging, and orthopedic services.

  There are varied services in the larger communities of Montrose, Delta, and Gunnison. Rural communities have access to clinics for basic medical care

but no 24-hour emergency services available. Rehabilitation services are limited and post injury travel is necessary for follow-up treatments. Home health care is also limited which makes returning home difficult. Region 10 has been a working with the health care providers in the six county-area to find funding to bring services to the rural areas. Travel distance and costs of service have made services hard to maintain. Public health, mental health, prevention, and specialty care have been available through the local clinics. Costs have been covered by county support, donated time and clinical space.

There are four dispatch centers in the six county-area. The centers are funded by

- Montrose Regional Communications Center is department of the Montrose County Sheriff's Office. It provides dispatch service for approximately 22 EMS, fire and law enforcement agencies in Montrose, Ouray, and San Miguel Counties. Funding of the service comes through agency fees based on percent of use, grants, DOLA grants, Montrose Emergency Telephone Service Authority and gifts from other dispatch centers. The Center has been receiving a subsidy by Montrose County for operations and user support fees in the past. Montrose County is ending the subsidy to make the department self-sufficient. This is expected to increase the amount each user agency is charged annually and some agencies have mentioned looking for other dispatch services. If this happens all remaining agencies will be charged a larger fee to cover the loss in user support. The facility and 911 phone system is new and serves the region well.
- Delta County Communications Center is a part of the Delta County Sheriff's Department. It provides service for 20 law enforcement, EMS and fire protection districts in the county. Funding comes from Delta County, agency fees, grants, and the Delta Emergency Telephone Service Authority.
- Gunnison Regional Communications Center is operated through the City of Gunnison. It provides service for 15 law enforcement, EMS and fire protection districts in Gunnison and Hinsdale Counties. Funding is provided by agency fees, grants and the Gunnison Emergency Telephone Service Authority.
- San Miguel County Dispatch Center is operated through the San Miguel County Sheriff's Department through their corrections department. Corrections officers in the jail serve as the dispatch personnel. The center provides service for San Miguel County Sheriff and four other law enforcement agencies, and EMS and fire protection districts. Funding is provided by the county, agency fees, and grants.

A major concern of all the rural EMS agencies and stakeholders is funding. Recruiting volunteers is difficult and many agencies are now looking into hiring providers to cover 24/7/365. Equipment costs are high and many agencies are dependent on tax funding from mil levies. Property values remain low and getting public support for increasing taxes is decreasing due to competition for public support in most areas. Agencies continue to rely on grant funding and funding to aid in personnel costs has become a big request. Grant funding can help staffing initially, but future increases in revenue to maintain the programs in the future do not look positive. EMTS agencies need to look at evaluating their billing rates to see if rates should be increased and additional

charges added to support services. Billing services should be reviewed to make sure collection attempts are made on a timely basis. Government agencies have access to the Department of Revenue for collections which could increase the amount of outstanding funds that are now written off. The Medicare and Medicaid is a major insurance billed because of the aging population and depressed economy in most of the rural areas. Support needs to be made in the legislative process to increase the amount paid to EMTS providers. The cost of dispatch services are increasing for the Montrose Regional Dispatch Center because subsidy paid by the County has stopped. Small agencies are struggling to make the current payments for the service. Talk has begun that the largest users of the dispatch services want to pull out and provide their own services. This will increase the amount paid by the small agencies more to cover costs of operations. This situation will be reviewed closely in the future to evaluate the sustainability of two services.

The WRETAC employs the WRETAC Coordinator and the Special Projects Coordinator. The organization structure has worked well for the area. Grant writing help and funding has assisted EMTS agencies in the region receive over $300,000 this last year. The WRETAC funding is highly dependent on State contract revenue and extra grant funding. The budget process has been tight with the decrease in funding from the CDOT Occupant Safety Grant the last cycle. Spending was decreased, hours have been cut, and program services for the grant were cut to help cover the lost revenue from the reduced funding. The State RETAC contract funding is being looked at and an increase is likely beginning in the 2016-2017 fiscal year. Having two employees have helped keep the WRETAC office open during the week to answer questions, offer assistance, perform daily operations, and support to regional EMTS agencies. Grant writing and special programs are important functions in the WRETAC organization that support the position of the Special Programs Coordinator. The CDOT grant funding this year has increased to cover the cost of one half of the Special Programs Coordinator salary. Other funding sources are being reviewed to help maintain the position in the future.

Priority will continue to offer grant assistance to EMTS agencies. The WRETAC will continue to offer assistance to help find answers to the funding challenges that are being encountered in the region.

The West Regional Health Care Coalition has been a strong planning organization in the region. The group has members from all hospitals, clinics, public health, mental health, emergency management, physicians, long term care facilities, and the WRETAC Coordinator. The group offers web meetings and is very well attended by all organizations. It has been a source of EPR training and coordination, resource management, and agency support. The group has limited funding but continues with strong commitment to health care in the region.

SYSTEM OPERATIONAL AND CLINICAL COMPONENTS:

PREVENTION

Programs and activities designed to reduce the incidence of illness or injuries.

The West Regional Occupant Safety Coalition is sponsored by the WRETAC to inform the public about the dangers of improper seat belt and child safety seats use, and distracted driving. It targets drivers of all ages, the public, and new and expectant parents. Booths have been staffed at county and health fairs, and seat belt awareness competitions have occurred between schools. Activities have taken place throughout the WRETAC area.

The trauma facilities have active programs in fall prevention, head injury, chronic disease prevention, tobacco cessation programs, and multiple support groups.

Montrose Suicide Prevention Coalition addresses informing the public on the symptoms and prevention of suicide. The six county region has among the highest rates of suicide in Colorado. The group in coordination with Montrose Police Department hosted a national speaker to address the problem of suicide in emergency providers, and the group is now the target program for the Gun-Shop-Project which was formed to inform gun shop owners of the signs and symptoms of suicide so they can be aware and contact help if symptoms are observed.

Many of the fire protection districts have programs addressing the dangers of carbon monoxide poisoning. CO detectors are made available and prevention methods are discussed.

The WRETAC staff attends meetings of local groups involved in prevention programs as recommended in the SNAP document. They offer assistance to help with grant funding and local projects. The health care coalition and the ADRC meetings have been good information sources in finding who is involved in injury prevention in the area. The groups help in coordination of programs available and reduces duplication of efforts between organizations.

There is a need for more Child Safety Seat Inspection stations in the region. The number of Certified Child Passenger Safety Technicians is low and there is a need for regional training. WRETAC sponsored a class with 12 participants earlier this year. Unfortunately most were not from the six-county area. The certification class is several days long and local providers have let their certifications drop because of the time and cost. Funding for future classes and participant scholarships to take the class is essential to entice commitment and sustainability of the programs.

The WRETAC will make it a priority to support injury prevention programs in the region through grant funding and support of established programs.

PUBLIC INFORMATION/EDUCATION/CONSUMER PARTICIPATION

Programs and activities that incorporate consumer participation designed to create awareness, build knowledge or influence behavior with respect to the planning, delivery and evaluation of health services to include access and appropriate use of the EMTS system.

There are many public education programs in the region. Most are directed at injury prevention activities. Smaller EMS agencies should take the opportunity to educate the public about the EMS community and the role they play. This could help in recruiting new volunteers by showing them what EMS providers do. Community education is now taking place in the North Fork Valley to inform the public on the importance of maintaining the local ambulance service and their need for volunteers to help. They have gained community support of their system and recognition for what they do. They are also learning what the public expects and are learning how to make the system better.

EMTS providers participate in local health and job fairs and speak at public service organizations and schools. This is an opportunity to recruit new people and explain what they do.

There is a need of continued participation in public information with the hospitals, health care coalitions and communities. Cooperation with the other groups help determine what the needs are in the region for prevention programs in the future and are a good way to gather data. EMTS organizations should utilize EMS Week and other special occasions to express the importance in what they do. Public service announcements are a good way to do this. Grant funding and cooperative effort between organizations would make the projects more affordable. Many people do not like to speak in public, and this could help by utilizing the assistance of others to tell your story.

The WRETAC will continue to participate in the regional health and county fairs to promote EMS in the region.

PUBLIC ACCESS

Ability to secure timely and appropriate EMTS response, transport or care regardless of socioeconomic status, membership in a protected class or other special need.

The 9-1-1 emergency access number is available in all counties in the region. Emergency calls are routed through selective call routing into the appropriate public safety answering point. The selective routers are located in Grand Junction and Montrose and serve all of the western slope of Colorado. The four dispatch centers are staffed 24/7/365. TTY or TTD is available at all centers to help the disabled and language line interpretation services are available. Text or SMS to 911 is currently available only to the Montrose Regional Dispatch Center. Code Red is the service provider for the emergency notification systems in the region and EMD is available at all the communication centers.

A large problem in the six county area is the availability of good cell service in all locations to make a 9-1-1 call. Mountainous areas are common and there is a problem with inadequate numbers of cell towers to cover the region. One solution mentioned to help solve this problem by evaluators at the consultative visits was to place emergency call boxes on highways in those areas. Cost restraints would limit that solution because of the vast amount of mountainous areas in the WRETAC and the cost of installation of the boxes.

Some communication centers do not have text to 911 services, but it will hopefully be available in the next year. Other deficiencies mentioned include the need for more public education on the use of 911 and signing up cell phones for Code Red actions. This could be accomplished by utilizing public forums, safety fairs, neighborhood watch, and school events.

PROFESSIONAL RESOURCES

The qualified and competent EMTS providers involved in all aspects of patient care and the individuals who educate, manage and provide other requisite support functions for EMTS providers.

Professional resources are readily available in the population centers of Montrose, Delta, and Gunnison for prevention and health education, communications, prehospital care, acute care, interfacility transfer, specialty care, post-hospital care, and EMS educators and education systems. Communities located farther away have limited resources. Rural clinics offer some limited acute care, specialty care and prevention and health education. To access more advanced acute care, specialty care, and post-hospital care, residents must travel to the larger communities. Travel can be difficult in poor weather conditions, and uncomfortable after a traumatic event.

Prehospital care is available throughout the region. It is most readily available in the larger towns. In the smaller communities it is not as available. In some areas, care is only by helicopter transport or extended rescue efforts in wilderness areas. Communications are limited because of mountainous conditions and lack of cell coverage. Frontier EMS agencies are usually staffed by volunteer EMTs and first responders. Advanced life support is available by air ambulance, mutual aid, or ALS intercept. Transport times to the nearest facility can take in excess of 90 minutes on mountainous roads and winding canyons in good weather.

Rural agencies are seeing their EMS providers aging with some nearing retirement age. Volunteers are hard to find because of low population density, they have other jobs and families, and they do not have enough time to travel to get their initial certification. Classes are limited in the rural areas because educators and education systems are located in the larger areas. If classes are offered they are taught by local EMS providers with limited support from the training facility. Once volunteers are certified they must maintain their certification through continuing education. They face the same challenges in retaining their certification and some providers lose their certification. Call volume is often low and it is hard to retain the skills needed in EMS. Skill degradation is common.

A traveling Paramedic program would allow a Paramedic to stationed in one area and respond to more than one community in a quick response unit and add advanced life support services to more than one area. Volunteers could staff the ambulance and respond to the scene of the emergency and meet the ALS unit there or enroute to the hospital. The traveling paramedics could serve a dual purpose by offering EMS education to local agencies. This would reduce the travel time needed to receive continuing education and help providers retain their certifications and practice needed skills.

If volunteers are not available, agencies will have to look at possibly hiring paid EMS providers. Finding funds to pay for this is challenging. Provider Grant funding is available to begin a program if the project and grant is approved. Funding future years makes sustainability the ongoing problem. Four agencies have moved toward this paid system in the last few years. The future will show the impact on the organizations.

Education of providers will remain a challenge. Support of web based continuing and initial EMS education, and traveling educators could play an important role in obtaining and retaining certifications. CREATE grant funds should continue to be used to help with the cost of training and agencies should cover the training costs of their providers as a benefit for working with them.

WRETAC will make it a priority to maintain its website and incorporate education opportunities to the EMTS providers. It will continue to work with the hospital education coordinators to offer needed continuation classes in the region.

INTEGRATION OF HEALTH SERVICES

Appropriate care and populations through coordination and cooperation of all providers involved in the delivery of care.

There are three hospitals and one clinic designated as trauma centers in the six-county region. All are capable of providing quality health care to the public. The hospitals and clinics are the main sites for prevention and health promotion. Primary health care clinics are located in many of the smaller communities. Hospitals are involved with primary care clinics in Lake City, Crested Butte, Paonia, Hotchkiss, and Olathe. Private primary care clinics are located in Ouray, Ridgway, Olathe, Norwood, and Naturita. Clinics in Olathe and Norwood are designated as Federally Qualified Health Care Centers. All clinics offer primary care services to their patients and limited access to mental health, dental health, physical and occupational therapy, and other specialty care. None of the clinics offer 24-hour emergency services except for the Telluride Medical Center that is a Level V trauma center.

The only other primary care clinics that receive patients by ambulance during business hours are the Lake City Area Medical Center and the Basin Clinic in Naturita because of the long transport times to the nearest hospital. Advanced life support and stabilization is available prior to transport to the nearest hospital by ground ambulance or appropriate trauma center by air ambulance. Interfacility transport is usually done by the local ambulance services but TransCare Ambulance is available.

Post hospital care is often available only in Grand Junction, Montrose, Delta, and Gunnison. This includes acute care, assisted living and nursing facilities, and specialty care. Returning home is often difficult because of the long distance travel needed for additional care.

Region 10 has been actively involved in trying to improve community services in the six county area. These services include home health, hospice, nursing facilities and outreach programs. There are unique challenges to delivering health care in rural areas. They include provider shortages, isolation, long travel distances, scarcity of specialty care, under-resourced infrastructure, a predominately older population with multiple chronic conditions, and a depressed economy with high levels of Medicaid recipients.

The EMS agencies located in the region range from full-time paid, combination, and volunteer services. Paid Paramedic services are found in the main population centers and resort communities that have a higher tax base to support the services. The volunteer services are found in the rural areas with low population densities and low tax base to support services and pool of volunteers. The EMS providers are very dedicated to their agencies and should be commended for the commitment they provide to their areas. These areas often have low call volumes, long transport times, and decreasing numbers of volunteers. It is a struggle to maintain 24/7/365 EMS coverage, and they rely on the surrounding communities for mutual aid and ALS response. All agencies work very well with the other EMS stakeholders in their area on emergency situations. The providers rely on their medical directors to offer continuing education and hands on skills to maintain their skills. Current medical directors work well with the agencies and are helping to fill this need. The agencies provide good EMS services for the limited resources available.

Each EMS agency contracts with their own medical director who is responsible for patient care. Some of the medical directors contract with more than one service in the region. All Agencies and medical directors participate with the Western Colorado EMS Leadership Council that works to advise the Regional Medical Direction Program. The Regional Protocols are available to all agencies and they can modify the protocols to fit their needs.

The West All Hazard Emergency Management Region represents the same six counties as WRETAC. The WAHEMR Executive Board is made of the emergency managers of the counties who work together to prevent, protect, respond, and recover from natural and man-made disasters. Their Board meets regularly and WRETAC is an active member. Many EMS agencies in the region have close working relationships with emergency managers due to the remote geography and lack of response resources. Meeting regularly helps all areas standardize procedures and make disaster preparation easier.

The West Region Health Care Coalition represents the six-county area. The WRETAC Coordinator is on the Executive Committee. The group consists of representatives from the four designated trauma facilities, EMS agencies, public health, emergency managers, health care providers, and long term care facilities. The group meets

regularly to coordinate training and resources to benefit health care and disaster preparedness in the region.

The WRETAC area is large and divided by mountain ranges, canyons, and waterways. All six counties have areas that are inaccessible by their county emergency response agencies. These areas are covered by mutual aid agreements with other agencies in the neighboring counties. There is land in all counties that is not accessible by ground ambulance. EMS agencies work closely with area rescue teams and air medical services to make sure all areas are covered by emergency services.

The mountains offer challenges in communication. Most emergency service providers in the region have converted to the State of Colorado DTRS radios that operate on 800 mHz. This system does not work well in mountainous terrain. Much of the mountainous areas are not covered by the existing radio repeaters and there are many gaps in the radio coverage area. Many agencies and Colorado State Patrol carry VHF radios also to help fill in the gaps. There is no foreseeable solution to the problem as repeaters are expensive, and they require electricity to operate which is not available to most areas.

WRETAC priority will be to continue attending regional planning meetings such as WCHCC and Region 10's ADRC to find solutions to the health care needs and funding for resources in the region.

SYSTEM EVALUATION:

INFORMATION SYSTEMS

Summary of the types of data collection and management information systems in use by EMTS organizations in the region.

All EMS agencies participate in the State Data Collection Program. Software used for the data collection includes ImageTrend/FieldBridge, High Plains, and ESO. The State program is preparing for the update in the data collection software. A Data Task Force has been appointed to review what information will be required with the implementation of the new system. The WRETAC Coordinator has played an active part in the process. There is hope that the update will improve the quality of data collected by the State.

Agencies in the WRETAC area are collecting data but the QA/QI being used by the WCEMSLC is requiring manual reporting and not using state reports at this time. WRETAC and WCEMSLC is planning on sponsoring training for the EMS providers to improve data input going to the State. Rural EMS providers with low call volumes often struggle with the data entry process as each incident becomes a new learning experience. Training is needed to make all providers proficient in the data entry process. There is a question whether quality data is being submitted by EMS providers in the field. If quality data is not submitted, quality data cannot be accessed.

All regional hospitals report data to the State with most using EMSystems. Each hospital has a patient/physician portal to review information on a specific patient and they have internal quality assurance personnel who follow patient care in the facilities. There is no current link that monitors patient care from prehospital through discharge.

EMS patient reports are collected in the Emergency Departments and added to the patient care files.

All EMS agencies contract with private billing companies for billing and payment, internal and external performance evaluation and financial reporting. The process for the hospitals is conducted by their management organizations and internal departments.

Hospitals and physicians are required to report certain infectious disease, infections, injuries, and other topics to the Colorado Department of Public Health and Environment. The data collected helps with disease and injury control and prevention programs.

WRETAC will make it a number one priority to work with the RMD program and the State Data Collection Staff to bring data entry training to the regional EMTS providers and good queries for the medical directors working on QA/QI programs.

SYSTEM QUALITY IMPROVEMENT

Summary of the processes for evaluation of all aspects of care provided by EMTS organizations in the region.

Each EMTS organization in the region assess quality of patient care by internal review by their medical advisor. Some agencies have total EMS report review and others have specific target guidelines. Regional QA/QI reviews are pulled from information submitted by each agency. Reports are given at the WCEMSLC meetings.

There is no specific group looking at EMS personnel recruitment and retention, measurement of financial stability and sustainability, or gauging the safety of patients, EMS personnel and the public. The questions are being looked at in the hospital settings by their management groups.

There is a need to evaluate performance for all aspects of EMTS care. Quality assessment is being done at the agency level for patient care which will continue. The QA/QI process should be continued regionally with an effort placed on quality data reports received with the help of State staff. All agencies need to follow recommendation passed in legislation for peer reviews to protect providers in the QA process. Resolutions must be passed stating that the process is being followed by each organization to make sure they are protected when discussing patient data in call reviews.

WRETAC will continue conversations with the EMTS agencies to look at the issues of personnel recruitment and retention, measurement of financial stability and sustainability.

RESEARCH

Projects to gather specific information to enhance basic knowledge of EMTS that can be generalized to improve delivery of services in the region.

The WRETAC has not been approached to assist in research projects. Montrose Memorial Hospital is looking at a new STEMI program. It was mentioned at the recent Consultative Visit for Montrose County that transmission of 12 lead EKGs from the field to the hospital would help in addressing STEMI alerts. There was support of the project by hospital administration. The WRETAC would like to be involved in the project as it develops.

No research projects have taken place in the region addressing EMS issues. Topics that would benefit from research would be operational efficiency and effectiveness, and financial stability and sustainability of EMS organizations. Many agencies are struggling financially and are looking at how they must change to become financially stable in the future. A research project would benefit many agencies. Constraints that would be encountered include county agencies not wanting the WRETAC involved with local problems. Research has not been a priority with the WRETAC Board. Regional discussion will have to take place before consideration could be made to move forward with a research project.

Section 4: Goals and Objectives

Goal #1

A. Goal Statement
Assist the CPA firm to help gather and provide information needed for the delinquent filing of the Exemption from Audit process.

B. Background
The WRETAC has been notified that the Exemption from Audit process required has not been filed with the Colorado State Auditor's Office since 2005. CPA firm has been selected and the process will begin July 1, 2015.

C. Components Addressed
Regulation/Finance

D. Project Description
The CPA has requested a list of financial information that is needed to proceed with the Exemption from Audit process. The information covers a 10-year period and will require search of paper and computer records by the WRETAC bookkeeper and coordinator. Travel time will be needed for meetings with CPA in Grand Junction, CO.

E. Estimated Cost
$25,000 Expense

F. Desired Outcome
After completion of the project, the WRETAC will be compliance with Exemption from Audit filing with the Colorado State Auditor's Office.

Goal #2

A. Goal Statement
Work to obtain CREATE grant funding to help EMS Providers attend the Fire and EMS Conference, North West Leadership Conference, Rocky Mountain Trauma Conference, and the State EMS Conference.

B. Background
Rural EMTS providers need access to quality continuing education. Limited staff and funding make it difficult to attend classes away from their service area. More providers are able to attend because of the financial support of the CREATE funding.

C. Components Addressed
Education/System Integration

D. Project Description
The WRETAC will submit applications for CREATE grant funding to reimburse EMTS providers one-half the conference costs to attend the Fire and EMS Conference, North West Leadership Conference, Rocky Mountain Trauma Conference, and the State EMS Conference.

E. Estimated Cost
$16,000

F. Desired Outcome
Financial support for regional EMTS providers to encourage their participation in quality continuing education programs. This will them help obtain continuing education hours for recertification and give them the opportunity to interact with other providers in the state.

Goal #3

A. Goal Statement
Work with regional training centers to help coordinate two one-day EMTS Training Seminars.

B. Background
Continuing education is hard for EMTS providers to get regionally. Agencies are struggling to find enough volunteers or staff to cover shifts 24/7/365, State conferences require providers to be away for several days which is difficult with provider shortages. Regional training is more accessible and is requested by the WRETAC Board and agencies.

C. Components Addressed
Education/Integration of Health Services

D. Project Description
Communicate with regional training centers to encourage their participation and help in coordinating two regional one-day training seminars. Training centers will provide instructors and work in coordination with the WRETAC. WRETAC staff will provide logistics and seek grant funding to help cover the costs of the projects.

E. Estimated Cost
$15,000

F. Desired Outcome
Offer regionally accessible continuing education to EMTS providers in the WRETAC area.

Goal #4

A. Goal Statement
Visit with all EMTS agencies and trauma facilities to determine what their needs are and find out how WRETAC can assist to improve EMTS in the region.

B. Background
Communication with EMTS agencies and trauma facilities has been a good source of information in the past to determine what is needed in the region. Problems or challenges are not openly discussed at regional meetings. Site visits are needed to open communication.

C. Components Addressed
Integration of health services

D. Project Description
The WRETAC Coordinator will visit with all EMTS agencies and trauma facilities to open communications and discuss what is needed in the area. She will be available to attend training sessions and meetings to discuss EMTS in the region and state.

E. Estimated Cost
$14,000

F. Desired Outcome
Improve communications to help identify opportunities to resolve problems and improve services in the region.

Goal #5

A. Goal Statement
Work with other RETACs to apply for System's Improvement Grant funding to bring a national leadership academy to western Colorado.

B. Background
There are currently no requirements for leadership training for agency directors in Colorado. EMS Directors have strong EMS skills but often have no training on what is needed to be a good leader, what is required of the position, how to work with Boards of Directors, or what they can do to promote recruitment and retention of employees. Without these skills, it is hard to move an organization forward in a positive direction.

C. Components Addressed
Leadership/Education

D. Project Description
The WRETAC will talk to other RETAC Coordinators to find out who would like to take part in the project. Talk to program organizers to determine a good program to bring to the area and request what is needed to finance the program. WRETAC will apply for System's Improvement grant to fund the project and work on logistics for the program.

E. Estimated Cost
$15,000

F. Desired Outcome
Bring a quality leadership program to the area to offer training and guidance to state EMTS providers

Goal #6

A. Goal Statement
Work to conduct a needs assessment in the WRETAC area using benchmarks based on the 15 trauma/EMS components.

B. Background
There are needs in the area that need to be prioritized and addressed. Once completed, further research can be done to look for solutions.

C. Components Addressed
Research/Evaluation

D. Project Description
WRETAC will contract services to help with the assessment process and assist where needed in logistics and obtaining information.

E. Estimated Cost
$7,000

F. Desired Outcome
Perform a needs assessment and help the WRETAC prioritize the needs and make a plan of action to work towards viable solutions.

Goal #7

A. Goal Statement
Work in coordination with the RMD Program to apply for grant funding to obtain training equipment that will be managed by the WRETAC and shared with other agencies in the region.

B. Background
A regional CQA/CQI program is being formed through the RMD project. Equipment is needed for follow-up training in skills advancement for all agencies in the region. Many agencies need experience to maintain their skill level because call volumes are low. Simulation mannequins and up-to-date equipment is needed to offer realistic hands-on experience.

C. Components Addressed
Education/Integration of Health Services/ Quality Improvement

D. Project Description
WRETAC will apply for grant funding in cooperation with the RMD Program to purchase training equipment to be shared by the regional agencies to improve skill levels of EMTS providers. The training will work in coordination with the regional CQA/CQI program to enhance hands on experience of the providers.

E. Estimated Cost
$2,500

F. Desired Outcome
Purchase quality, lifelike mannequins and support training equipment to help rural agency EMTS providers maintain their skill levels and confidence in giving patient care.

Goal #8

A. Goal Statement
Maintain and improve current website. Continue learning how to post information and making the site interactive with other training programs.

B. Background
The new website www.wretac.org is now up and running. More time needs to be spent learning how to maintain the site efficiently to keep information up-to-date.

C. Components Addressed
Education/Public Information/Professional Resources

D. Project Description
Contact web designer to continue training WRETAC Coordinator in adding new information to the website. Information will include training information for regional classes and continuing education links that offer webinar classes, stakeholder information, event posting, and document posting for the WRETAC

E. Estimated Cost
$7,000

F. Desired Outcome
Improve public information and resources to EMTS providers in the WRETAC area.

Goal #9

A. Goal Statement
Invite State Data Collection staff or ImageTrend representatives to area to train EMS providers how to do data entry.

B. Background
Rural EMS providers are struggling with the data entry process because they have low call numbers and are not able to become comfortable with the process. Quality of the data is questioned because of data being input into the system. Quality data is needed to be able to rely on state reports.

C. Components Addressed
Education/Information Systems/QI

D. Project Description
Request a visit from State Data Collection staff or software representative to give training to EMS providers in the WRETAC area.

E. Estimated Cost
$1,500

F. Desired Outcome
Increased quality of data entry to be used in reporting for the CQA/CQI program.

Goal #10

A. Goal Statement
B. Work to assist hospitals on research project to see what is needed to implement a system to transmit 12 Lead information from the field to the emergency departments.

C. Background
Montrose Memorial Hospital is working on a STEMI program and has discussed the need to look into transmission of 12 Lead data for review and verification prior to receiving the patient in the ER. This will enable them to activate the STEMI alert earlier.

D. Components Addressed
Integration of Health Systems/Clinical Care/Research

E. Project Description
Assist the hospitals in obtaining data on what is needed to implement a program to transmit and receive 12 Lead information from the field to the ER.

F. Estimated Cost
$1,500

G. Desired Outcome
Make 12 Lead EKG transmission possible in the WRETAC area. Help rural EMTS providers gain confidence in the 12 Lead process and transmit information to the ER early so STEMI alerts can be initiated.

Section 5: Attest Statement

ATTEST STATEMENT

Biennial Plan

By signing below, the RETAC Chairman and the RETAC Coordinator attest that the information contained in this document, to the best of their knowledge, completely and accurately represents the most current information available to complete the RETAC Biennial plan. The goals and objectives incorporated herein have been reviewed and agreed upon by the RETAC Board of Directors to be included in this document.

Jerry Gray
Print Chairperson Name

Jerry Gray
Chairperson Signature

June 30, 2015
Signature Date

Terri L. Foechterle
Print RETAC Coordinator Name

Terri L. Foechterle
RETAC Coordinator Signature

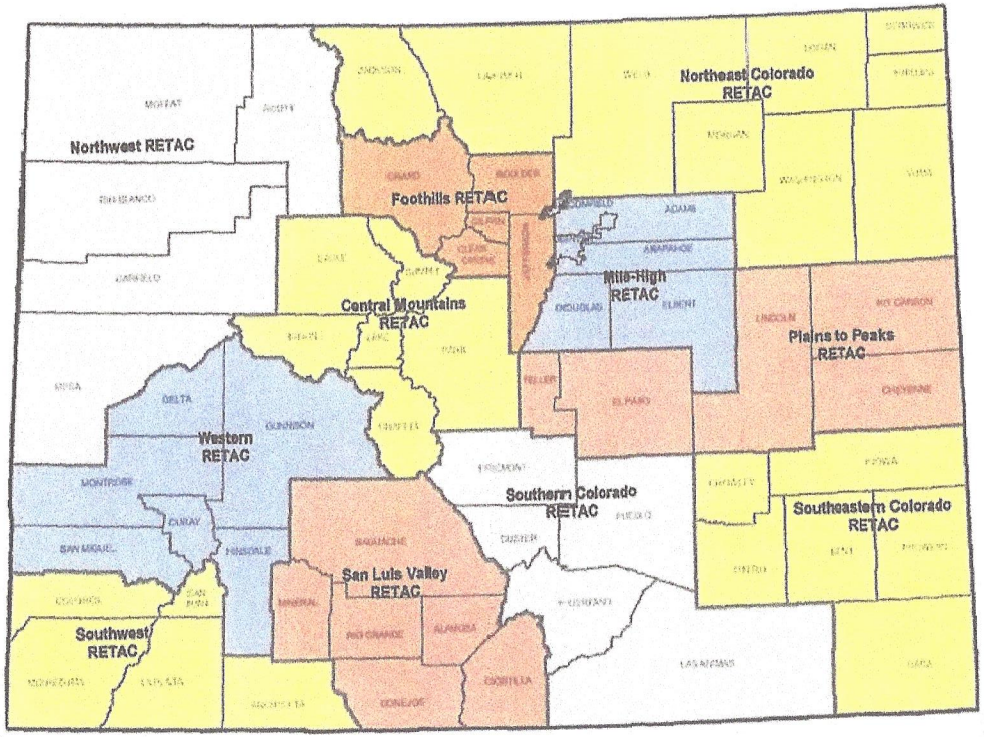
June 30, 2015
Signature Date

Appendix

Supporting Documents

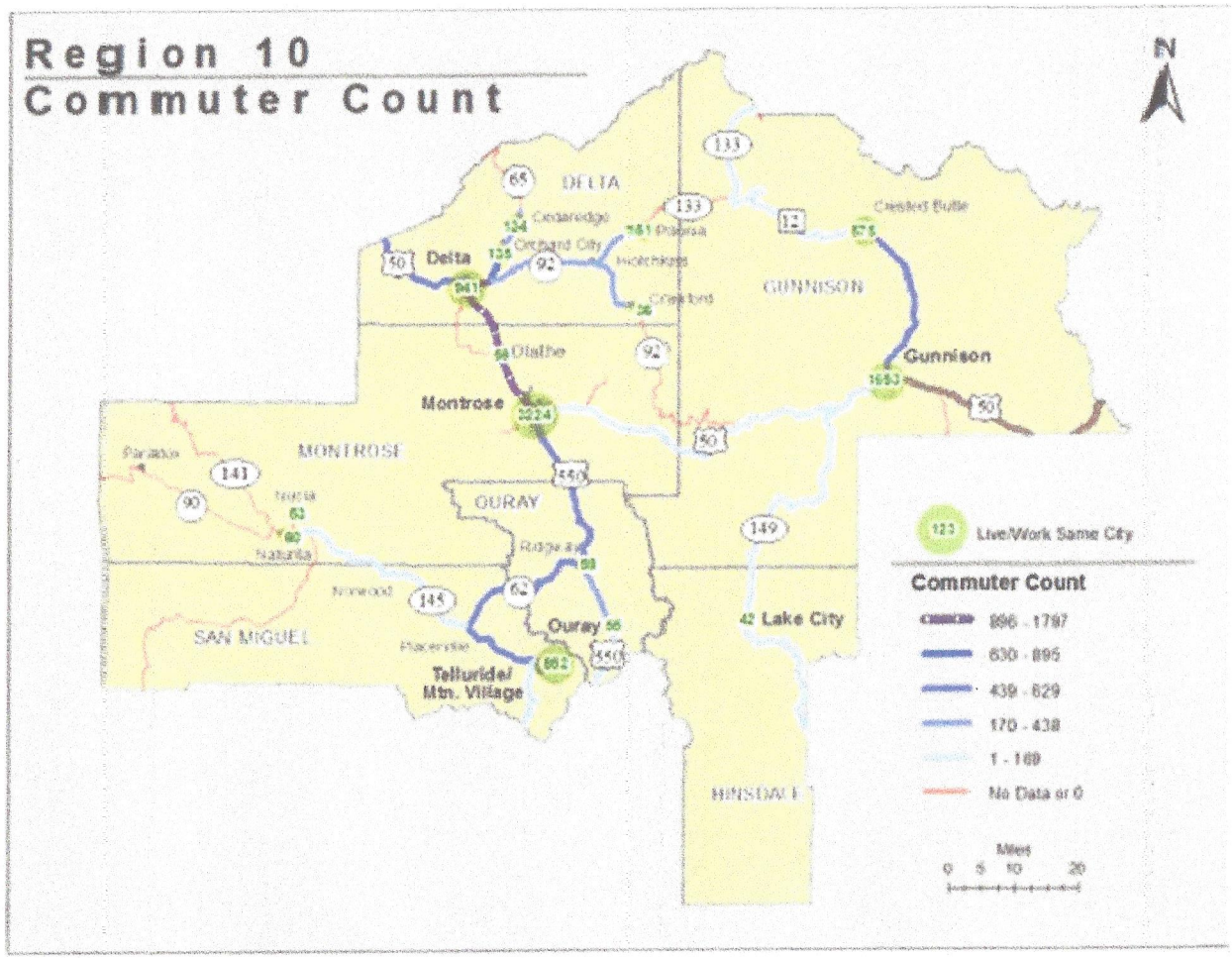
Attachments

A. RETAC Map
B. Regional Transit and Transportation
C. Population Distribution
D. Jobs & Wages
E. WRETAC Board Representatives
F. Montrose County Resolution/Regulations

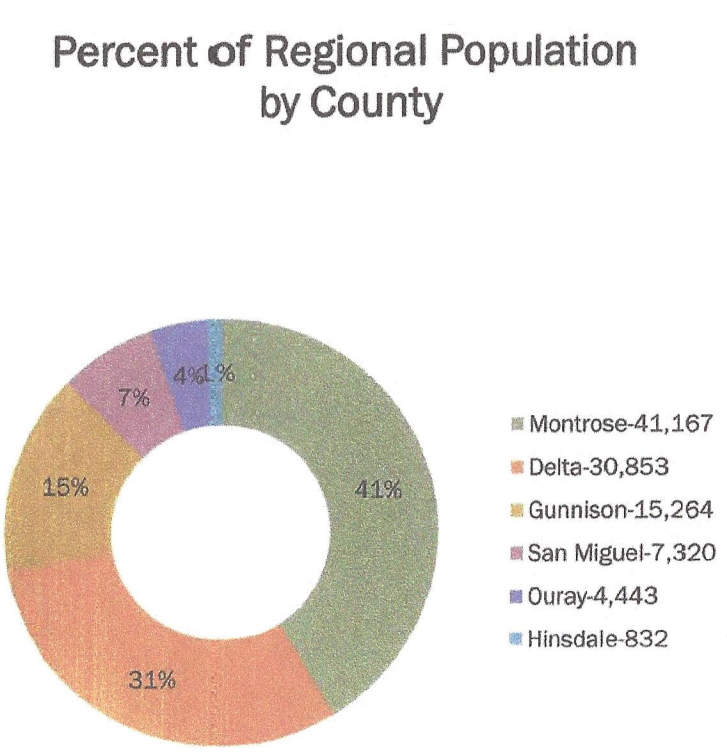


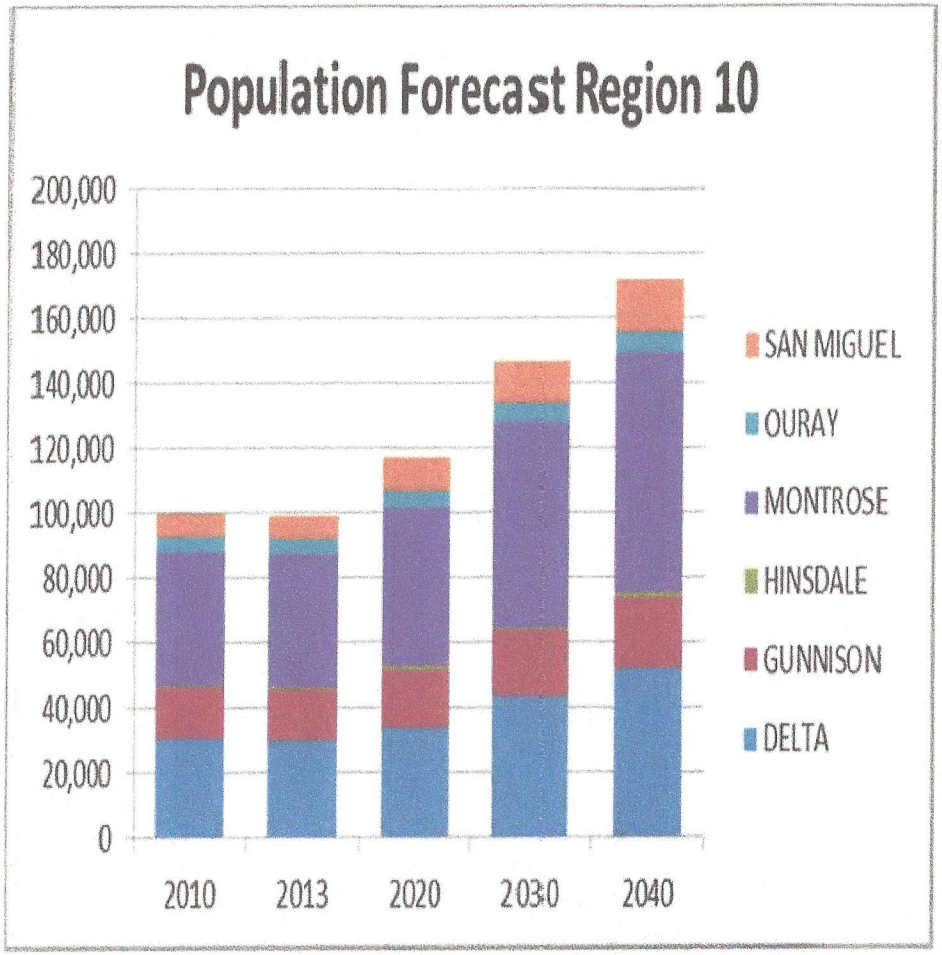
Regional Emergency Medical and Trauma Advisory Councils

Regional Transit and Transportation



Region 10 Population Distribution





Region 10 Jobs and Wages

Industry	Employment	# Jobs Rank	Average Wage	Wage Rank
Accommodation and Food Services	5,406	1	$ 18,931	21
Health Care and Social Assistance	4,743	2	$ 34,795	11
Retail Trade	4,714	3	$ 25,278	20
Public Administration	3,137	4	$ 45,947	4
Educational Services	2,760	5	$ 34,194	13
Construction	2,454	6	$ 41,393	8
Manufacturing	2,164	7	$ 37,094	10
Arts, Entertainment, and Recreation	1,620	8	$ 26,110	19
Mining	1,602	9	$ 71,899	2
Professional and Technical Services	1,145	10	$ 45,013	5
Administrative and Waste Services	1,113	11	$ 31,316	16
Other Services, Ex. Public Admin	982	12	$ 29,941	17
Agriculture	907	13	$ 28,381	18

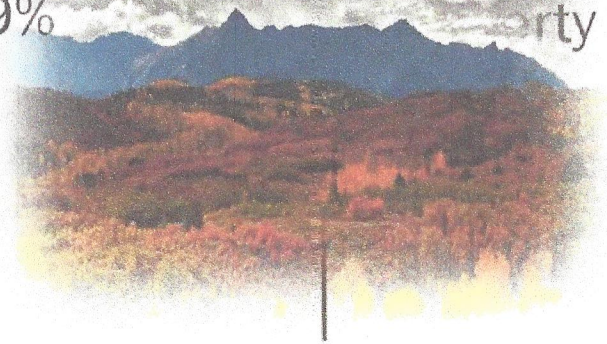
Across the Divide: A Tale of Two Economies

Colorado

- Median Age: 36.4
- Median Income: $56,765
- Unemployment: 4.8%
- Education Attainment: 37.5% with Bach. or more
- Poverty rate: 12.9%

Region 10

- Median Age: 43.4
- Median Income: $46,143
- Unemployment: 7.7%
- Education Attainment: [illegible]% with Bach. or more
- [illegible]erty rate: 15.9%



Economic Diversity within Region 10

	Median Income	Unemployment Rate	Bachelors Degree	Median Age	Living in Poverty
Colorado	$ 56,765	4.8%	37.5%	36.4	12.9%
Region 10	$ 46,143	7.7%	29.8%	43.4	15.9%
Ouray	$ 61,657	5.5%	46.4%	52.6	10.1%
San Miguel	$ 53,477	6.3%	53.6%	40.4	11.2%
Hinsdale	$ 50,177	3.4%	43.7%	50.0	10.0%
Gunnison	$ 49,861	5.9%	51.9%	34.6	16.0%
Montrose	$ 45,226	9.3%	23.1%	43.8	16.4%
Delta	$ 41,208	7.5%	18.6%	46.6	17.5%

County	Name	Agency	Email	Mailing Address	City	St	Zip	Phone	Cell	Position
Delta	Kirby Clock	Delta County Ambulance District Delta County EMS Rep	kclock@dcadems.com	60 Heinz Street	Delta	CO	81416	(970)874-7001	(970)250-3609	Ex. Bd. Rep **Treasurer**
Delta	Misty Sakala	Delta County Memorial Hosp Delta County Facility Rep	msakala@deltahospital.org	PO Box 10100 1501 E 3rd St.	Delta	CO	81416	(970)874-2415	(970)201-5379	Board Rep
Gunnison	Erik Forsythe	Gunnison Valley Health EMS Gunnison County Facility, EMS	eforsythe@gvh-colorado.org	711 N. Taylor	Gunnison	CO	81230	(970)641-7276	(970)596-2857	Ex. Bd. Rep
Gunnison	Michael Scott	Crested Butte FPD-EMS Gunnison County EMS Rep	ems@cbfpd.org	PO Box 1009 306 Maroon Ave.	Crested Butte	CO	81224	(970)349-5333 Ext 3	(303)350-0056	Board Rep
Hinsdale	Jerry Gray	Hinsdale County EMS Hinsdale County EMS Rep	gravj@lakecity.net	PO Box 277 700 N Henson	Lake City	CO	81235		(970)275-3010	Ex. Bd. Rep **President**
Hinsdale	Bill Hagendorf	Lake City Area Fire Protection Dist Hinsdale County EMS Rep	billy2cuts@gmail.com	PO Box 875 901 Pine St.	Lake City	CO	81235	(970)944-1222	(970)414-6442	Board Rep
Montrose	Allen Hughes	TransCare Ambulance, Inc. Montrose County Rep	ahughes@montrose.net	PO Box 3586 124 Apollo Rd.	Montrose	CO	81402		(970)964-4502	Board Rep
Montrose	Doris Van Ness	Paradox Valley Ambulance Montrose County EMS Rep	DorVnn2@aol.com	PO Box 34	Bedrock	CO	81411	970-859-7201	(970)258-0483	Ex. Bd. Rep
Ouray	Glenn Boyd	Ouray County EM, EMS Ouray County EMS Rep	gboyd@ouraycountyco.gov	PO Box 670 302 2nd St.	Ouray	CO	81427		(970)318-1271	Board Rep
Ouray	Kimberly Mitchell	Ouray County EMS Ouray County EMS Rep	kmitchell@ouraycountyco.gov	PO Box 572 541 4th St.	Ouray	CO	81427	(970)325-7275	(970)318-8546	Ex. Bd. Rep **Vice-President**
San Miguel	Melissa Tuohy	Telluride Medical Center San Miguel County Facility Rep	mtuohy@tellmed.org	PO Box 1229 500 W Pacific Ave	Telluride	CO	81435	(970)728-3848	(970)708-4043	Board Rep
San Miguel	Reg Vickers	Norwood EMS San Miguel County EMS Rep	regvickers@yahoo.com	PO Box 393 1448 46X Rd.	Norwood	CO	81423	(970)327-0261	(307)399-2393	Ex. Bd. Rep **Secretary**
Vocational College	Chan Clymer	Delta-Montrose Technical Training Center Rep	cclymer@dmtc.edu cclymer3@bresnan.net	1765 Highway 50	Delta	CO	81416	(970)874-6571	(970)261-1346	Board Rep
	Jodi Greenwood	St. Mary's Hospital Trauma & EMS Outreach Coordinator	jodi.greenwood@sclhs.net	2635 N 7th St.	Grand Junction	CO	81501	(970)298-2273		Ad-Hoc Rep
	Randall Koehn	Montrose Memorial Hospital Emergency Department Director	rkoehn@montrosehospital.com	800 S. 3rd St.	Montrose	CO	81401	(970)240-7160		Ad-Hoc Rep
	Tad Rowan	Montrose Fire Protection Dist. Fire Chief	tad.rowan@montrosefire.org	441 S Uncompahgre	Montrose	CO	81401	(970)249-9181		Ad-Hoc Rep
	Susan Byrne	Montrose Regional Dispatch Center	sbyrne@montrosecounty.net	1140 N. Grand Ave.	Montrose	CO	81401	(970)252-4038	(541)490-0220	Ad-Hoc Rep

	Angel Selwyn	CareFlight Montrose	angel.selwyn@sclhs.net		Montrose	CO	81401	(970)298-2273	(859) 393-7518	Ad-Hoc Rep
	Nancy Rambo	Basin Clinic	nrambo@basinclinic.org	421 W. Adams St.	Naturita	CO	81422	(970)865-2666	(970)712-4031	Ad-Hoc Rep
	Steve Jennings	TransCare Ambulance	transcarewest@gmail.com	124 Apollo Drive	Montrose	CO	81401		(970)901-2863	Ad-Hoc Rep
	Kathy Steckel	North Fork Ambulance	ksteckel@northforkambulance.com							
	John Hall	CareFlight St. Mary's Hospital	johnha@ci.grandjct.co.us	330 S. 6th St.	Grand Junction	CO	81501	(970) 549-5800		Ad-Hoc Rep

RESOLUTION TO ESTABLISH SUPPORT OF THE FUNCTION OF THE WESTERN COLORADO EMS LEADERSHIP COUNCIL AND REGIONAL MEDICAL DIRECTION

Resolution No. 2014-01

RECITALS:

A. WHEREAS the mission of the Western Regional EMS Council, Inc./Western Regional Emergency Medical and Trauma Advisory Council is to promote, foster and support cooperative organization of Emergency Medical and Trauma Services in the Western Region and State, utilizing data, communications, protocols and training to provide Quality Improvement.

B. WHEREAS on July 1, 2014, the Western Regional EMS Council, Inc./Western Regional Emergency Medical and Trauma Advisory Council became the Fiscal Agent for the funding of the Regional Medical Direction Grant.

C. WHEREAS the Western Colorado EMS Leadership Council has been in existence for at least two years and it plans to use the grant funds to continue to support the regional EMS agencies through Regional Medical Direction.

D. WHEREAS the Regional Medical Direction program has proven to be successful with the direction of the Western Colorado EMS Leadership Council through active support from EMS directors and physician advisors.

E. WHEREAS the Regional Medical Direction program and the Western Colorado EMS Leadership Council support the mission of the Western Regional EMS Council, Inc./Western Regional Emergency Medical and Trauma Advisory Council;

NOW THEREFORE, BE IT RESOLVED that the Western Regional EMS Council, Inc. /Western Regional Emergency Medical and Trauma Advisory Council Board is in full support of continuing the function of the Western Colorado EMS Leadership Council. The Western Colorado EMS Leadership Council will function in the future as a standing committee of the Western Regional EMS Council, Inc. /Western Regional Emergency Medical and Trauma Advisory Council Board to support the regional EMS agencies through Regional Medical Direction.

Jerry Gray 8/5/14

Jerry Gray, President

RECEPTION#: 861559, 01/05/2015 at 03:06:24 PM, 1 OF 17, RES FRANCINE TIPTON-LONG, MONTROSE COUNTY, CO CLERK AND RECORDER

RESOLUTION No. 01 -2015
of the
MONTROSE COUNTY BOARD OF COUNTY COMMISSIONERS

ADOPTING REVISED REGULATIONS CONCERNING AMBULANCE SERVICE IN MONTROSE COUNTY

WHEREAS, the Montrose Board of County Commissioners previously adopted regulations concerning ambulance service in Montrose County on November 13, 2007, by Resolution No. 2007-94; and

WHEREAS, the previously adopted regulations are outdated and need updating to comply with state law and changing circumstances throughout the County; and

WHEREAS, the Board has consulted various ambulance providers and experts about the proposed new regulations; and

WHEREAS, the Board, after taking all provider comments into consideration, finds it in the best interest of the public health, safety and welfare of its citizens and all customers of ambulance services in Montrose County to adopt the new regulations as provided hereinbelow.

NOW THEREFORE, the Board of County Commissions for Montrose County, Colorado resolves as follows:

Section 1. The Regulations Concerning Ambulance Service in Montrose County, attached hereto, are hereby adopted.

Section 2. The effective date of the Regulations is immediate, but the new licensing period, as specified in the attached Regulations, shall begin on July 1, 2015.

Section 3. Resolution No. 2007-94 is hereby rescinded.

Adopted this 5th day of Jan. 2015.

COUNTY CLERK SEAL MONTROSE COUNTY, COLORADO

ATTEST:

BY: Marie Simone
Deputy Clerk of the Board

BOARD COUNTY COMMISSIONERS

David S. White, Chairman

Ronald D. Henderson, Vice Chairman

Gary J. Ellis, Commissioner

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COUNTY CLERK SEAL MONTROSE COUNTY, COLORADO

ATTEST:

BY: Marie Simons
Deputy Clerk of the Board

BOARD COUNTY COMMISSIONERS

David S. White, Chairman

Ronald D. Henderson, Vice Chairman

Gary J. Ellis, Commissioner

medical care and staffed by at least one Emergency Vehicle Operator and one AEMT, or other personnel with a higher level of certification or licensure.

C. "Advanced Life Support (ALS) Ambulance Service" means a type of license issued to an ambulance service that is able to provide advanced emergency medical care in accordance with 6 CCR 1015-3, Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight, or its successor, for an AEMT, or other personnel with a higher level of certification or licensure.

D. "Ambulance" means any privately or publicly owned land vehicle, especially constructed or modified and equipped, intended to be used, and maintained or operated by an ambulance service for the transportation upon the streets and highways in the County, of individuals who are sick, injured or otherwise incapacitated or helpless.

E. "Ambulance Service" means the furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, it also means the person so engaged or professing to be so engaged.

F. "Ambulance Service License" means the legal document issued to an ambulance service by the County as evidence that the applicant meets the requirements for licensure to operate an ambulance service as defined by County Regulations.

G. "Automatic Aid" means a written agreement between two or more emergency response agencies that provides for the automatic dispatch of contracting agencies to provide service within specific portions of the service area or under a predetermined set of circumstances.

H. "Based" means an ambulance service headquartered, having a substation or office, ambulance post or other permanent location in the County, or having a primary response area that includes areas within the jurisdictional boundaries of the County.

I. "Basic Life Support (BLS) Ambulance" means a type of permit issued to an ambulance equipped as provided in subsection III.H.5. of these Regulations to provide basic emergency medical care and staffed by at least one Emergency Vehicle Operator and one Emergency Medical Technician, or other personnel with a higher level of certification or licensure.

J. "Basic Life Support (BLS) Ambulance Service" means a type of license issued to an ambulance service that is able to provide basic emergency medical care in accordance with 6 CCR 1015-3, Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight, or its successor, for an EMT, or other personnel with a higher level of certification or licensure.

K. "Board" means the Board of County Commissioners for Montrose County, State of Colorado.

L. "County" means Montrose County, State of Colorado.

M. "Critical Care Endorsement" means an endorsement granted to an individual who has successfully completed the requirements for education, testing and medical oversight, and holds a current and valid Paramedic certificate issued by the Colorado Department of Public Health and Environment, to perform particular advanced medical acts and administer additional

medications and classes of medications in accordance with 6 CCR 1015-3, Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight, or its successor.

N. "Emergency Medical Technician (EMT)" means an individual who holds a current and valid Emergency Medical Technician (EMT) certificate issued by the Colorado Department of Public Health and Environment and who is authorized to provide basic emergency medical care in accordance with 6 CCR 1015-3, Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight, or its successor.

O. "Emergency Medical Technician-Intermediate (EMT-I)" means an individual who holds a current and valid Emergency Medical Technician-Intermediate certificate issued by the Colorado Department of Public Health and Environment and who is authorized to provide limited acts of advanced emergency medical care in accordance with 6 CCR 1015-3, Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight, or its successor.

P. "Emergency Vehicle Operator" means any person who holds a current and valid Colorado driver's license and has received special instruction in the operation of emergency vehicles as a part of the emergency medical technician curriculum or through standardized training in emergency vehicle operations offered by the ambulance service or other recognized program.

Q. "Intravenous Authorization" means a specific authorization granted to an individual who has successfully completed a department-recognized Intravenous Therapy and Medication Administration Course and holds a current and valid Emergency Medical Technician (EMT) certificate issued by the Colorado Department of Public Health and Environment, to perform specific medical acts and administer additional specific medications and classes of medications in accordance with 6 CCR 1015-3, Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight, or its successor.

R. "Licensee" means the person or entity that has been issued a license by the Board to provide ambulance service in the County.

S. " Medical Director" means a licensed physician in good standing authorized to practice in Colorado who establishes protocols and standing orders for medical acts performed by all personnel of an ambulance service and who is specifically identified as being responsible to assure the competency of the performance of the acts by such personnel as described in the physician's medical continuous quality improvement program in accordance with 6 CCR 1015-3, Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight, or its successor.

T. "Mutual Aid" means a written agreement between two or more emergency response agencies that provides for the contracting agencies to provide service within the service area of each agency upon request.

U. " Paramedic" means an individual who holds a current certificate and who is authorized to provide advanced emergency medical care in accordance with 6 CCR 1015-3, Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight, or its successor.

V. "Patient" means any individual who is sick, injured or otherwise incapacitated or helpless.

W. "Patient Attendant" means the person responsible for providing direct patient care or patient contact. The Patient Attendant shall hold a current and valid certification as an AEMT, EMT or EMT-1 or medical or nursing license authorizing the holder to practice in Colorado.

X. "Permit Year" means the respective July 1 through June 30 time period.

Y. "Service Area" means the annually updated geographic area of the County where an ambulance service provides services. Boundaries for service areas may be defined by customary practice, established by law as a Special District or other political subdivision, or assigned by the County.

ARTICLE III: REGULATIONS

A. Ambulance Service License Required: No person or agency, public or private, shall transport a patient from any point within the County in an ambulance, to any point within or outside the County unless that person or agency holds a valid license and permits issued by the County, except as provided in subsection III.C. of these Regulations.

B. Ambulance Permit: No ambulance shall be operated within the County without a valid permit issued by the County except as provided in subsection III.C. of these Regulations.

C. Exceptions to Licensing and Permits Required: In addition the exemptions granted by the State of Colorado pursuant to 6 CCR 1015-3, Chapter 4-Rules Pertaining to Licensure of Ground Ambulances, or its successor, the provisions of the licensing and permit paragraphs, (A) and (B) above, shall not apply to the following:

1. An ambulance service that does not transport patients from points originating in Montrose County, or transporting a patient originating outside the borders of Montrose County.

2. Ambulances duly licensed by another jurisdiction providing services in Montrose County pursuant to a mutual aid or automatic aid agreement with an ambulance service licensed in Montrose County or otherwise summoned to assist by an ambulance service licensed in Montrose County.

3. Short term use of a loaner ambulance supplied by an ambulance manufacturer, licensed dealer or emergency vehicle repair shop for temporary use when an ambulance with a current permit is under repair when such ambulance meets the vehicle and minimum equipment requirements of these Regulations.

4. Vehicles used by first response agencies, quick response teams, rescue units or other emergency services providers used to transport patients for extrication from areas inaccessible to a permitted ambulance to the closest practical point of access for a permitted ambulance.

5. Ambulances operated or contracted by a department or agency of the federal government operating under a federally declared emergency for the purpose of providing emergency medical care and transport for patients under federal jurisdiction.

D. Ambulance Crew Members Required: No patient shall be transported in an ambulance which is operating in the County unless the ambulance is staffed by a crew consisting of at least one (1) Emergency Vehicle Operator and one (1) Patient Attendant, except under extraordinary circumstances pursuant to 25-3.5-202, C.R.S. The Board, or its authorized designee, shall be notified, in writing, within twenty-four (24) hours of any extraordinary circumstance when a patient is transported without the required ambulance crew members.

E. Medical Director Required: Each ambulance service licensed by the County shall have one medical director meeting the requirements duly established by the State of Colorado pursuant to 6 CCR 1015-3, Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight, or its successor, to supervise the medical acts of all personnel providing emergency medical care on the ambulance service. The medical director shall be notified in writing by the Board, or their authorized representative, of any alleged violations of these Regulations by the ambulance service or alleged complaints or violations by individual medical providers operating on an ambulance service. The Board shall be informed, in writing, thirty (30) days before any planned changes in medical director during the term of the ambulance service license. In the event of illness or death of the medical director, the Board shall be notified in writing within five (5) business days after the designation of the acting replacement. The medical director shall attest in writing to provide medical oversight and medical continuous quality improvement services for the ambulance service. The medical director shall actively participate in the local forum stablished jointly by the emergency medical services agencies in the County to communicate and coordinate protocols and standards of care among the emergency medical services agencies in the County by attending in person more than one-half (1/2) of the regularly scheduled meetings each year and remainder by telephone if cannot attend in person.

F. Insurance: No ambulance service shall operate in the County unless it is covered by workers' compensation insurance, commercial or comprehensive general liability insurance, complying motor vehicle liability insurance, medical malpractice or professional liability insurance, and other insurance policies as may be required by law, for the full term of the ambulance service license and furnished by an insurance carrier appropriately licensed to write such policies in Colorado.

The ambulance service insurance shall provide coverage that meets or exceeds the following limits, or a higher amount specified in the Workers' Compensation Act, the Governmental Immunity Act, the Motor Vehicle Financial Responsibility Act, or other applicable statutes.

1. Comprehensive general liability, bodily injury and property damage coverage of one million dollars ($1,000,000.00) for each person and three million dollars ($3,000,000.00) for each occurrence.

2. Professional liability coverage of one million dollars ($1,000,000.00) per person and three million dollars ($3,000,000.00) per occurrence.

3. Motor vehicle liability insurance covering all owned and non-owned vehicles with coverage of one million dollars ($1,000,000.00) bodily injury for each person, three million dollars ($3,000,000.00) bodily injury for each accident and one million dollars ($1,000,000.00) for property damage.4. Statutory Workers; Compensation insurance: Every insurance policy required shall provide for continuing liability thereunder to the full amount, notwithstanding any recovery thereon, that the liability of the insured shall not be affected by the insolvency or bankruptcy of the

insured and that the insurance company will not be relieved from liability on account of nonpayment of premiums, failure to renew the ambulance service license, or any act or omission of the insured unless the policy is canceled, terminated or revoked with appropriate written notification as required in these Regulations.

The County shall be notified, in writing, thirty (30) days prior to any cancellation, termination, revocation or other material change in coverage.

A certificate of insurance, with the County named as certificate holder, shall indicate the type of insurance, policy number(s), policy effective date, policy expiration date, amount of coverage and identify the vehicles covered by the policy. Notification of any changes in insurance, including vehicles covered under the policy, shall be made to the County in writing, and a new certificate of insurance forwarded to the Board within ten (10) days after the effective date of the changes.

Proof of insurance shall be filed with the County with the application for an ambulance service license or ambulance permit as required in these Regulations.

Each ambulance service shall provide written notice to all personnel regarding the amount of professional liability insurance the ambulance service carries.

The Board may require reasonable additional coverage and proof of insurance at any time it deems necessary to promote the public health, safety and welfare.

G. Ambulance Specifications:

1. Ground vehicles obtained, granted a permit and placed in use as ambulances in the County after the effective date of these Regulations shall meet or surpass the requirements specified in the General Services Administration Federal Specification KKK-A-1822, National Truck Equipment Association Ambulance Manufacturers Division Standards 001-025, or National Fire Protection Association 1917: Standard for Automotive Ambulances, or successor standards, effective on the date of manufacture or superseding standards established by the State of Colorado.

2. Ambulances permitted by the County prior to the effective date of these Regulations may continue to be used as ambulances provided that they continue to meet minimum standards for suitability, construction and general condition as determined by the Board.

3. Each ambulance shall clearly display permanent markings on both sides showing the name of the ambulance service under which they are licensed.

4. Each ambulance shall be maintained at all times in a safe operating condition and in compliance with Colorado motor vehicle statutes, rules or regulations. At the time of application for permit the ambulance service shall submit to the County a certificate prepared by a qualified DOT-certified mechanic certifying the ambulance is in a safe operating condition based on the vehicle manufacturer's specifications, Federal motor vehicle safety standards and Colorado statutes, rules or regulations governing motor vehicles.

H. Ambulance Equipment: Each ambulance shall be outfitted with the following equipment:

1. Audible and visual warning devices and any special markings to designate it as an ambulance as required by statute for authorized emergency vehicles.

2. Safe tires newer than 6 years per manufacturer's sidewall dates with tread depth of no less than 5/32" and, in addition, approved snow tires or chains when weather conditions demand.

3. Appropriate protective occupant restraints for the vehicle operator and any other ambulance personnel.

4. Appropriate protective occupant restraints for patients, accompanying family members or other persons being transported.

5. The minimum required equipment for a Basic Life Support ambulance shall be that listed in the current edition of 6 CCR 1015-3 Chapter 4-Licensure of Ground Ambulance Services, Rules Pertaining to Emergency Medical and Trauma Care System, or its successor.

6. The minimum required equipment for an Advanced Life Support ambulance shall be that listed in the current edition of 6 CCR 1015-3 Chapter 4-Licensure of Ground Ambulance Services, Rules Pertaining to Emergency Medical and Trauma Care System, or its successor.

7. Radio equipment capable of reliable direct two-way voice communications with the Montrose County Sheriff's Office 9-1-1 Dispatch Center, or other public safety communications center duly designated by the County, the medical control point designated by the ambulance service medical director, first response and mutual aid agencies and receiving facilities that regularly serve as a destination for patient transports by the ambulance service. Use of statewide digital trunked radio system shall be required as designated by the County Sheriff and/or the State.

I. Inspections: The Board shall appoint and direct an inspector to inspect any and all ambulances owned, leased, or operated by a licensed ambulance service annually, or more often if required by the Board, to assure compliance with applicable rules and regulations. Inspections may be performed at any time. Any inspection shall be for the purpose of determining that each vehicle is being properly maintained and contains the equipment, supplies and medications specified in these Regulations and that the equipment, supplies and medications are properly stored. Maintenance logs, service records and other necessary documents shall be made immediately available to the inspector upon request. Such inspections shall be in addition to other safety or motor vehicle inspections required by these regulations or Colorado law.

J. General Regulations:

1. No ambulance service shall operate from locations other than those on file with the County nor shall an ambulance service abandon any location without at least thirty (30) days prior notification to the Board.

2. Each ambulance service licensed in the County shall have an ongoing medical continuous quality improvement program consistent with the requirements established in accordance

with 6 CCR 1015-3 Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight, or its successor.

3. Each ambulance service licensed in the County shall have a designated person to manage the ambulance service operations with training and experience commensurate with the level of services offered. The minimum qualifications for the person responsible for managing a basic life support ambulance service are documented completion of an initial EMT training course, or an initial EMT training course and intravenous authorization training, corresponding to the highest level of certification for personnel who respond with the ambulance service, and three (3) years of administrative, managerial or supervisory experience in an emergency services agency. The minimum qualifications for the person responsible for managing an advanced life support ambulance service is documented completion of an initial AEMT, EMT-Intermediate or paramedic training course, corresponding to the highest level of certification for personnel who respond with the ambulance service, and five (5) years of administrative, managerial or supervisory experience in an advanced life support emergency services agency. Documented coursework applicable towards a degree in EMS, Fire Science, Nursing, Business Administration, or a closely related field, at an accredited college or university may be substituted for the experience requirement at the County's sole discretion.

4. Each ambulance service licensed in the County shall have a permanent base of operations located in the County, or area of the County where the ambulance service is legally obligated to provide services.

5. Each ambulance service licensed in the County shall establish a written procedure to notify agencies providing emergency medical services in adjacent areas when all available ambulances are in service providing emergency medical response, or response capabilities are compromised due to lack of qualified response personnel, or equipment or vehicle failures, and mutual aid may be needed urgently to provide emergency medical response. The procedure shall also describe the process to notify adjacent services when response capabilities have been restored.

6. Each ambulance service shall enter into mutual aid and/or automatic aid agreements with other agencies providing emergency medical services in the area and establish written protocols for providing emergency medical response when the ambulance service is unable to respond because all available ambulances are in service providing emergency medical response, or response capabilities are not available due to lack of qualified response personnel, or equipment or vehicle failures.

7. Each ambulance service licensed in the County shall document every request for service and complete a patient care report, including the required data and information specified in 6 CCR 1015-3 Chapter 3-Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping, or its successor, for each patient assessed. A copy of the patient care report must be supplied to the receiving facility with the patient but shall, if system operational demands require, the crew to depart before the patient care report is completed, be delivered to the receiving facility within twenty four (24) hours of the time that the ambulance returned to quarters.

8. Each ambulance service licensed in the County shall submit a complete agency profile to the Colorado Department of Public Health and Environment pursuant to 6 CCR 1015-3 Chapter 3-Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping, or its successor, within thirty (30) days after an application for an ambulance service license is submitted to the County.

9. Each ambulance service licensed in the County shall provide the required data and information on patient care to the Colorado Department of Public Health and Environment pursuant to 6 CCR 1015-3 Chapter 3-Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping, or its successor, on a quarterly basis.

10. Only ambulances that meet or surpass ALS equipment and staffing requirements at all times and for all responses may display or advertise "Advanced Life Support" or "ALS" services. Only ambulances that meet or surpass advanced life support equipment requirements and provide paramedic staffing at all times and for all responses may display or advertise "Paramedic" services.

11. The Board shall be authorized to establish performance standards, assess financial penalties, assign service areas, promulgate and enforce such rules and regulations as it deems necessary to provide for quality emergency medical services, ensure compliance with Colorado law and any resolution adopted by the Board which regulates the operation and licensing of ambulance services in the County and to promote the public health, safety and welfare.

12. All ambulance services licensed by the County are required to agree to and comply with all provisions of these Regulations, or any amendments thereto, any other conditions pertinent to the license reasonably imposed by the Board and all applicable provisions of Federal, State and local laws, rules and regulations in order to maintain licensure. The Board may also consider medical practices that deviate significantly from standards of care as well as business practices that pose a risk to the public health, safety and welfare as a violation of these Regulations.

ARTICLE IV- LICENSES AND PERMITS

A. Application for Ambulance Service License: An application for an ambulance service license shall be submitted to the County and shall contain the following information, supporting documents and application fees:

1. Type of license requested; BLS ambulance service or ALS ambulance service. The type of license will describe the highest level of service that could be provided at any time by the ambulance service.

2. The name, address, telephone number(s) and email address of the owner of the ambulance service. If the owner of the ambulance service is a partnership, provide the name and address of each partner. If the owner of an ambulance service is a corporation, provide the name and address of each director of the corporation and the name and address of each stockholder owning ten (10) percent or more of the outstanding stock of the corporation. If the owner of an ambulance service is a government, the name and address of each member of the governing board.

3. The name, address, telephone number(s) and email address of the person applying for the license on behalf of the applicant ambulance service.

4. The name, address, telephone number(s) and email address of the person who will be in charge of and/or the director of the operations of the ambulance service.

5. The training and experience of the applicant and of the person who will be in charge of and/or the director of the ambulance service.

6. The trade or other name, if any, under which the applicant does business or proposes to do business.

7. A brief description and up-to-date map of the area in the County to be served by the ambulance service.

8. The location and description of the place or places from which it is intended to operate the ambulance service.

9. The scope of services to be provided by the ambulance service.

10. The name, address, telephone number(s) and email address of the ambulance service medical director.

11. Attestation by the medical director of willingness to provide medical oversight and a medical continuous quality improvement program for the ambulance service.

12. For a new application, certificates of inspection or other documentation that the physical inspection of the location of the applicant has been completed and the ambulance(s), equipment and location(s) were found to be in compliance with the provisions of these Regulations.

13. For a new license application, a service plan demonstrating the need for services to be provided, pro forma income statements, proposed fee schedule, proposed operating budgets, balance sheets, bank records, the latest annual audit regardless of state waiver provisions to the contrary, or other financial information as may be reasonably requested by the Board sufficient to demonstrate the ambulance service's ability to operate and respond within the area to be served for the term of the license.

For a renewal license application, an income statement, balance sheet, annual audit reports regardless of state waiver provisions to the contrary, and other financial records from the most recent fiscal year, current fee schedule, operating budget for the current year and any other financial documents required by the Board as reasonably necessary to demonstrate the ambulance service's ability to continue operations and respond within the area to be served for the term of the license.

14. A complete ambulance vehicle permit application for every ambulance to be used by the applicant in providing service in the County.

15. Certificate(s) of insurance as required by these Regulations.

16. A copy of the written notice provided to personnel regarding the amount of professional liability insurance the ambulance service carries.

17. A list of ambulance agencies, fire departments, special districts and other EMS providers with which the applicant has written mutual aid and/or automatic aid agreements, as well as copies of all such agreements.

18. The specific location where the following information is on file and available for inspection:

a. A list of all personnel who may be called upon to respond to an emergency with the ambulance service. This list shall include the following information for each person:

i. complete name, address, and telephone contact information.

ii. the current level of training, certification or licensure along with training completed during the preceding permit year.

b. Documentation for all personnel who may be called upon to respond to an emergency with the ambulance service demonstrating their qualifications. The documentation shall include the following information for each person:

i. proof of current Colorado Emergency Medical Provider certificate, First Responder course completion certificate, nursing license or medical license.

ii. proof of valid Colorado driver's license.

iii. proof of current Cardiopulmonary Resuscitation training by the American Heart Association, American Red Cross or other equivalent nationally-recognized program; and, for ALS personnel, Advanced Cardiac Life Support training by the American Heart Association or other equivalent nationally-recognized program.

iv. any other documentation demonstrating the person who may be called upon to respond to an emergency with the ambulance service is qualified to provide services.

c. A current copy of the ambulance service's written policy and procedure manual and/or operational protocols.

d. A current copy of the ambulance service's medical treatment protocols approved by the medical director.

e. A copy of the applicant's authority to operate an ambulance service, if the applicant is a special district or other political subdivision of the State of Colorado.

19. Any other information or documents required by the Board as reasonably necessary to evaluate the application or the ambulance service's ability to provide services and respond within the area to be served for the term of the license.

B. Issuance of a New Ambulance Service License: All licenses shall be effective July 1 through June 30 of each year approved. Should a license be granted effective on a later date during that calendar year, the license shall only be effective through June 30 of that permit year. Upon receipt of a complete application for a license to provide ambulance services and payment of applicable licensing and permit fees, the Board shall review the application, the applicant's record and hold a public hearing to allow input from interested parties. No license shall be granted unless the application and applicant's record demonstrates complete compliance with these Regulations and applicable laws. The Board may impose conditions on any license at its sole discretion as reasonably necessary to enhance the integrity of the emergency medical services response system in the County and protect the public health, safety and welfare. Each license shall be granted by resolution of the Board and shall be valid through June 30 following the date of issue providing that the ambulance service personnel, vehicle(s), equipment, and location comply with the requirements of these Regulations.

C. Ambulance Service License Renewal: Application for renewal shall be filed annually, but not less than sixty (60) days before the date the license expires. Renewal notices shall be sent by the Board, to all agencies who currently hold a license or permit, ninety (90) days prior to expiration. Unless revoked by the Board, any license issued by the County may be renewed by submitting to the County a completed application for renewal containing the required information, necessary supporting documents and application fees.

D. Issuance of a Renewal Ambulance Service License: Renewals shall be effective July 1 through June 30 of each year approved. Should a license be granted effective on a later date during that calendar year, the license shall only be effective through June 30 of that permit year. Upon receipt of a complete application to renew a license to provide ambulance services and payment of applicable licensing and permit fees, the Board shall review the application, the applicant's record and hold a public hearing to allow input from interested parties. No license shall be renewed unless the application and the applicant's record demonstrate complete compliance with these Regulations and applicable laws. The Board may continue, or impose additional conditions on any license at its sole discretion as reasonably necessary to enhance the integrity of the emergency medical services response system in the County and protect the public health, safety and welfare. A license renewal shall be granted by resolution of the Board and shall be valid through June 30 following the date of issue providing that the application demonstrates complete compliance with these regulations and applicable laws and the ambulance service personnel, vehicle(s), equipment, and location comply with the requirements of these Regulations.

E. Ambulance Vehicle Permits: An application for an ambulance permit shall be submitted to the County and shall contain the following information, supporting documents and application fees, if any:

1. Type of permit requested; BLS ambulance or ALS ambulance. The type of permit will describe the highest level of service that could be provided at any time by that vehicle and appropriate staff.

2. The name, address, telephone number(s) and email address of the owner of the ambulance and disclosure of any liens, encumbrances or other claims against the title of the ambulance.

3. The name, address, telephone number(s) and email address of the person applying for the license, hereinafter referred to as the applicant.

4. The trade or other name, if any, under which the applicant does business or proposes to do business.

5. A description of the ambulance, including make, model, year of manufacture, vehicle identification number, Colorado license plate number for the current year, ambulance type, the length of time the vehicle has been in use, and the color scheme, insignia, name, monogram, and other distinguishing characteristics used to designate the vehicle, and a color photograph clearly displaying the entire driver's side of the ambulance in daylight.

6. Certificate of inspection by the County's Emergency Operation manager that the physical inspection of the ambulance equipment has been completed and the ambulance and equipment were found to be in compliance with the provisions of these Regulations.

7. Certificate of inspection by a qualified DOT-certified mechanic, an inspection by the Colorado State Patrol Motor Carrier Safety Section or other documentation attesting that the ambulance is in a safe operating condition based on the vehicle manufacturer's specifications, Federal motor vehicle safety standards and Colorado statutes, rules or regulations governing motor vehicles.

8. The specific location in the ambulance where the current Colorado vehicle registration and proof of motor vehicle insurance are kept and available for inspection.

F. Issuance of Ambulance Vehicle Permits: Permits shall be issued July 1 through June 30 of each year approved. Should a license be granted effective on a later date during a respective year, the license shall only be effective through June 30 of that permit year. Upon receipt of a complete application for an ambulance permit and payment of applicable fees, the Board shall review the application. An ambulance vehicle permit shall be granted by resolution of the Board providing that the vehicle and equipment comply with the requirements of these Regulations.

G. Display of Ambulance Permit: The ambulance service shall prominently display the ambulance permit issued by the Board in the patient compartment of the ambulance.

H. Transfer of License or Permits: No license or permit issued by the Board shall be sold, assigned, or otherwise transferred.

I. Change of Ownership: Change of ownership shall require a new application license and payment of license fees. Any sale or exchange of stock in excess of twenty-five percent (25%) of the total outstanding stock of a corporation to anyone other than an existing stockholder at the time of the original issuance of license shall be deemed a change of ownership for the purpose of these Regulations. Any change of ownership of any transfer of stock ownership of ten percent (10%) or more shall be reported in writing to the Board within thirty (30) days of such change or transfer.

J. Reciprocity: The Board may issue an ambulance service license and ambulance permit(s) to an ambulance service licensed by another Colorado county, or adjacent jurisdiction upon a finding that the requirements in the county or adjacent jurisdiction are substantially equivalent

and the ambulance service agrees to comply in full with these Regulations. An ambulance service license and ambulance permit(s) may be issued by completing the application requirements and payment of the appropriate fee, if any, as specified in these Regulations.

K. Ambulance Service License and Ambulance Permit Fees:

1. The application fee for a new ambulance service license shall be three hundred dollars ($300.00) plus applicable ambulance permit fees.

2. The application fee for ambulance service license renewal shall be one hundred fifty dollars ($150.00) plus applicable ambulance permit fees. No fee shall be required for the licensing renewal of any ambulance service operated by a municipality, special district or other political subdivision of the State of Colorado.

3. The application fee for an ambulance permit shall be one hundred fifty dollars ($150.00) for a basic life support ambulance or three hundred dollars ($300.00) for an advanced life support ambulance.

4. Payment of applicable fees shall be made in United States currency or a check payable to Montrose County; provided, however, that no fee shall be required for the renewal of any ambulance permit for an ambulance service operated by a municipality, special district or other political subdivision of the State of Colorado, or not-for-profit corporation that provides ambulance services in the County. No fee shall be required for the granting of an ambulance permit for a replacement ambulance when such replacement results from the accidental loss or routine retirement of an ambulance with a current permit.

L. Should any application not comply with any provision of these regulations, the application will be forwarded to the Board for denial. Such denial shall state specifically the reason(s) for the denial.

ARTICLE V: COMPLAINTS

A. Origination of Complaints: Alleged violations of these Regulations by a licensed ambulance service, individual medical providers on a licensed ambulance service, or of an ambulance service operating in the County without a license, may be made in writing by any party and addressed to the Board, or by the Board on its own initiative. Any individual bringing a matter of medical competency to the Board shall waive the right of patient confidentiality as a condition of complaint submission and subsequent investigation. If any legal action is filed against a licensed ambulance service in a court of the United States, the State of Colorado or any of its political subdivisions, the licensee shall notify the Board within ten (10) business days. A violation of these Regulations shall not be presumed based on the allegation. In the event that a judgment is entered against the licensee, the licensee shall file a copy of the findings of fact, conclusions of law and order of the court with the Board within ten (10) business days. If an action against an ambulance service license is undertaken by another jurisdiction, the licensee shall notify the Board within ten (10) business days. A violation of these Regulations shall not be presumed based on the action. If the action results in a suspension or revocation of the ambulance service license by another jurisdiction, the licensee shall file a copy of the record of the adverse action with the Board within ten (10) business days.

B. Validation of Complaints: The Board, through the County's emergency Operations Manager, shall complete an initial review of the complaint, judgment or adverse action within five (5) business days to determine if it constitutes a violation of these Regulations and has sufficient foundation to warrant a complete investigation. Any apparent violation of these Regulations having sufficient factual basis shall be fully investigated by the County's Emergency Operations Manager and a report of findings shall be forwarded to the Board. Allegations of violations outside the purview of the Board shall be returned to the complainant for referral to the appropriate authority or jurisdiction. The Board shall notify the complainant in writing if the allegation lacks sufficient basis to warrant investigation. The Board shall notify the licensee in writing if a judgment or adverse action filed with the Board does not constitute a violation of these Regulations.

C. Investigation of Complaints: The Board shall notify the complainant in writing if an allegation is sufficient to warrant a full investigation. Upon initiation of a full investigation, the Board shall notify the ambulance service and the medical director for the ambulance service of the alleged violation in writing. The Board shall commence action against the ambulance service or unlicensed ambulance service if the allegation is determined to be a violation of these Regulations or, at its discretion, may provide a reasonable period of time for the licensee to cure any violation or to implement corrective measures to bring the licensee's business activities into conformance with these Regulations before commencing action to suspend or revoke a license or permit. The Board may forego further hearing or action against the license or permit upon confirmation that the licensee has cured the violation and satisfied any conditions reasonably imposed by the Board. The Board shall notify the complainant in writing if an investigation determines that the allegation fails to constitute a violation of these Regulations or that the licensee has cured the violation.

ARTICLE VI: PROCEDURES FOR REVOCATION OR SUSPENSION

A. The Board may, on its own initiative or upon written complaint made by any party, temporarily suspend, suspend for a definite period, or revoke any license or permit issued pursuant to these Regulations, assess fees or impose financial penalties upon a determination that a violation and/or non-compliance with these Regulations by a licensed ambulance service or by individual medical providers on a licensed ambulance service has occurred.

B. Temporary Suspension: Without prior notice to the licensee and upon determination that a violation that poses immediate threat to the public health, safety and welfare has occurred, the Board may temporarily suspend any license or permit. Such temporary suspension shall be effective upon delivery of written notice to the licensed ambulance service by the Board and shall state specifically the reason(s) for such suspension. The temporary suspension shall be valid until a final decision by the Board concerning suspension, revocation or reinstatement, but no temporary suspension shall be valid for more than thirty (30) days. Any written notice of temporary suspension shall also provide notice of the time, date, and place of a hearing before the Board to consider the suspension or revocation of the license. Except upon written consent of the licensee, the hearing shall be held not more than ten (10) business days following the effective date of the temporary suspension.

C. Suspension for Definite Period or Revocation of License: Following notice to the licensee and a public hearing at which the licensee shall be afforded an opportunity to be heard, the Board may suspend or revoke any license or permit. Any suspension or revocation shall require a finding by

the Board of a violation of these Regulations based upon the evidence presented at the hearing. Suspension shall be for a specific and definite period of time not to exceed any remaining current license period. The County shall bear the burden of proof of a violation justifying any suspension or revocation of a license or permit. Issuance of a temporary suspension shall not be a prerequisite to the conduct of a hearing to consider the suspension or revocation of a license or permit.

D. Financial Penalties: To protect the public health, safety and welfare, the Board may adopt a schedule of fees and financial penalties. Any fees or financial penalties collected by the County are to be held in a segregated fund specifically to pay any costs to enforce this Resolution, including compensation to an alternate ambulance provider for services rendered to the County. The Board has the authority, at its sole discretion, to reduce, defer or waive fees or penalties for good cause or to protect the public health, safety and welfare.

E. Hearings: All suspension or revocation hearings shall be open to the public and shall be conducted in accordance with the Colorado Open Meetings Act. The Board shall be authorized to administer oaths and issue subpoenas to require the attendance of witnesses and the production of papers, books, and records necessary to the determination of any issue at any hearing.

F. Surrender of License or Permit: Following receipt of a written notice of suspension or revocation, the licensee shall surrender and deliver its license and all ambulance permits to the Board within forty-eight (48) hours.

G. Notices: Any notice issued pursuant to these Regulations shall be made in writing and provided to the licensee and the medical director at the address(es) listed in the application for ambulance service license. The Board shall use its best efforts to immediately notify in writing any communications center, and notify within three (3) business days any first response agencies, mutual aid agencies, local law enforcement agencies, hospitals and medical directors of any suspension or revocation. The Board may send notice to a County Emergency Medical Services Council, Regional Emergency Medical and Trauma Services Advisory Council, Colorado Board of Medical Examiners, Colorado Department of Public Health and Environment or other interested parties; provided, however, that such notice shall not entitle these parties to a right to participate in any hearing concerning suspension or revocation of a license.

ARTICLE VII: AMENDMENTS

The Board retains full right to revise, add to, amend and/or delete any provisions of these regulations from time to time as the Board in its sole discretion sees fit.