

Regional Emergency Medical
& Trauma Services
Systems Development Biennial Plan

V8.0

Western RETAC
Plan Cycle July 1, 2017 – June 30, 2019

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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 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

¹ RETAC Map

² Regional Transit and Transportation

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, Level I trauma centers in Denver, and burn centers in and out of state.

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

³ Jobs & Wages

⁴ WRETAC Board Representatives

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 Air Medical, 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 a newly hired Part Time Coordinator. Their functions follow:

- Manages the daily functions of the WRETAC Office
- Serves as WRETAC Coordinator fulfilling duties and deliverables required by CDPHE
- 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
- 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
- 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
- Prepares and distributes Board Reports
- Writes, reviews and edits proposals and Letters of Intent for corporations, foundations and government grant opportunities following funding guidelines, parameters and procedures
- Coordinates and interacts with existing groups

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 currently two 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 as well as video conferencing. 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.

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 continue to be 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. While many providers are older and nearing the end of their EMS careers, 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. Many of the more populated areas have transient, seasonal increases in population which is a strain on already strained

systems. The financial strain has proven to be a problem with most of the EMS in WRETAC is on the volunteer basis.

The three facilities offer a wide choice of care and follow-up care in the communities served. Many residents in our six county region must travel long distances for needed care and treatment because of being located in very rural areas. 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 used 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?

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:

Goal #1 was to become compliant with State Auditor's Office requirements including records from prior 10 years.

WRETAC was supposed to be an "Exempt from Audit" organization, however, during the time they were acting as "Fiscal Agent" for the NWRETAC the budget exceeded the ceiling for being "Exempt" and should have been submitting an audit each year instead.

WRETAC produced a detailed and complete audit of its books and was brought into compliance with the State Auditor's Office by 2016. Ongoing efforts will be made to keep this status in compliance in the future. Additionally, WRETAC no longer serves as the fiscal agent for NWRETAC which should eliminate the possibility of a required audit.

Goal #2 was to write CREATE Grants to assist agencies in sending providers to all the major EMS conferences available on the Western Slope.

This goal has met with success. The WRETAC during the 1st half of this two year period was staffed by a full time Coordinator and a part time Special Projects Coordinator. The SPC wrote CREATE Grants for these conferences and many other educational opportunities. The WRETAC is now staffed by a single, part time, coordinator without the additional SPC. The responsibility for writing individual CREATE Grants and the writing of all grants for funding of any kind now falls to this coordinator. These grants are still currently being used successfully by

many agencies and will continue to be. The WRETAC is actively seeking these grant opportunities and coordinating them, however the WRETAC Coordinator is no longer writing all agency grants.

Goal #3 was to work with Regional Training Centers to produce 2 One day Continuing Education Conferences for the rural agencies.

This goal has benefitted from the major changes in the WRETAC Funding Model. The EMS conference held in Nucla/Naturita in 2016 was very successful. The Delta Hospital has also hosted their Trauma Conference for several years now and are getting great participation. The ability for counties to request the \$15,000 in funding each year for projects like this has proven very productive. Norwood EMS is working toward becoming a "Training Group" and DMTC has implemented a far reaching technological upgrade that will facilitate getting education out into the more remote parts of the WRETAC.

Goal #4 was to visit all the EMS agencies and facilities in the WRETAC and assess the needs and issues facing each and try to facilitate solutions.

During 2015 and the first half of 2016 the WRETAC Coordinator made multiple visits to the various agencies and facilities in the region, the WRETAC officers also made visits to agencies. As the new funding model began to take shape, the agencies began to have a new direction to look in for funds to initiate projects. Agencies can now apply through their counties to the WRETAC for funding that meets the 15 Components of EMTS as recognized by the State. Several of the specific "Needs Assessment" findings from Consultative Visits to multiple counties have been met successfully with the assistance from these funds also.

Goal #5 was to work with other RETACs to put on an EMS Leadership Conference.

This goal was not achieved. The Leadership Conference was extremely expensive therefore the WRETAC assisted in sending people to the NWWRETACs Leadership Conference instead.

Goal #6 was to perform a WRETAC Region wide needs assessment and make recommendations for solutions to issues found.

This has been an ongoing project within the WRETAC. As we developed the new funding model the entire region could input into the process. Individual needs and issues were addressed as well as how to bring forth future issues for WRETAC consideration.

Goal #7 was to work with RMD program to purchase training equipment for shared use.

With the new county funding model the WRETAC is funding these mannequins and other equipment through that vehicle. Hospitals will be purchasing mannequins and agencies will be getting smaller pieces of training equipment that can be easily shared around the WRETAC. These types of purchases are much more expensive than the original goal statement considered.

Goal #8 was to maintain and improve WRETAC website, (wretac.org).

Hand off to new coordinator has been successful and updates are occurring. Links to other websites still need updates and more information needs to be directed at the agencies and facilities, i.e. grants, classes and other opportunities.

Goal #9 was to invite either State or ImageTrend representative to region to train agency providers on software and data collection.

ImageTrend representative came and taught class at the West End EMS Conference in Nucla/Naturita/Paradox. New Nemsis 3 version and upgrades to ImageTrend software are to be implemented in 2018. Further training will be needed then.

Goal #10 was to work with facilities to develop a program to transmit 12 lead data from the field to the ED.

The larger facilities are reluctant to allow outside access into their computer networks, the UMC in Norwood has found a Mobile App. that they are experimenting with that is designed to transmit patient data from the field to the receiving facility. At this time, the WRETAC is not working on this issue directly.

Additional Accomplishments

The Western RETAC has had a remarkably successful two years despite being under extreme pressure to complete significant structural changes to the WRETAC and our funding model. After many years of operating the WRETAC with a full time paid staff, this past two-year period brought about a complete change to one part time Coordinator. This was not a planned change. This change was not included in the 2015-2017 Biennial Plan. This change came about as a result of having to change the fundamental way in which the WRETAC funds are distributed and spent. The WRETAC is now able to make EMTS funds available to each county on an annual or quarterly basis. We have made a turnaround from an administration heavy organization, to a leaner more focused organization putting our focus on the region, the agencies and the facilities.

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 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 agencies, 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 recommendations 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 with one agency specific to interfacility transports while other 911 services include that in their service as well. Two 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. All concerns and issues are discussed at that time. The WRETAC Coordinator continues to work closely with EMS agencies and trauma facilities to support funding requests for needed equipment, training, and personnel needs.

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 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. The other air medical service is available in the region from Classic Air Medical (Moab, UT).

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 facilities are managed by Boards of Directors.

⁵ Resolution 2014-10

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 manage or lead, and no explanation of what is required of the person assuming the position. WRETAC has obtained CREATE Grant funding in the past to reimburse EMS Directors for one half the costs of attending the NW Leadership Academy in Glenwood Springs. Only 2 took advantage of this opportunity. Funding was granted to the WRETAC to assist in attending, however, funds were returned due to lack of interest and changes in the WRETAC structure. This continues to be a problem and will be addressed in the future. 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.

With the change of the WRETAC structure and the welcoming back of facilities that had previously left, communications are open and readily discussed at quarterly meetings as well as coordinator visits. With the formation of EMS councils, a streamlined process is in place to attend to each of the county's needs. The WRETAC will continue to communicate with all areas 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.

The first priority will be the support of EMS leadership training by continuing to find funding to bring leadership training to the WRETAC board members, then, eventually, to all leaders in the region. 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 (DCAD) is a paid service with nine full time and four, part time paramedics, one full time and two part time EMT-Intermediates, six full time and 12 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, as well as, long distance transfers as needed state-wide. They also provide 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, five EMT-intermediates, 26 EMTs, and 15 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. Their roster consists of 5 FF/Drivers, 13 EMT's, 6 Intermediates and 13 Paramedics. 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 eleven Paramedics, three EMT- Intermediates, 14 EMT's and one nurse. 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 change with the season. Year round they have 5 EMT's, 4 Intermediates, 3 Paramedics and 4 drivers. During the summer months, that changes to 8 EMT's, 4 Intermediates and 4 Paramedics. 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, 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 17 full time paramedics, 14 full time and two part time EMT-Intermediates, and four full time and four 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 10 paramedics, 7 Intermediates, 10 EMT's. 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 eight 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, or Classic Air Medical in Moab Utah. Classic Air Medical has three helicopters available to the Western RETAC, one is located in Moab, Utah, serving the West end of Montrose County, as well as one located in Glenwood Springs, Colorado, serving Delta and Gunnison Counties. They have a fixed wing aircraft in Craig, Colorado. They also have helicopters in Steamboat Springs that can service the area. Classic also does Search and Rescue for the entire area. 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. Currently, this ambulance service has fallen victim to the ever-growing problem on the Western Slope. They have lost all their volunteers and Nucla/Naturita is covering this area. There is currently an EMT B who is in training and is expected to be available later this summer. 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 to Grand Junction or over Dallas Divide to Montrose. Air transport is available by Classic Air Medical, CareFlight St. Mary's or Montrose. 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 four paramedics, 10 EMTs and eight 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 or Classic Air Medical 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, 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 Towns of Telluride, Mountain Village, Placerville, Ophir, and Telluride Ski Resort located in San Miguel County. They currently have 9 Paramedics, 13 EMT-Intermediates and 20 EMT's. 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 three Paramedics, four EMT-Intermediates, and eleven EMTs. 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 offers rotor-wing, fixed-wing and ground transport. They are based at St. Mary's Medical Center in Grand Junction, Colorado, Grand River Health in Rifle, Colorado and Montrose Memorial Hospital in Montrose, Colorado. 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 Air Medical in Utah.

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. Though there is interest from younger people in our area, they cannot commit to work in a volunteer agency. Remote distance from the training centers makes initial EMT training and continuing education difficult for EMS agencies and EMS personnel. This has been improving recently with the ability to use the internet and teaching programs to attend classes in real time on-line. Recruitment of new providers and retention of current providers remains a struggle for agencies without financial reimbursement. 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 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 look at available EMS providers and try to establish or adopt an agency program, 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.

WRETAC will make it a priority to work with agencies to help find viable solutions for recruitment and retention of EMS providers as well as provide resources to obtain and maintain all levels of prehospital care. It will continue to help with Provider Grant assistance to find funding for paid personnel.

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. 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. 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.

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.*

EMS Councils have been implemented in Montrose and Delta Counties. These two Councils include County Commissioners, Emergency Managers, WRETAC board members as well as Ad-hoc members. These Councils are instrumental in streamlining the funding process to the WRETAC as well as having a body in place to keep the County Commissioners informed of the WRETAC actions.

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 as follows:

- 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 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 a 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 continues to be funding. Recruiting volunteers is difficult and many agencies are now looking into hiring providers to cover 24/7/365. North Fork Ambulance Assoc. has recently put 4 EMT's through the Intermediate class to become EMT-I's. These ALS providers are being paid on a part time basis for ALS coverage in that area. Equipment costs are high and many agencies are dependent on funding from mil levies. Delta County Ambulance had a mil levy increase on the November Ballot, however a narrow margin defeated this. Their plan is to be on the next available ballot. 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. 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 continue to increase 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.

The WRETAC employs the Part time WRETAC Coordinator. 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. 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.

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 was nonexistent for much of the last two years. Recently, there has been some interest in bringing that program back to life. WRETAC has agreed to assist in that project and work has begun. The goal of this project is 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 will be staffed at county and health fairs, and seat belt awareness competitions have occurred between schools. Activities will take 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. 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.

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.

Delta County Ambulance District had a mil levy increase on the 2017 ballot that did not pass. They are currently in an education campaign to educate the public on all ambulance services and the desperate need for them.

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 will continue to utilize EMS Week and other special occasions to express the importance in what they do. Grant funding and cooperative effort between organizations would make the projects more affordable.

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.

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, and those that are volunteering are getting burnt out due to the many hours they cover. 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.

These problems are being addressed at the WRETAC level by means of long distance learning via video conferencing. Delta-Montrose Vo-tech is offering long distance learning. The WRETAC has purchased equipment to offer classes and continuing education via webcam. The WRETAC has also been utilizing this equipment for Board Meetings as well as Special Meetings.

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. Agencies often have mutual continuing education to offset the cost of education. 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 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. There was recently a mass casualty drill held in Montrose which was very well attended. A group from out of state was brought in to lead this drill and to have debriefing after. Many agencies were able to implement policies due to this drill.

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 emergency services cover all areas.

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 Image Trend/Field Bridge, High Plains, and ESO. With the recent departure of High Plains from the software business, the challenge has been for agencies to find a comparable EPCR program that satisfies the states requirements. 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. Several agencies have come to the WRETAC for funding for the ongoing costs of maintenance of existing software as well as purchasing new software to replace High Plains.

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. 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 EMSsystems. 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 assesses 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.

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

Work with regional training centers to help coordinate and or participate in at least 4 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 and or participating in at least 4 regional one-day training seminars. Training centers will provide instructors and work in coordination with the WRETAC. WRETAC staff will provide coordination and seek grant funding to help cover the costs of the projects.

E. Estimated Cost

\$12,000

F. Desired Outcome

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

Goal #2

A. Goal Statement

Bring Leadership training in to train and follow up with the current WRETAC board.

B. Background

Currently our board consists of 13 members who come from a variety of backgrounds. These members are in supervisory or managerial positions, however, many of them have no Board experience or training. Leadership training would be helpful in meeting board expectations.

C. Components Addressed

Components addressed are Leadership

D. Project Description

The WRETAC will bring in an outside entity specifically designed to bring leadership qualities and one that has an idea how a working board should perform.

E. Estimated Cost

This project should approximately cost \$12,000

F. Desired Outcome

The desired outcome of this project would be to have a working board with a better understanding of how our board should operate and have more participation from all board members.

Goal #3

A. Goal Statement

Bring distance learning to the WRETAC via online education with several different education facilities and Training Centers.

B. Background

With the Rural communities that the WRETAC has in its region, education is a challenge. It becomes expensive for travel and for full classrooms. With video conferencing, more education can be offered.

C. Components Addressed

Components addressed will be education

D. Project Description

The WRETAC will purchase and maintain the video equipment as well as subscribe to a Conference Video service to facilitate this education.

E. Estimated Cost

This project should cost approx. \$6000

F. Desired Outcome

The desired outcome would be for more EMT's to be trained and for more education at an affordable price for all agencies.

Goal #4

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

Actively work with web designer to continue 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

\$5,000

F. Desired Outcome

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

Goal #5

A. Goal Statement

Purchase and maintain equipment for video conferencing for our WRETAC board meetings.

B. Background

With the rural community of the WRETAC, meetings and other functions can be a challenge for board members as well as Ad-hoc members to be present. Video conference meetings can be a new avenue to help with member attendance and participation at the meetings as well as public awareness.

C. Components Addressed

Education/Public Information/Professional Resources

D. Project Description

The WRETAC will purchase and maintain the video equipment as well as subscribe to a Conference Video service to facilitate this education

E. Estimated Cost

The cost for this project will cost approx. \$4000

F. Desired Outcome

The desired outcome for the project will be for better attendance in all meetings as well as more public education and presence in the WRETAC

Goal #6

A. Goal Statement

The WRETAC is to have a regular presence at all WRETAC forums and at all SEMTAC forums.

B. Background

WRETAC has recently hired a Part-time Coordinator. This presents difficulty having a regular, consistent presence at distant meetings. The Board has agreed to be more active and attend these meetings as well as the coordinator to make sure that the WRETAC is always represented.

- C. Components Addressed
Education/Public Information/Professional Resources
- D. Project Description
Assist funding for all Board members to be present at EMTS meetings.
Maintain WRETAC vehicle to be available.
- E. Estimated Cost
\$10,000
- F. Desired Outcome
Improve the presence of the WRETAC at all EMTS meetings and be a better informed and educated and working Board.

Goal #7

- A. Goal Statement
Support Injury Prevention programs such as, Stop the Bleed, Stepping on and Tai Chi. Also participate in other public education involving injury prevention outreach to our communities.
- B. Background
WRETAC would like to lead and support public education programs such as Stop the Bleed and Stepping on. These injury prevention and outreach programs in our rural communities can teach life-saving interventions. Public education in this area is important and is needed for public safety.
- C. Components Addressed
Components addressed are Prevention and Public Education
- D. Project Description
Stop the Bleed and Stepping on require instructor's courses. WRETAC will sponsor people to take these courses and bring these back to their communities.
- E. Estimated Cost
\$12,000
- F. Desired Outcome

The outcome would be education and outreach to those in our region to improve safety and prevent injury in their daily lives. This will decrease emergency room and ambulance costs to the citizens in our region. This will also aid in preserving resources.

Goal #8

- A. **Goal Statement**
Support a project that will help link and track locations of available AEDs that can be obtained by dispatch and/or a smart phone in an emergency.
- B. **Background**
Companies such as Atrus AED Registry is used in dispatch to direct 911 callers to the nearest AED. AED's in our region are strategically placed however, the lay person or dispatch would not know where these resources are without this system.
- C. **Components Addressed**
Education/Public Information/Professional Resources
- D. **Project Description**
The system sponsored by Atrus will link dispatch to the 911 caller and be able to direct them to the nearest AED.
- E. **Estimated Cost**
\$10,000
- F. **Desired Outcome**
Improve the public's availability for AED's

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.

Reg Vickers
Print Chairperson Name

Chairperson Signature

Signature Date

Lawrence Bejarano
Print RETAC Coordinator Name

RETAC Coordinator Signature

Signature Date

Appendix

Supporting Documents

Attachments

- A. WRETAC Map**
- B. Transportation and Transit**
- C. Job Wages**
- D. Board members**
- E. RMD resolution**