

Regional Emergency Medical  
& Trauma Services  
Systems Development Biennial Plan

V8.0

**WESTERN RETAC**  
**Plan Cycle**  
**July 1, 2019 – June 30, 2021**

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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.

### **Vision Statement:**

*Uniting the interests of Western Colorado's EMS agencies and Facilities, the WRETAC will be a key resource in making patient care better.*

### **Description:**

The WRETAC is funded through the Western Regional EMS Council, a 501C3 formed prior to the Legislation that directed the formation of RETACS. The bylaws of the Council and the WRETAC are the same and the governing body is the representative board appointed from Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel counties.<sup>1</sup> The WRETAC board is made up of twelve members, two from each county appointed to represent both emergency facilities and pre-hospital response agencies. Other EMS agencies and facilities in the region are represented as ad-hoc non-voting members. The RETAC board has four officers: President, Vice-President, Secretary and Treasurer. The WRETAC has quarterly meetings in February, May, August and November.

Until recently, the WRETAC had up to three paid full-time staff. In 2016, this transitioned to one part time coordinator. In 2017 a salaried coordinator was hired for flexibility in meeting the day to day operational needs of the WRETAC, and in 2019 a benefit package was provided. We remain with one paid person and a contractor for payroll and bookkeeping services, ASAP of Montrose.

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 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,

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<sup>1</sup> RETAC Map

large river drainages and waterways, high desert plateaus, and expansive spans of public land.

There are several beautiful geographic features and significant transportation 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. Because of limited access around the region, many are major trucking routes.

Most of the population resides 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, social assistance, education, construction, 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 coming from Delta and Gunnison counties. The coal industry has continued to decline, and large mines have reduced production or closed. Limited oil and natural gas exploration provided some new employment in parts of Delta and Montrose county, but these efforts have now also declined. The Trans-Colorado pipeline transports natural gas across the region from Rio Blanco County, Colorado to the San Juan Basin in New Mexico. 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. Once a large apple producing area, today most of the orchards have been converted to vineyard or hops fields to supply many cottage wineries and breweries. More recently, many agricultural fields have been cultivated for hemp production. Despite these changes, unemployment and low-pay employment remain high along with the poverty rate, and the median income is low for the region.

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 the EMS agencies are advanced life support (ALS) capable the majority of the time. One critical care transport (CCT) agency is in Montrose. A CareFlight helicopter is stationed in Montrose as a joint venture with St. Mary's, Montrose Memorial Hospital and other Healthcare providers.

Dispatch capabilities remain a vital concern for our system with limited EMS specialization and a heavy law enforcement emphasis at the dispatch centers. Formed in 2015, the Western Colorado Regional Dispatch Center (WestCO) provides emergency communication for law enforcement, fire protection and emergency medical services in the region and is currently serving the agencies in Montrose, Ouray and San Miguel County.

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 a frequent tertiary care destination and a key resource facility for the region. Noncritical patients have been transported to 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 often flown to St. Mary's Hospital. Other patient destinations determined by the facilities are for specialized services 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.<sup>2</sup> 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 Non-Voting Ad-Hoc members representing Montrose Memorial Hospital, Montrose Fire Protection District, Montrose Regional Dispatch Center, CareFlight Montrose, Basin Clinic, Technical College of the Rockies, and North Fork Ambulance Association. The WRETAC Board meets quarterly in August, November, February, and May.

WRETAC has one employee, the Coordinator. His functions follow:

- Manage the daily functions of the WRETAC Office

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<sup>2</sup> WRETAC Board Representatives

- 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 for improvement, 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

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 any support help that is needed for special projects and grant programs.

## 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. Agendas and Financial Statements are made available one week prior to each regular meeting. Minutes are posted on the WRETAC website.

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. Site visits by the WRETAC Coordinator, the Regional Medical Director and the RMD Coordinator have helped assure that each agency and facility is included in our assessment of needs and areas for improvement.

Emergency medical and trauma services are available throughout the six-county region. The main barriers to quality EMS 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 volunteer 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. Many of the EMS agencies in the WRETAC are staffed by volunteer providers.

The four Health 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 in rural, super rural and frontier areas. Our regional facilities often must further transport patients to referral centers in Grand Junction or across the great divide. This challenges our resources for critical care transport both ground and air. Follow-up care after ambulance transport and treatment can result in many trips to the larger communities.

### Strategic Planning

Using a quick word association technique to stimulate discussion and introspection, the stakeholders present at the WRETAC meeting in August of 2018 identified that the progress made in recent months for the WRETAC is largely due to improved cohesion of EMS and Facilities at the WRETAC, and with renewed commitment to collaboration in dealing with

common problems and larger issues. This in contrast to the frustration felt previously that WRETAC meetings were time wasted on administrative details rather than substantive work. As a result, the WRETAC adopted the following Vision Statement: ***Uniting the interests of Western Colorado's Emergency Medical Services and Facilities, the WRETAC will be a key resource for making patient care better.***

## SWOT

In November of 2018, the WRETAC conducted a SWOT analysis at the regular meeting. One of the main strengths identified included improved collaboration among hospitals and EMS agencies. This SWOT matrix shows how the results were compared:

<p><b>Vision</b>  <i>Uniting the interests of Western Colorado's EMS agencies and Facilities, the WRETAC will be a key resource in making patient care better.</i></p> <p style="text-align: right;"><b>SWOT MATRIX:</b></p>	<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Patient Centered Care</li> <li>• Cooperation among agencies</li> <li>• Hospital Involvement</li> <li>• Address Issues</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Initial Education</li> <li>• Volunteerism</li> <li>• Disproportionate work load (Same people do all the work until burned out)</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Youth Education</li> <li>• Leadership Development</li> <li>• Technology</li> </ul>	<p><b>SO</b></p> <ul style="list-style-type: none"> <li>• Hospitals can help with youth recruitment, clinical education</li> <li>• <b>Cooperative networks can boost leadership skills and opportunities for supervisory education</b></li> <li>• <b>Hospitals and Agencies must collaborate to acquire best technology for education, clinical care and coordination of resources</b></li> </ul>	<p><b>OW</b></p> <ul style="list-style-type: none"> <li>• Communication technology can broaden access to education</li> <li>• Leadership podcasts</li> <li>• Clinical technology can leverage care with less manpower and certification levels</li> </ul>
<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Reimbursement rules</li> <li>• State Rules</li> <li>• Certification levels</li> </ul>	<p><b>ST</b></p> <ul style="list-style-type: none"> <li>• <b>Hospital and agency cooperative work groups must address mental health impacts.</b></li> <li>• WRETAC representation at SEMTAC and EMPAC can address the impact of State Rules and changes in Certification levels.</li> </ul>	<p><b>TW</b></p> <p><b>The following must be anticipated and planned for:</b></p> <ul style="list-style-type: none"> <li>• Diminishing workforce</li> <li>• Increased payroll costs</li> <li>• <b>Underprepared workforce</b></li> <li>• Diminished clinical empowerment (ACLS)</li> <li>• Diminished reimbursement</li> </ul>



## NEEDS GAP ANALYSIS

By evaluating our strengths and weaknesses and comparing those as shown with perceived opportunities and threats the WRETAC was able to envision where they wanted to be in the future and compare it to the realities of today. A gap-analysis of getting from here to there was used to prioritize the goals we will work on in the next two years. The objectives for these goals were selected to make best use of the decision to unite facility with EMS efforts. For example, improved community education, pediatric readiness and sudden cardiac arrest response are all things that both hospitals and pre-hospital agencies can work on together. While a mental health patient triage system with the addition of an alternate facility (built by OBH funding and developed by The Mental Health Center), is a pre-hospital activity that particularly benefits both hospitals (by releasing ER beds) and the Mental Health patient.

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

## **Section 2: Accomplishments:**

### **These were our previous biennial plan goals**

#### **I. 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.

##### **G. *Current Progress***

*Last May we had an excellent Trauma Conference in Delta that was well attended. It featured one EMS Day that was half class room, half active skill rotations, and one facility day that provided medical CME to physicians and good topics and panel discussions for all disciplines.*

*Next year, additional seminars will be addressed at the local level with help from RETAC networking and funding through the county allocation of RETAC funds.*

## **II. Goal #2**

### **A. Goal Statement**

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

### **B. Background**

Currently our board consists of 12 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.

### **G. Progress to date:**

*In April, some of our board and EMTS Leaders attended the NWRETAC Leadership Conference, now we are working with EMSAC to bring in additional Leadership Training to Colorado including course designed to help certify EMS Officers. Our hope is to send some leaders from our RETAC to this training.*

## **III. 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.

G. Current Progress

*Recent changes in the players providing emergency care education in our region prompts a need to reevaluate Education and how it should best be delivered throughout our region.*

#### **IV. 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](http://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.

### G. Current Progress

***We have made new pages and updates to the webpage and are evaluating additional uses particularly to promote the work of our RMD program and Injury prevention programs. We are also hosting an ongoing showing of leadership videos.***

## V. 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 better attendance in all meetings.

G. Progress to date

***The purchased video equipment and use of Zoom has helped assure meeting attendance and no lack of quorum. It has spared travel during inclement weather and during times of local stress.***

## 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 had hired a Part-time Coordinator. This presented difficulty having a regular, consistent presence at distant meetings. The Board has agreed to be more active and attend these meetings as well as allow the coordinator flexible hours and scheduling on a salary 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.

G. Progress Made:

***We have been using the webcam and Zoom software at all board meetings and it has proven helpful in allowing some guests and members to participate from a distance.***

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.
- G. Progress to date:  
***Thanks in large part to the adoption of the Western Slope Trauma Collaborative as our Trauma Committee, our RETAC has been able to make great advances in the Stop the Bleed Campaign. We have used WRETAC funds to purchase and create training materials and supported their injury prevention grant awarded to roll***

**out many classes and hemorrhage control kits across the region. These classes are still taking place on many levels. A highly publicized Active Shooter Training Exercise in Ouray County that involved 19 agencies also tied into this campaign.**

## 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 are used in dispatch centers to direct 911 callers to the nearest AED. AED's in our region are strategically placed, however, the lay person and the dispatcher 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
- G. Progress:  
***Many of our resort areas already have excellent registry enrollment making AEDs discoverable on apps such as PulsePoint™. Telluride is a prime example with 40 AEDs marked map carried by EMS. Meanwhile, we are registering some of the older AEDs in the region on Pulse point which while easier and slightly less expensive than Atrus, it is a slow process. Complicating this is that no-one has a good idea where public access AEDs are in large areas of the region.***



## **Additional Accomplishments**

The Western RETAC has been successful despite completing significant structural change 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 first one strict part-time Coordinator, followed a year later with a flex schedule salaried Coordinator. This was not a planned change, and not included in the 2017-2019 Biennial Plan. This change came from a desire to make tangible changes to the fundamental way in which the WRETAC funds are distributed and spent. The WRETAC now makes EMTS funds available to each county on an annual basis. We have transformed from an administration heavy organization, to a leaner, more focused organization putting our emphasis on the region, the agencies, the facilities and on everyday patient care.

Another accomplishment was drafting an RFP for our RMD program that resulted in the hiring of a new regional medical director. The process helped to solidify our expectations for regional medical direction and articulate those. We hired a bright and energetic physician who has travelled throughout the region and met with EMS leadership on their home turf to clearly understand their needs. She has coordinated good semi-annual meetings of the Leadership Council. She has also attended the State Conference in Keystone as well as the State RMD meetings and is a strong voice for our region.

### **Section 3: EMTS System Components:**

#### **Integration of Health Services**

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 and emergency readiness in the region.

Through the years the WRETAC has struggled to balance the interests of facilities and EMS agencies. Feeling disenfranchised the hospitals literally withdrew from the WRETAC in 2014. The trauma coordinators felt that this created a problem for them and began networking by forming a separate organization, the Western Slope Trauma Collaborative (WSTC). With new board representation and an effort to work on common problems collaboratively, this has now changed, and the hospitals are bringing issues, concerns and ideas to the WRETAC. There is a welcome partnership and spirit of cooperation in the meetings again. Two years ago, the WSTC was adopted as the Trauma committee for the WRETAC.

There are three hospitals and one clinic designated as trauma centers in the six-county region. All provide quality 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 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; both with 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.

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.

Established in 1972, Region 10 is a 501C3 non-profit organization offering public programs in support of the same local communities and six counties in our western region of Colorado. 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 (<https://www.region10.net/about/>). There are always unique challenges to delivering health care in rural areas. These 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.

## **EMTS RESEARCH**

The WRETAC is supportive of the Statewide CARES program and helped fund the State Registration. This was already our intention prior to the grant award announced in 2019 to Starting Hearts. CARES data review will help us to improve cardiac arrest care which is a common concern in our region. Other 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 could benefit many agencies.

## **LEGISLATION AND REGULATION**

The Boards of County Commissioners in each county are responsible for the licensing of ambulances by resolution according to State Statute. Some resolutions are very basic to cover the statutory requirements with no further documentation for actual regulations. In most counties, the Emergency Manager assumes responsibility for the inspection of ambulances and works with the WRETAC and the Boards of County Commissioners to make sure the regulations are understood and implemented.

Each county resolution is reviewed and updated to ensure that the EMS system remains 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.

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.

## **SYSTEM FINANCE**

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 minimal operating funds from the county. Their 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.
- 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 Health Service District is a new special tax district.
- 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, donations, and contract service.
- 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 as follows:

- 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 catheterization labs and cardiology 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 an oncology center. They will start a cardiology program in 2020.
- Gunnison Valley Health has medical imaging, cardiopulmonary services, rehabilitation OT and PT services, and a cancer treatment center. GVH also has an assisted living facility and home health services. Gunnison Valley Health is a Critical Access Hospital.
- 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.
- The Center for Mental Health serves Gunnison, Delta and Montrose County with outreach to San Miguel and Ouray County. Providing counselling and support to an underserved mental health need, they have received grant funds to open a crisis stabilization and detox unit in Montrose later this year (2019).

There are varied specialty services in the larger communities of Montrose, Delta, and Gunnison. Rural communities have access to clinics for basic medical care but without 24-hour emergency services. After hours, EMS is called upon to transport patients to the hospitals in Delta, Montrose or Gunnison. 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. All counties have a public health agency or public health service district. Travel distance and costs of service have made services challenging to access and maintain.

There are five dispatch centers in the six county-area. The centers are funded by a mix of user fees and intergovernmental contracts.

- Montrose Regional Communications Center is a department of the Montrose County Sheriff's Office. It has provided 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 ended the subsidy to make the department self-sufficient. This created and expected increase each user agency is charged annually which contributed to the formation of WestCO. On November 1st, 2018 WestCo took over dispatch services from Montrose Regional Dispatch Center.
- WestCO: On September 21, 2015, the Western Colorado Regional Dispatch Center (WestCO), a non-GMO, was fully established through an Intergovernmental Agreement, including bylaws. The Board of Directors held their first Annual Meeting on September 28, 2015 where Board Members were appointed, and Officers of the Board were elected. WestCO provides EMD dispatching for agencies in Montrose, Ouray and San Miguel counties.
- 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. Agencies continue to rely on grant funding and funding to aid in personnel costs has become a recent request. Medicare and Medicaid are major insurance providers 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 our rural EMTS providers. The cost of dispatch services continues to increase, and small agencies are struggling to make the current payments for that service.

## **HUMAN RESOURCES**

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 helped enhance the EMS coverage in the region. The problem of burnout exists with only scarce ALS providers, while rust-out for Critical Care providers in low volume rural areas is equally challenging. Historically it has been difficult to entice ALS providers to move to the remote rural areas because of isolation, few numbers of ALS calls, long periods on call, and skill degradation. Mergers, new tax districts, and greater use of mutual aid with sharing of resources have offered some help to these issues. None the less, some areas, such as the West End of Montrose County and all of Hinsdale County, continue to have serious issues with adequate manpower and resources to respond reliably.

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 cities. In 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 emergency medical 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 a common problem.

As fewer volunteers remain in the system, agencies look at needing to pay or hiring regularly employed 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 paid systems in the last few years. The future will show the more impact on the organizations.

## **EDUCATION SYSTEMS**

In the WRETAC, all EMS agencies are registered as training groups and help their personnel maintain certification with some regular training. The participation and quality of these training is quite dispirit. 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. At the same time improved communication and coordination among agencies gained by their participation in WRETAC meetings and other activities has allowed for sharing of educational resources and movement of guest speakers.

Continuing education of ALS and Critical care providers remains 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.

Initial certification is provided by one of two designated Education Centers in the region. The Technical College of the Rockies provides EMR, EMT and soon AEMT courses. For years the reputation of this program was diminishing and they were perceived to want more enrollment numbers than quality students and employment ready graduates. This has started to turn around in part due to WRETAC pressure.

The other Education Center is in Gunnison. By name it is the Western Colorado University, but in actuality has been the EMS teams of Gunnison Valley Health. The large workload of maintaining the curricula, setting up exams and recordkeeping has caused the EMS agency to reject this role. This not only affects the Gunnison Valley but also the Crested Butte area and Hinsdale County who rely on this center to oversee their courses as well. Hinsdale County particularly has low numbers of EMS personnel in the busy summer months and needs the EMT classes as a means of recruitment.

This is an area the WRETAC will have to work in to resolve the conflicts and issues to assure a reliable education center serves these areas.

## **PUBLIC ACCESS**

The active PSAPs were described under System Funding. 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 in Grand Junction and Montrose and serve all the western slope of Colorado. The 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 although an upgrade from the old "Clausen" paper cards is long overdue along with modernizing the computers and software to allow for priority dispatching and GIS interface.

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.

## **COMMUNICATION SYSTEMS**

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.

## **Medical Direction**

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 Western Regional EMS Leadership Council (WREMSLC) 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 a new Regional Medical Director hired in 2017. The WRETAC acknowledged the success of the RMD Project with Resolution 2014-01. 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.

Today, The Leadership Council is recognized as a standing committee of the WRETAC and serves as the lead agency that directs action toward our goals in Regional Medical Direction. In 2018 an RFP was developed and circulated resulting in the hiring of a new Regional Medical Director. The Leadership Council does not have authority or control over individual EMS organizations. The Leadership Council provides guidance for all representatives, to establish protocols, QA/QI procedures, and coordinate regional medical direction for the six county-area. It has developed recommendations for all agencies, but each agency works with their own medical director, EMS Director, and Board of Directors to adopt or exceed recommendations.

There are 12 licensed EMS agencies with one agency specific to interfacility transports. One air medical service, one level III trauma facility, two level IV trauma facilities, and one level V trauma facility are found in the WRETAC area. Most of these services are represented on the WRETAC Board and the others are encouraged to attend the quarterly meetings and participate in the roundtable discussions as ad-hoc members. There is excellent attendance at the meetings. All concerns and issues are discussed at these meetings. The WRETAC Coordinator continues to work closely with EMS agencies and trauma facilities to support funding requests for needed equipment, training, and local 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 owned services, seven fire protection districts, and one for-profit interfacility transport 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. Air and critical care transport from outside the

region can also be provided by Flight for Life in Durango, AirCare from Farmington NM or Classic Air from 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 overseen by Boards of Directors.

One identified deficiency in the region, as for most of Colorado, is the need for leadership education. 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 scant direction on what is required of the person assuming an officer, chief or director position. WRETAC obtained CREATE Grant funding to reimburse EMS Directors for one half the costs of attending the EMS Leadership Academy in Crested Butte in 2019. Only 21 students took advantage of this opportunity from across the State; another effort, with greater cost saving is desirable.

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. It was anticipated there would be 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 counties, agencies, facilities and other stakeholders about needs and pursue 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.

## **CLINICAL CARE**

**Delta County Ambulance District (DCAD)** is a paid service serving 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. In 2018 a hard-fought campaign to gain a significant mil levy increase passed and the district is finally solvent and recovering from loss of reserves while replenishing equipment and restructuring the staff with shift captains and lieutenant positions. Also, in 2018, critical care education and certification for many of the paramedics has enabled an overall elevation in the standard of care this agency provides.

**The North Fork Ambulance** association is a mostly volunteer EMS agency that has served the rural area of the North Fork Valley located in western Colorado for fifty years.

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. In 2019 the citizens of the North Fork passed a mill levy equal to that of the Delta County Ambulance District and formed a Health Service District that will keep the North Fork Ambulance in operation with strong and sustainable fiscal support. This is the first time a reliable funding source has supported the operations of the EMS in the North Fork area. The ability to reimburse volunteers and employ ALS staff will be a great benefit to the district. (See Appendix A, A summary of how this transformation took place) They transport to Delta County Memorial Hospital and may at times request an intercept from Delta County Ambulances for Paramedic or Critical Care Services. 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 Health-EMS** is a paid hospital-based service. 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 up 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 destination 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. Recent changes include certification for several paramedics to be Critical Care endorsed and the adoption of a 48/96 schedule.

**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 had challenges in keeping crews on call each day with ALS inconsistently available. During the summer months, that population changes and to a small extent the number of available volunteers. Staffing issues have become most apparent with the retirement of a long time main stay of the agency, the former director, Jerry Gray. He was often on call 24/seven as a coroner, paramedic, supervisor and the County Emergency Manager. 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 and visitors 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 entire county has a completely different population in summer than throughout the rest of the year. There is small local clinic and 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. Communication is a challenge in the county with some areas served best by 800 and others by VHF, and many areas completely without radio or cell coverage.

**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 mile Montrose Fire Protection District. The response area extends north to the 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. Westco 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. Westco 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 again provided through WestCo.

Paradox Fire Protection District and Ambulance has covered 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. Recently, this ambulance service fell victim to diminishing volunteerism and loss of personnel. As they lost their volunteers the Nucla/Naturita Ambulance had to start covering this area. 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. Starting in 2018 and continuing in 2019 a merger has been developed with Nucla/Naturita to form a single Fire/EMS authority.

**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. They use a mix of paid and volunteer crew members. 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 of the Rockies based in Montrose or Classic Air Medical from Utah or Flight for Life from

Durango. Much of the mountainous terrain is inaccessible and the Ouray Mountain Rescue Team is utilized quite often. There is a good working relationship between agencies as they all work together when needed. Mutual aid is shared with the Ouray Volunteer Fire Department who staff an 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, and the Colorado State Patrol. Communication and dispatch services are provided by WestCo.

**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 employ both paid and volunteer staff with most of the paid staff being Critical Care Paramedics. 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 Westco.

**Norwood Fire Protection District-EMS** is a volunteer service with a paid Paramedic/EMS chief. The area is considered frontier/rural and is in a remote area accessible by one two-lane rural highway. It is located 67 miles from Montrose Memorial Hospital which is their main transport recipient. 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 county. 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 occasionally aided other EMS agencies in Montrose, Delta and Ouray counties.

**CareFlight of the Rockies** offers rotor-wing, fixed-wing and ground transport. They are based at St. Mary's Medical Center in Grand Junction, Grand River Health in Rifle, and Montrose Memorial Hospital in Montrose, and at The Memorial Hospital in Craig, 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 Flight for Life in Durango, Classic in Moab, Utah and AirCare in Farmington, NM.

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.

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). Critical Care and even Advanced Life Support are not available on all EMS services. ALS rendezvous are provided as requested by Montrose Fire Rescue, Gunnison Valley Hospital-EMS, Ouray County EMS, Delta County Ambulance District, Norwood EMS, and Telluride EMS.

## **MASS CASUALTY SYTEMS**

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.

## **PUBLIC EDUCATION**

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 passed a mil levy increase in 2018 after failing the year before. An aggressive community education program helped make that change. The North Fork Ambulance passed a first time Mill Levy in 2019 the result once again of a massive campaign of community education and public relations.

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. Recent progress with Stop-The-Bleed and Hands only CPR training can be attributed to improved cooperation between EMS agencies and hospitals working together to create better community understanding of the EMTS system and the importance of citizen preparedness and injury/illness prevention practices.

## **PREVENTION**

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. Donations have taken up where Dept of Transportation funds have dropped. WRETAC has agreed to assist in that project and the 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 are staffed at county and health fairs, at car dealerships 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 coordinator attends meetings of local groups involved in prevention programs. They 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.

## **INFORMATION SYSTEMS**

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 more often manual. 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 common practices are not understood data cannot be utilized for evaluation. A recent study of the State RMD looked at how often ambulances transport with lights and siren. A false-positive was reported because all of our providers mark emergent with the transport category to assure they are not denied billing. This does not have to do with whether they used lights and siren or not.

All regional hospitals report data to the State with most using EMSsystems. ImageTrend or ALSO. 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. However, some case studies from initiation to rehab have been compiled for educational purposes and presented for discussion at conferences and WRETAC meetings

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.

## **EVALUATION**

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 reporting. The WRETAC is committed to be a constant presence in the State CQI committee to help improve our participation in the process and use information from the State.

## **Section 4: Goals and Objectives**

### **Goal #1**

#### **A. Goal Statement**

Enhance regional education and development of EMS Providers and Leaders.

#### **B. Background**

EMS Directors are often chosen because they have a proven skill level or have been with the organization for a long time. There is no required training on how to manage or lead, and scant direction on what is required of the person assuming an officer, chief or director position. Budgeting and business management are other abilities often lacking or underdeveloped. WRETAC obtained CREATE Grant funding to reimburse EMS Directors for one half the costs of attending the EMS Leadership Academy in Crested Butte in 2019. Only 21 students took advantage of this opportunity from across the State; another effort, with greater cost saving is desirable.

Provider education is at issue in that few providers are taking degree-oriented classes and an educational needs assessment revealed dissatisfaction with the quality of some of the initial education provided at both the EMT and advanced practice levels. One county has EMS agencies providing a lot of time doing the work of a center of higher learning without the support of that institution that receives state recognition and grant funding for these courses, while a neighboring county cannot run courses often enough to meet their need for recruiting members.

#### **C. Components Addressed: Human Resources; Education Systems**

#### **D. Project Description**

1. Repeat Leadership Academy
2. Support travel and cost to Leadership Conferences
3. Support local EMS and Trauma Conferences
4. Coordinate improved access to quality EMT and AEMT education

#### **E. Estimated Cost**

1. \$90,000 for Leadership Academy (System Improvement Grant/ EMSAC Collaboration)

2. \$5,000 for sending folks to NWRETAC Leadership Conference
3. \$24,000 for local regional conferences (from County Funding)

F. Desired Outcome

EMS leaders will demonstrate greater confidence and competence in running their organizations and attracting quality personnel. EMS agencies will recruit new providers from courses that graduate entry ready EMTs.

**Goal #2**

A. Goal Statement

Foster Board Development.

B. Background

Turnover on our board has revealed an opportunity to orient new members with a clearer understanding of the roles and responsibilities of serving on an advisory council. A facilitated board retreat can help bring all members to a common understanding of board functions and their representation of stakeholder interests.

C. Components Addressed: Integration of Health Services, Evaluation, Human Resource.

D. Project Description

1. Plan a Board Retreat
2. Contract a qualified board facilitator

E. Estimated Cost: \$4,000

F. Desired Outcome

Cohesive, energetic and engaged board member participation

**Goal #3**

A. Goal Statement

Support community safety through public education and injury prevention programs.

## B. Background

The Occupant safety program has been a long standing project in need of updating and energizing to peek community interest. Meanwhile, recent Stop-The-Bleed classes, often combined with Hands-Only CPR classes have gained large participation and popularity in the community. The occupant safety program has been managed by a group called the Western Region Occupant Safety Coalition (WROSC) which the WRETAC has now adopted for sponsorship. The Stop-The-Bleed courses have been coordinated by the Western Slope Trauma Collaborative (WSTC) which we have adopted as our Facilities Committee

## C. Components Addressed: Public Education, Prevention

### D. Project Description

Support WSTC programs such as Stop the Bleed  
Support WROSC activities

### E. Estimated Cost: \$7,000

### F. Desired Outcome

Improved community engagement with Emergency Services, safe practice compliance and emergency readiness leading to improved initial response and intervention by citizens.

## **Goal #4**

### A. Goal Statement

Support appropriate management of mental health needs.

### B. Background

Frequently EMS is dispatched for symptoms that are brought on or exacerbated by emotional issues and depression. Hospital ED rooms are frequently tied up with patient's on mental health holds and on suicide watch. The patient's mental and emotional needs are not well addressed in the emergency department environment or at the scene of traumatic events. Additionally, providers are subject to secondary trauma that can have long lasting impact on their quality of life.

### C. Components Addressed: Clinical Care, Integration of Health Services

### D. Project Description

Implement triage of behavioral emergency patients to a crisis stabilization unit and to access appropriate Mental Health Services. Support provider and community resilience through wellness education and access to CISM.

E. Estimated Cost: \$5,000

F. Desired Outcome

Mental health patients will be triaged and transported to facilities better suited to providing mental health care while freeing emergency department beds for other medical emergencies. Providers will continue to be educated in Wellness programs and through EAPs, access professional help when called for.

## **Goal #5**

A. Goal Statement

Optimize emergency pediatric care provided by EMS agencies and at Emergency Departments

B. Background

Pediatric emergencies are an infrequent and high stress situation for both prehospital and in-hospital personnel. Optimizing care includes better preparation, education and a thorough understanding of the unique tools and techniques used. Pediatric Readiness is an initiative of the EMS for Children (EMSC) program of the US Department of Health and Human Services and is designed to enable a self-improvement process for hospitals and EMS agencies.

C. Components Addressed

Clinical Care, Education Systems, Integration of Health Services

D. Project Description

All EMS agencies and all facilities in the Western Region will designate a Pediatric Care Coordinator and participate in the EMSC Pediatric Readiness program

E. Estimated Cost: \$10,000

F. Desired Outcome

EMS agencies and regional hospitals will be better prepared to treat Children.

## **Goal #6**

- A. Goal Statement  
Optimize Sudden Cardiac Arrest Resuscitation
- B. Background  
SCA is a leading cause of death and the leading cause of preventable death in the United States. Optimum resuscitation requires early recognition, initiation of quality CPR, early defibrillation and appropriate ACLS care on scene. Currently in the WRETAC there are about 80 non-traumatic sudden cardiac arrests each year.
- C. Components Addressed: Clinical Care, Evaluation
- D. Project Description  
The WRETAC will participate fully in the Cardiac Arrest Registry for Enhanced Survival (CARES) program and help the State of Colorado be a CARES State. This will include using data to identify how we can best improve initiation of bystander CPR, use of AEDs and effective delivery or ACLS. We will identify where AEDs are and implement a tracking system that can be used by dispatch and citizens with smartphones to find and use AEDS. We will identify where more AEDs are needed and work to acquire more AEDs as needed.
- E. Estimated Cost: \$11,000 (Part of RMD Budget)
- F. Desired Outcome: Decrease in deaths due to SCA


**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

June 30, 2019  
\_\_\_\_\_  
Signature Date

**A. Daniel Barela**  
Print RETAC Coordinator Name

  
\_\_\_\_\_  
RETAC Coordinator Signature

June 30, 2019  
\_\_\_\_\_  
Signature Date







June 30, 2019

## **Summary of the formation of the North Fork Ambulance Health Service District – 2019**

Since 1969 the North Fork Ambulance has been challenged with providing reliable ambulance service and quality care with the fastest response time possible to the residents and visitors of the North Fork valley. Over the past 50 years, growing from just 60 calls per year to over 800 calls per year, this service has been funded through membership fees, grants, donations and ambulance transport fees. Up until January of 2019 this vital service had never received public funding. We are happy to report a Special District has been formed by the voters and public funding is allowing this service to continue. The North Fork Ambulance Health Service District is now providing service as North Fork EMS in the valley.

North Fork EMS responds to a 1,550 square mile area and maintains operations out of three stations in the region. This large, rural service area includes the towns of Paonia, Hotchkiss, Crawford, Lazear and Somerset, and also portions of unincorporated areas in Delta, Montrose, and Gunnison Counties. The western service boundary begins at Payne Siding Rd on Hwy 92 between Hotchkiss and Delta and extends through Hotchkiss, Paonia, and Somerset and ends at the Pitkin County line at the top of McClure Pass on Hwy 133. The service area includes Kebler Pass to Horse Ranch Park in the West Elk Wilderness. Traveling north to south, it stretches from the Mesa County line on the Grand Mesa, south through the Stevens Gulch, Paonia area, through Crawford on Hwy 92 to Mile Marker 54 on Black Mesa at the Gunnison County line, and includes the North Rim of the Black Canyon National Park and parts of the Gunnison Gorge Conservation area.

The process of becoming a Special District evolved over several years and began with the North Fork Ambulance Board exploring its options to continue to provide reliable emergency medical services to the North Fork valley. The community identified the following priorities through five public meetings that were held around the valley in 2015:

1. Maintain the fastest response time possible to every emergency.
2. Raise the level of care provided.
3. Become financially sustainable.

To address these priorities, the following actions were taken:

First, to maintain the fastest response time possible it was, and still is, vital to keep adequate, trained staff available to operate ambulances from all three stations. Up until 2009 the EMTs and Drivers were truly volunteers who gave freely of their time to be On-Call in their community, responding from home, work or play at a moment's notice. Today, in order to

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attract and retain crew members who are committed, competent and confident in serving their community's emergency medical needs, North Fork Ambulance offers the essential leadership, training, education and tools, as well as provides a financial reward to crew members. On-Call pay was established with success in the desired effect of attracting and maintaining adequate staff. On-Call pay is a cost effective system to keep schedules filled and ambulances responding from three stations in a rural service with a relatively low call volume.

Secondly, raising the level of care has been met with enthusiasm by crew members who were willing to go back to school to raise their level of certification. Simultaneously, several grants were received to purchase three Quick Response Vehicles for the specific purpose of getting the Advance Life Support crew to the scene of emergencies quickly and safely. This service now has an On-Call ALS provider responding, and additional ALS as available, to render a higher level of care immediately if needed.

The third priority, financial sustainability, proved to be a little more complicated and took several years to accomplish. Through financial analysis, it became clear that the best solution to sustain quality ambulance service now and into the future was through the formation of a Special District. The Board voted in June of 2017 to take the steps to go to the voters to form a Special District and fund it through a mill levy. The financial projections were helpful in setting the mill levy and the Service Plan was written in the spring of 2018. Public hearings were held in all three counties, and the Board of County Commissioners of Delta, Montrose and Gunnison Counties with all three approving the Service Plan in the summer of 2018. Further steps were taken in order for the issues to appear on the November 2018 election ballot. The question to form a Special District to provide ambulance service was approved by over 82% of the voters and the question of funding the District with a mill levy on property taxes was approved by over 72% of the voters.

The North Fork valley community now has a sustainable source to provide the core financial support to maintain quality ambulance service in three communities, upgrade and replace aging equipment and ambulances, and retain and attract On-Call staff members, and provide them with quality EMS training.

On July 1<sup>st</sup>, 2019, the North Fork Ambulance Association will cease ambulance operations. This 50-year old nonprofit will become a support organization with a mission to enhance the quality of life in the North Fork valley by supporting emergency medical services along with the health and safety needs of the community.

North Fork EMS will begin providing services on July 1<sup>st</sup>, 2019 and will continue to bring the best emergency care possible to the residents and visitors of this rural valley.

Kathy Steckel, District Manager  
North Fork EMS

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