

Hi all-

Here is a quick update for state and RMD activities.

RMD updates

Data Dashboard update:

- State has transitioned from CEMSYS to Imagetrend
- Imagetrend will now be entry-point for data dashboard as well as **GRANT SUBMISSIONS!**, waivers, etc
- Getting enrolled:
Full details here: <https://drive.google.com/file/d/1R6tQ-dus3JITp5XSiLtK3O7N5Mn4yZkE/view>
 1. Assign a “gatekeeper”. Profiles are connected to this person’s OATH account and need to be updated yearly.
 2. This gatekeeper needs to be verified electronically by someone else in the organization
 3. Fill out organizational profile.
 4. Assign a data administrator
 5. Medical directors will need to assign themselves
- Benchmark data (BGL in seizure pt, EKG in chest pain, and emergent transports) will be available by year end.
 - You will be able to see your agency’s data, compared to WRETAC and state data
 - State will not be monitoring your data, it is protected from discovery as “quality management” data and should be used to drive best practice.
 - Need organizational profile before you can access
- State also has enrolled in “biospatial” which can help track trends in things like influenza outbreaks and overdoses and patterns for MVCs, etc. Data is collected daily and therefore be quicker than hospital d/c data to pick up on trends

CARES

- Colorado has a statewide program. Jillian Moore is the coordinator to assist. Voluntary program, but we hope everyone will participate.
- Beginning the enrollment process for WRETAC
- Hope to start collecting data Jan 1
- Brent is going to be contact person for CARES and will ask you to submit data to him on some time frame. Stay tuned...

Death with dignity act:

- Prop 106. Approved Nov 2016
- Allows doctors to prescribe meds so that terminally ill patients can terminate their own lives. In 2018, 104 pts used this option. Only 13% were outside of Front Range
- Patient should be enrolled in hospice and EMS shouldn’t have to be involved, but if you are (and especially if there is a trend), please let me know.

Denver metro protocols

- Change list (as a PDF) included
- Big change is recommendation of standardized system of pediatric dosing to decrease the rate of error. This can include age-based, weight-based, or length-based systems that standardize the dosing and equipment used. These should be utilized on every pediatric patient to guide medication dosing and equipment size.
- The EMS for Children dosing guide will be available to agencies that are unable to purchase a commercial dosing guide. I have attached a copy.

Colorado NAEMSP:

- There is now a Colorado chapter. Hoping this will be a platform for education across the state
- Dues are \$50/yr for physicians and \$25/yr for EMS professionals (in addition to NAEMSP dues)
- Next board meeting in Jan 15 at 2pm (call-in available)
- Also meeting in San Diego on Thursday Jan 9 at 7am (at NAEMSP national meeting)

EMSAC updates

Physician forum:

- Lots of discussion about pain control—both opioid and non opioid. ALTO and pain dose ketamine are being used.
- Even more discussion on safety of ketamine for agitated delirium and pain control. (...this will be ongoing...)
- Chapter 2 is going to be reopened in 2020
- Senate bill 52- allows EMS to act to full scope of care while in hospital/ER.
- Senate Bill 242- creates a degree of paramedic license for those with a 4yr degree in a health care related field. No change to scope of practice however.

Awards:

- Please congratulate: Kirby Clock of EMS executive of the year award! And Crested Butte Fire on EMS service of the year award! Awesome work.

Please feel free to reach out with any questions, concerns, or ideas!

-Avery