

Hi all-

Here is a quick update for WRETAC, state and RMD activities.

### **Local service visits and suggestions**

- In the past year, I have been able to visit all of the services in the WRETAC (except for Gunnison due to scheduling issues, sorry!) Thank you all for having me! I am understanding the needs of the different services more and certainly seeing how everyone is rising to meet their unique challenges. Keep up the good work!
- Some updates, suggestions from the individual services include:
  - Pediatric sim trailer has been in our region helping make everyone "pediatric ready"
  - North Fork was interested in hearing about the legal process when you receive a subpoena and why documentation of calls is so important. The DA in Montrose has agreed to help with this—just finding a time that works best. Will let all services know once we have set a day.
  - New faces:
    - Lake City: medical director- Gina Carr; EMS Director: Britt McLaughlin
    - Gunnison: medical director- Shay Krier

### **WRETAC updates**

- Lots of work throughout the region on Stop the Bleed campaigns. The group is interested in increasing the scope/breadth of injury prevention work in the area. Taskforce created to discuss this.
- Getting a new logo!
- Starting in 2020 we will be having WRETAC yearly awards for BLS, ALS, medical director and service of the year. Please look for information about applying and nominate an amazing provider in your service. Let's recognize the awesome work done in rural Colorado!
- Successful CREATE grants for 4 Corners conference and Leadership conference in Crested Butte.
- Strategic vision for the group has been developed. Please visit: [wretac.org/goals/](http://wretac.org/goals/)

### **RMD updates**

- ET3 model: is a pilot model that would allow for CMS reimbursement for transports to alternative destinations instead of ED, treatment in place, and/or telemedicine with appropriate providers. More information can be found at: <https://innovation.cms.gov/initiatives/et3/>. There is a 45 day application period, and it opened last week. Will be awarded in fall with the pilot program starting Jan 1. It sounds as if an agency has to have 15,000 transports annually, but they do want rural representation, so are allowing groups of contiguous counties or a region apply. If this is of interest to anyone in the region, please reach out so we can discuss more.
- Ketamine: state has some published information regarding experience with ketamine and guidance for completing a local waiver. It can be found here: <https://drive.google.com/file/d/1vuiXUCSUHK0TcpsCrUiyV91tLRQJA324/view>
- There is now a Colorado chapter of NAEMSP. <https://naemsp.org/membership/chapters/colorado/>
- Clinical Benchmarks and Data Dashboard Update: Tableau/Data dashboard is nearing completion. They have been tracking three benchmarks to being with: Glucose measurement on

seizure patients, EKGs on patients with chest pain, and emergent transports. The team expects to be ready for demonstration at the November meeting.

- Please make sure your agencies' medical directors and their contact information is up to date in image trend as they will be generating logins from this information.
- Additional benchmarks will continue to be added over time with the next ones being:
  - ETCO<sub>2</sub> after advanced airway
  - Suspected stroke receiving a prehospital stroke assessment
  - Administration of beta agonist for pediatric asthma
  - Pain assessment of injured patients
  - Overdose as a percent of patient encounters
  - Influenza-like illness impressions
- CARES- Colorado has been approved to become a "CARES state" with funding secured for the next 2 years. Starting Hearts (501c3 based in Eagle County) is in the process of hiring a fulltime coordinator for the position—should be hired by the end of the month. Goal to start collecting data by Jan 2020. Participation is voluntary, but encouraged and Brent/ Danny/ I are going to help all agencies in the WRETAC make it as easy (i.e. painless) as possible.
- Protocol updates- Denver Protocol updates released July 17. The big changes are the addition of the Behavioral health/withdrawal direct admit guideline; removal of lidocaine for pediatric IO insertion and Termination of resuscitation of medical patient/ field pronouncement protocols are now separate. Please take a look at these and we will discuss all more in detail in September.

**Literature of interest** (pdfs attached):

- Watanabe, B. Is Use of Warning Lights and Sirens Associated With Increased Risk of Ambulance Crashes? A Contemporary Analysis Using National EMS Information System (NEMIS) Data. *Ann Emerg Med.* 2019;74:101-109.
  - Very brief summary: Analysis of almost 20 million US 9-1-1 calls showed use of lights and sirens is associated with increased risk of ambulance crashes. The association is greater for transport phase (7 vs 17.1/100,000) than response phase (4.6 vs 5.4 /100,000) EMS providers and services should weigh these risks against any potential time savings.
- Smith-Bernardin. S. EMS Can Safely Transport Intoxicated Patients to a Sobering Center as an Alternate Destination. *Ann Emerg Med.* 2019;74:112-119
  - Very brief summary: At a single site in San Francisco, with a well-developed facility for sobering from ETOH in the care of RNs, EMS can safely identify and transport patients directly to center and bypass emergency departments. Of the >4000 pts taken by EMS to facility, only 3.7% required transport back to ED with the majority occurring after hours at the center, and for reasons such as development of alcohol withdrawal.

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

-Avery