

Regional Emergency Medical
& Trauma Services
Systems Development Biennial Plan

V8.0

**WESTERN REGIONAL EMS and
TRAUMA ADVISORY COUNCIL**



**Plan Cycle Update
July 1, 2019 – June 30, 2021**

Plan Update:	For July 2019 – June 2020
Date Submitted:	June 30, 2020
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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 t 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.

G. Progress to date (End of year one)

With COVID 19, plans for leadership conferences and academies were scrapped or postponed. In response, we established a series of downloadable leadership videos on the wretac.org website. Next year, this goal will be lower in priority than Goals 3-6. We will work with neighboring RETACs to assess leadership education needs and collaborate with them and with EMSAC to revisit this goal if the interest is there in the larger Western Colorado area.

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

G. Progress to date (End of year one)

Currently, there is little interest on the WRETAC board to hire a facilitator. If resources are available, we may spend more time at our May 2021 quarterly meeting to make it a strategic planning session for discussing the next biennial plan.

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.

G. Progress to date (End of year one)

We have revisited the topic of public engagement and injury prevention. We have elected to pursue an occupant safety push with the use of a vehicle and video of a “life saved by seat belts” crash. We are investigating a ThinkFirst head and spine injury awareness campaign. In addition, our Trauma Centers have begun publishing monthly Trauma Talks that inform prevention strategies in the general public by posting the talks on paper at waiting rooms and community buildings. A sample is on our website <http://wretac.org/prevention/>

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.

G. Progress to date (End of year one)

One agency, Delta County Ambulance District, has applied for and received designation as a community paramedic provider. With support from all regional EMS agencies, they are breaking ground on treatment without transport, telemedicine, alternate destination, transport of mentally ill patients to in-patient facilities and community paramedic education for full and part-time personnel. This is being followed closely by other EMS agencies.

As to routine transport of mentally ill patients to the Crisis Stabilization Unit, our medical directors have opted for case by case consideration and general transport to a local ED and then transferring the patient to the CSU if they are suitable. This is largely due to issues with the CSU in Montrose, our only regional CSU, not having consistent medical capacity currently.

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.

G. Progress to date (End of year one)

The EMS-C program has been delayed in Colorado and the Nation due to the COVID-19 pandemic. We have identified potential pediatric clinical coordinators and champions at all EMS agencies and facilities in the WRETAC. As the EMS-C program resumes and progresses we will fall in. Two WRETAC facilities will act as pilot facilities for the COPPER program that is part of the initiative.

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
- G. Progress to date (End of year one)
All WRETAC agencies are now part of CARES; our RMD coordinator has worked with the State CARES Coordinator and developed a strategy for full collection of data from dispatch, EMS and hospitals. We are working with Quality Health Network to keep the data private and are exploring opportunities for more Quality Improvement work with patient care and outcome data.

Section 5: Attest Statement

ATTEST STATEMENT

Biennial Plan Update

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.

Robert Weisbaum

Print Chairperson Name

Robert Weisbaum

Chairperson Signature

Jun 30, 2020

Signature Date

A. Daniel Barela

Print RETAC Coordinator Name

A. Daniel Barela

RETAC Coordinator Signature

June 29, 2020

Signature Date

Appendix: Supporting Documentation

Please visit:

www.wretac.org






WRETAC Biennial Plan V8.0 Update 6-2020

Final Audit Report

2020-06-30

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