Regional Emergency Medical & Trauma Services Systems Development Biennial Plan

V8.1

WESTERN RETAC
Plan Cycle
July 1, 2021 – June 30, 2023

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Section 1: RETAC Overview:

Mission Statement:

The mission of WRETAC 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 education to provide quality improvement. The WRETAC is composed of individuals dedicated to fostering excellence in emergency medical care within and between the counties represented.

Vision Statement:

Description:

The region encompasses 9,563 square miles and has a population of about 111,000 year-round. 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, high mountain passes, deep canyons, large river drainages and waterways, high desert plateaus, and expansive spans of public land.

According to the 2020 U.S. Census, Colorado gained more than 700,000 residents from 2010 to 2020, and we have yet to learn how much that included the increase in both full time and part time residence in Western Colorado. With the pandemic demonstrating an ongoing capacity to work remotely, many rural and recreational communities in our region saw a distinctive migration from the urban centers on the front range as well as from out of State. This is now also evidenced by increased real estate activity and inflation of the cost of homes and open land.

There are several scenic features that are also significant transportation barriers in the region. The West Elk Mountains and 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 virtually 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. The Grand Mesa, the largest flat top mesa in the world, is located to the northeast in Delta and Gunnison counties. Of the 42 designated National Wilderness Areas found in Colorado, 10 are in our region (Uncover Colorado).

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. A major construction project on US 50 just started in the Spring of 2021 and will continue well after this biennial period with significant disruptions in traffic moving between Gunnison and Hinsdale County and the rest of the RETAC. This construction project is now literally a dividing line in our region.

Most of the population reside 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 and part-time residents for recreational activities. The population and services available in these communities vary dramatically with the seasons.

Tourism, health care, social assistance, education, construction, manufacturing, and agriculture are major industries in the region. This 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 continues to decline, and large mines have reduced production or closed. Limited oil and natural gas exploration provide employment in parts of Delta and Montrose County, but these efforts have also declined in recent years.

The Trans-Colorado pipeline transports natural gas across the region from Rio Blanco County, Colorado to the San Juan Basin in New Mexico. A solar energy research and education facility, SEI, is active in the former coal mining area of the North Fork of the Gunnison helping to turn out the renewable industry labor force. 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. Local commerce was hurt by the pandemic and the movement toward internet purchasing. Interestingly, real estate has been appreciating. During the Pandemic in 2020 we received a migration of residents leaving higher population areas with the ability to work remotely and with high paying jobs. Not only new residents but land speculators and developers have looked to the Western Slope for opportunity.

Once a large apple producing area, today most of the orchards have been converted to vineyards, hops, marijuana, and hemp fields. These supply many cottage industries including wineries and breweries. Some consider these changes to be more sustainable with our ongoing draught emergency. Despite these changes, unemployment and low-pay employment remain high. The poverty rate remains high, and the median income low for most of the region as evidenced by Table 1; for comparison, the State's median household income is $ 56,577 and the poverty rate is 11.6%.

County	Median Household Income 2015-2019	Poverty Rate (Per US Census Bureau)
Delta	**$ 45,269**	**15.1 %**
Gunnison	**$ 56, 577**	**11.6%**
Hinsdale	**$ 56,339**	**8.9%**
Montrose	**$ 50,489**	**13.2%**
Ouray	**$ 66, 417**	**6.9%**
San Miguel	**$ 67,038**	**9.9%**

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) dispatch 12 EMS agencies throughout the WRETAC; all the EMS agencies are advanced life support (ALS) capable most of the time. Two critical care transport Agencies serve the region: Delta County Ambulance District, and CareFlight of the Rockies. One CareFlight helicopter is stationed atop Montrose Memorial Hospital as a joint venture with St. Mary's Hospital (Grand Junction), 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 has facilitated improvements at WestCo aimed at improving EMD and enabling priority dispatch.

The WRETAC has one hospital that is a Level III trauma center, two hospitals that are Level IV trauma centers, and one medical center that is a Level V trauma center. St. Mary's Hospital in Grand Junction, Colorado is a Level II trauma center located just 35 miles outside the WRETAC. It is considered the closest and most appropriate regional resource center, and it is the destination for most serious trauma patients. A frequent tertiary care destination, it serves as a key resource facility for the region. Their trauma program regularly sends representation to WRETAC meetings.

Noncritical patients may be transported to hospitals in Durango, and Cortez from the west end of Montrose and San Miguel Counties by ground ambulance because they are the nearest facilities. Critical patients are often flown to Grand Junction. Other patient destinations determined by the facilities are for specialized services and have included Children's Hospital, Swedish Hospital (for Strokes), the Level I & II trauma centers in Denver and Colorado Springs and burn centers in Greeley or Denver and out of the State. Occasionally, when Rocky Mountain weather patterns complicate air travel to the front range, patients with special needs have been flown to Albuquerque NM. Salt Lake City, Utah and even Phoenix, Arizona.

Ongoing Organization and Planning Process:

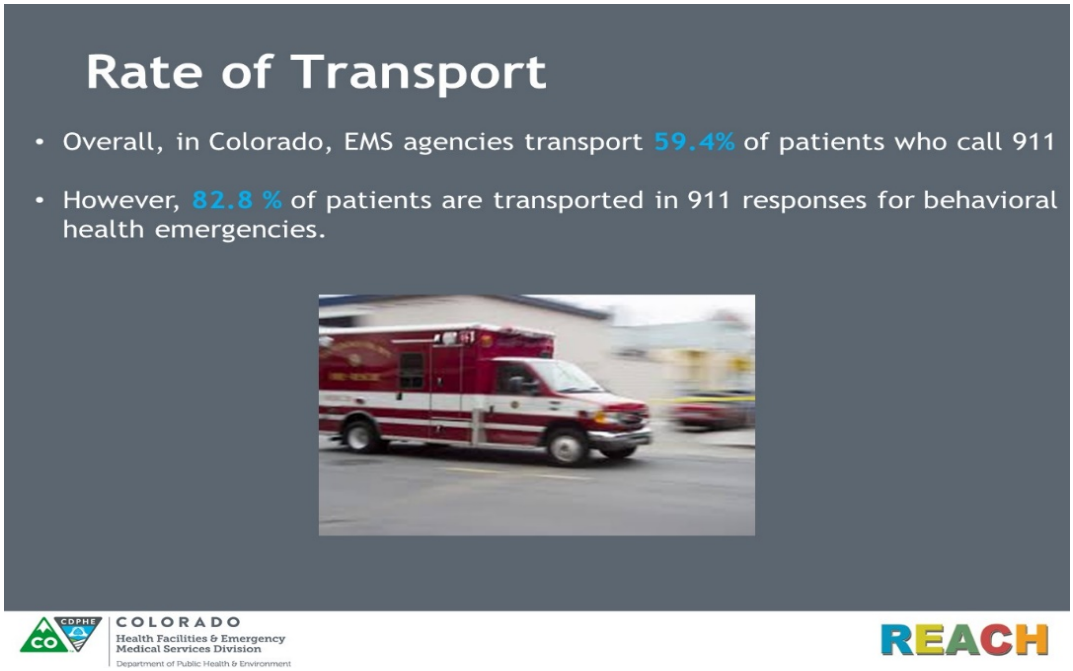
Over the twenty plus years of this RETAC's existence many standardized as well as spontaneous needs assessments have been used. Two counties have had consultative visits coordinated by the CDPHE and funded by system improvement grants. Our executive director, like coordinators before him, has made site visits and consultations by phone and email with all the EMS and Trauma leaders in the region. Likewise the Regional Medical Director has also met with both medical directors and EMS agency leaders. Both Medical directors and agency directors are invited to two RMD meetings annually where regional needs are identified and discussed. Last cycle we used a SWOT and TOWS assessment and SWOT Matrix to help select the most urgent needs to focus on. Although progress has clearly been made, many of the same issues remain in need of ongoing attention. Much progress on the goals of the previous Biennial Plan were thwarted by limitations imposed in response to the COVID 19 Pandemic. At the same time, the pandemic served as a lightning catalyst for more communication, rapid identification of needs and collaboration among such players as the Office of Emergency Management and Response and the West Region Health Care Coalition. Of significance was a weekly situational awareness call among EMS Leaders in our region and neighboring regions established by Sean Caffrey of Crested Butte Fire District.

At the same time, a collaborative group of Trauma Directors and Coordinators from all the hospitals in our region and resource hospitals in Grand Junction continued to meet and discuss common needs as the Western Slope Trauma Collaborative.

In the Spring of 2021, a poll was conducted among stakeholders to rank the priority of certain issues and needs that have been recent and recurring items for discussion in our region. The stakeholders included our EMS agency chiefs and officers, ED nurse managers, Trauma Nurse managers, EMS Physicians and several community members at large. The following goals scored accordingly and reflect the main source of discussion at our May 4, 2021, WRETAC meeting. This was one of the first meetings since the start of the Pandemic with good in-person attendance and allowed for some brainstorming for realistic and measurable objectives to address these goals.

These are how the goals were ranked with the higher score indicating greater need for timely action and development:

1. Improve Mental Health triage, treatment, and transportation (30+ points)
2. Improve recruitment and retention of active providers (21 points)
3. Improve communication infrastructure (21 points)
4. Continue progress on Sudden Cardiac Arrest care (20 points)
5. Continue progress on Pediatric Preparedness (18 points)



From a 2018 EMTS Branch Data Section Presentation

Organization:

The WRETAC's fiscal agency is 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. The WRETAC board is made up of twelve voting members, two from each county appointed by their respective boards of county commissioners to represent both emergency facilities and pre-hospital response agencies. Other EMS agencies, trauma facilities and training centers in the region are represented as ad-hoc non-voting members. Copies of the IGA and the WRETAC Bylaws can be found on our website: www.wretac.org.

The RETAC board has four officers: President, Vice-President, Secretary and Treasurer. The WRETAC has quarterly meetings in February, May, August, and November.

Previously, 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 contract for payroll and bookkeeping services with Snow and Associates of Avon, Colorado. Through the RMD grant, we also contract a physician for Regional Medical Direction (RMD) and a CQI/RMD Coordinator.

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 as well as video conferencing. The meetings are well attended and all EMTS stakeholders are encouraged to attend. Agendas, a Coordinator's report, 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. While in the past EMS agencies and hospital representatives have been silent in bringing up their needs and concerns in the public forum, this is no longer the case. Some forty-one stakeholders are kept in an email group and frequently updated on local and Statewide communication. This includes the EMTS Branch's On-The-Go Weekly Newsletter and our Quarterly RMD – RAP Newsletter. The EMTS agencies are open to visits and queries from the WRETAC Executive Director and the Regional Medical Director and are often willing to give input on issues concerning plans for progressive improvement of the EMTS System. WRETAC assistance has been rarely requested, but the Executive Director has been asked to give updates and provide educational support at agency meetings to offer information on EMTS as needed.

Information has been passed to the agencies by participation in public Board meetings as well as frequent emails and newsletters. On-line discussion has taken place on the proposed issues. Two ancillary bodies, the Western Slope Trauma Collaborative and the Western Colorado EMS Leadership Council also provide forums and interface with key stakeholders of the WRETAC. Site visits by the WRETAC Executive Director, 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.

In the past, SWOT-TOWS analysis and facilitated discussion on the status of EMTS components have been part of our planning process with great participation from EMS and Trauma leaders. This year we have built on previous planning by using an email survey to prioritize goals and objectives under consideration. This proved remarkably

effective. There was consistency in how the stakeholders viewed the current needs of our region and EMTS system.

"The largest concern by far is for the increasing burden of behavioral health patients consuming time and

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 that have had to manage a wide range of stressors over the last year due to COVID-19 and economic conditions. These stressors have caused concern for the resilience of our EMTS workforce. The largest concern by far is for the increasing burden of behavioral health patients consuming time and resources without getting appropriate and timely care by mental health professionals.

The four main Health facilities offer a wide choice of medical care in the communities served. However, 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 Continental Divide. This challenges 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. Similarly, long distance transportation of mental health patients is often required due to a lack of local facilities and limitations of local providers. Overall mental health beds are lacking on the Western Slope and across Colorado.

Section 2: Accomplishments:

From the previous Biennial Plan

Prior Goal #1

A. **Goal Statement**

Enhance regional education and development of EMS Providers and Leaders.

B. **Background**

EMS officers and managers 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. Twenty one 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

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 website. http://wretac.org/training/for-the-leader/ . Simon Sinek is a popular speaker on our venue. In general, the voting and ad-hoc members network well and have welcomed new directors and managers on the WRETAC and the Western Colorado EMS Leadership Council. 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. In April 2021 we had some of our EMS providers enrolled in the NEMSMA Field Training and Evaluation (FTEP) program in Aspen. We are currently collaborating with NWRETAC to plan for the next Leadership Conference in Glenwood Springs in October of 2021.

Prior 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 coul 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.

By further polling, we found that there was little interest in the WRETAC to hire a facilitator. Instead, we spent more time at our May 2021 quarterly meeting to make it a strategic planning session for discussing the goals of this biennial plan.

Prior 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 Stop-The-Bleed Education and Injury Prevention Awareness

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. This will complement a grant initiative led by Montrose Hospital and involving all the Western Slope Trauma Collaborative aimed at reducing traumatic brain injury. In addition, our Trauma Centers are publishing monthly Trauma Talks that inform prevention

strategies for the public by posting the talks on paper at waiting rooms and community buildings. A sample is on our website http://wretac.org/prevention/

Prior 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 patients who are 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.

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 as well as telemedicine, alternate destination, transport of mentally ill patients to in-patient facilities, and community paramedic education for full and part-time personnel. They have recently purchased vehicles modified and prepared specifically for mental health transport. This effort is being followed closely by other EMS agencies. Gunnison Valley Health has a hospital-based EMS system that is making it a priority to keep behavioral health patients out of the small and frequently overtaxed emergency department and directed to more appropriate care. They are working the Aspen Hope Center in consultation with Rocky Mountain Health plans to review current models in responding to behavioral health situations.

As for the routine transport of mentally ill patients to the Crisis Stabilization Unit (CSU) which we considered previously, our medical directors have opted for case-by-case evaluation 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.

Prior 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

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 throughout EMS agencies and facilities in the WRETAC. As the EMS-C program resumed and progressed, our facilities fell right in. Two WRETAC facilities will act as pilot facilities for the COPPER program that is part of the initiative.

Prior Goal #6

A. Goal Statement

Optimize Sudden Cardiac Arrest Resuscitation

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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.

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 all regional 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.

In addition, a close working relation with the West Region Health Care Coalition resulted in channeling COVID relief funds (ASPR Funding) to make automated CPR devices (Lucas3) available for use throughout the region. Ten were purchased at the end of April 2021. This will help improve Cardiac Compression Fractions and provide the only safe and reliable way of delivering CPR in a moving vehicle. This was considered a major accomplishment for this goal and only on-going data collection over several years will demonstrate if the impact on patient outcome is appreciable. Every 911 Ambulance and every ED has a Lucas tool now.

Section 3: EMTS System Components:

Integration of Health Services

The recent Pandemic response led to increased awareness of hospital capacity by EMS agencies and vice versa. It also helped us recognized advantages and disadvantages of the EM Resource tool and other resource tracking tools shared across the healthcare spectrum. More emphasis on recognizing the importance of prevention including measures for stress management among healthcare workers and first responders occurred. Our current integration of planning and assessment activities between the WRETAC and the Healthcare Coalition will be of great use in the future. So too will our improved relations with Emergency Managers and the growth and development of a regional network of community paramedics.

EMTS Research

While we do not currently participate in research per se, all agencies are 100% compliant with the latest CEMSIS and NEMSIS data tracking; and with CARES we hope to amass enough data to provide meaningful information on rural SCA care in a rural, low call volume area over a period of years. The Western Slope Trauma collaborative will help us in tracking the effectiveness of injury prevention strategies and improved trauma protocols.

Legislation and Regulation

The six boards of county commissioners have appointed all the voting members of our council. They monitor and often attend WRETAC meetings to listen to policy related issues. Most of our voting and ad hoc members are also members of professional associations that help lobby for better informed EMTS policy. The WRETAC is a group member of the Emergency Medical Service Association of Colorado (EMSAC). We have always kept Western Slope members of SEMTAC on our mailing list and kept a representative voice present at SEMTAC committee and council meetings and EMPAC.

System Finance

Over forty five percent of our funding is provided to a system development grant program. These funds are used by EMS agencies, hospitals and rural clinics alike to fill critical gaps and to match local efforts to improve emergency care. The oversight of these funds is strictly monitored by the appointed WRETAC board.

Throughout the region we have seen increased use of local taxes to support EMS. Efforts to increase district tax revenue have been successful. In addition the WRETAC has helped agencies identify opportunities to improve revenue streams by piloting ET3 funding and by applying for supplemental funds from CMS. These efforts are particularly important here because the rural payer mix is heavily weighted toward Medicare and Medicaid payers.

Human Resources

Keeping good medical providers including BLS and ALS EMS providers is particularly difficult in a low volume rural setting. Skill degradation and the need to train harder are discouraging the retention of quality providers. At the same time it is difficult to afford good pay or better incentives to appeal to them while revenue streams are challenged by the same forces. Paying a workforce with public money when the volume is low, even though the risks are high, is often a hard sell politically in our conservative communities. Volunteers continue to make up part of the EMTS workforce but as travel to work and longer hours make it harder to find time to volunteer, most of our region is finding it difficult to incorporate a good pool of volunteer EMTs. Increased training requirements and the stresses of the pandemic have also taken their toll on burning out our volunteer pool. Agencies have resorted to using EMR or non-medically trained volunteer drivers to help man ambulances. This recruitment and retention conundrum has been a concern that we must continue to address in future years with creative solutions. Similarly we will have to explore best practices with the increased transition to paid verses volunteer work teams.

Last year, to improve employee appreciation, the WRETAC undertook regional EMS Awards. During the pandemic we felt this would be a boost. Several of our award winners went on to be recognized at the State Conference as they won State Awards for: 1) EMS Ambulance Service of the year, GVH – EMS; 2) The Dr. Valentin E. Wohlauer Award for Physician Excellence in EMS, Shay Krier; 3) the Robert Marlin ALS EMS Professional of the Year, Ruth Stewart of Ouray; and 4) The RN of the Year, Jillian Emmons.

Education Systems

Among our dedicated EMS and Nursing workforces are some amazingly talented educators. What continues to frustrate is the lack of commitment toward quality education by the training centers available to our region. A technical college can only support classes taught on campus which is a problem when we have such a large geographic area to support. Colleges and universities involved with accrediting EMS classes taught by our providers are not paying instructors adequately or providing all the administrative support needed. Cost saving measures with accelerated EMT-I to bridge programs have resulted in deficient preparation of the Paramedic graduates. We have engaged in dialogue with these schools and will continue to do so as a regional advisory body.

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 are vital to help with the cost of training. Meanwhile, the WRETAC coordinator has been deeply involved in the production of the inaugural Colorado EMS Educators Symposium and several Western Region EMS instructors took advantage of this unique opportunity to improve their teaching practices.

Public Access

Recent improvements at dispatch (PSAPS) have led to upgraded EMD and priority dispatching in most areas of the WRETAC. All agencies have maintained reliable communication with the PSAPS for effective dispatching of resources. Once underway, however, we have run into issues with communication systems.

A large problem in the six-county area is the availability of good cell service 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. Other deficiencies mentioned include the need for more public enrollment for Code Red messaging. This could be accomplished by utilizing public forums, safety fairs, neighborhood watch, and school events.

Evaluation

The consistent use of robust information systems and active engagement of medical directors in our RMD program have helped to keep system evaluation an ongoing reality. The hospitals in our region are also engaged in multiple efforts to evaluate the system performance and every detail of hospital services. This includes the trauma designation program, joint commission, customer satisfaction sampling and pediatric readiness programs like COPPER.

Communications Systems

The region has had multiple efforts at expanding the communication infrastructure including the 800 DTR system with multiple repeaters. However, it remains the case that VHF is more reliable in some areas, 800 in others, and several areas are shadows where no communication technology (including Satellite phones) can operate with any consistency. This is primarily due to our diverse and rugged terrain and the high mountain ranges in our region. We have used system development funds to support the use of multiband radios to help maintain reasonable communication capability during emergency responses. More research into creative approaches to find and fill communication gaps is needed.

Medical Direction

All active EMS providers in the region have licensed physician oversight. We have kept the medical directors engaged in the newsletters and Medical Leadership meetings provided by our regional medical director. Protocols are categorically derived from the Denver-Metro protocols and the WRETAC funds the maintenance of the protocol app for provider cell phones. Only one of our medical directors does not live and work within our region. Our RMD program has been proactive in making sure physicians are well informed on changes to the Colorado acts allowed, the waiver process and ongoing issues concerning standard practices.

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 Health or Montrose Memorial to Facilities in Grand Junction approximately 43 miles away, as well as long distance transfers when 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. They use the Delta County Dispatch Center 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, since 2018, critical care education and certification as well as Community Paramedic education and certification for many of the paramedics has enabled an overall elevation in the standard of care this agency provides. More recently, DCAD has invested in specialized vehicles and staff equipped and trained to transport mental health patients to appropriate facilities across the State.

North Fork EMS serves a rural 1,550 square mile service area, with a population of approximately 9,450 people in and around the rural communities of Crawford, Hotchkiss and Paonia. Their labor model combines paid ALS staff with paid on-call personnel in order to operate three stations, 24/7 in parts of Delta, Montrose and Gunnison Counties. The service transports to Delta Health and ALS level care is provided by North Fork EMS ALS crew

members, or through a Delta County Ambulance District intercept when necessary. In 2018 the citizens of the North Fork overwhelmingly voted to form a Special District and fund it by a mill levy on property taxes to form the North Fork Ambulance Health Service District, now operating as North Fork EMS. The formation of the District provides core financial support and sustainability for this rural, community-based EMS service. Mutual aid is shared with Delta County Ambulance District, Delta County Fire Protection Districts, West Elk Search and Rescue, Delta County Sheriff's Department, Gunnison Hospital EMS, Crested Butte Fire Protection District and EMS, and Carbondale Rural Fire Protection District, municipal police departments and the Colorado State Patrol. They work with air medical providers to evacuate critical patients when far from the hospital. They use the Delta County Dispatch Center for communications, resource coordination and dispatching.

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. They have transitioned to a largely volunteer organization to a department that maintains a paid staff with paid ALS and Critical Care Paramedics on 24/7. Their 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, Air-Medical providers, Crested Butte Police Department, occasionally North Fork EMS and the Colorado State Patrol. Gunnison Regional Communications Center is used for communications and dispatching using primarily 800DTR communication.

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. In 2020 GVH-EMS was named the WRETACs Ambulance Service of the Year and soon afterward recognized as the EMSAC Colorado EMS Ambulance Service of the Year. Going forward this agency is committing to enhanced mental health intervention and transportation.

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. Recent classes and a paid paramedic director have helped address this. During the summer months, the population changes with an influx of part time residents, most from out of state, occurs. Staffing by volunteers continues to be a challenge. 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, 381 treacherous miles away from Lake City. 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 large areas of the county completely without radio or cell coverage.

Montrose Fire Department is a paid fire-based agency with full time paramedics, full and part time EMT-Intermediates, and IV certified EMTs. Volunteers include both ALS and BLS providers. 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 extend 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 mixed paid EMS agency that has paramedics, intermediates and EMTs. 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. 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, several volunteer EMTs, and EMRs. 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, or Classic Air Medical in Moab Utah. Classic Air Medical has three helicopters available to the Western RETAC, one is 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. 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.

The department has merged with Paradox Fire Protection District and assumed EMS service for the Town of Paradox and the Paradox Valley. This 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 area fell victim to diminishing volunteerism and loss of personnel. 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.

Basin Clinic in Naturita is a non-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 from a PA or Nurse Practitioner, and further transfer of care to another facility by ground or air if needed. Patients are occasionally transported to Grand Junction, Colorado by EMS agencies in the West End of Montrose County. Interfacility transports can be arranged through the local EMS, a flight service, 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. Although, the medical needs of Egnar are difficult to reach from our region by ground. 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 ALS, BLS ambulance and wheelchair transportation. The service is equipped to aid other EMS agencies in Montrose, Delta and Ouray counties if needed.

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. 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 Air in Moab, Utah as well as Glenwood Springs, Colorado, and AirCare in Farmington, NM.

The six counties in the WRETAC cover a large area of Western Colorado. Frontier agencies are often isolated from their nearest mutual aid neighbors by mountain roads, canyons, and volatile 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 permit. All agencies 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 including their local medical centers or clinics.

In good weather and under ideal conditions, patient transport to the nearest hospital can take over an hour from Nucla/Naturita, Paradox, Norwood, or Lake City. Crested Butte, Ouray, and the North Fork ambulances also could have exceedingly long transport times. Patient transports often take an ambulance and crew out of service for several hours. When local back up crews and ambulance are not available, mutual aid is required from other EMS agencies. This can strain the EMS resources in both areas as additional emergency responses are needed.

The main **trauma facilities** in the region are Montrose Memorial Hospital (Level III designated trauma center), Delta Health (Level IV designated trauma center), Gunnison Valley Health (Level IV designated trauma center), and the Telluride Medical Center (Level V designated trauma center). The Trauma Centers remain coordinated and supportive through a collaborative body called the Western Slope Trauma Collaborative (WSTC). The WRETAC engages the WSTC as a committee and a resource to work on common goals including injury prevention and community education.

Critical Care and even Advanced Life Support are not consistently available on all EMS services. ALS rendezvous are provided as requested by Montrose Fire Rescue, Gunnison Valley Hospital-EMS, Our y County EMS, Delta County Ambulance District, Norwood EMS, and Telluride EMS. With the recent impacts of the COVID pandemic we have seen shortages of supplies and medications going well beyond PPE.

Mass Casualty

The EMS agencies in our region require close working relationships with county emergency managers due to the remote geography and lack of response resources. Meeting regularly helps all areas standardize procedures and make disaster preparation easier. Functional exercises, active shooter drills, and regular Airport disaster exercises have all helped to improve MCI readiness.

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. Improved communication between the WRETAC and the Coalition has been one positive result of our recent pandemic response.

Public Education

Public education in the WRETAC has been directed at injury prevention activities. Community education that took place in the North Fork Valley served to inform the public on the importance of maintaining their local ambulance service and the need for volunteers to help. They have gained community support of their system and recognition for what they do while learning what the public expects and how to make the system better.

Ambulance districts and Health Service Districts provide frequent community education programs that have helped to achieve mill levy increases.

Hospital and EMS personnel participate in local health and job fairs and speak at public service organizations and schools. This opportunity was drastically cut because of COVID restrictions.

There remains a need for continuing community education through the hospitals, agencies and health care coalitions. Previous success with Stop-The-Bleed and Hands only CPR training contributed 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. All our hospitals and most of our EMS agencies are also providing community CPR and First Aid education, albeit with class size and hygiene-related limitations.

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. The WRETAC agreed to adopt the program and together with the WSTC, work has continued. We strive to inform the public about the dangers of improper seat belt and child safety seats use, and distracted driving. As mentioned before, many opportunities for public interaction were postponed or cancelled due to COVID. Now police departments and local merchants are stepping up to make a collaborative approach work. Many wrote in support of a grant project of the WSTC to reduce Traumatic Brain Injuries (TBI).

The trauma facilities have continued programs in fall prevention, head injury, chronic disease prevention, tobacco cessation, and multiple support groups. Montrose Suicide Prevention Coalition addresses informing the public on the symptoms and prevention of suicide. The six-county region has high rates of suicide.

Most fire protection districts have programs addressing the dangers of carbon monoxide poisoning. CO detectors are made available and public fire prevention and preparedness programs have resumed.

Information Systems and Evaluation

Each EMTS organization in the WRETAC assesses quality of patient care by internal review involving medical directors and committees or CQI coordinators. All EMS agencies are using a CEMSIS/NEMSIS compliant electronic medical charting program. CARES data includes additional information derived from dispatch and destination hospitals specific to sudden cardiac arrest.

There is a need to evaluate performance for all aspects of EMTS care. Quality assessment is being done at the agency and facility level for patient care which will continue. Ideally, the QA/QI process should continue regionally with quality data collection and meaningful reports. The WRETAC is committed to be a constant presence in the State CQI committee should it reform. We are eager to help improve our participation in the Statewide QI processes. We make regular use of information from the EMTS data section, and we are currently exploring use of bio-spatial reporting.

A continuing concern is that there is still no dispatch-to-rehab seamless case-flow data available even though this was a key goal in the legislation creating the State Trauma System in 1995.

Section 4: Goals and Objectives

Goal #1

Goal Statement

Improve Mental Health triage, treatment, and transportation.

Background

This is a continuation from our last biennial plan. 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 patients who are on mental health holds and on suicide watch. This is expensive, ties up valuable resources and is not an adequate substitute for specialized mental health treatment. The patient's mental and emotional needs are not well addressed in the emergency department environment nor at the scene of traumatic events. Additionally, providers are subject to secondary trauma that can have long lasting impact on their quality of life. Several demonstration projects have shown that an out of hospital mental health response can result in safe and appropriate triage, transportation, and treatment of the mental health patient including patients in crisis. This will be a long-term undertaking.

Components Addressed

Clinical Care

Project Description

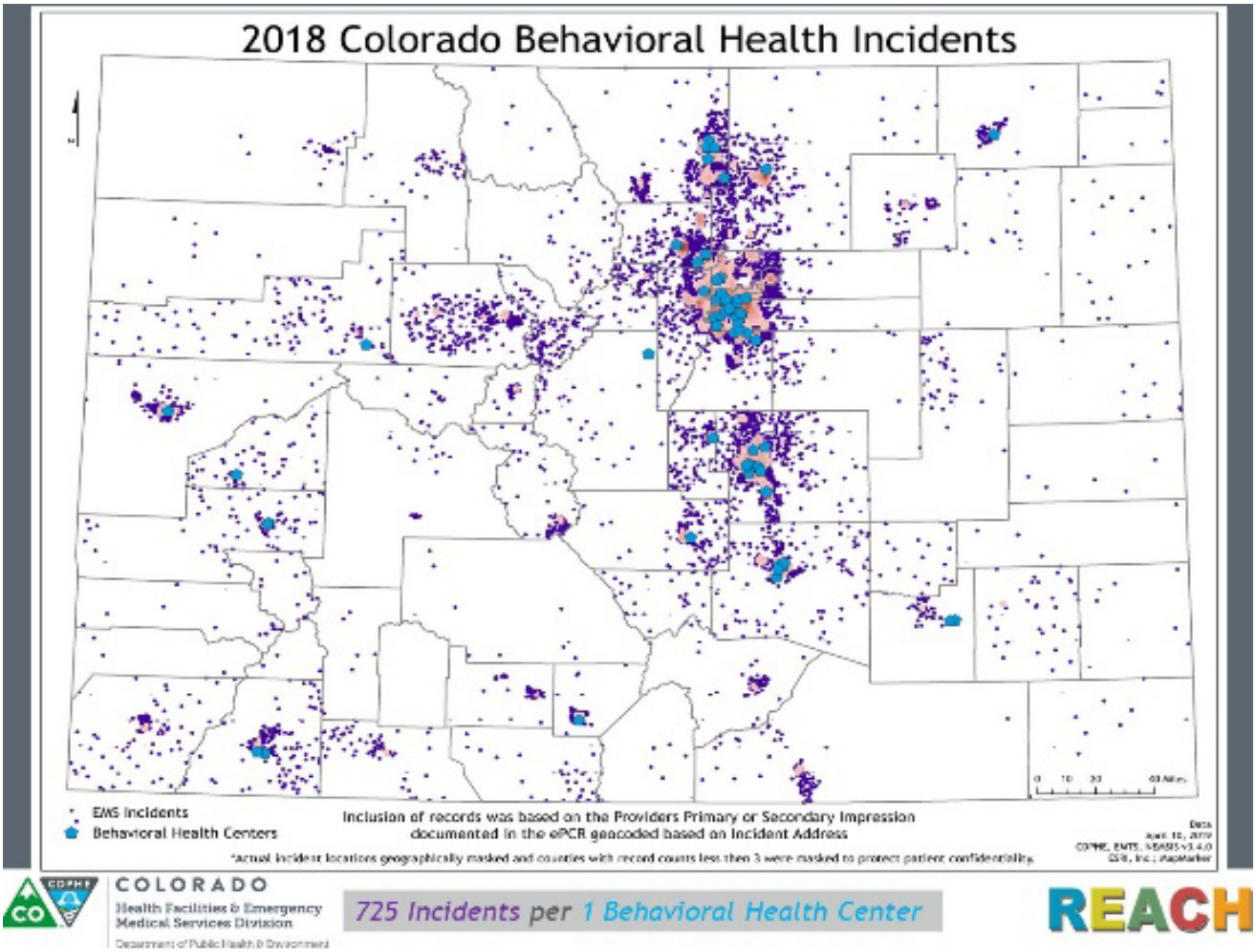
- We will strive to work collaboratively between agencies to create a system that allows for the hospitals and clinics in our region to have a safe, timely, cost effective transportation for patients requiring mental health care.
- The WRETAC is supporting a proposal to develop a regional Mental health response and transport program initiated by Delta County Ambulance District with support from other agencies and hospitals referred to simply as West Region Behavioral Health Transport.
- A SAMSHA grant application was prepared by Montrose Memorial Hospital and Delta County Ambulance District to support the proposal (Appendix A).
- Continued collaboration with area Hospitals, EMS agencies, local counselors and the Center for Mental Health will be needed.
- Additional efforts we support include the San Miguel County Sheriff's CORE program. (CORE stand for co responder) and Gunnison Valley Health's Mental Health Transport initiative.

Estimated Cost

$ 401,500

Desired Outcome

A measurable reduction in hospital ED utilization for behavioral crisis patients.



SOURCE: CDPHE, EMTS BRANCH, DATA SECTION

Goal 2

Goal Statement

Improve the recruitment and retention of active providers.

Background

Keeping good medical providers including BLS and ALS EMS providers is particularly difficult in a low volume rural setting. Skill degradation and the need to train harder are discouraging to retaining quality providers. At the same time it is difficult to afford good pay or better incentives while revenue streams are challenged by the same forces. Volunteerism among the youthful population has been declining in our rural communities for a long time and the recent stresses of a pandemic have not helped. In our paid departments, role changes and diversification of duties has appealed to some but not everyone.

Components Addressed:

Human Resources, Clinical Care, Information Systems

Project Description:

- We will collaborate with all other RETACs in a unified assessment process intended to identify the key factors that are impacting recruitment and retention of qualified providers, and
- develop a short list of effective best practices in use that can be implemented by the agencies and employers in our region.
- This will be more than a two-year project

Estimated Cost

$5,000, assuming SI grant to P2P RETAC.

Desired Outcome

Improved recruitment and retention of qualified EMTS providers.

Goal #3

Goal Statement Improve communication infrastructure.

Background

While most areas of our RETAC have excellent two-way communications, there remain vast areas where communication capability is lacking. A comprehensive gap analysis should help delineate these dark spots and with expert consultation allow for informed planning on how to best fill these gaps in the future. In the past a communication specialist was employed by the EMTS section to liaison with Federal and State Communication departments to help develop the State DTRS system. The last time a major communication assessment took place was in 2013. Large gaps remain in our region and impact the ability to coordinate resources and access medical control. **This will be more than a two-year project.**

Components Addressed

Communication Systems, Medical Direction

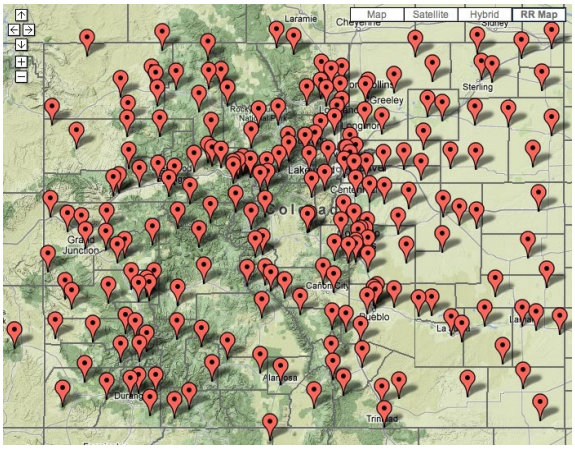
Project Description

- Collaborate with county OEMs, State Region OEMR Coordinator and the WRHCC.
- Obtain expert consultation with the State and local authorities to perform a gap analysis and start the planning process to improve communication.
- Identify the gaps in our communication system and develop a plan to make a seamless interoperable communication system possible.
- Near term purchases of multi-band radios and satellite phones will be supported with EMTS Grants and WRETAC Regional System Development funds.

Estimated Cost: $13,000 (for planning, not infrastructure)

Desired Outcome

A seamless interoperable communication system that serves the needs of emergency services throughout our region.



2013 Colorado DTRS buildout

Goal #4

Goal Statement

Continue Progress on Sudden Cardiac Arrest Care

Background

This is an ongoing process to achieve optimal sudden cardiac arrest (SCA) response and resuscitation given the limitations of our rural communities. Progress has already been discussed and SCA remains the leading cause of death. It is a continuing expectation that EMS will strive to treat SCA optimally, both among providers and the public.

Components Addressed

Clinical Care

Project Description

- We will continue to support CARES data collection.
- We will continue to identify opportunities for public access AED placement.
- We will continue to support efforts to educate the public on SCA, Hands Only CPR and AED use.
- Maintain current AEDs, Monitor/ Defibrillators and Lucas tools

Estimated Cost: $15,000

Desired Outcome Reduced morbidity and mortality from sudden cardiac arrest.

Goal #5

Goal Statement

Continue Progress on Pediatric Preparedness

Background

This is also a continuation of previous planning efforts and included because the emergency care for children is low frequency and high-risk medicine. Appropriate care depends on preparation of personnel with education and rehearsal and on maintenance of age-appropriate supplies, equipment, and medications. Pediatric care can be an emotional stressor for families and healthcare providers involved. We are actively participating in COPPER and COPECC as described previously, and this progress requires ongoing support and expansion.

Components Addressed:

Clinical Care

Project Description

- Provide a PECC symposium and an active PECC network in the WRETAC.
- Add a pediatric SimChild to one of the active SimLabs in our region accessible and portable for all EMS and Healthcare facilities in the WRETAC.
- Continue to support the EMS-C initiative in the State and Region/
- Explore and develop opportunities to expand our involvement with COPPER, COPECC and Pediatric Education

Estimated Cost

6,500.00 (MegaCode Kid)

Desired Outcome

Continuous improvement of pediatric emergency care, readiness, and response.

Section 5: Attest Statement

ATTEST STATEMENT

2021-2023 Biennial Plan

By signing below, the RETAC Chairman and the RETAC Coordinator/Executive Director 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

06/29/2021

Signature Date

A. Daniel Barela "Danny" Executive Director

Print RETAC Coordinator/Executive Director Name

RETAC Coordinator/Executive Director Signature

June 29, 2021

Signature Date


Western
RETAC

Appendix A: SAMSHA GRANT APPLICATION NARRATIVE

Congressionally Directed Spending

1. Formal Name of Project

   West Region Behavioral Health Transport

2. Exact Address of Project

   60 Heinz Street, Delta, CO 81416

3. Name of Subcommittee

   Labor, Health and Human Services, and Education, and Related Agencies

4. Proposed Start Date

   January 1, 2022

5. Proposed Completion Date

   December 31, 2022

6. Brief Description of project for which dollars will be used

   The primary objective in utilizing these monies will be to provide funding of a transport program to facilitate movement of behavioral health patients between hospitals and other locations within Region 10 to behavioral health facilities in Grand Junction and the Denver metro area. Region 10 encompasses the counties of Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel. The hospitals within this area are Delta Health, Montrose Memorial Hospital, Gunnison Valley Health, and Telluride Medical Center. Patients would be transferred from emergency rooms, crisis centers and other locations as needed. Best estimates based upon past transport data indicate upwards of 500 transports yearly may be possible.

   The second objective is the provision of sitters to patients who are in emergency departments waiting for a behavioral health facility to have room for them. If the EMTs are not transporting patients, they can be utilized in this capacity.

   A third objective for this crew will be the transport of patients from the hospital to home. Most of Region 10 is considered rural and frontier. As such, there are no taxis, ubers, or other means of conveyance for persons who do not meet the criteria for medical necessity to indicate an ambulance transport. These individuals can be transported home via a quick response vehicle and the behavioral health team.

7. Describe how proposed project is consistent with activities and mission of federal agency

   The program is consistent with the mission of the Substance Abuse and Mental Health Services Administration. The mission of SAMHSA is to reduce the impact of substance abuse and mental

illness on America's communities. The West Region Behavioral Health Transport program achieves this end.

The goal of the program is to insure people receive the care appropriate to their situation. This project will get people out of emergency departments, which are chaotic and loud and can contribute to unfavorable outcomes for behavioral health patients.

Transport of these individuals to behavioral health facilities is imperative to their well-being and recovery. The behavioral health system across the state has a limited number of beds and admission is often time sensitive prior to another patient receiving the bed. The current system relies upon an ad hoc mixture of private security firms and EMS agencies to provide personnel on overtime for these transports. A dedicated crew will alleviate many of these higher costs and provide stability and reliability to the program.

Lastly, rapid transport of these individuals to appropriate facilities, which are properly equipped to address their emergent needs, frees up valuable and finite local ER resources for the pursuit of their primary objective, which is of course, the emergent care of the sick and injured.

8. Why is this a good use of taxpayer money

This is a good use of taxpayer money as those with behavioral health issues impact the health system at various entry points. These include law enforcement, courts, emergency medical service providers, and dispatch. To have a crew dedicated to transport them to appropriate care will directly lessen the impact on taxpayers.

These patients are at risk of becoming caught in a cycle that without transport, may exacerbate a behavioral health crisis. In the current paradigm, a patient gets taken to an emergency department for a 72-hour hold due to threats to self or others. Owing to a lack of transport and/or bed-acceptance at a behavioral health facility, this patient's 72-hours expires while still in the emergency department and this patient is released. Either the situation escalates and trauma occurs, or the patient is transported back to the emergency department for the cycle to resume, potentially involving more taxpayer resources. The patient does not get the needed and necessary treatment.

Having a dedicated provider for transports also lessens the associated costs, as significantly less overtime will need to be paid. Other costs that will diminish include private security rates for transporting and less use of already-contracted and difficult-to-find sitters. The Case Managers, employed by the facilities, will not need to spend countless hours calling for these resources to transport, having to re-locate beds when the patient is not able to get to a designated facility within the time frame, and seeking other options. This will be one call to the transport agency after determining the best and most feasible facility for the patient.

9. How will it benefit the State of Colorado

The area has a population of roughly 100,000 persons in a 10,000 square mile area, roughly the size of the State of Connecticut. This project will benefit many residents as The Substance Abuse and Mental Health Services Administration place the rate of mental illness in Colorado at roughly

19.55% (Nguyen, Hellebuyck, Halpern, & Fritze, 2017). This equates to 1 in 5 Coloradans who suffer from a behavioral health malady. As behavioral health issues become more prevalent, the impacts are felt across the region by patients, caregivers, and family members.

On average, at least 35 percent of cases in the emergency departments of hospitals are behavioral health issues. For example, at Montrose Memorial Hospital, which sees more than 20,000 patients in the emergency department annually, this equates to 16 patients per day who need behavioral health help. In Gunnison County in the last month, 20 behavioral health patients required transport to a higher level of care. In Delta there were 3 patients in one week who were in the emergency department on mental health holds.

This number is only expected to increase as the ramifications of the pandemic are managed. The West Region is ill prepared to deal with these challenges under the current operating paradigm. The rural, and in places frontier communities, have few resources for behavioral health treatments. The State of Colorado, on average, has 330 patient per each mental health provider. In the region, that number jumps to 470 patients for each mental health care provider. This means more people trying to get appointments translate into difficulty making appointments within a time frame feasible for the patient. Barriers are compounded with travel times, job insecurity, unreliable transportation, and weather concerns. Healthcare, and specifically behavioral health care, is not easily accessible to many members for the community. This ultimately means people are in crisis when entering the emergency departments for behavioral health care. The system needs to be able to assist. This transport project can be used to mitigate one of the many gaps.

10. Total Cost of the project

    $401, 456

11. Amount being requested from the Congressionally Directed Spending

    $401,456

12. Is this a one-time request

    Yes, this is a one-time request, as it is anticipated, the funding will be acquired from various sources as success of the program is proven. This year-long pilot program will allow for obstacles to be overcome, standardization to occur, and a more specific cost-sharing agreement to be determined.

    It will also allow the involved organizations to budget for future years, solicit other organizations for funding, and raise money.

13. If additional support is necessary, when will project be self-sustaining

    This project will be self-sustaining by December 2022. The 2022 calendar year will allow organizations to fundraise as well as prove the project is the best solution to the issue.

14. What are the sources of remaining non-federal funding and when will funding be secured

The sources of the remaining non-federal funding, which will be raised during the initial pilot by the end of 2022 include:

- Private donations
- State and local foundations
- Insurance companies
- Hospitals
- Local government
- Region 10
- The Center for Mental Health
- MindSprings Health and West Springs Hospital

15. Itemized breakdown of the dollars

The itemized breakdown of the dollars include:

- Salaries for 4 full-time employees
    - Benefits
    - On-call rate of $2 per hour from 7 p.m.-7 a.m.
    - Call-back time for after hours transports
- Mileage of 500 miles traveled per week
    - The staff will be based in Delta. The on-call shift will require the employees be at the Delta County Ambulance District Station #1 within 45 minutes. This will allow them to respond anywhere in the six-county region within hours. The mileage will start to accumulate for reimbursement at the DCAD station.
    - Mileage may well be higher per week, this is a best guess estimate based on past experience.
- ½ motel room per week
    - Anticipated travel to Denver may be over-night due to timing and weather. Sometimes two rooms will be needed. As this will not always occur, it is averaged to ½ motel room per week.
- Meals
    - Anticipated 9 per week. Current policy only pays for meals when traveling to Denver.

It is anticipated, based on current numbers of transports, this is the budget for one calendar year. This is subject to change based on demand and actual figures.

16. Has the project already received federal dollars, if so, a detailed description

This project has not already received federal dollars.

References

Nguyen, T., Hellebuyck, M., Halpern, M., & Fritze, D. (2017). *The State of Mental Health in America 2018* (Rep.). Alexandria, VA: Mental Health America.