



Regional Emergency Medical
& Trauma Services
Systems Development Biennial Plan
Update

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

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Section 4: Goals and Objectives

Goal #1

A. Goal Statement

Improve Mental Health triage, treatment, and transportation.

B. 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.

C. Components Addressed

Clinical Care

D. 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.

E. Estimated Cost

\$ 401,500

F. Desired Outcome

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

G. Progress to Date

Gunnison's EMS mental health response team has been quite active in the last year. Unfortunately, one of the uses of this team was in helping to debrief and counsel their colleagues in County when an EMS provider was found after suicide. Both Gunnison and Delta are using special trained responders and telemedicine to help with mental health patients. Next year we will have a full year of data to analyze for effectiveness.

At the time of this writing, the results of the Colorado EMTS System Improvement grants were just announced. Montrose Memorial Hospital in concert with Delta County Ambulance District put in a grant for supporting a transport team to help move mental health patients efficiently out of the ED and to assist with observing mental health patients on holds while they are at the hospital. This was the same project submitted for a Federal grant that was denied. This project will greatly increase the use of the mental health team and help demonstrate their utility as future funding streams are developed from insurers and hospitals to keep the mental health/EMS response teams viable. \$156,313.80 was awarded out of the \$401,500 requested. The Delta County Ambulance District will provide the matching funds needed to cover this demonstration project over the next year. Subsequent funding requests will be pursued over the next two years.

Goal #2

A. Goal Statement

Improve the recruitment and retention of active providers.

B. 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.

C. Components Addressed

Human Resources, Clinical Care, Information systems

D. 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

E. Estimated Cost

About \$5,000 for survey only; further strategies unknown

F. Desired Outcome

Improved recruitment and retention of qualified EMTS providers

G. Progress to Date

Last year the SI grant application from Plains to Peaks RETAC was awarded and we have cooperated with the survey exploring workforce issues and practices in our RETAC. We had a 50% turn around on all surveys sent and fortunately the respondents made up the majority of our rural, super rural and frontier agencies. The survey results are being analyzed and abstracted at the present time. Given a reduced plan for execution we only incurred about \$690 in management time which we recently submitted for reimbursement.

While many EMS agencies across the nation have seen impacts to retention caused by the COVID19 Pandemic, most of our agencies are managing to fare well. This may be in large part due to the leadership actions of these same agencies. In Hinsdale County for example, one of our most rural and under resourced agencies, an ultramarathon called the San Juan Solstice 50 is held every year to raise funds for reimbursing volunteers their time away from work when making EMS transports. This has a lot of community support and draws ultrarunners from across the nation every year for the last 24 years.

Goal #3

A. Goal Statement

Improve communication infrastructure

B. Background

While most of our RETAC has excellent two-way communications, there remain vast gaps where communication 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.

C. Components Addressed
Communication Systems

D. 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.

E. Estimated Cost

\$13,000 (for planning, not infrastructure)

F. Desired Outcome

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

G. Progress to Date

To date we have not been able to complete a telecom gap analysis. To some extent, we have worked around the issue with some purchases of multiband radios, but an 800 MHz assessment is still required. We will continue to pursue this with our OEM and Healthcare Coalition partners.

The use of telemedicine has increased a demand for secure data transmission where community paramedic programs have started both in Delta County and Gunnison County. Currently Hippo-Health and Pulsara are being used to determine which program is a best fit for this application.

Goal #4

A. Goal Statement

Continue Progress on Sudden Cardiac Arrest Care

B. 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.

C. Components Addressed

Clinical Care

D. 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

E. Estimated Cost

\$15,000

F. Desired Outcome

Reduced morbidity and mortality from sudden cardiac arrest.

G. Progress to Date

Last year we made a \$1,000 donation to CARES to help keep the State program viable. Recent legislation was passed which will continue the program under State government. WRETAC agencies have remained 100% compliant with submitting data to CARES. We look forward to working with the State office assigned to CARES.

Over the last year we used additional ASPR funds from the Western Regional Healthcare Coalition to purchase one more Lucas device for Delta Hospital. Through our Regional System Development fund we funded the purchase of new AEDs in Ouray, Hinsdale and Delta Counties. Almost all our agencies have participated in public courses in CPR including free instruction on Hands-Only CPR.

Goal #5

H. Goal Statement

Continue Progress on Pediatric Preparedness

I. 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,

J. Components Addressed

Clinical Care

K. Project Description

6,500.00 (MegaCode Kid)

L. Estimated Cost

\$15,000

M. Desired Outcome

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

N. Progress to Date

In March we hosted a comprehensive Pediatric Emergency Care Coordinator (PECC) retreat in Ridgway, Colorado. This two-day seminar was attended by 23 PECCs working in both regional hospitals and EMS agencies. All WRETAC counties were represented. The curriculum included Non-accidental Trauma recognition and Trauma Informed Care along with multiple activities for preparing pediatric champions at their workplace. The participant evaluations unanimously reflected a successful event. We hope to repeat this annually. Two of our Hospitals are preparing for piloting Pediatric Preparedness designation from EMS-C. Gunnison Valley Hospital will be the first, they have completed the application process and are planning for a site visit in the fall of 2022.

In lieu of a MegaCode Kid, we purchased two Gamaud Pediatric Simulators for under \$3,000. These have been used primarily in PALS classes and PALS refreshers, and they have worked very well in these roles. They remain available for training by all EMS agencies and hospital EDs. We have also used regional support funding to purchase another pediatric simulator for Hinsdale County. Over the next year we plan to use newsletters and occasional zoom meetings to network our PECCs and encourage more pediatric preparedness activities.

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, President

Print Chairperson Name

Chairperson Signature

Signature Date

A. Daniel Barela

Print RETAC Coordinator Name



RETAC Coordinator Signature

June 30, 2022

Signature Date

Appendix

Supporting Documents

Attachments

- A. WRETAC Compliance Report Excerpts
- B. CARES Report Excerpts
- C. PECC Seminar Program