Regional Emergency Medical & Trauma Services Biennial Plan

WESTERN RETAC

Plan Cycle
July 1, 2023 - June 30, 2025

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Section 1: RETAC Structure and Function

Mission Statement

The mission of the WRETAC is to promote, foster and support cooperative organization of Emergency Medical and Trauma Services in the Western Region and State, utilizing data, communications, protocols, and education to provide Quality Improvement.

Description

The region encompasses 9,563 square miles and has a population of about 118,000 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 of 0.8 persons per square mile in Hinsdale County up to 29 persons per square mile in Delta County. A substantial 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 limited access, unreliable high mountain passes, deep canyons, river waterways, vast desert plateaus, and expansive spans of Federal land. The service population is frequently expanded by outdoor recreation enthusiasts and seasonal residents. Currently, a major construction project is delaying travel between the eastern counties of the region and the western counties. This construction will remain a factor throughout this plan cycle.

Ongoing Organization and Planning Process

The WRETAC consists of 12 voting members, two from each of the six counties, and seventeen ad hoc members collectively representing all EMS agencies, emergency departments, and education centers. Other stakeholders engaged with helping identify goals for this plan include our RMD director, several interested emergency managers, PSAP directors, Western Region Healthcare coalition leadership and some County commissioners.

This cycle, a google forms survey was used with input requested from voting and ad-hoc members as well as other stakeholders who have attended WRETAC meetings over the last year. Matters queried included the status of previous goals and objectives, the relative strength in our region for each of the 15 components and a free space for key challenges that need to be addressed today. Previously, we have conducted needs assessments, site visits and SWOT analysis conducted at WRETAC public meetings to help pen the goals and objectives of prior plans. Those plans and their update assessments have got us where we are today and thus inviting input as to what goals we need to keep and which we most need to add made good sense to those concerned.

Section 2: EMTS System Components:

Legislation and Regulation

This has been a very busy time for us attending several taskforces created by legislation and SEMTAC. Most of our agency heads as well as our medical director and other stakeholders have been regularly engaged. So has our executive director. The six boards of county commissioners have appointed all the voting members of our council. Those commissioners 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. Our RMD attends all EMPAC meetings. Reciprocity among counties and favorable county resolutions have allowed our agencies to work together effectively.

System Finance

Each year we allocate $90.000 of our funding to a regional system development grant program. These funds are used by EMS agencies, hospitals, and rural clinics 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, WRETAC has helped agencies identify opportunities to improve their revenue streams such as through 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 and reimbursement falls far short of covering the cost of readiness and advanced care. The WRETAC provides communication between agencies and AAA for more information on how funding streams can be optimized for EMS. We also connect advocacy efforts for EMTS funding.

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. In the resort communities, the high cost of housing adds to the challenge significantly.

In other areas, volunteers continue to make up part of the EMTS workforce but as travel for 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 our volunteer pool. A sharp increase in the demand for nurses has also affected our hospitals, clinics, crisis centers and nursing homes. All have had difficulty finding and retaining the talent needed.

This recruitment and retention conundrum remains a concern that we must address with creative solutions. Areas that can afford reasonable salaries are also hurt by a severe lack of affordable

housing. For this reason our RETAC is greatly invested in all discussions taking place in the Colorado EMS Sustainability Task force meetings. We will be creative in looking for ways to assure better recruitment, retention, leadership succession, inclusion and provider resiliency.

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. One technical college can only support classes taught on campus due to issues with their accreditation. This is a problem when we have such a large geographic area to support. Colleges and universities involved with initial EMS classes taught by our providers are expensive and yet not paying instructors adequately or providing all the administrative support needed. Hybrid education has appeal in our area, but the cost of internship and travel for clinical experience remains an obstacle. Some of the best opportunities are out of State which has created obstacles in securing financial support from Colorado grant programs.

Continuing education of ALS and Critical care providers also 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 though regional applications have often been denied by minor points in scoring. Meanwhile, our Executive Director is deeply involved in the planning of the Colorado EMS Educators Symposia for CEMSEA, and several Western Region EMS instructors have taken advantage of this Symposium to gain teaching skills and renewed motivation, Too often people are assigned to the task of organizing and providing continuing education without the appropriate training in how to educate adult learners.

Public Access

Recent improvements with 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, they run into issues with maintaining communication. This was one focus of a federally funded assessment through a program of the Department of Homeland Security called an Operational Rural Assistance Package (O-RAP). Among the problems evaluated is the spotty availability of good cell service to make a 9-1-1 call. Mountains dominate our landscape and there is a problem with inadequate cell towers to cover the region. Inconsistent use of EMD and priority dispatch were also evaluated.

Communications Systems

The O-RAP assessment considered all aspects of EMS communication. 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 reliability. This is 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 and so is the need to share discovery of best practices within the region. A report on the O-RAP assessment is due in early summer of 2023.

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 to operate three stations, 24/7 in parts of Delta, Montrose and Gunnison Counties. The service transports to Delta Health and ALS level care are 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 vital 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 provided by the director alone. Recent classes and a paid part time position have helped address this. During the summer months, the population changes with an influx of part-time residents, most from out of state. Staffing by volunteers continues to be a challenge. The Town of Lake City is the main population center where HCEMS is located, and the 911 calls originate. Hinsdale County is in the San Juan Mountains with limited road access, and many four-wheel-drive only trails. It is an area plagued with the communication issues we have described.

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 one small local clinic, and the main transport hospital is Gunnison Valley Hospital, 55 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 and part time paramedics, and certified EMTs. Members include both ALS and BLS providers. MFPD 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 extends 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, Montrose County Sheriff's Posse, Montrose Police Department, Montrose County Sheriff's Department, and Colorado State Patrol. WestCo Dispatch 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 940 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 Dispatch.

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 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 ambulance transport difficult by ground through Unaweep Canyon to Grand Junction or over Dallas Divide to Montrose. Air transport is available by Classic Air Medical from Moab, UT, or CareFlight of the Rockies from Montrose. Mutual aid is shared with the Norwood EMS and Montrose FPD.

Basin Clinic in Naturita is a non-trauma-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 managed agency that serves all 542 square miles of Ouray County including the Town of Ouray and Town of Ridgway. The San Juan Mountains cover a large part of the county which has a population density of 8.2 persons per square mile. The population peaks at over 12,000 in the summer months. Only nine 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 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 they work very closely with Ouray Mountain Rescue. 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 Dispatch.

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 Dispatch.

Norwood Fire Protection District-EMS is a volunteer service with a paid Paramedic/ EMS chief. The area is frontier/rural and a remote area accessible by one two-lane rural highway. It is sixty-seven miles southwest of Montrose Memorial Hospital which is their main transport recipient. There is no 24-hour medical facility in the district. Road conditions can be bad depending and complicated by frequent rock and mudslides. Ambulance transport is 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 and are served by Dolores Ambulance District from the SWRETAC. 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 transport often takes an ambulance and crew out of service for several hours. When local back up crews and ambulances are not available, mutual aid is provided from other EMS agencies. This strains the EMS resources in both areas when additional responses are needed.

The main **trauma facilities** in the region are Montrose Memorial Hospital (Level III designated trauma center by July of 23), 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.

Community Paramedic, Critical Care Transport and even Advanced Life Support Care are not always available in our region. ALS rendezvous or intercepts are provided as requested by Montrose Fire, Gunnison Valley Hospital-EMS, Ouray County EMS, Delta County Ambulance District, and Telluride EMS. All EMS agencies have a commitment to improved pediatric care and most employ one or more PECCs.

In the previous plans we attempted to improve sudden cardiac arrest care. We have supported the CARES database and placed several new AEDs in the region through regional funding allocations. We remain committed to supporting an AED registry in concert with the State Cardiac Arrest Program.

Medical Direction

All active EMS providers in the region have licensed physician oversight. We have a contracted regional medical director who supports the efforts of the other medical directors. She keeps the medical directors and agency heads engaged with newsletters and Medical Leadership meetings. EMS protocols are 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 proactively assures physicians are kept informed on changes to the Colorado acts allowed, the waiver process and ongoing issues concerning standard practices discussed at the State RMD meetings and the Emergency Medical Practice Advisory Council (EMPAC). This includes the crisis standards of care used during the pandemic, non-sedative de-escalation, updating protocols for behavioral emergencies without Ketamine, and weight and age specific pediatric care. Currently we also have representation on the Statewide Whole Blood Taskforce. Specific skill training for ALS providers on high risk low frequency skills has been offered at multiple locations through joint efforts of the medical directors and the RMD program twice each year.

Public Education

Public education in the WRETAC has been mostly directed at prevention. Fire Districts and Health Service Districts provide frequent community education programs that have helped to improve community relations. 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 supported the vote to create their health service district, and recently Olathe Fire District enjoyed a major mill increase in large part thanks to their community engagement. Hospital and EMS personnel participate in local health and job fairs and speak at public service organizations and schools. This opportunity is regaining momentum post COVID.

There clearly remains a need for collaborative community education from the hospitals, the health care coalition, and agencies. 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 prevention practices. All our hospitals and most EMS agencies are also providing community CPR and First Aid education.

Prevention

The West Regional Occupant Safety Coalition was nonexistent for years. Recently, that program came back to life with the help of the Western Slope Trauma Collaborative (WSTC). 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 seat use, and distracted driving. Last year a major initiative pushed helmet use for prevention of sport and recreation related TBIs. The WSTC fully refurbished and rebranded the mobile injury prevention trailer to reflect the renewed commitment to prevention. Future efforts will address bicycle and ATV safety including a push for more use of night lights on bikes.

The trauma facilities have continued programs in fall prevention, printed bilingual Trauma-Talks, chronic disease prevention, vaping cessation, and multiple support groups. Montrose Suicide Prevention Coalition addresses informing the public on the warning signs and prevention of suicide. Our region has high rates of suicide particularly involving youth. Meanwhile, Fire districts have resumed pushing CO detectors and public fire prevention and preparedness programs post COVID.

Information Systems

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 use 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 now done at the agency and facility level for patient care will continue. We are eager to help improve our participation in statewide QI processes and monitor the data review of the current task forces. We have made use of information from the EMTS data section, and we discussed further data requests for our RMD program. 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 since 1995.

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 cardiac arrest care in a rural, low call volume area over a period of years. The RMD program evaluates specific data elements and protocols that are relevant to system improvement. The Western Slope Trauma Collaborative also tracks the effectiveness of injury prevention strategies and improved trauma protocols.

Mass Casualty

The EMS agencies in our region have close working relationships with county emergency managers. Functional exercises, active shooter drills, and regular Airport disaster exercises have all helped to improve MCI readiness. The Mettags™, previously supported by CDPHE, are in widespread, but many agencies report a need to upgrade their patient tracking and triage tagging system.

The West Region Health Care Coalition represents the same six-county area, and the WRETAC maintains a close working relationship. 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 coalition meets regularly to coordinate training and resources to benefit health care and disaster preparedness in the region. Together we have participated in a Statewide Task Force created to find an ideal patient tracking system for Colorado. Together We will work together to standardize triage and patient tracking systems in our region in this plan cycle, and engage with the All-Hazards region (OEM) to evaluate and improve our MCI response.

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 EMS medical leadership in our region are represented on the Western Colorado EMS Leadership Counclil which has served our WRETAC well. The hospitals in our region are similarly engaged in multiple efforts to evaluate trauma system performance and every detail of hospital services. Each trauma center invites EMS participation at Trauma Committee meetings where trauma data and select calls are reviewed. Collectively the Trauma Centers are recognized in our RETAC through a Western Slope Trauma Collaborative. Our QA/QI also includes the trauma designation program, joint commission, customer satisfaction sampling and pediatric readiness programs like COPPER.

Integration of Health Services

The recent Pandemic response led to increased awareness of hospital capacity by EMS agencies via the State E.M.Resource website. It also helped us recognize advantages and disadvantages of this tool and other resource tracking systems 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 (WRHCC) will be of significant use going forward. So will our improved relations with Emergency Managers and the growth and development of a regional network of community paramedics.

Community Paramedics made greater use of Telehealth including mental health. Two agencies in our RETAC now use Pulsara™ to provide consistent Telehealth availability and support community integrated healthcare.

Section 3: Challenges for FY24 and FY25

Describe the significant challenges to providing care the council has identified for FY24 and FY25

The following comments were entered onto our needs assessment by WRETAC membership:

"(We need) Improved interest in increasing training levels for our most rural providers."

"(We need) Improved mental healthcare."

"I would really like to see us continue to improve our pediatric readiness throughout the region. Our hospital alone has had an increase in pediatric patients, and I feel as though the more prepared for these types of patients we are the better as our region does not have a Childrens hospital close and weather is a concern in the winter."

"Recruitment, Retention and Resiliency! I refer to it as R3. Not an easy goal, in fact, from my perspective it is the most difficult to begin to tackle. We have mental health as a goal to reduce hospital ED use. How about mental health for our actual providers. It is not enough to have access to online therapy. We need to provide support for our folks BEFORE they feel crisis. We need access to Peer Support Technician training (they have offerings on the front-range, but I can't get anyone to travel to me, even paying a premium). With a volunteer team I find it extra difficult to send people out of our community for training. I need traveling training as an option. It would be great to have a mechanism to support local Peer Support Teams. My agency is constantly needing funding support for operational things like ambulances, radios, and other expensive equipment. We also need support to help make our SUPER VALUABLE human resources more resilient and keep them from burning out and retiring broken humans. Path4EMS and Foundation 1023 do brilliant work that has such an important part in the link of resiliency, but support of mental wellbeing of our providers along the way is costly and somewhat buried in EMS week and pizza parties."

"Taking care of our own through health and wellness. The fire service is excellent at these initiatives, and we have an opportunity to show our people we care. Afterall, we must have a healthy workforce so that we can provide top notch service while caring for ourselves."

"(We need) system processes sharing. How does one agency accomplish something compared to another."

"(We need) better coordination for a regional MCI response."

"Communication systems are subject to terrain and distance. Improving them is a daunting task".

"We do a good job on our goals; how do we place more focus on our own and really build programs that place focus on the workforce."

"At some point, as a region we need to place high importance on critical infrastructure (communications) to ensure uninterrupted service. We have started this but need to remain committed to making changes."

From these statements and from the assessment of our progress on the goals of our last two-year cycle (described in the Biennial Plan Update submitted in June of 2022), we can see clearly that the work begun on three prior goals needs to continue.

This includes the goal of developing a seamless communication system. We have a long way ahead to see real progress especially on the low service areas of Gunnison County, Hinsdale County, Eastern Delta County and the west ends of both San Miguel and Montrose Counties along with some smaller isolated areas of the rest of the region where cell service and even 800 MHz DTRS is spotty or worse. This includes the need to ensure 911 access by the public. For EMS communication, the use of text-based communication systems, reserved wideband (FirstNet), multichannel/multi-carrier linking hardware and signal extenders may give significant improvements in data transmission between the field and hospitals, but these expensive enhancements are not fully tested or uniformly available. The O-RAP rapid assessment conducted last April will help to measure these and other strategies to pursue in the coming years. Additionally, we need help from the State to fill in the gaps identified in the need for more cells and DTRS repeater sites. The presence and participation of the SWIC and the State Office of Public Safety Communication in the O-RAP process gives guarded optimism that these installations are coming. We will meet again with the principals involved in the Summer of 2023

Our goal to continue to improve pediatric preparedness requires continued attention as well. Two hospitals are posed to become COPPER sites soon while the other two are yet to apply. Appropriate care depends on the 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. In March we helped host the second annual Western Colorado PECC Seminar in Redstone, Colorado. This was in collaboration with NWRETAC and CMRETAC. It was a very popular event with useful tools and activities shared among agency trainers and pediatric champions. A similar event in our RETAC next spring will help continue the momentum of improved pediatric care and inspire motivation among those active in supporting pediatric care at their agencies and facilities.

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 has been declining in our rural communities for a long time and the recent stresses of a pandemic have not helped**.** Keeping departments staffed requires us to explore the needs and motivations of today's workforce and protect their wellness on the job including mental health and fatigue management. We are actively engaged with the discussions at the EMS Sustainability Task Force eager to share and learn from other players in the State. All our organizations need to protect the workforce and improve the succession of leaders, officers, and educators. Efforts at creatin. peer support systems and critical incident teams are isolated and would benefit from regional coordination and merging efforts. This would be in combination with continued support from Path4EMS and the new **C**olorado **A**lliance for **R**esilient and **E**quitable **S**ystems CO-CARES) initiative.

One new goal for this plan cycle is to address Mass Casualty Response and Recovery. In particular, one consistent drilled triage system will improve efficiency at the scene of events large and small. Either the RAMP or SALT systems are more intuitive, reliable, and efficient when compared to the START system which was once a Statewide standard. An easier, consistent, and reliable means of tagging patients that can contribute to a cloud-based system of patient tracking and victim reunification has been the aim of a Statewide task force that is

reporting to the CDPHE Office of Emergency Preparedness and Response before the start of this Biennial period. The State is interested in purchasing one system or platform that both hospitals and EMS agencies will use for fully integrated patient tracking from scene to final destination. It must be useful on every patient transported so that there are no unique actions required when disasters occur, and implementation will be second nature and fully scalable to the emergency. It must also be compatible with all communication and recordkeeping systems. Once purchased by the State, downloading appropriate applications onto EMS cell phones and laptops will be cost free and easy. This will also improve early notification and emergency communications.

UNITING THE INTERESTS OF WESTERN COLORADO'S EMERGENCY MEDICAL SERVICES AND FACILITIES, THE WRETAC WILL BE A KEY RESOURCE FOR MAKING PATIENT CARE BETTER.

WRETAC VISION STATEMENT

Section 4: Goals for FY24 and FY25

Describe the goals for FY24 and FY25 that the council set to address the challenges and system deficiencies.

Goal Statement #1 Improve MCI Response and Recovery

Describe how the goal will overcome a challenge or system deficiency.

Currently, WRETAC agencies use more than one triage system, patient tagging, hospital notification and patient tracking methods. Consistency will enable better mutual aid and scalability for incident response. We will ensure our hospitals have optimal notification of multiple patient events.

List the objectives required to achieve the goal.

A. Within the first year the WRETAC will evaluate and select one triage system for the region.
B. Within the first year the WRETAC will select one notification program and procedure for the region.
C. As soon as the State (CDPHE-Office of Emergency Preparedness and Response) announces its purchase decision on a new patient tracking system, the WRETAC will facilitate each agency and each facility in subscribing to the new system collaborating with CDPHE-OEPR and our regional partners.

Identify how the council will measure progress toward the goal during the planning cycle.

Together with the West Region Healthcare coalition, the WRETAC will collect information from published research on these systems and make the necessary purchases and training to implement their use. Facilitated MCI training exercises will allow evaluation to determine if meeting these objectives results in more efficient and effective triage, communication, and a scalable response to MCIs.

Estimated Cost: list the expected revenues and expenses for the goal.

This is variable in that a state contract should allow for subscription of a common patient tracking system at no cost to the EMS agency. Costs for hospital participation depend on the system chosen, state contracting and economy of scale. The cost of armbands is minimal and estimated at less than 20 cents a piece making an initial investment of 12,000 armbands about $2,400 for an average of $400 per county. This amount can be paid for by the agencies and reimbursable from our county fund allocation.

Goal Statement #2: Improve communication Infrastructure for a seamless interoperable communication system that serves the needs of emergency services throughout our region.

Describe how the goal will overcome a challenge or system deficiency.

We began this goal in the prior biennial plan. While most areas of our RETAC have excellent two-way communications, there remain vast areas where communication capability is lacking due to mountain obscurement, canyon walls and wilderness boundaries. The O-RAP assessment conducted by the Department of Homeland Security, Cybersecurity & Infrastructure Security Agency provided a gap analysis to delineate these dark spots and will begin informed planning on how to best fill these gaps. We will review a preliminary report on this assessment on June 20, 2023, along with the Colorado Office of Public Safety Communications, Division of Homeland Security and Emergency Management.

List the objectives required to achieve the goal.

A. Collaborate with county OEMs, State Office of Public Safety Communications and the WRHCC.
B. Maximize the assistance of expert consultation (O-RAP) with the State and local agencies to continue planning improvement to the communication infrastructure in the region.
C. Identify best practices that fill in the gaps in our communication system and share these across the region.
D. Facilitate the purchase of equipment and apps that help with data transmission between medical control, prehospital providers and emergency departments applying for grant funds as needed.

Estimated Cost: list the expected revenues and expenses for the goal.

State system improvement grants and other infrastructure grant funds can be tapped to enable the purchase of apps and equipment to meet these objectives. The full cost is beyond the reach of local agencies and the current RETAC funds.

Goal Statement #3 Improve Work Force Resilience

Describe how the goal will overcome a challenge or system deficiency.

Both EMS and ED staffing have seen significant issues with maintaining a reliable competent pool of personnel ready to fill in the ranks of providers when needed. Employee resilience is tested by both burn-out and rust-out stressors requiring multiple strategies to assure employee well-being and readiness to work. Our objective is to develop systems to address all these concerns.

List the objectives required to achieve the goal.

A. Explore and share best practices for enhancing recruitment and retention to include those examined by the Colorado EMS sustainability Task Force
B. Tap both regional and outside resources to create a peer assistance network to be active by year two.
C. The WRETAC will facilitate continuing education in employee wellness and fatigue management.

Identify how the council will measure progress toward the goal during the planning cycle.

Once the regional peer assistance network is organized, a regular report on utilization and ongoing development will be presented at every other quarterly meeting assuring user anonymity and privacy. Organization representatives will discuss any ongoing issues with recruitment, retention and resiliency at quarterly roundtables as needed.

Estimated Cost: list the expected revenues and expenses for the goal.

This will be a voluntary program with most costs borne by the agencies involved and make use of volunteer peer counselors and educators. Travel costs are unknown and will come from WRETAC funds with budget adjustments made between year one and year two.

Goal Statement #4: Continue Efforts to Enhance Pediatric Preparedness

Describe how the goal will overcome a challenge or system deficiency.

Because the emergency care of children is low frequency and high-risk, appropriate care depends on preparation of personnel with education and rehearsal and on maintenance of age-appropriate supplies, equipment, and medications. Research has confirmed that designating pediatric emergency care coordinators/champions helps assure higher rates of preparedness.

List the objectives required to achieve the goal.

A. Maintain an ongoing network of both ED and EMS PECCS and training officers with regular virtual meetings to include the sharing of activities and their evaluations.
B. Facilitate COPPER designation for all facilities in the region by the summer of 2025.
C. Repeat annually a PECC or pediatric care seminar on the Western Slope.

Identify how the council will measure progress toward the goal during the planning cycle.

Both the Executive Director and the Regional Medical Director will participate in the meetings and designation activities and report on these regularly at quarterly WRETAC meetings. The EMS for Children Coordinator will join every other WRETAC meeting for an update on Statewide pediatric care preparedness activities.

Estimated Cost: list the expected revenues and expenses for the goal.

EMS-C grants will help in the presentation of the annual seminars and CREATE funds can be used to help with the cost for attendees. Pediatric care preparation in Emergency Departments and EMS agencies is already part of their training and equipment requirements. Budget assistance for these will remain a priority in our regional funding allocations. Those costs should be minimal since most areas upgraded their pediatric training supplies during the last cycle.

Redstone PECC Seminar March 2023

Section 5: Attestation

ATTESTATION STATEMENT

By signing below, the council chair attests that the information contained in this document, to their knowledge, and completely and accurately is the most current information available to complete the council's biennial plan for the period July 1, 2023, through June 30, 2025. The challenges and goals incorporated herein have been reviewed and formally approved by the council.

Robert Weisbaum

Council Chair Signature

Robert Weisbaum WRETAC Chairman

Council Chair Printed Name and Title

06/09/2023

Date