

Regional Emergency Medical
& Trauma Services Biennial Plan

**Northeast Colorado Regional
EMS/Trauma Advisory Council**

Plan Cycle
July 1, 2023 – June 30, 2025

Approved:	June 20, 2023Thursday, June 22, 2023
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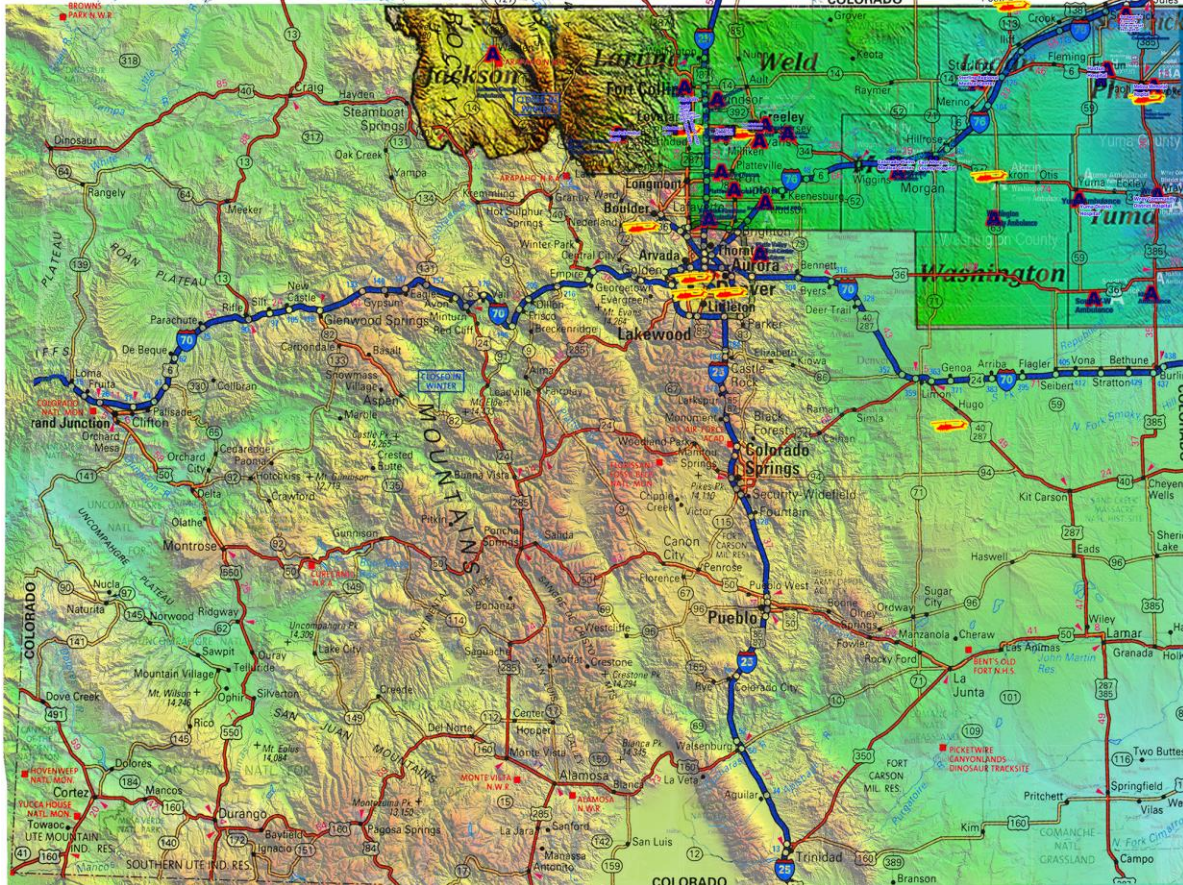
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Section 1: RETAC Structure and Function:

Mission Statement:

To foster and support cooperative, cost effective regional emergency medical/trauma systems development

Description: Counties



The Northeast Colorado RETAC covers 17,430 square miles and lies along the northern border of Colorado and shares borders with Nebraska and Wyoming to the north and Nebraska and Kansas on the East. The total estimated 2022 population of the Northeast Colorado RETAC estimated for 789,773

County	square miles	Population	Population per square mile
Jackson	1,613.73	1,302	0.806826421
Larimer	2,595	366,778	141.3402697
Logan	1,838.60	20,823	11.32546503
Morgan	1,280.43	29,239	22.83529752
Phillips	687.93	4,449	6.46722777
Sedgwick	548.04	2,295	4.187650536
Washington	2,518.03	4,812	1.91101774
Weld	3,984.94	350,176	87.87484881
Yuma	2,364	9,899	4.187394247
Total	17,430.70	789,773	45.30931058

Needs Assessment and Planning Process:

Every odd year in May the Board of Directors meet and evaluate previous years activities, goals accomplishments funding programs and does a self-assessment Strength, Weaknesses, Opportunities, Threats assessment. (S.W.O.T.), Surveys are developed and distributed to the EMTS providers.

In the even years the board evaluates progress made on the goals developed in the odd year, evaluates budget activity and if needed updates the goals/objectives if needed.

Northeast Colorado RETAC Evaluation's

Organization:

Northeast Colorado Regional Emergency Medical and Trauma Services Advisory Council, Inc. (hereinafter referred to as the "Corporation"), a nonprofit corporation organized under the Colorado Non-Profit Corporation Act. The name of the Corporation, its corporate purpose, and the terms of its existence are set forth in the Articles of Incorporation filed with the Secretary of State of Colorado

The Members of NCRETAC will be the following counties: Jackson, Larimer, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma Counties. The number of Directors after incorporation shall be 18. Each Member shall appoint two Directors which shall be the EMTS providers specified in §4.02. Membership shall reflect, as equally as possible, representation between hospital and Prehospital providers. Each Director shall hold office for a term of two years, If at the end of a Director's term no replacement Director has been appointed, that Director's term will continue for another 12 months. A term will be from July 1st through June 30th.

The Members of the NCRETAC meet on the third Tuesday of every month at a location to be determined by the board of directors.

The NCRETAC employs; through Yuma County one paid staff member who organized the day to day activities, the following is the job description;

The board of directors meets monthly on the third Tuesday at 2:00 pm. There are two special meetings per year one in March for the grants hearing and the other in May for strategic planning.

Northeast Colorado RETAC Employee Job Description

Enacted 07/01/02

TITLE: Regional Coordinator

REPORTS TO: NCRETAC Executive Committee

FLSA STATUS: Exempt – Fulltime, temporary worker (position contingent on funding)

The Northeast Colorado Regional EMS/Trauma Advisory Council (NCRETAC) serves Jackson, Larimer, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma Counties. The coordinator is eligible for the employee benefit package of Yuma County, through contractual agreement with Yuma County as the agent of the NCRETAC. This position is funded through the State of Colorado EMS/Trauma Act. Employment is conditional upon final approval by the State and the continued availability of funding.

Northeast Colorado RETAC EMTS 30,000-foot view

EMS Providers in the State of Colorado



COLORADO
Health Facilities & Emergency
Medical Services Division
Department of Public Health & Environment

Colorado OATH Database v23.4.0.1

Licensed EMS Ground Ambulance
Provider Counts (per RETAC)

For and Released To:
Colorado RETAC Coordinators

RETAC	EMT Count	AEMT Count	EMT-I Count	Paramedic Count	Total Provider Count
Central Mountains RETAC	175	2	8	234	419
Foothills RETAC	735	57	19	701	1512
Mile-High RETAC	1495	17	2	1126	2640
Northeast Colorado RETAC	495	5	22	380	902
Northwest Colorado RETAC	453	14	26	192	685
Plains to Peaks RETAC	521	12	7	275	815
San Luis Valley RETAC	58	0	23	24	105
Southeastern Colorado RETAC	112	7	20	22	161
Southern Colorado RETAC	172	1	17	93	283
Southwest RETAC	144	20	8	124	296
Western RETAC	148	15	28	109	300
Grand Total	4508	150	180	3280	8118
<p>N = 206</p> <p>⁽¹⁾ Includes all active licensed ground ambulance services as of 4/26/2023 based on Organizational Profile. Calculations based on most recently submitted Organizational Profile Information form, specifically the information contained in Personnel Counts. Organizational Profile Information forms are required to be submitted annually, however, some agencies most recent submission date was over one year prior to the date of this report. Those agencies are included in this report.</p> <p>⁽²⁾ This is self-reported data and the state does not guarantee the accuracy of this information.</p>					

EMS Providers in the Northeast Colorado RETAC



Colorado OATH Database v23.4.0.1

Licensed EMS Ground Ambulance Provider Counts (Northeast Colorado RETAC)

For and Released To:
Jeff Schanhals, Northeast Colorado RETAC

Agency Number	Agency Name	RETAC	Counties Licensed ^[2]	EMT Count	AEMT Count	EMT-I Count	Paramedic Count	Total Provider Count
322	American Medical Response/Banner Health - Weld	Northeast	Weld	39	2	0	42	83
324	City Of Wray Ambulance	Northeast	Yuma	6	0	1	7	14
323	City Of Yuma Ambulance Service	Northeast	Yuma	8	1	1	8	18
203	Estes Park Health EMS	Northeast	Larimer,Boulder	15	0	0	19	34
631	Frederick Area Fire Protection District	Northeast	Weld	42	0	1	13	56
865	Greeley Fire Department	Northeast	Weld	69	1	13	43	126
676	Haxtun Ambulance Service	Northeast	Not Available ^[3]	-	-	-	-	-
301	Holyoke EMS	Northeast	Phillips	6	1	1	5	13
325	Idalia Ambulance Service, Inc.	Northeast	Yuma	5	0	1	0	6
794	Limon Area Fire Protection District	Northeast	All ^[4]	5	0	0	0	5
637	Livermore Fire Protection District	Northeast	Larimer	13	0	0	3	16
40	Logan County Government	Northeast	Logan	11	0	3	9	23
285	Morgan County Ambulance Service	Northeast	Morgan	12	0	0	11	23
263	North Park Hospital District	Northeast	Jackson	15	0	0	2	17
638	Platte River Power Authority	Northeast	Not Available ^[3]	-	-	-	-	-
835	Platteville-Gilcrest Fire Protection District	Northeast	Weld	26	0	0	11	37
639	Poudre Canyon Fire Protection District	Northeast	Larimer	8	0	0	0	8
174	Poudre Valley Hospital Emergency Medical Services	Northeast	Weld,Larimer	120	0	0	120	240
640	Red Feather Lakes Fire Protection District	Northeast	Larimer	6	0	0	1	7
844	Rist Canyon Volunteer Fire Department	Northeast	Not Available ^[3]	-	-	-	-	-
1085	Sedgwick County Ambulance Service	Northeast	Sedgwick	14	0	0	4	18
326	South Y-W Ambulance Service, Inc.	Northeast	Not Available ^[3]	-	-	-	-	-
1004	Southeast Weld Fire Protection District	Northeast	Adams,Weld	30	0	0	1	31
379	Thompson Valley Emergency Medical Services	Northeast	Larimer,Weld	28	0	0	39	67
2514	UCHealth LifeLine - Aurora/Greeley - PVHC	Northeast	Larimer,Weld,Adams,Arapahoe,Boulder,Broomfield,Douglas,Elbert,Jefferson,Pueblo,Teller,Fremont,El Paso	12	0	0	36	48
321	Washington County Ambulance Service	Northeast	Washington	5	0	1	6	12
Grand Total				495	5	22	380	902

Hospital Facilities Level	Facility Name	City	1 Level I	1 Level II	5 Level III	8 Level IV	5 Non D
I	UC Health Medical Center of the Rockies	Loveland	x				
II	Banner Health North Colorado Medical Center	Greeley		x			
III	St. Elizabeth Hospital	Fort Morgan			x		
III	McKee Medical Center	Loveland			x		
III	UC Health Poudre Valley Hospital	Fort Collins			x		
III	Sterling Regional Medical Center	Sterling			x		
III	UC Health Greeley Hospital	Greeley			x		
IV	East Morgan County Hospital (CAH)	Brush				x	
IV	Estes Park Medical Center (CAH)	Estes Park				x	
IV	Melissa Memorial Hospital (CAH)	Holyoke				x	
IV	Sedgwick County Health Center	Julesburg				x	
IV	Wray Community District Hospital (CAH)	Wray				x	
IV	Yuma District Hospital (CAH)	Yuma				x	
IV	Haxtun Hospital District (CAH)	Haxtun				x	
NonD	Banner Health, Fort Collins Medical Center	Greeley				x	
NonD	Banner Health, North CO Emergency Care (CCEC)	Greeley					x
NonD	Greeley Emergency Center (CCEC)	Greeley					x
NonD	NEC Greeley Emergency Center	Greeley					x
NonD	UC Health Emergency Room (CCEC) Firestone Blvd	Firestone					x
NonD	UC Health Harmony Road ER	Fort Collins					x

EMS Transport Agencies in the Northeast Colorado RETAC (ground)

- North Park Hospital District (Ambulance)
- Estes Park Health EMS
- Thompson Valley EMS
- UC Health EMS (North)
 - Transport agency for Windsor, Severance, Johnstown, Milliken, LaSalle, Evans, Greeley
- Global Medical Response,
- Morgan County Ambulance
- Sterling Fire Dept. DBA Logan County Government
- Washington County Ambulance
- South Y-W Ambulance
- Platteville Gilcrest Fire Prot. District.
- Idalia Ambulance
- City of Yuma Ambulance
- City of Wray Ambulance
- Haxtun Hospital District (Ambulance)
- Melissa Memorial Hospital (East Phillips County Ambulance)
- Sedgwick County Ambulance

EMS Structure NCRETAC

Hospital based

- Estes Park Health EMS
- Haxtun Hospital EMS
- East Phillips County Ambulance (Melissa Memorial Hospital)

Corporate

- Global Medical Response
- UC Health EMS
 - Contract Ambulance Services for multiple cities where the FD holds the license but transport done by UC Health EMS

Fire Based

- Fredrick Firestone Fire Prot. District
- Sterling Fire Rescue
- Crook Fire Rescue
- Platteville Gilcrest Fire Prot. District

City Based

- City of Wray
- City of Yuma

Special District

- Thompson Valley EMS
- North Park Hospital District

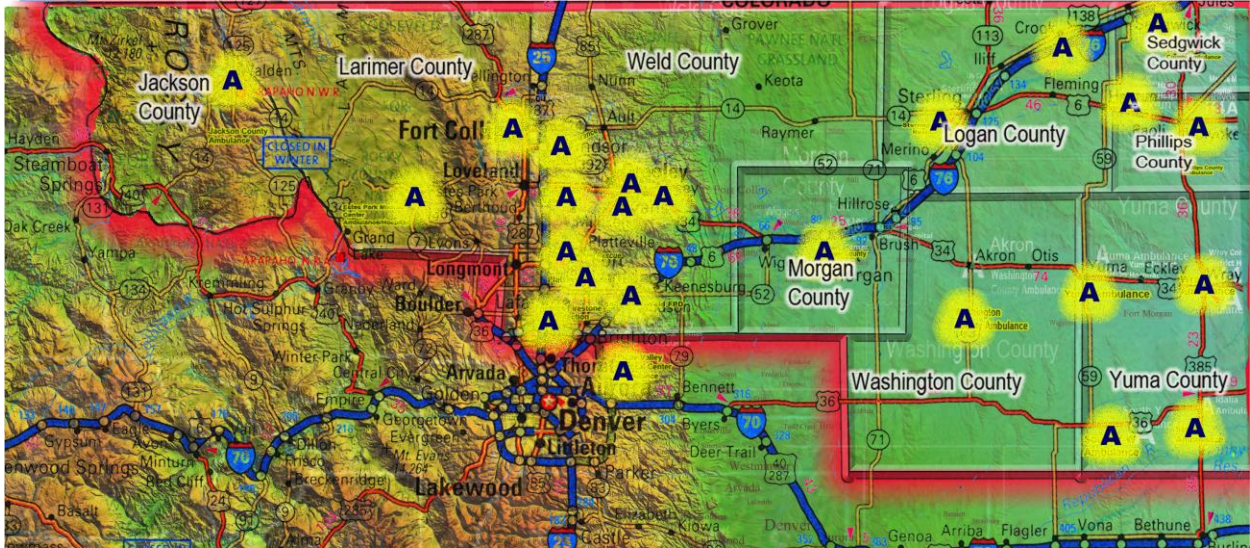
Community non profit based

- South Y-W Ambulance
- Idalia Ambulance

County Based

- Morgan County EMS
- Sedgwick County Ambulance
- Washington County Ambulance

Physical Location Ground Ambulance Licensed Services

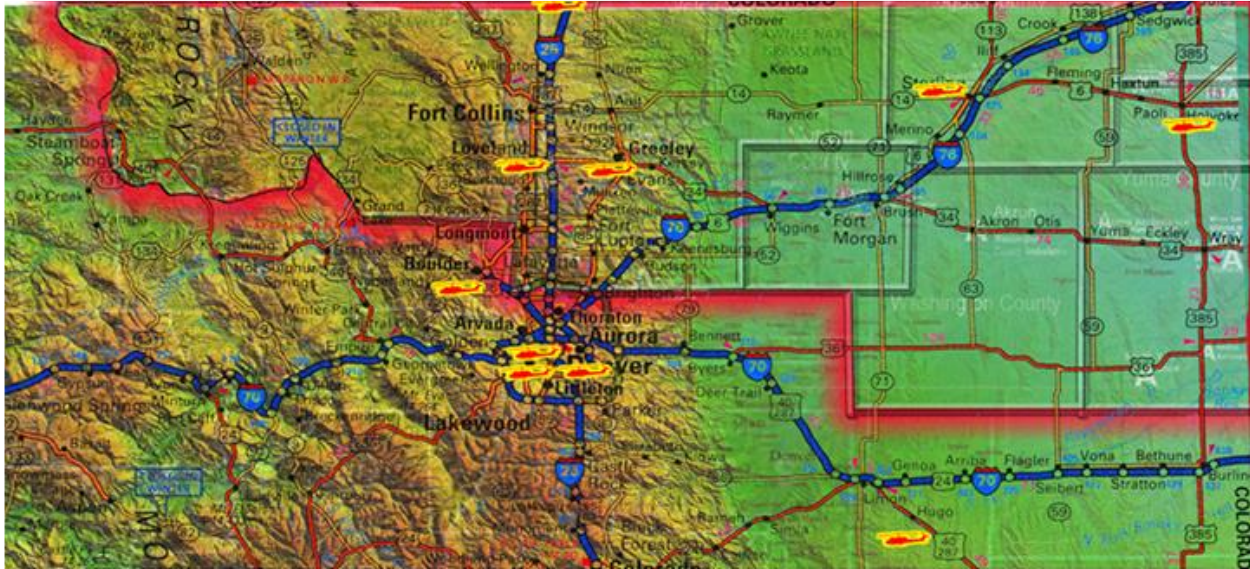


Air Medical Resources with Bases in the Northeast Colorado RETAC

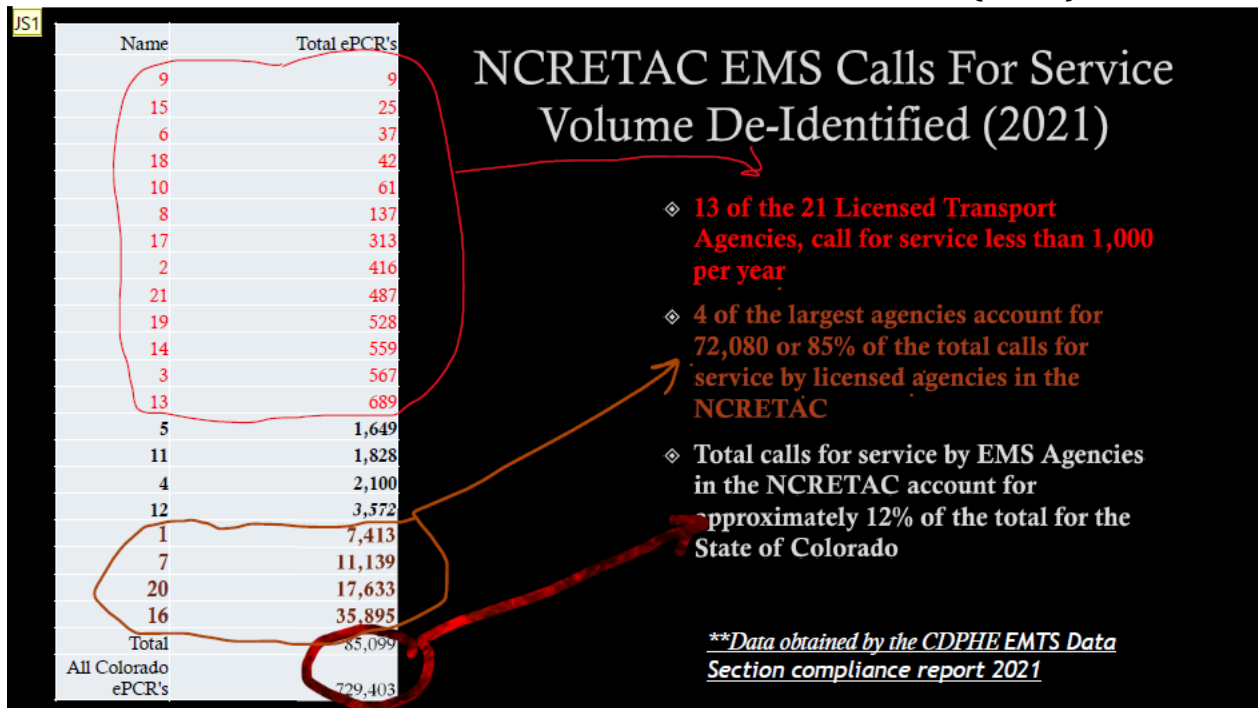
Med Evac, bases in Greeley and Sterling

Air Life Denver, Base in, Holyoke,

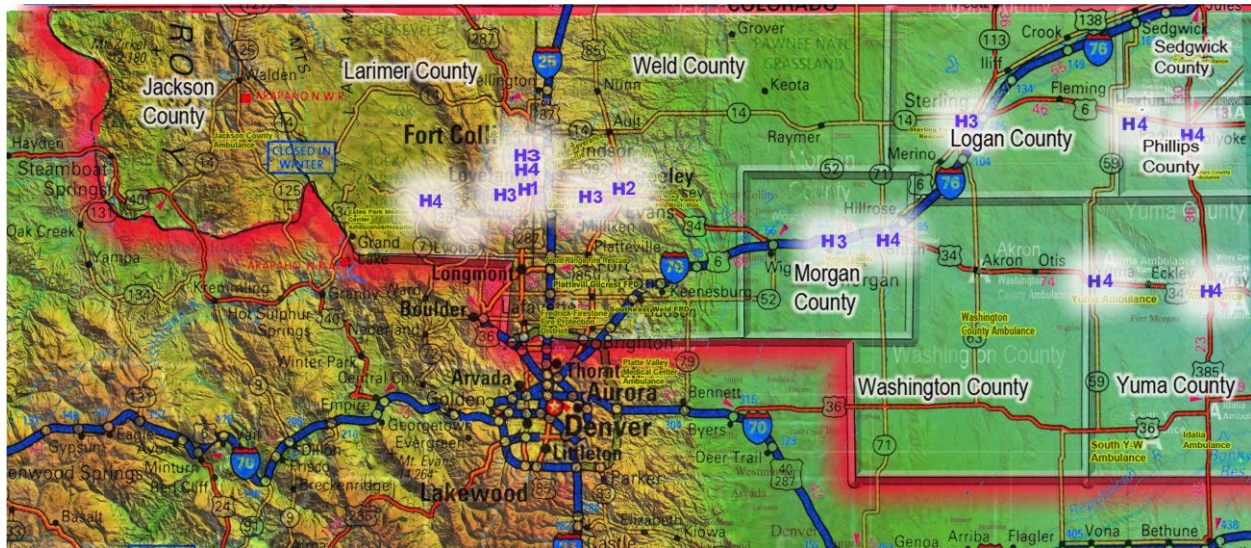
UC Health LifeLine, Base in Loveland



NCRETAC EMS Calls For Service Volume De-Identified (2021)

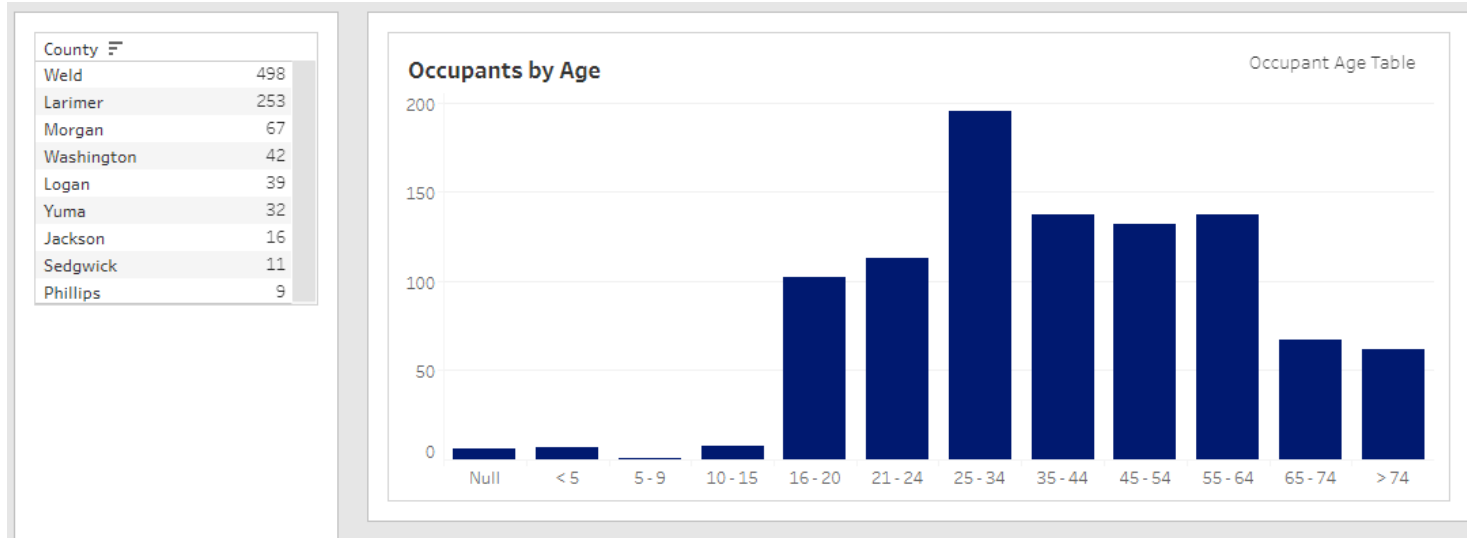


Trauma Centers/Licensed Hospitals

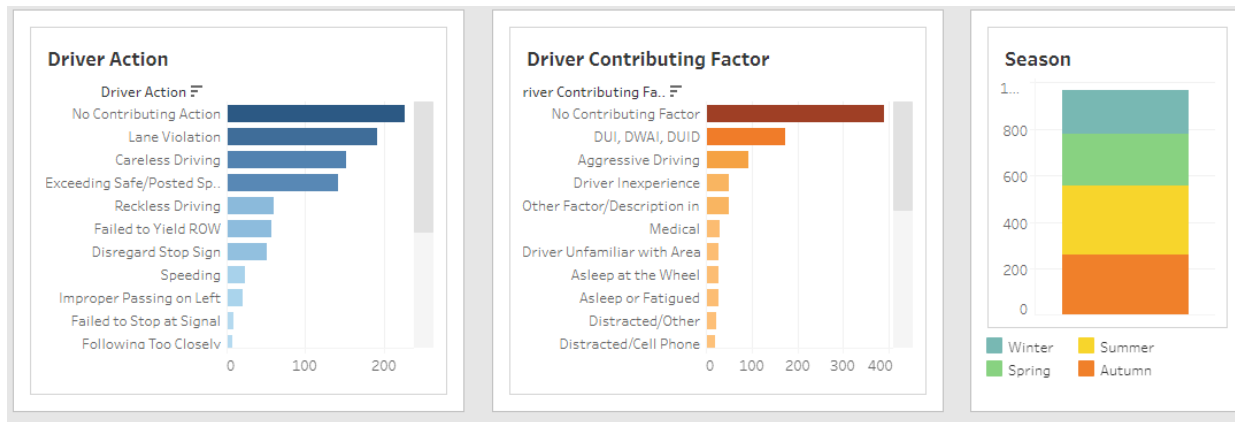


- 14 Licensed & State Designated Trauma Centers
 - 7 Critical Access Hospitals that are Designated as a Trauma Level IV
 - 5 Hospitals Designated as a Trauma Level III
 - 1 Hospital Designated as a Trauma Level II
 - 1 Hospital Designated as a Trauma Level I

Fatal motor vehicle crashes 1/1/2010-4/30/2023 totals, with age spread



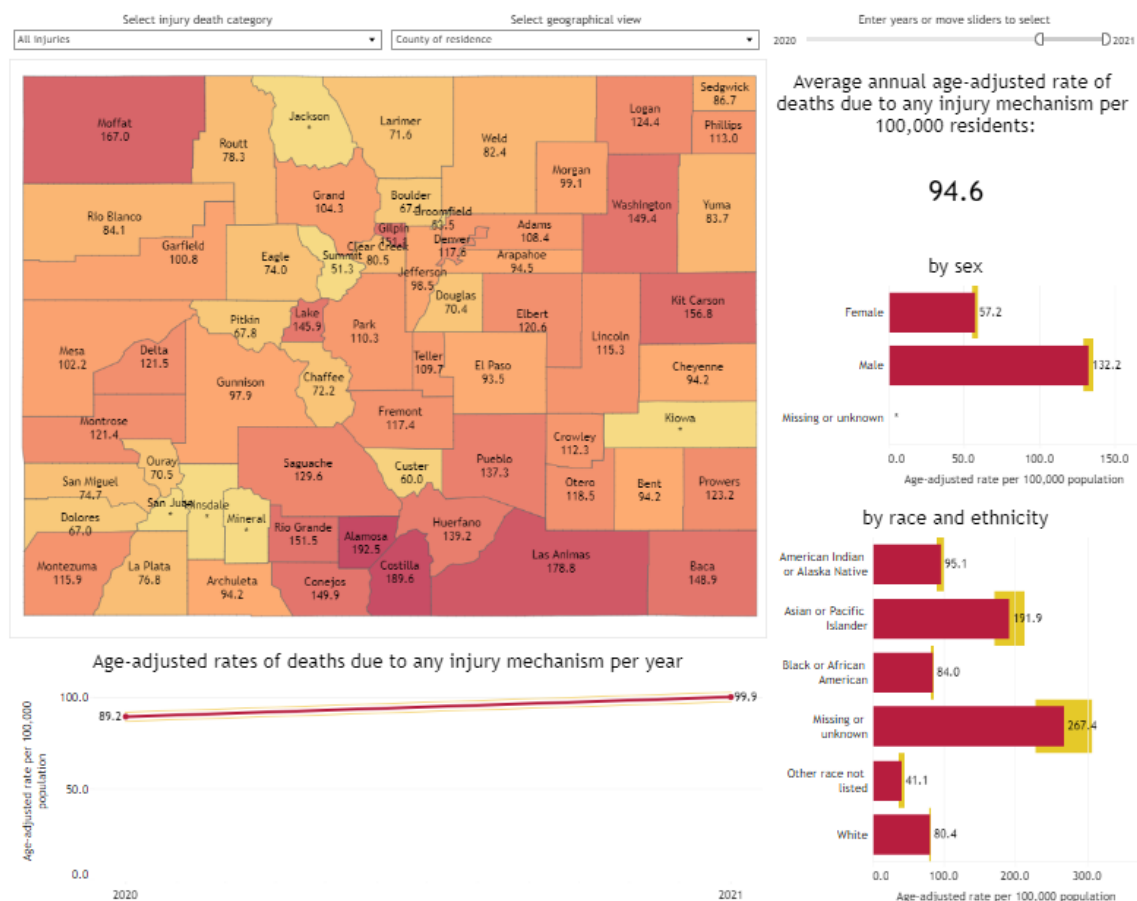
Driver action and driver contributing factor + Season



Age adjusted rates of deaths due to any mechanism 2020-2021



Age-adjusted rates of deaths due to any injury mechanism among Colorado residents, 2020-2021



EMS 911 Activity 07/01/2021 – 09/30/2022

Type of Service

Response Type Of Service Requested (eResponse.05)	ePCR Count	RETAC Percent of Response Type of Service Requested List Total	State Percent of Response Type of Service Requested List Total
911 Response (Scene)	94,093	83.77%	78.05%
Intercept	19	0.02%	0.04%
Interfacility Transport	13,478	12.00%	9.24%
Medical Transport	1,499	1.33%	10.16%
Mutual Aid	141	0.13%	0.12%
Public Assistance/Other Not Listed	1,713	1.53%	1.57%
Standby	1,374	1.22%	0.82%
(Missing)	7	0.01%	0.00%
Total	112,324	100%	

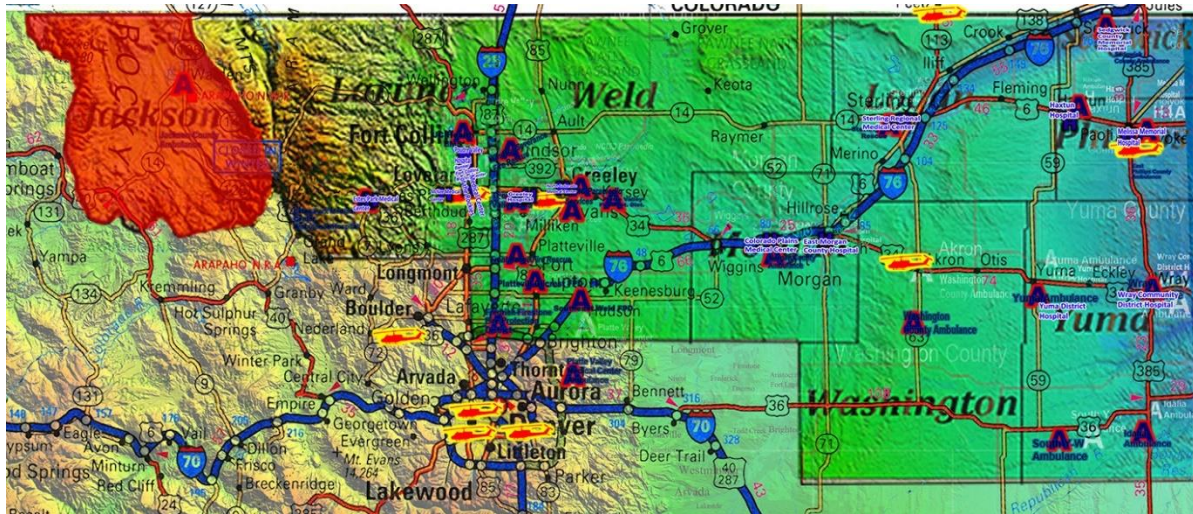
Primary Impression; Activity 07/01/2021 – 09/30/2022

Category of Provider Primary Impression (eSituation.11)	ePCR Count	RETAC Percent of Suggested Primary Impression List Total	State Percent of Suggested Primary Impression List Total
Behavioral/Psychological	6,770	11.48%	13.36%
CNS/Nervous System	2,260	3.83%	3.36%

Cardiac/Circulatory	5,882	9.97%	8.84%
Childbirth - Infant	39	0.07%	0.07%
Diabetic, Endocrine, or Metabolic Disease	1,336	2.26%	1.76%
Digestive System	782	1.33%	1.38%
Environmental/exposure	306	0.52%	0.46%
Foreign Object in Body	85	0.14%	0.15%
General/Other	10,210	17.31%	22.44%
Infection	1,350	2.29%	1.84%
Injury	12,923	21.91%	18.20%
No Patient Complaint	121	0.21%	1.28%
Pain	10,048	17.03%	14.08%
Pregnancy or Childbirth - Maternal	181	0.31%	0.31%
Respiratory	2,577	4.37%	6.49%
Shock	245	0.42%	0.24%
Substance Abuse	3,876	6.57%	5.73%
Suggested Primary Impression List Total	58,991	100%	
(Not Categorized) ^[2]	24,851		
(Missing or Not Recorded)	10,933		
(Not Categorized), (Missing) List Total	35,784		
Report Grand Total	94,775		

Category of Cause of Injury (eInjury.01)	ePCR Count	RETAC Percent of Cause of Injury List Total	State Percent of Cause of Injury List Total
Assault	1,350	7.52%	10.89%
Drowning/Submersion	8	0.04%	0.03%
Exposure	261	1.45%	1.57%
Falls	8,954	49.86%	50.11%
Fire/Flames/Burn	43	0.24%	0.31%
Intentional Self-Harm	310	1.73%	1.87%
MV/Motorcycle Transport	4,077	22.70%	18.55%
Other	1,469	8.18%	8.35%
Other Transport	1,392	7.75%	7.86%
Poisoning	94	0.52%	0.44%
Suggested Cause of Injury List Total	17,958	100%	
(Not Categorized) ^[2]	540		
(Missing or Not Recorded)	4,416		
(Not Categorized), (Missing) List Total	4,956		
Report Grand Total	22,914		

Jackson



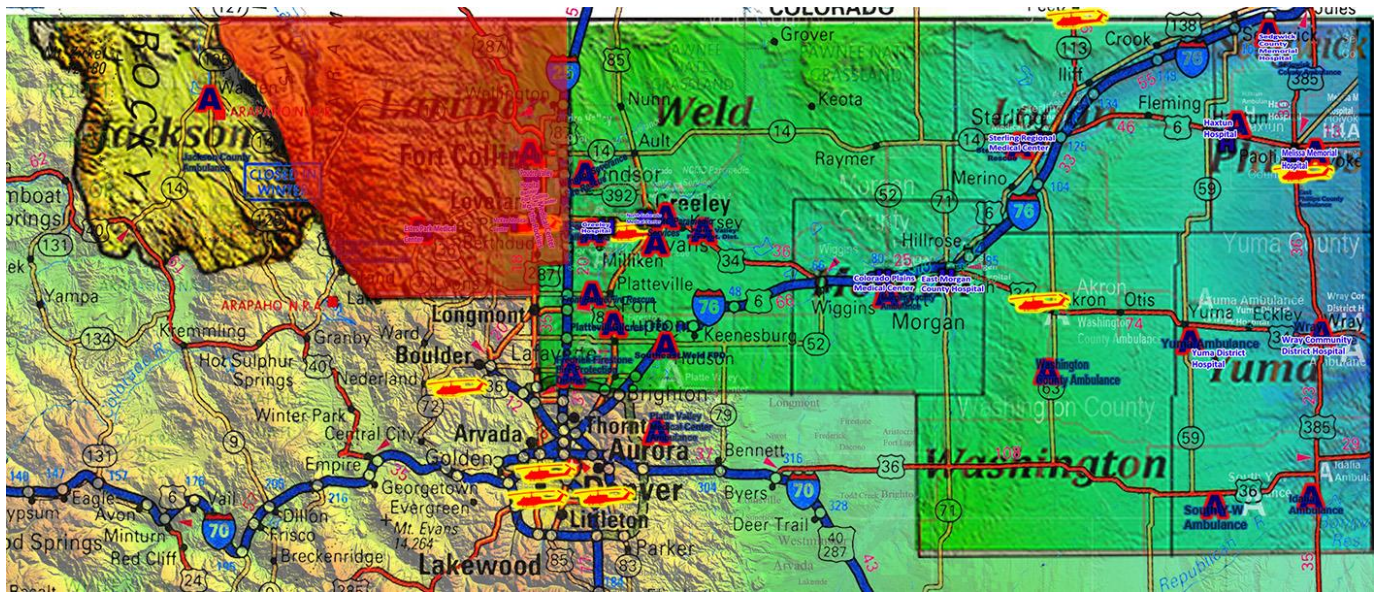
Jackson County is the furthest West County in the RETAC and is just over the continental divide from Larimer County. Hwy 125 runs north into Wyoming and south into Granby. Hwy 14 runs to Fort Collins to the east and intersects to Hwy 40 from Kremling to Steamboat Springs.

Population Estimates, July 1, 2022,	1,302
Population per square mile, 2020	0.9
Land area in square miles, 2020	1,613.73

Jackson County has one clinic and an ambulance service. Aka, North Park Hospital District Ambulance. There are 19 EMTs and 3 Paramedics (2 full time paid, 1 Part time/volunteer). There is one communications center and most of the communications are done by VHF radio. There is 911 service. The nearest hospital facility depends on the start location in the county. To the North of Walden it would be Iverson Memorial Hospital in Laramie Wyoming or to the West of Walden it would be Yampa Valley Medical Center in Steamboat Springs. East of Walden it would be Poudre Valley Hospital in Fort Collins Colorado. Severe trauma patients “when weather is good” travel west to Medical Center of the Rockies.

<i>Hospitals</i>	
<i>Clinic</i>	1
<i>EMS Transport</i>	1
<i>PSAP</i>	1

Larimer



Larimer County lies just east of Jackson, the western border is the continental divide. Larimer is bordered on the north by Wyoming, Weld County to the east and Boulder County to the south. There are a number of major highways traversing north to south and east to west. Larimer has many state parks, one National Park and has numerous visitors that recreate and vacation in Larimer County. Larimer County is the most populous county in the RETAC. I-25 splits the eastern side of Larimer County.

Population Estimates, July 1, 2022, 366,778

Population per square mile, 2020 138.3

Land area in square miles, 2020, 2,595.77

Cities

Fort Collins

Loveland

Towns

Berthoud

Estes Park

Johnstown

Timnath

Wellington

Census-designated places

Waverly

LaPorte

Red Feather Lakes

Unincorporated communities

Bellvue

Buckeye

Campion

Cherokee Park

Drake

Glendevy

Glen Haven

Livermore

Kinikini

Masonville

Pinewood Springs

Pingree Park

Poudre Park

Rustic

Teds Place

Population Estimates, July 1, 2022, 366,778

Population per square mile, 2020 138.3

Land area in square miles, 2020 2,595

There are three EMS transport services that have their home headquarters in Larimer County, UCHHealth EMS, headquartered in Fort Collins, Estes Park Medical Center Ambulance, headquartered in Estes Park

and Thompson Valley EMS headquartered in Loveland. There are a number of other agencies that are licensed but headquartered outside of Larimer County. There is one flight system, Lifeline, headquartered in Loveland at Medical Center of the Rockies.

EMS agencies in Larimer County & Personnel (entered by agency profile)

Personnel by agency, (Agency profiles)	Crystal Lakes Volunteer Fire Department
Lifeline at Medical Center of the Rockies	Estes Park Medical Center EMS
Poudre Fire Authority	Glacier View Fire Protection District
Thompson Valley Emergency Medical Services	Glen Haven Area Volunteer Fire Department
Wellington Fire Prot Dist	Livermore Fire Protection District
Red Feather Lakes Fire Protection District	Poudre Canyon Fire Protection District
Rist Canyon VFD	

Hospitals In Larimer County

Facility Name	City	Trauma Center Designation
Estes Park Medical Center	Estes Park	Level IV
Poudre Valley Hospital	Fort Collins	Level III
Northern Colorado Long Term Acute Hospital	Johnstown	None
Medical Center of the Rockies	Loveland	Level I
McKee Medical Center	Loveland	Level III
Banner Fort Collins Medical Center	Fort Collins	Level IV

9-1-1 CENTERS IN LARIMER COUNTY, COLORADO

There are five Public Safety Answering Points (PSAP's) in Larimer County that handle E-911 phone calls:

COLORADO STATE UNIVERSITY POLICE DEPARTMENT

ESTES PARK COMMUNICATION CENTER

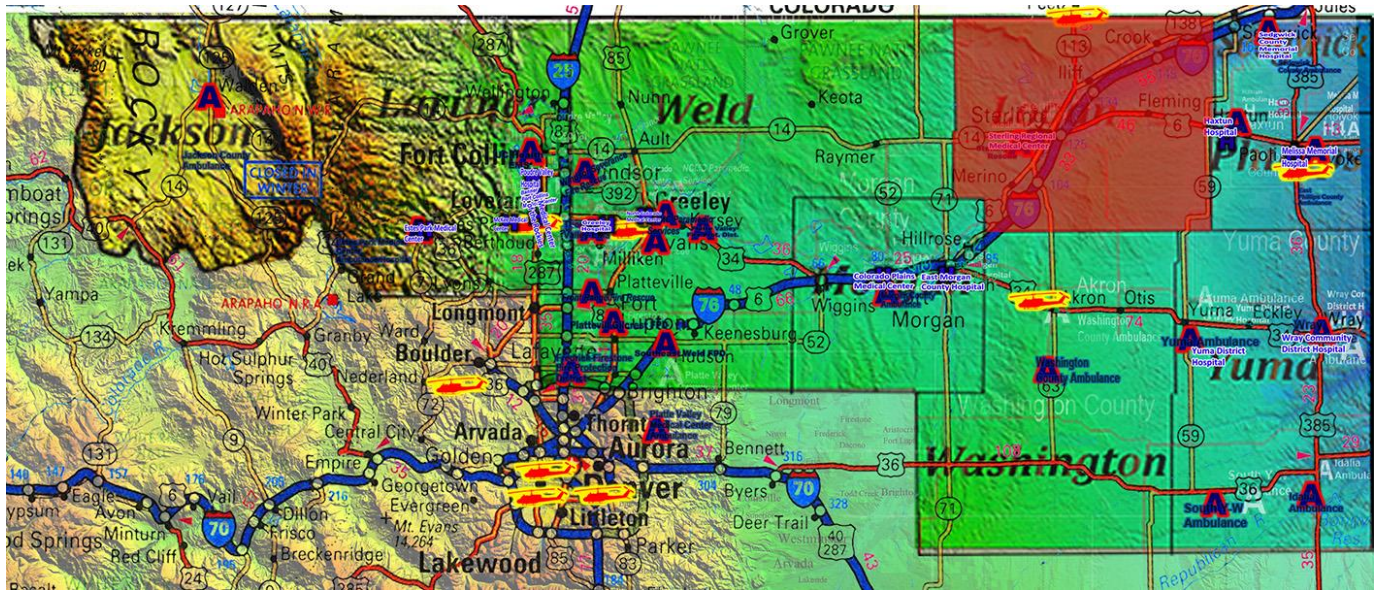
LARIMER COUNTY

LOVELAND COMMUNICATIONS CENTER

FORT COLLINS 9-1-1

The PSAP's and LETA have a 9-1-1 partnership. LETA collects and disseminates the surcharge as well as provides operational equipment and funding support for critical 9-1-1 applications. The PSAP's oversee the day to day operations of the delivery, handling, and processing of the 9-1-1 calls.

Logan



Logan County lies just east of Weld County and borders with Nebraska to the north and Washington County to the South. Logan County shares an eastern border with Phillips and Sedgwick. Logan County is split by I76 which is a major interstate between Colorado and points east of Denver, I 76 ends at I80 in Nebraska. The City of Sterling which is the county seat, is the largest city in the Northeastern Colorado region. Interstate 76 as well as Highways 6, 61, and 138 connect Sterling to the surrounding areas. Colorado Highway 14 West which is Sterling's Main Street, which is an alternative route to Rocky Mountain National Park, and provides access to Fort Collins. I76 has significant impact on the trauma system as it does in Sedgwick and Morgan Counties. Speed and distance being major contributing factors in motor vehicle crashes in Logan County.

Located in the northeast corner of Colorado, Logan County is a agriculture and industry-based community. Sterling is the commercial hub of NE Colorado for approximately 60,000 people. It is located 125 miles from Denver, 90 minutes from Denver International Airport and 40 minutes from I-80.

Sterling Regional Medical Center is a Level III trauma center and is the only licensed hospital in Logan County. The county contracts with the City of Sterling Fire Dept. to provide EMS out of hospital transport of patients in the entire county. On July 1, 2019 Banner Health Paramedics will be the primary interfacility transport agency, Sterling Fire Rescue will no longer be the primary interfacility transport agency. Back up transfers have been arranged with surrounding EMS agencies in the past, this will still continue as a backup to Banner Health Paramedics.

Population Estimates, July 1, 2022,	20,823
Population per square mile, 2020	11.7
Land area in square miles, 2020	1,838.60

Cities	Fleming	Census-designated places
Sterling	Iliff	Atwood
Towns	Merino	Padroni
Crook	Peetz	

EMS Agencies in Logan County	EMS Personnel by Agency
Fleming Fire Dept.	
Crook Fire Protection District	

Logan County Ambulance
PEETZ Fire Dept.

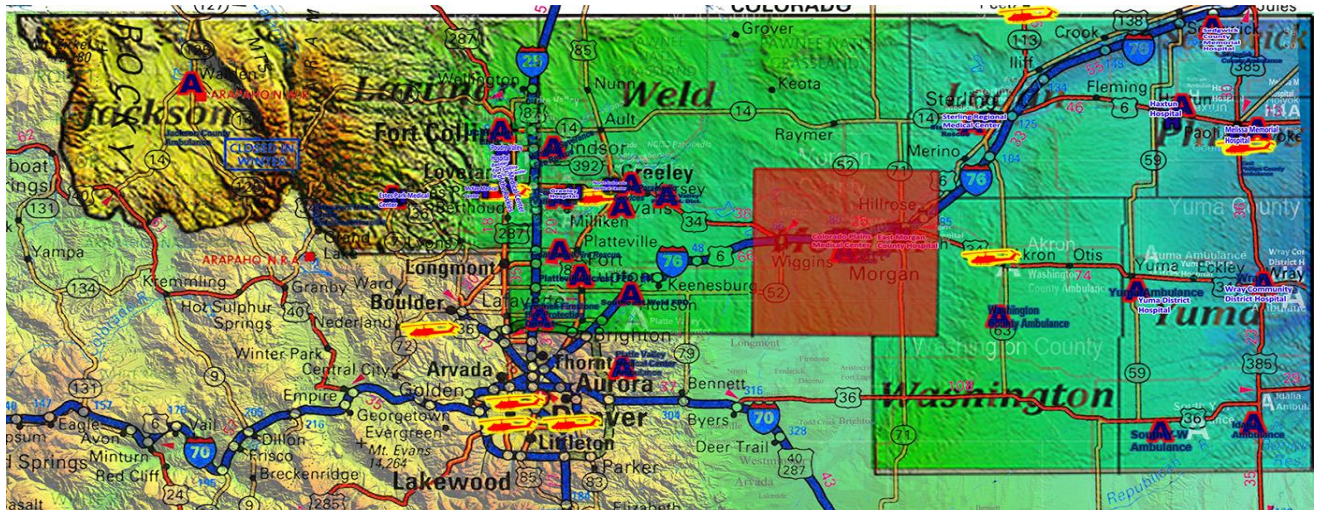
Hospitals in Logan County

Sterling Regional Medical Center 615 Fairhurst St, Sterling, CO 80751

PSAP's in Logan County

Sterling Emergency Communications Center Phone: (970) 522-3512

Morgan



Morgan County lies just southwest of Logan County, west of Washington County, northeast of Adams County and east of Weld County. Morgan County is split west to east by I-76 a major interstate connecting Nebraska's I-80 to Denver and I-25, I-70 and other major highways. Fort Morgan is the County seat.

Morgan County is about an hour's drive from Denver along I-76, the major industry in Morgan County is agriculture.

Morgan County has one licensed ambulance service, (MCAS) owned and operated by the county. Morgan County Ambulance is a full time ALS EMS transport service that has stations in Brush, Fort Morgan and Wiggins, from their agency profile. Some of these staff may be shared with other EMS agencies.

Agency
Morgan County Ambulance Service

The two licensed trauma designated facilities.

East Morgan County Hospital is in Brush Colorado and is a level IV trauma center, St. Elizabeth Hospital is in Fort Morgan and is a level III trauma center.

Population Estimates, July 1, 2022,	29,239
Population per square mile, 2020	22.7
Land area in square miles, 2010	1,280.43

Cities

Brush
Fort Morgan

Towns

Hillrose
Log Lane Village

Wiggins

Census-designated places

Blue Sky
Jackson Lake
Morgan Heights
Orchard

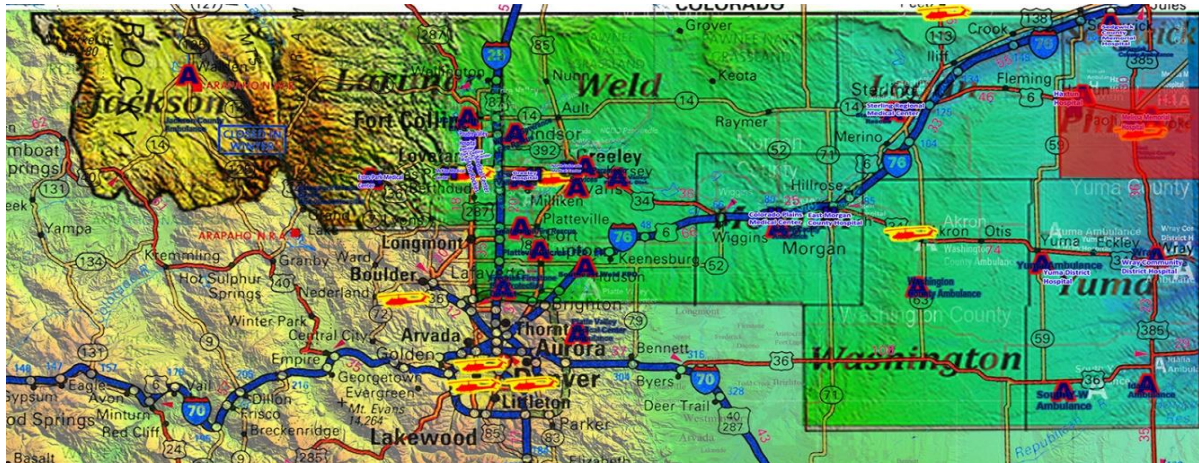
Saddle Ridge

Snyder
Trail Side
Weldona

PSAP's in Morgan County

Morgan County Communication Center Phone: (970) 867-8531

Phillips



Phillips County lies in the Northeast area of Colorado just south of Sedgwick County east of Logan County and north of Yuma County and shares a border with Nebraska on its eastern edge. Agriculture is the main industry in Phillips County. Hwy 6 splits Phillips County from east to west and Hwy 385 connects Holyoke to Julesburg to the North and Wray to the South. Hwy 59 connects Haxtun to I76 to the north and Yuma to the South.

City

Holyoke

Towns

Haxtun

Paoli

Census-designated place

Amherst

Population Estimates, July 1, 2022,	4,449
Population per square mile, 2020	6.6
Land area in square miles, 2010	687.93

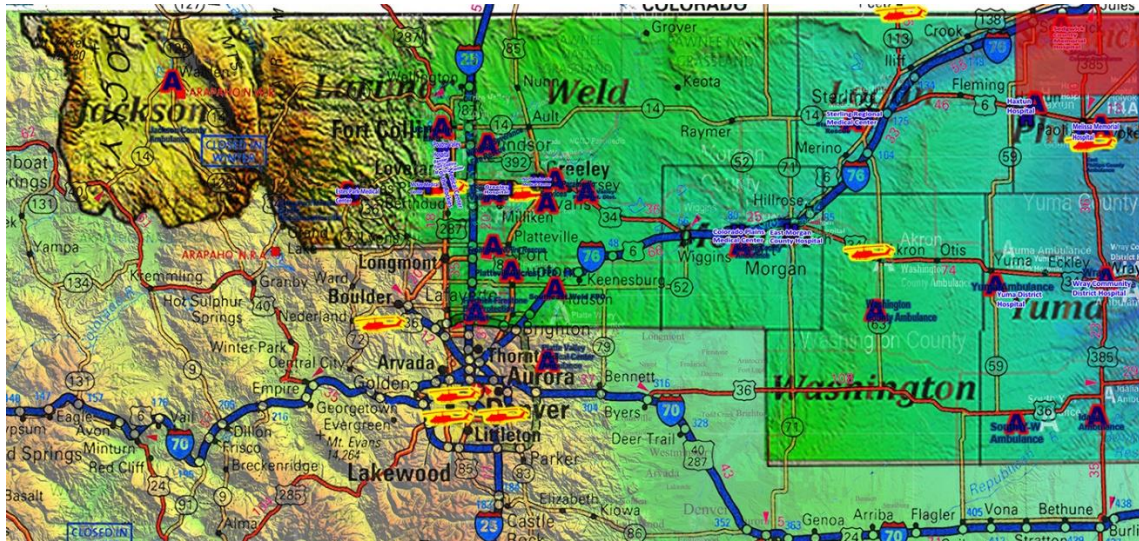
There are two hospital-based ambulance services, Haxtun Ambulance operated by the Haxtun Hospital District in Haxtun and East Phillips County Ambulance operated by Melissa Memorial Hospital in Holyoke. Some of the staff shown below may be shared with other agencies.

Agency
East Phillips County Ambulance
Haxtun Ambulance Service

Haxtun Hospital District and Melissa Memorial Hospital are both Level IV trauma centers. Haxtun Hospital district also owns and operates an extended care unit that is attached to the hospital. **PSAP in Phillips County**

- Phillips County Communications Center 970-854-2735

Sedgwick



Sedgwick County lies in the far northeast corner of Colorado. Sedgwick County is bordered to the north and to the east by Nebraska. I76 traverses the county from southwest to northeast and intersects I80 just across the Colorado border. Agriculture is the main industry.

Sedgwick County Health Center is the umbrella organization for five distinct business lines: Sedgwick County Memorial Hospital, Sedgwick County Memorial Nursing Home, Valley Medical Clinic, Jacob J. and Anne B. Walter Memorial Living Center, and Valley Medical Clinic in Big Springs, NE. Sedgwick County Health Center is a county owned organization. Sedgwick County Health Center's service area is defined as Sedgwick County and portions of Phillips County in Colorado, and Deuel and Garden Counties in panhandle Nebraska. Sedgwick County Health Center is the only health care provider in Sedgwick County. Sedgwick County hospital is a level IV trauma center.

Sedgwick County also owns and operates the Sedgwick County Ambulance. Sedgwick County Ambulance shares staff with other neighboring agencies.

From their agency profile

Agency
Sedgwick County Ambulance Service

Incorporated towns

Julesburg

Ovid

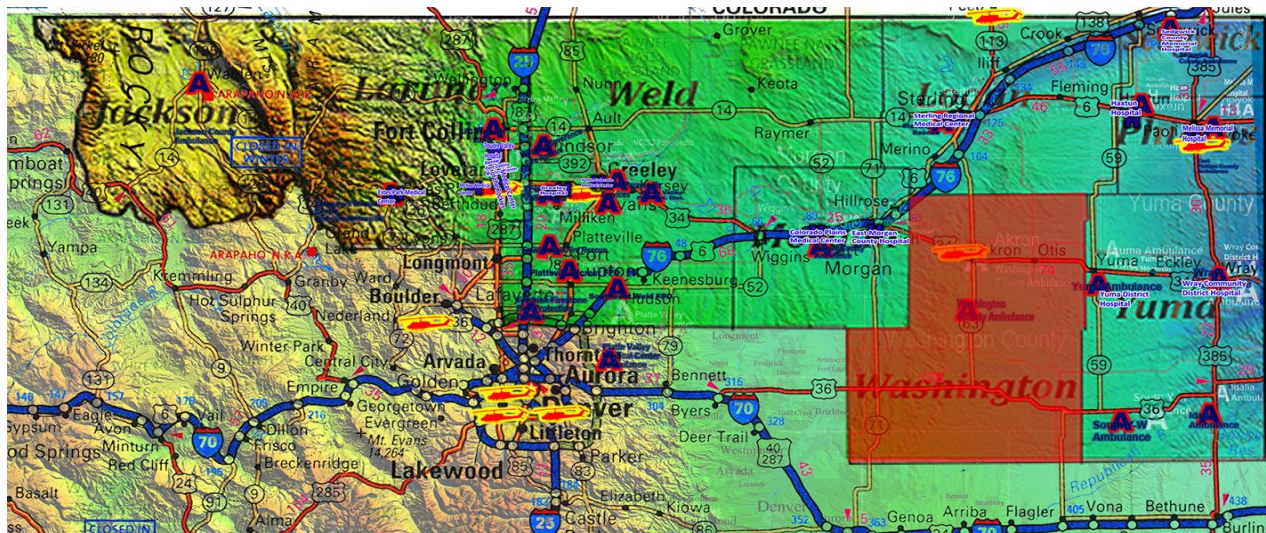
Population Estimates, July 1, 2022 2,295

Population per square mile, 2020 4.4

Land area in square miles, 2020 548.04

PSAP in Sedgwick County Sedgwick County Communication Center Julesburg, 970-474-3355

Washington



Washington County lies just east of Morgan and Adams Counties, south of Logan County, just west of Yuma County and north of Lincoln County. Agriculture is the main industry.

A unique feature of Washington County is that I76 transects the northeast corner of the county and direct access to that area is essentially cut off. Making an EMS response by the Washington County ambulance very long. Agreements are in place delegating EMS response to Logan County Ambulance. Washington County does not have a licensed hospital and EMS transports to trauma centers or other licensed facilities can be protracted. Destinations are essentially based on locale, driving distance and severity of injuries or illness. Washington County Ambulance does not provide interfacility transports as the destination hospitals have arrangements with local EMS providers. However Colorado Plains Regional Airport (Akron) does have a based critical care flight team operated by MedEvac

Akron is the county seat, and the largest community in Washington County.

Communities;

Akron
Anton
Cope
Last Chance
Lindon
Messex
Otis
Platner
Woodrow

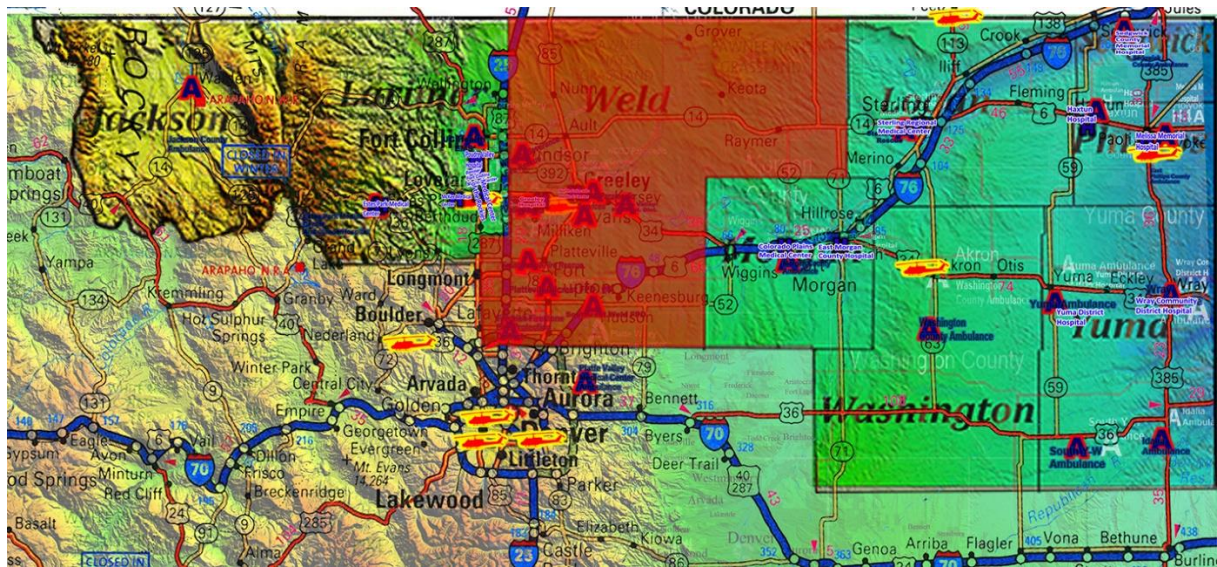
Population Estimates, July 1, 2022,	4,812
Population per square mile, 2020	1.9
Land area in square miles, 2010	2,518.03

Staffing of Washington County Ambulance some providers may be shared with other agencies.

Agency
Washington County Ambulance Service

PSAPS in Washington County, WY Combined Communications Center, (970) 848-0464

Weld



Weld County is the largest county (square miles) and has been rapidly growing as most of the Front Range counties in Colorado. I76 traverses the far southeast corner of Weld County. Weld has seen exponential growth, property values have skyrocketed communities 20 years ago that were essentially bedroom communities are now bustling with activity. The emergency medical and trauma community have expanded as well to address the need for medical care.

Population Estimates, July 1, 2022, 350,176

Population per square mile, 2020 82.6

Land area in square miles, 2020 3,984.94

Trauma Centers

North Colorado Medical Center (NCMC) is a 378 bed level II trauma center and is accredited by the American College of surgeons as well as the Colorado Dept. of Public Health & Environment. NCMC is also the home base for North Colorado MedEvac a critical care flight service. By the time this document will be published an additional trauma center, Greeley Hospital will be opening and be a level III trauma center.

EMS Transport Agencies

Staffing and operations, some of the staff may be shared with other agencies. The agencies below have entered agency profile information but other agencies that may not have applied for EMS grants or exist outside Weld County but provide service in Weld County are not shown here.

Agency	Platteville Gilcrest Fire Protection District	Windsor Severance Fire Protection District
Frederick Area Fire Protection District	LaSalle Fire Protection District	Global Medical Response
Front Range Fire Rescue Authority	Evans Fire/Rescue	Platte Valley Fire Protection District
Johnstown Fire Protection District	South East Weld Fire Protection District	
Milliken Fire Protection District	UC Health EMS	

The following agencies provide EMS care and may be duplicated in the above list and may or may not transport patients through agreements with EMS transport agencies outside of Weld County.

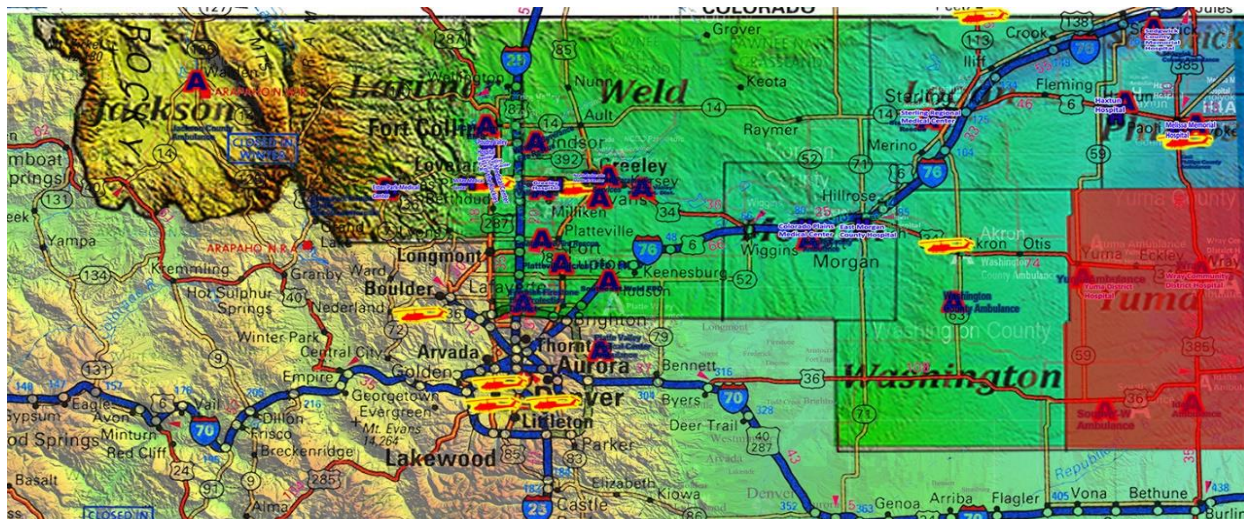
Ault Pierce Fire Department
Galeton Fire Protection District
Eaton Fire Protection District
Evans Fire Protection District
Frederick Firestone Fire Protection District
Fort Lupton Fire Protection District
Frederick Firestone Fire Protection District
Platteville Gilcrest Fire Protection District
Greeley, CO Fire Departments
Milliken Fire Protection District - Station 2
Greeley Fire Department
Pawnee Fire Protection District

Hudson Volunteer Fire Department
Johnstown Fire Protection District
Southeast Weld Fire Protection District
Platte Valley Fire Protection District
LaSalle Fire Protection District
Milliken Fire Protection District
New Raymer Stoneham Fire Protection District
Ault Pierce Fire Department
Platteville Gilcrest Fire Protection District
Roggin Fire Department
Windsor Severance Fire Rescue

PSAPS in Weld County

The Weld County Regional Communications Center (WCRCC) (970) 350-9600

Yuma



Yuma County lies on the eastern border of Colorado and shares a border with Nebraska and Kansas. West of Yuma County is Washington County and North is Phillips County. Yuma County has two major east west roads, Hwy 34 just above the middle of the county and Hwy. 36 that is almost to the southern border of Yuma County. Yuma County has two hwy's connecting north to south, Hwy, 59 north to Haxtun and south to an intersection of Hwy 36. 385 connects Holyoke to the north and Idalia and eventually Burlington to the south. As most of the highways in the NCRETAC region the east west highways are the main roads to definitive care and the north south highways are smaller but paved highways connecting.

Yuma County has 4 EMS transport services, two operated by city government, City of Yuma Ambulance and City of Wray Ambulance. Idalia Ambulance and South Y-W ambulance are nonprofit board operated and receive foundation funds along with assistance from Yuma County and fee's.

There are two level IV trauma centers in Yuma County, one in the city of Yuma, (Yuma District Hospital) and the other located in Wray, (Wray Community District Hospital).

Cities	Joes
Wray	Kirk
Yuma	Laird
Town	Vernon
Eckley	Other unincorporated community
Census-designated places	Hale

Idalia	
Population Estimates, July 1, 2022,	9,899
Population per square mile, 2020	4.2
Land area in square miles, 2020	2,364.40

From the agency profiles agency personnel; some personnel are shared with other agencies

As the name implies.. Yuma Washington Combined Communications is shared between Washington and Yuma

City Of Wray Ambulance	Idalia Ambulance Service, Inc.	City of Yuma Fire Department
City Of Yuma Ambulance Service	South Y-W Ambulance Service, Inc.	Yuma Rural Fire Dept.
Armel Volunteer Fire Department	City of Wray Fire Dept	Wages Fire Dept.
Idalia Volunteer Fire Department	Eckley Volunteer Fire Department	Hale Volunteer Fire Department
Joes Volunteer Fire Department	Kirk Volunteer Fire Department	

PSAPS in Washington County, WY Combined Communications Center, (970) 848-0464

Section 2: EMTS System Components:

Legislation and Regulation

Each jurisdiction (County) in the NCRETAC has EMS resolutions and processes to license, oversee and set minimum standards for compliance to ambulance licensure. However, this will change in the summer of 2024 when the State of Colorado will take over ambulance licensure.

There is not one leader in the NCRETAC other than the NCRETAC itself who provides technical assistance for development of and sharing of information to inform the elected officials as to the changes in ambulance licensure. Task forces have been meeting and drafting rules for comment for eventual approval by the Board of Health in December in 2023.

The NCRETAC stays informed of legislative efforts both statewide and national to pass information as needed.

System Finance

The Northeast Colorado RETAC receives funds from the HUTF (Highway Users Tax Fund) as directed by statute. The NCRETAC receives 75,000 and 15,000 x 9 as there are 9 counties in the NCRETAC. These funds are used for operations, funding of goals region wide and special projects as directed by the board. The board determines needs and yearly budgets to help address the needs. The NCRETAC contracts with an outside bookkeeper who is directed to reimburse funds as determined by board action or budget approval. From time to time when an excess of funds accrues in the general fund the board has directed these funds be directed to the local level through a reimbursement process and is equitable by county in the NCRETAC.

Human Resources

Education Systems

The NCRETAC's main efforts of supporting training are to be applauded. Of the funds received through the formula above a large percentage is earmarked for training. The ALS refresher class yearly provides a significant amount of CME for the pre-hospital providers even at the basic level. Many years ago, it was decided to make the courses virtual attendance throughout the RETAC. At first it was done through the telemedicine devices at hospitals. Then starting with Thompson Valley EMS and their efforts using an online training module the courses are now available anywhere an internet connection can be accessed. Most if not all the small communities have fairly decent internet providers with relatively fast speeds and bandwidth to handle the transmission. At this point the NCRETAC supports a Zoom platform and TVEMS provides the technical aspects of the registration, attendance and CME proof of attendance documentation.

Additionally, the NCRETAC provides funds to co-sponsors seminars yearly

Other project funds are made available through a review process looking at projects specific to the EMTS community in the NCRETAC>

Public Access

Each county provides at least one PSAP (public safety access point) or in the case of Washington/Yuma Counties it's a combined center for both counties. Not all counties provide EMD dispatch (pre arrival instructions or pre arrival information) beyond the basics. Larimer, Weld, Washington/Yuma

Communications centers do provide priority medical dispatch but this is a costly program and it requires significant training to maintain.

Some counties have a single dispatcher handling, police, fire, EMS, and others connected to the system. When a large event occurs it quickly overwhelms the dispatchers.

Lastly the turnover in any dispatch center is high, more so in the smaller counties who can't afford to raise the pay up to a decent wage. Budgets are very tight in the rural/frontier counties.

Communications Systems

Most all agencies east of the foothills have fully implemented the DTR (Digital Trunked Radio system) Talk groups have been assigned and are authorized for co response from mutual aid channels, (MAC).

There are still some agencies, mostly rural fire departments in the foothills that still depend on VHS band radios as the DTR systems are not as functional in mountainous terrain. However the dispatch centers can "patch" systems together to make interoperability of radio systems attainable.

Not all agencies have their neighbors talk groups, but if the radios were purchased with state funds they should still have the Northeast Colorado MAC (Mutual Aid Channel) talk groups installed. Through various exercises it's been made evident that the standard template rolled out in the mid 2000's has been modified and in some cases the talk groups that provided mutual aid have been eliminated in local radio systems.

Many field providers are very competent with the radios however when incidents become more complex finding the talk groups to go to can be a challenge.

Hospitals all have talk groups assigned and are available to all EMS providers through a common signed authorization from the state of Colorado. Issues arise when hospitals do not use the DTR talk groups for which they were assigned and distribute "biophone" numbers accessible only by phones, landline or cellular. Concerns with this practice are large scale event communications when cellular becomes overwhelmed. More recently hospitals phone systems in the rural/frontier areas are subject to frequent failure making phone-phone contact difficult.

To provide confidentiality some agencies have resorted to encrypting their talk groups which does provide confidential communications, but if the mutual aid agencies need to communicate with these agencies, they would also need to have the encrypted channel on their systems. Cost of programming sometimes prohibits systems from staying up to date with neighboring systems.

On a day-to-day basis this is usually not an issue, the issues arise when there is a need for a multi-agency response to a larger event, in these cases the local agencies depend on the dispatch centers to assign talk groups as needed to eliminate the clutter on one channel. Some agencies have communications plans but mostly it's 'just in-time' planning.

Clinical Care

The Northeast Colorado RETAC developed the NCRETAC Trauma Triage Algorithm through the work of the subcommittee Northeast Physicians Advisory Board. The "Left" column was developed from a template through the CDC and adopted by SEMTAC. The NCRETAC determined the destinations through exam of existing systems and came to consensus to adopt same and submit to SEMTAC as the NCRETAC

destination policies in regards to trauma. This TTA was again modified in mid 2022 to clarify destinations for the age group over the age of 65 with a corresponding blood pressure lower than 110.

Key Resource Facilities in the NCRETAC, UC Health; Medical Center of the Rockies designated as a level I trauma center and North Colorado Medical Center, designated as a level II trauma center.

Medical Direction

The NCRETAC contracts with a Regional Medical Liaison (RML) who oversees the activities of the Northeast Physicians Advisory Board, (NEPAB). The RML is seen as a resource and provides technical assistance for medical decisions. There have been a number of incidents that remain confidential that the RML has been asked to provide insight for.

Each EMS agency has their own Medical Director who oversees the practice of the EMT's and authorizes the acts through protocols at the local level. In 2022 one agency engaged a group of physicians out of UC Health Anschutz to provide more of a consortium of medical direction, and this concept has been adopted by two other agencies in that county. It did reduce the workload on the local physicians who are family practice medicine who "also" provide EMS medical direction. The consortium of physicians are Fellows and have a specialty in EMS medical direction.

In addition, each designated trauma center has to have a "Trauma" Medical Director who oversees the practice and Performance Improvement of the trauma system in their hospital.

Some medical directors and some trauma medical directors are not as engaged as they could/should be at the local level. Leaving much of the decision making by the rank and file. Usually the lack of engagement comes from being stretched thin. Again east of Greeley many of the medical directors are also family practice medicine doctors who run clinics. The strength of the trauma system or the EMS system falls to the directors or trauma nurse coordinators who oversee the day to day

Public Education

To combine two areas, Public Education and Prevention, the Northeast Colorado RETAC makes funds available to agencies that desire to work with community projects for Injury prevention. Distracted driving campaigns in Morgan County, every 15 minutes also in Morgan County, Car seat safety programs in Yuma County and elder falls in Phillips County. Life safety house in Washington County. Not all of these programs were in the preceding two years but funds were made available and in some cases utilized by the counties.

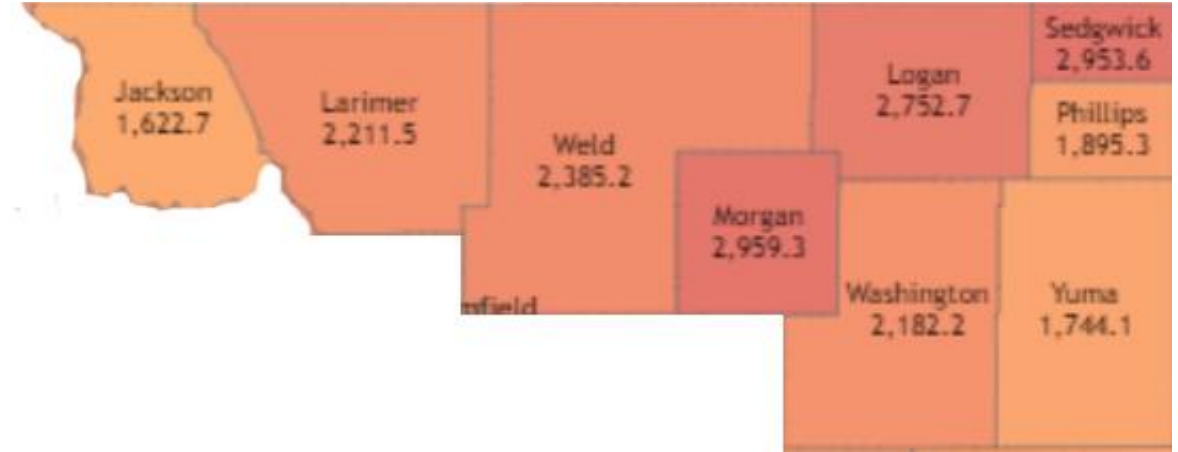
Prevention

Each year more than 182,000 Americans die as a result of injuries and an estimated 30 million are treated in emergency departments and hospitals for non-fatal injuries. Injury is the third leading cause of death for all ages and the number one cause of death for people ages 1-44.

In Colorado, injury is the third leading cause of death, ranking below cancer and heart disease. More than 3,100 Coloradans die from injuries each year, with an additional 32,000 hospitalized for non-fatal injuries and thousands more treated in emergency departments and physicians' offices. An estimated one in eight Coloradans seek medical treatment for injuries each year.

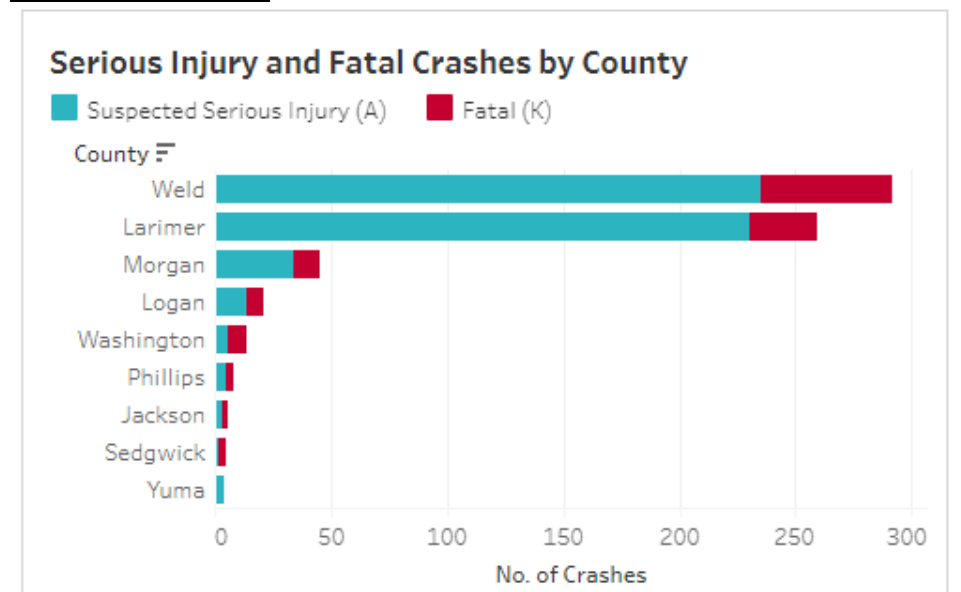
In the Northeast Colorado RETAC

- Falls are identified as the number one injury hospitalization for the Northeast Colorado RETAC,
 - Age-adjusted rates of emergency department visits mentioning injuries due to falls at acute care hospitals in Colorado, 2016-2020 falls per 100,000 residents:



- Motor Vehicle Crashes ranked second over the same period of time with 2,727 hospitalizations.

1/1/2022-6/1/2023



- Serious Injuries in the same time frame Total NCRETAC, **647.0**
- Suicide came in third with 2,182 hospital admissions.
- There were 316 injury-related deaths calculated between 2006 and 2010.
- There were 169 deaths attributed to fall-related injuries, making it the number one cause.
- Suicide ranked third in deaths among Northeast Colorado RETAC counties with 30 deaths.

Information Systems

The NCRETAC receives data compliance on an quarterly basis by the CDPHE. There are contrasts between agencies with resource funds and the data systems they employ. For example, the Front Range

agencies are using 3rd party software from a vendor and the eastern plains and the farthest west agencies are using the software “Image Trend” which is essentially free to the agency.

In 2022 a number of agencies and individuals within those agencies transitioned from regular cellular carriers to “First Net” and have enjoyed better connectivity, bandwidth and have had a cost savings as many of the individuals provide their own phone that the dispatch centers use to send the “calls for service” through. So far it appears that this change has been positive and to date it appears mostly positive.

The NCRETAC depends heavily on the web site, www.ncretac.org for posting information, maintaining document storage and content management. In 2021-22 funds were made available to contract with an outside entity to maintain the functionality of the web presence and monitor if changes in functionality occur. The web site did go down in 2023 but it was up and running in less than a few hours. The functionality would have been outside the abilities of the current coordinator.

EMTS Research

The Northeast Colorado RETAC through its subcommittee the Northeast Physicians advisory board instituted a program of “case studies” to provide sharing of information from the providers in the field to the end point care received at the trauma centers. This event provides loop closure in many cases to change practice normally thought as common accepted care. In the summer of 2022, the NEPAAB revised the Trauma Triage Algorithm that specified patient destinations given certain criteria. This was in response to the rule making for trauma that revised the left side of the trauma triage algorithm. This change has been the topic of discussion especially with the BP measurement of <110 in the patient who is older than 65. A research project was undertaken to look at under/over triage and destinations.

In the fall of 2022 the Board of Directors aligned research with a project proposed by a board member re; Pelvic Binders use;

- Situation:
 - Not all EMS agencies have commercial pelvic binders in their ambulances
- Background:
 - Hemorrhage from pelvic fractures can be life-threatening
 - Bleeding pelvic fractures resulting in hemodynamic instability increase mortality as high as 40% (White, et al., 2009)
 - Primary goal is to reduce the fracture
 - Sheet wraps and commercial binders are used by pre-hospital
- Assessment:
 - Recent research (1 institution, cadavers, T-POD device) has shown the sheet-wrap was placed in a lower proportion of fracture reduction AND securing a sheet wrap via clamps or a knot did not improve success (Collopy et al., 2022)
 - Providers placed the T-POD pelvic binder more consistently resulting in pelvic fracture reduction
 - (Collopy et al, 2022)
 - Placement of pelvic binders PTA January 2021-YTD (MCR): 22
- Recommendation:

- Funds be allocated via the NCRETAC for EMS agencies within the RETAC to purchase commercial pelvic binders

Collopy, K., Renkiewicz, G., Powers, W., Munna, J. (2022). *A comparison of pelvic fracture binding methods on a cadaver model: Reliability and perceptions among prehospital professionals*. Novant Health AirLink/VitaLink Critical Care Transport

White, C., Hsu, J., Holcomb, J. (2009). Hemodynamically unstable pelvic fractures. *Injury*.

[10.1016/j.injury.2008.11.023](https://doi.org/10.1016/j.injury.2008.11.023) -

Mass Casualty

The NCRETAC was contacted by Larimer County OEM in the winter/spring of 2023 with an internal project. Larimer County is in a process of modifying their Mass Casualty Plan that would span all of Larimer County and involve all of the fire agencies, EMS agencies, Emergency Management and Public Health. What was unknown prior to this project that the NCRETAC MCI plan was adopted some years ago as their functioning MCI plan for EMS. It's an exciting project to be involved in.

Evaluation

The NCRETAC evaluates the EMTS system either through the yearly strategic planning event in May or through other avenues.

The NCRETAC evaluates ambulance rates yearly, usually in the first half of the year after the agency profiles are updated by the provider agencies. Some agencies do not enter this information as it is considered proprietary.

Barriers include the existing data systems which will be discussed later on.

The NEPAB (Northeast Physicians Advisory Board) does evaluate care but utilizes a "case study" format where cases are de identified and then discussed through presentations of the case by the host agency. This has been very helpful in sharing of ideas. As they are only cases it provides no significant number to evaluate but it does provide insight. In addition, it does provide CME for the Physicians and Nurses and Thompson Valley EMS does provide EMS CME>

Integration of Health Services

There are a number of health departments that lead the ESF8 response, three by county, Jackson, Larimer and Weld, and one that spans 6 counties in the northeast corner, Northeast Health Dept. All of these except for Jackson County Health will fall under the Northeast Colorado Health Care Coalition that has as its boundaries the all hazards planning region. What was/is operational at this biennial plan are county-based healthcare coalitions that meet monthly and discuss coordination of activities in the case of natural disaster or some outbreak or multi-jurisdictional response to an event. However, the day to day operations of the Health Dept.'s will not change nor will their scope of responsibility. The interface to large events may change or may become part of an all hazards response to an event.

Aside from this the EMS agencies do cooperate on training and the RETAC provides funds to sponsor conferences that provide CME to multiple agencies. In addition, many of the trauma centers share knowledge and expertise with each other to develop policies, procedures based on the needs. The Key resource facilities do outreach expertise for injury prevention, development of processes.

The tertiary care centers are mostly located along I25 and receive patients from the smaller facilities that are less well equipped to handle complex medical or trauma cases. In these situations, information is shared on outcomes as needed or requested.

The flight services in the Northeast Colorado RETAC do outreach training and provide technical assistance as needed or requested and are seen as a resource not only for critical care transport but for education and training as well

Section 3: Challenges for FY24 and FY25

From the Plains to Peaks RETAC R&R Survey project presented in June 2022.

PROJECT TO RESEARCH CHALLENGES AND OPPORTUNITIES FOR RURAL/FRONTIER AGENCIES REGARDING RECRUITMENT AND RETENTION OF EMERGENCY PERSONNEL FUNDED BY AN FY22 EMTS SYSTEM IMPROVEMENT GRANT JUNE 30, 2022

The intent of this current project was to focus on rural and frontier licensed ground ambulance services. The RETACs agreed that this survey should be based on four simple hypotheses:

1. Recruitment and Retention of volunteer and paid staff is an ever-increasing challenge for rural and frontier ambulance services in Colorado.
 - a. Workforce Shortages: Rural areas often face challenges in recruiting and retaining healthcare professionals, including paramedics and EMTs. The limited availability of skilled personnel can impact response times and the overall quality of care provided.
2. Inadequate training in EMS finance negatively impacts the recruitment and retention of emergency response personnel.
3. Inadequate EMS educational opportunities negatively impacts the recruitment and retention of emergency response personnel.
 - a. Professional Isolation: EMS providers in rural areas may experience professional isolation, lacking opportunities for peer support and continuing education. This isolation can hinder professional development and the adoption of new practices and technologies.
4. Inadequate EMS equipment negatively impacts the recruitment and retention of emergency response personnel.
 - a. Financial Constraints: Rural EMS agencies may struggle with limited funding and resources. Maintaining equipment, training personnel, and upgrading technology can be financially burdensome, which can affect the quality of care provided.

Trauma System Challenges

1. Access to Care: Ensuring timely access to trauma care is a significant challenge, particularly in rural areas where there may be limited availability of specialized trauma centers and resources.
2. Transportation: Prompt and efficient transportation of trauma patients to appropriate healthcare facilities is essential. Rural areas may face difficulties in providing timely transport due to long distances and limited infrastructure.
3. Coordination and Communication: Effective coordination and communication among healthcare providers, emergency medical services (EMS), and hospitals are critical to delivering seamless trauma care. Enhancing communication protocols and information sharing can be a challenge.
4. Training and Education: Ensuring that healthcare professionals receive adequate and ongoing training in trauma care is essential. Developing and maintaining comprehensive training programs can be a challenge, especially in rural areas.

Section 4: Projects for FY24 and FY25

Project 1; Continuity of Operations & Legislative Mandates

The present coordinator will retire at the end of June 2024

Objectives

- A. A replacement will have to be recruited
 - i. Timeline to hire by Feb. 2024
 - 1. Investigate for fiscal agent or make contractual
 - a. Advantages and disadvantages
 - B. Operational tasks and a policy manual will have to be developed Outlining current timelines and processes
 - i. A Budget to be developed using the SRI to have co-coordinator positions to assist in the orderly transfer of every day day to day operations and tasks
- 2. Legislative Mandates and rules for RETAC's should be placed at a higher priority and identify which can be accomplished within current rules given that the rules sometimes are in conflict.
 - 3.

	Description	Estimated Cost
	Dual Coordinator Positions	50,000 estimates from SRI

Project#2, System Finance

- Funding of operations and goals development of the NCRETAC
- Provide resources necessary to support Generally Accepted Governmental Auditing Standards

Objectives

- Continue to support the infrastructure and goals with funding
- Provide the board, CDPHE with financial reports as required and as requested
- Maintain the current practice of having a CPA firm for the accounting, filing of taxes and financial compliance with the GAGA (Generally Accepted Governmental Audit Standards)

Estimated Cost

	Description	Estimated Cost
RETAC Staff	Filing forms, submission of payment requests to bookkeeper & treasurer	10 hours Month
RETAC Operating		\$3,600.00
Outside Funds		\$ None
Donated / In-Kind		10 hours month by volunteer treasurer
	Total	\$3,600.00

Desired Outcome

- See objectives

Project #3 Medical Direction;

Scope of Work for 2023-2025

Background

In order to assist the more than 100 EMS agency medical directors in Colorado who provide their services to ensure that quality EMS is available throughout the state, a regional medical direction initiative was created to provide the resources necessary to help EMS agency medical directors better perform their duties. In the Northeast Colorado RETAC the Regional Medical Liaison interfaces with the EMS agencies, trauma medical directors, provides oversight of the “case studies” and collaborates with entities within the region to make physician CME available through the case studies.

Deliverables:

- Collaborate with the Northeast Physicians Advisory Board subcommittee chair, in development of agenda topics and leading discussions for the preceding meeting at the NEPAB subcommittee meetings.
- RML shall assist in the solicitation of presenters for the case reviews or educational topics reviewing for applicability and best practices and/or lessons learned.
- RML shall assist with the CME processes required by the authorized CME provider, confidentiality agreements, solicitation of topics, financial disclosure forms. Physicians and Nurses.
- RML attendance at Gathering of Eagles Conference annually, provide report to the board within 90 days of event. This event has been cancelled two years in a row requiring a review of this deliverable.
- Collaborate with the Regional Coordinator of the Northeast Colorado RETAC on technical assistance as needed for EMS practice and protocols.
- Assist as needed with local EMS Medical directors, provide technical assistance, site visits as needed.
- Solicit assistance with the Educational Programs i.e. Northeast Colorado RETAC sponsored ALS refresher through the relationships established at the Northeast Physicians Advisory Board.
- Attend the meetings of the NEPAB.
- Collaborate with the chair of the NEPAB and Regional Coordinator of the Northeast Colorado RETAC in developing and or disseminating the agenda.
- Participate in any required case review documentation.
- Attend and provide technical assistance to the EMPAC and be a representative of the Northeast Colorado RETAC.
- Attend the Regional Medical Direction Subcommittee of SEMTAC and be the liaison between this group and the Northeast Colorado RETAC.
- As the EMS medical direction is somewhat dynamic, the RML should be as available as possible for site visits if needed or directly contacting the EMS Medical Directors to assist with the requirements of an EMS Medical Director.
- Provide the NEPAB a quarterly report on the State of Colorado’s Emergency Practice Advisory Council (EMPAC) and the Regional Medical Direction subcommittee of the EMPAC activities and projects.
- Attendance at least ½ of the NCRETAC board of directors in person as long as it doesn’t conflict with the public health orders and all of the NEPAB meetings in person. The remaining NCRETAC board meetings can be through electronic attendance (online meeting tools or by phone). If this is not possible as other deliverables may coincide with the meetings (site visits, Gathering of Eagles, etc conference this attendance can be waived).
- Provide to the NCRETAC quarterly reports.
- NCRETAC activities to the regional coordinator as part of the quarterly deliverables provided to the NEPAB mentioned above.

RMD Project Budget

Personal Services, RML funding from CDPHE	\$33,000.00
Travel & Tuition to Conferences, Seminars specific to Medical Direction (in operations)	\$3,500.00
Other, Indirect Costs	Bookkeeping, Coordinator,
Total for Project	\$36,500.00

Desired Outcomes

- Report on the deliverables, quarterly,
- Be seen as a regional asset/resource for information
- Attendance at the NEPAB meetings quarterly, attendance at the NCRETAC Board meetings except in the same months as the NEPAB meeting.

Project #4; Education Systems;

Background

The Northeast Colorado Regional EMS/Trauma Advisory Council shall assist funding EMTS provider agencies and EMTS providers in obtaining Continuing Medical Education that can both develop professional and personal growth as it relates to the EMTS System

Objectives

- Provide funding for special online EMTS topics to be presented, provide for maintenance and storage of an online EMTS library of offerings that practitioners can access anytime.
- Support local conferences with funding to help offset the cost to the providers and to promote the NCRETAC.
- Support outreach EMTS education through a request for funding assistance application, continue to evaluate this program yearly.

Background

In the needs assessment and in every strategic planning the NCRETAC has held since, Education & Training remains one of the highest priority projects that the region has had. This one component directly impacts other components

- Human Resources
- Recruitment & Retention
- Clinical Care
- Mass Casualty

Project description

1. Funding for online special EMTS Topics and library of offerings
2. Provide a fund that can assist agencies who do not have the local resources or mechanisms to provide EMTS education and need outreach EMTS education.
3. Fund Seminars / conferences at levels set by the board yearly,
4. Continue to support the EMTS Education Subcommittee who can provide expertise to the board and guide decisions on EMTS Educational funding.

Special EMTS Topics (TVEMS)	\$ 15,000.00
Banner EMTS Conference	\$ 5,000.00
Morgan County EMTS Conference	\$ 5,000.00
Specialty EMTS Courses	\$ 20,000.00
Public Education	\$ 2,000.00
Estes Park Health Critical Care Conference	\$ 12,000.00

Desired Outcomes

- Making EMTS Education funding available region wide through mechanisms and strategies
- Supporting conferences / seminars to help offset the cost to the providers in obtaining education from subject matter experts in EMTS.
- Creating a method so agencies can draw from a fund to help offset the local costs for standardized or special EMTS education, including but not limited to PALS, ACLS, PHTLS, TNCC etc.. Classes must be open to all EMTS practitioners in the NCRETAC.

Project 5; Prevention

The Role of Injury Prevention for the NCRETAC;

- Injury prevention plays a crucial role in EMS (Emergency Medical Services) and trauma systems. Here are some of the key reasons why injury prevention is important in these systems:
 - Reducing the Burden of Injury: Injury prevention efforts aim to reduce the number and severity of injuries. By preventing injuries from occurring in the first place, the burden on EMS and trauma systems is significantly reduced. This allows these systems to allocate their resources more effectively to other emergencies and critical cases.
 - Saving Lives: Injury prevention measures can help save lives by addressing risk factors and implementing strategies that reduce the occurrence of severe injuries. By promoting safety measures and educating the public about injury prevention, EMS and trauma systems can potentially prevent fatalities and severe disabilities.
 - Cost Savings: Injuries can result in substantial economic costs, including medical expenses, rehabilitation, lost productivity, and long-term care. By preventing injuries, EMS and trauma systems can help reduce the financial burden on individuals, families, and society as a whole.
 - Improving Community Health: Injury prevention initiatives not only benefit individuals but also improve the overall health and well-being of communities. By creating safer environments and promoting healthy behaviors, EMS and trauma systems can contribute to the overall health promotion and disease prevention efforts in their communities.
 - Enhancing System Efficiency: Injury prevention strategies can help reduce the demand on EMS and trauma systems, allowing them to operate more efficiently. By preventing injuries, the number of emergency calls and hospital admissions related to trauma can be reduced, freeing up resources for other critical cases.
 - Collaboration and Partnerships: Injury prevention efforts require collaboration among various stakeholders, including EMS providers, trauma centers, public health agencies, community organizations, and policymakers. By engaging in injury prevention initiatives, EMS and trauma systems can foster partnerships and strengthen community relationships, which are essential for effective emergency response and overall community health.

Objectives –

- Falls are the most common mechanism of injury based on regional and state data. Increased programing and community outreach that directly impacts injuries related to falls.
- Motor vehicle crashes are the 2nd most common mechanism in the northeast region. Data suggests the young drivers, impaired drivers of all ages and speeding are the most common cause of serious injury and death.

Total requests would be for \$12,012.00

Estimated Cost

Project Funds	\$12,012.00
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Desired Outcome

- Research Validated Best Practice.
- Field Tested Practice
- Promising Practice

Applicants must present information to board for approval, showing timeline start and end dates. Projects must commence in the current fiscal year and end by the end of the current fiscal year.

Project 6; Mass Casualty Systems, Integration of Health Services

The Role of Mass Casualty/Mass Care for the NCRETAC

Colorado's EMTS system must have the responsibility and authority for, planning, coordination and infrastructure for all emergency medical care when incidents require resources that exceed the normal capacity or capability to respond.

Background

- EMTS providers will respond effectively to unexpected or overwhelming patient surge and rapid transport and subsequent care at appropriate facilities.
- Identify the coordinating needs and activation requirements for the mitigation, preparedness, response and recovery activities that increase the local, regional, state and federal capabilities to cope with emergencies or disasters; to include vulnerability/risk assessments, hazard analysis, agency profiles, surge capacity, EOC planning, etc.)

Objectives

- Assist as needed in the development of facility and EMS response agency mutual aid agreements
- Continue to support the Salamander Rapid Tag system and subsequent "track app" to support the NE Health Care Coalition project that tracks assets, patients, providers during a surge or pandemic response.
- Provide technical assistance to the NE Health Care Coalition with regard to EMTS response and care.

Estimated Cost

Staff Time	In operations
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Project 7; Clinical Care, Whole Blood Coalition

"Reducing Mortality in Massively Hemorrhaging Patient"

Background

- In the spring of 2023 a number of representatives visited (The Southwest Texas Regional Advisory Council (STRAC)) to examine the project for field administration of Whole Blood for the EMS agencies.
- This information was brought back to Colorado, the information has been disseminated and has developed into a similar organizational structure by a statewide coalition with the opportunity to grow into a Colorado RETAC Model,

Objectives

- Recruit representatives that can represent the Northeast Colorado RETAC and report on the activity of this statewide coalition.
 - Representatives from the EMS community should include both the Urban and Rural/Frontier EMS systems in the NCRETAC
 - An EMS Medical Director should be recruited that can also provide the clinical expertise and have the ability to report to the Northeast Physicians Advisory Board and subsequently the Northeast Colorado RETAC Board of Directors.

Estimated Cost

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Section 5: Attest Statement

ATTEST 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.

Council Chair Signature

Council Chair Printed Name

Date