

Regional Emergency Medical
& Trauma Services
Systems Development Biennial Plan

SECRETAC
Plan Cycle
July 1, 2011 – June 30, 2013



Plan Update:	2011-13 Biennial Plan
Date Submitted:	June 30, 2011
Contact Person:	Michael C. Merrill, SECRETAC Coordinator
Address:	17765 Woodhaven Dr., CO. Springs, CO. 80908
Phone:	(719) 468-0711

Table of Contents

Section 1

RETAC Overview

Mission Statement

Description

Ongoing Organization and Planning Process

Section 2

Accomplishments

Section 3

EMTS System Components

Section 4

Goals and Objectives

Section 5

Attest Statement

Appendices:

Supporting Documents

Section 1: RETAC Overview:

Mission Statement: “We, The Southeastern Colorado Regional Emergency Medical and Trauma Advisory Council (SECRETAC), strive to provide direction, education, and tools to enhance the Emergency Medical Trauma System (EMTS) networks within this region.”

Vision Statement: “The leadership of the SECRETAC Council is to provide integration amongst the EMTS systems and direction to streamline and enhance the trauma network from the first responder through the end facility for each customer that lives and travels through the Southeastern Colorado RETAC.”

Description: The Southeastern Colorado RETAC Region is located in the Southeastern plains of Colorado and is situated in the middle to lower half of the Arkansas Valley comprised of the six counties of Baca, Bent, Crowley, Kiowa, Otero and Prowers. The area is less than 10,000 square miles with a population of approximately 56,000. The area is rural and frontier, and is a Health Professional Shortage Area (HPSA). There are no urban centers. There is however 19 medium to small sized towns, with populations of La Junta (7,500) and Lamar (9,000). Seven state highways crisscross east and west in our region, totaling 6,175+ miles with Hwy 50 being the busiest. We have more than two

times the number unpaved-13,250+miles than paved. The railroad is a major transporter of commerce across the region. We have six Public Safety Answering Point (PSAPs) communication centers. The entire region has E911. There are approximately 220 pre-hospital providers running with 14 ambulance transport agencies. Our providers are mostly EMT basics (170+), with some intermediates (40+) and paramedics (10+) to provide BLS/ALS care. One hospital, Arkansas Valley Regional Medical Center (AVRMC), La Junta is a designated level four trauma center. Three hospitals, Weisbrod in Eads, Prowers Medical Center in Lamar and Springfield Hospital in Springfield are non-designated facilities. There are no air ambulance providers in our region, there is however an air ambulance based out of a Pueblo hospital. The vast majority of the critical patients are transported to Pueblo and Colorado Springs trauma centers.

Baca County is located in the far southeast corner of Colorado bordering Oklahoma and Kansas. The 2,559 square mile area is a unique combination of plans, canyons and buttes with elevation ranges from 3,500 to 5,280 feet above sea level. Baca County has been experiencing an economic slump for several years. This slump, combined with the state and nation's declining economic conditions, has had a severe impact on the entire county. Baca County is considered a frontier county, with 1.8 persons per square mile. The county population is 25.4% over the age of 65, and 19.6% under the age of 18, with the total population declining an estimated 15% between 2000 and 2008 according to the US Census Bureau. The average median household income is only \$30,397, compared to Colorado's state average of \$55,517. In 2007, there was 19.8% of the county population earning below poverty level compared to the Colorado state average of 11.5%.

Baca County has two major highways that run through the full length of the county. US Highway 287 north and south and US Highway 160 east and west. Both highways are widely traveled by massive numbers of truck traffic and out of state visitors. The county is comprised of six communities with five K-12 school districts with a cumulative total enrollment of approximately 600 students. The only hospital is Southeast Colorado Hospital in Springfield, a Critical Access facility, which also has an attached Long Term Care Center and Alzhiemeres Unit. The hospital provides Emergency Medical Services to the western half of the county, and the EMS department is staffed with one full-time EMT-P and one EMT-B and one part time EMT-B along with a few volunteer EMT-Basics. The eastern half of the county has a Long Term Care and Assisted Living Facility at Walsh. The Walsh Health Care District provides Emergency Medical Care in their district with two stations, one located at Walsh and one at Two Buttes. All emergency service is provided by volunteers consisting of two EMT-Ps and several EMT-Basics. Baca County Emergency personnel currently has 3 Paramedics, 1 Intermediate-99, 21-EMTB's

and 9 First Responders/ Drivers. The county needs for this biennial plan include 10 more EMTB's and 5 more ALS providers (EMT-I's or EMTP's).

Bent County has a census of 5,998. It is a county of 1,541.12 miles. Of those 1,541.12 miles 27.22 of that is water. Bent County largest business is agriculture noted by 676,505 acres of rangeland. The largest bodies of water in Bent County are the John Martin Reservoir which when full is wider than five miles north to south and longer than 10 miles east to west and the Arkansas River which runs throughout the county. During a three day weekend in the summer the county population can grow by 5,000 with visitors to John Martin Reservoir. There is one major highway 50 that runs the entire 36 miles of distance east to west in this county. On this highway there is average truck traffic of 4,010 trucks per day. Burlington Northern Santa Fe Railroad has a line that runs through the south central portion of the county. Amtrak also runs at least 2 trains on the same rails daily.

The county is served by two ambulance services with a total of 15 providers. 11 of those are BLS providers and 4 are ALS providers. The west end of the county has a full time EMS crew of at least one at their station in Las Animas twenty-four hours per day. The east end of the county has no incorporated towns and the entire crew is all volunteer. Currently in Bent County there are 15 EMS providers. 11 are BLS providers and 4 are ALS providers. In the next two years with the continued aging of Bent County we will need to increase our numbers to at least 25 BLS providers and 8 ALS providers. These providers will be divided between the two existing agencies at the approximate numbers of 15 BLS providers for Bent County Ambulance and 10 for Hasty McClave and 6 ALS providers for Bent County Ambulance and 2 for Hasty McClave. To accomplish this education needs to take place within the county or within close proximity.

Crowley County's Emergency Medical and Trauma System consist of one ambulance service, a family practice clinic with a nurse practitioner, one public safety answering point, the County Sheriff's office, and four small town volunteer fire departments covering the entire 976 square miles, and 5500 residents of our county. Owned by the County and operated under a separate budget. The Crowley County Ambulance Service responds to over 400 calls for assistance annually, resulting in an average of 360 patients transported. The County does not have a hospital so patients are taken to hospitals outside of the county as far as 60 miles away. The service functions with one full-time and one part-time paramedic employees. Supported by 12 volunteers; one paramedic, two intermediates, and 9 basics.

Kiowa County has one transport agency that provides all ambulance service in the County. The County based ambulance service is located in the town of Eads, with two other support stations in Sheridan Lake and Towner. This service has Four BLS Response Ambulances. Currently, they have 15 EMTB's, with no intermediates nor paramedics. They will need to recruit and train 5 to 10 new EMTB's and at least two new ambulance drivers to meet this biennial plan needs.

Kiowa County has the support from the 4 Fire Department, 1 organized Law Enforcement agency, 1 Search and Rescue team, County Health Nurse, and the Office of Emergency Management.

Weisbrod Memorial Hospital is the only hospital that serves Kiowa County. This hospital is undesignated in the State Trauma System. The hospital provides the region with a 24-hour Emergency Department and 8 acute care beds. This facility has inter-facility transfer protocols for patients that present with high acuity or traumatic injuries. This County does not have an active airport facility, so the movement of patients to higher-level care is done primarily via Care Flight helicopters. When the facility moves a patient via fixed wing but must be transported 35 miles south to the airport by the City of Lamar. Transport times for patients located in the eastern edge of the County can be 40-60 minutes. The system is working to provide additional training to update the EMT staff to better provide the needs of patients who have long transport times. This system does work closely with their Regional Medical Control in the managements of all patients.

Otero County has four ambulance services. Rocky Ford Fire Department/EMS; Need more EMT's but is limited to the number they can have on the Department by local rules. They have a 25 person limit, now have 22 firefighters/EMT'. We have 3 firefighters who will be attending the EMT training in August 2011. Current medics on the Dept. 8 EMT-B, 3 EMT-I. Two of the EMT-I's are applying for EMT-P school starting in Sept. We have 2 Ambulances and cover the area of the Rural fire District which 760 sq miles. La Junta Rural Ambulance is in need of recruiting a minimum of 10 additional volunteers as well as maintaining the current levels. To meet to demand and call volume we also looking to move 3-4 volunteers to part-time staff. Fowler and Manzanola Fire and EMS departments are all volunteer and each is recruiting two to three annually to maintain its existing volunteer service.

The Prowers County EMTS system consists of two ambulance services covering the entire county. The Lamar Ambulance Service is operated with its own budget but under the direction of the Lamar Fire Department. The service functions with seven firefighter/EMT-Intermediates as well as twenty-six part time EMTS responders which include nine EMT-Basics and one EMT-Intermediate. The

service covers four communities including Lamar, Wiley, Granada and Bristol as well as 1,240 square miles of unincorporated Prowers County. This accounts for a population of approximately 11,000 residents within the western 2/3rds of Prowers County. Lamar Ambulance responds to approximately 1,000 calls for assistance annually while also providing rescue at all levels including auto extrication, confined space, low angle and high angle rescue. The service also holds approval for continuous education for EMT-Intermediates and EMT-Basics while providing EMT-Basic intravenous therapy endorsement programs.

The Holly Ambulance Service is a volunteer system with nine EMT-Basics and five other responders. They cover approximately 750 square miles and respond to approximately 200 calls per year. The population served is approximately 1,500 residents in the eastern 1/3rd of Prowers County. Holly Ambulance is part of the Holly Fire & Ambulance District and has rescue activities supported by the Holly Fire Department. Holly continues to have difficulties in recruiting new members. As older members choose to retire from the department fewer and fewer people are willing to volunteer in an effort to replace them.

Two communities within Prowers County also have first responder units. The Wiley First Responders are members of the all volunteer Wiley Fire Protection District. A few of their members have some basic life support training and provide basic care prior to the arrival of the Lamar Ambulance Service. The other group is the Granada/Bristol First Responders. This small volunteer group is tied to the Granada Fire Department and also provides basic life support care prior to the arrival of either the Lamar Ambulance or the Holly Ambulance.

The significant barriers to patient care are the geography, weather, resources and availability of health care providers and facilities that provide advance level medical care and treatment. System wide challenges are finances, provider recruitment and retention, affordable, accessible and quality education. Injury Prevention and evaluation of resources is a on-going concern. Regional economy and the commercial service sectors are and have been challenges. The factors that impact the state and the nation are increased by our vast area, lack of resources and instability of the region.

Ongoing Organization and Planning Process:

Organization: SECRETAC, Inc. is a 501(c)(3), non-profit with the six county's selecting the membership. Each county has three representatives appointed by the Board of County Commissioners for a total of eighteen members. A Executive committee is appointed by the counties, is comprised of the Chair, Vice-Chair, Treasurer, Secretary and two Members at large. There are six committees;

Executive, Finance, Clinical Education, Human Resources/Injury Prevention, Continuous Quality Improvement (CQI) and Mass Causality Incident (MCI). Each committee has specific duties and responsibilities. The by-laws describe the committee's structure, voting and meeting guidelines. Multiple disciplines and service sectors are represented by the members; including hospitals, EMTs, elected officials and OEMs. The council has historically had excellent representation and currently we have three county commissioners, eight EMS providers/directors, five hospital, one law enforcement and one community college representatives. Council meets quarterly, rotating meetings across the six counties with the annual meeting in January.

A coordinator is employed to provide services to the council and the region. Represent the council at appropriate meetings and organizations. The coordinator administers the programs, projects and state required reporting and services. The coordinator implements the short and long term plans for the council including supervision of contractors. The coordinator duties include the daily operations and communications for the council. The Coordinator duties include development and maintenance of the SECRETAC.org web site, resources and reports.

The RETAC currently has three subcontractors; the Safe Communities/SafeKids coalitions coordinator, the Medical Resource Corp (MRC) coordinator and the regional medical director (RMD). The council provides oversight to all contractors and provides financial and program guidance. The coordinator serves as the direct administrator and supports the contractors with their duties, programs and deliverables. The only employee of the RETAC is the coordinator. The contractors are dependent upon funding and grants for their programs.

Needs Assessment and Planning Process: The regional funding plan requires each county to perform a S.W.O.T. analysis annually. The council reviews and approves at the annual meeting the plans. The plans include challenges, barriers, assessments and goals and performance objectives.

The annual county plans provide the foundation for the Biennial Plans. The state provided an regional assessment by the Arabis Group (SNAP) in June 2010. The significant findings, assessments and recommendations provided a reinforcement to the annual county plans. The council has reviewed, analyzed and prioritized the recommendations and the identified programs are included in this plan. A summary of the report, tailored to our region, is provided in the attachments. The state performed a survey from the American College of Surgeons, May 2009, that the council has reviewed and implemented some of the medical recommendations. A summary report ,as with the SNAP, is provided for the reviewers in the appendix. The state provided a regional financial systems audit

by K Financials in September 2010, the council has followed up on their recommendations for our financial system. Key recommendations from the audit have been implemented and we are in full compliance. The council provides the recommendations, goals, objectives and programs for the biennial plan(s). The council utilizes the annual county plans, assessments and the biennial plans to develop, implement and evaluate the goals and objectives. This continuing process allows the council to adapt and build upon the success and identify the challenges, barriers and obstacles in improving the regional EMTS system.

Section 2: Accomplishments:

Goal #1 Human Resource: Human Resource is the primary concern of the Southeastern Colorado region. It has been in the past and will continue to be our number one goal.

As identified in the SNAP "Human Resources-inadequate number of paid and volunteer personnel with a decreasing population base to recruit from. Travel time and expense for meetings and training result in less participation." While we realize there's not much we can do about the decreasing population, in our region, we can have a impact on the accessibility and affordability of the education. As with our previous biennial plans our on-going objective is:

Objective #1: to increase accessibility and affordability of educational programs by providing more regional educational programs.

We have provided multiple courses with a average of two and a half days per course. 1. TEEEX, a nationally recognized EMS Management Program and Course provided collaboratively with EMSAC in December in La Junta at a low-cost site of Otero Jr. College. 2. By utilizing non-EMTS funds we were able to obtain funding for three (3) Farm Medic Courses', with 42 participants.

The RETAC received a (FY10-11) \$20,000 EMTS Grant for RETAC training programs. We are providing five courses; four Farm Medic Training and a High Angle Rescue Course (course descriptions and flyers are attached). We have accomplished one of the four Farm Medic Courses in Ordway, with twenty participants. The High Angle Rescue Course was just completed June , 2011 with 14 participants. Due to this seasons fire emergencies a total of three courses and one council meeting had to be rescheduled due to our personnel providing emergency services and mutual aid to the numerous fires throughout our region. We have tentatively rescheduled those programs and anticipate completion in the next six months (on or before Jan. 2012).

SECRETAC provided a "Trailblazer-EMS Billing" workshop in Lamar. Over thirty-five participants were provided the "state of art instruction" from "Trailblazer's" own expert on "EMS Billing." SECRETAC's EMS agencies billing personnel were offered the program. Over half of the participants were from across the state, including Grand Junction, Cortez and Denver.

One of the most critical elements that we can't afford, nor risk, is the loss of personnel from our region to travel long distances for Training and Education. Example: EMSAC State Conference is a terrific opportunity for most EMS providers to acquire their required re-certification hours at one conference. For our personnel to attend they would need locum tenens of personnel for approximately a full week! These resources are not available in our area. Training and Education must occur at the local for any level of cost-effectiveness.

As identified in our SNAP "Outreach education and continuing education to the rural areas; good training opportunities; education/training grants or stipends and hospital outreach."

One of our regions strengths are the two community colleges have dedicated and funded coordinators for EMS education and training. The state recognized EMS Training Centers provide the cadre of initial and continuing education and training. Both colleges are currently pilots for the long distance learning formats and we anticipate more educational opportunities to be provided within the region. Both EMS Education Directors are currently appointed Council members of the RETAC, which will ensure the identification, allocation and potential participation of the RETAC in on-going regional training and education for EMTS.

Goal #2 EMTS System Component(s): Fiscal Resources. The RETAC will explore, develop and implement all available fiscal resources to maintain and improve the EMS system in the region.

As described in the SNAP one of our strengths "System Finance-successful grant awards, grant writing skills of RETAC Coordinator, pre-hospital equipment grants."

Objective: #1. SECRTAC Council and staff provide technical assistance for agencies during grant writing.

SECRETAC has consistently been second overall in EMTS Provider Grant Scores (RETACs and SEMTACs) with an average of approximately 42.00. The improvement of the regions resources and grant writing capabilities has been consistent, proven effective and reinforces the SNAP strength assessment.

Objective: #2. Non-EMTS Funding/Alternative Financial Resources:

There has been four developments that have provided positive impacts to the RETAC's fiscal resources.

First: SECRETAC acquired a multiple year grant (2009-2012) from the Colorado Department of Transportation & Safety (CDOT). This "Occupant Protection Regional Grant," provides up to \$65,000 annually for the "Southeastern Colorado Safe Communities," program. SECRETAC Council hired a part-time coordinator (FTE will increase proportionally each year until a 1FTE in year 2012). The SEC Safe Communities is modeled after the National Traffic Safety Administrations (NHTSA) Safe Communities global, national and state programs. SECRETAC provides the administrative support for the grant. The Human Resources/Injury Prevention Committee of the Council provides goals, objectives and program support. Quarterly and Annual progress and activity reports are available upon request. With this new Biennial Plan 2011-13, next years' CDOT Occupant Protection Grant will become a competitive grant. Future funding will depend on the individual strength of the coalition and its partners.

Second: The additional of the Southeastern Colorado Medical Reserve Corp (SECMRC), 2009-10. SECRETAC was approached to provide the administrative support for the SEC MRC. As described above, with the Safe Communities program, SECRETAC is also providing similar administrative, accounting and program services to the MRC. MRC is currently reviewing its organizational structure and will develop a long term plan.

Third: January 2011, SECRETAC became a one of a kind in the nation. SECRETAC applied and was successfully awarded the "Southeastern Colorado Safekids," Coalition. The National and State Safekids recognizes our regional coalition as the only multi-county regional Safekids coalition in the U.S. The support described above in the Safe Communities Coalition and the MRC is also provided to the SEC SafeKids.

Fourth: Recently, March-August 2011, we are the pilot program for The Children's Hospital (TCH) "Junglemobile" program. We have entered into a collaborative relationship with TCH to provide our region with the "Junglemobile" program. This six-month pilot program will allow us to actually utilize the "Junglemobile," while analyzing the resources within our area. This model will allow us to measure personnel, time and resources for a potential program in our RETAC.

American College of Surgeons, Survey, May 17-20, 2009, EMTS Office: ACS Recommendations-"Injury Prevention-"Complete development of the injury prevention website to make prevention program resources more accessible to injury partners," pg.45

Southeastern Colorado Safekids and the National/State Safekids have developed a Southeastern Colorado Safekids Web Page for Injury Prevention
<http://www.safekids.org/in-your-area/coalitions/southeastern-colorado.html>

Objective #3. Continuation of Alternative Funding Resources.

SNAP strength: "Integration of Health Services-agencies and facilities are actively involved in improving EMTS in the region; good communications between agencies and facilities; non-competitive environment; regional focus; RETAC Coordinator assisted with bringing the EMTS agencies in the eastern and western regions together and active EMS Council in Otero County."

SECRETAC for the last three years (2009-10 & 11) received grant funds from CDPHE/HPP for regional training and education for all hazards programs (\$10,000 each for the last three years). The non EMTS funds help provide much needed financial resources for the region.

Goal #3 EMTS System Component(s) MCI Plans: Increase the resources for MCI in the region.

Objective #1. Provide MCI Programs within the region.

SNAP Strength: "SECRETAC Mass Casualty-Regional MCI guide, regional care provided, ALS in rural/frontier counties."

SECRETAC has provided two Mass Casualty Incident (MCI) Courses in Lamar and La Junta, this spring 2011. Over thirty participants were provided resources, manuals, hands-on training and a mock MCI event to realize the importance of a "team" approach to MCI.

Objective #2. Provide technical assistance and support for MCI Programs within the Region.

SECRETAC has a memorandum of agreement (MOU) for the support and assistance to a SECRETAC Medical Reserve Corp (MRC) in our region. The SECRETAC MRC is unique in that it serves the six southeastern counties: Baca, Bent, Crowley, Kiowa, Otero and Prowers. It has received national recognition

and funding from the National Association of County and City Health Officials (NACCH) \$10,000 and also provides technical assistance and programs through the Colorado Dept. of Public Health & Environments, Medical Reserve Corp Program and the Colorado Rural Health Center (CRHC).

Summary: Goal number one is the maintaining the current level and number of providers. Goal number two is the continued acquisition of alternative financial resources to meet our current needs. Goal three is the increased resources for MCI.

SECRETAC has accomplished the objectives in this plan. The goals are on-going and will not have a start and end date. The impacts are measurable in the quantitative analysis with the continued participation of the providers, financial support from the EMTS community agencies and the qualitative analysis with positive program evaluations.

SNAP Assessment: Weakness "System Finance-reimbursement issues; large number of Medicare and self pay (no insurance) patients."

Financial Dilemma: "Even though our region has the strength of excellent grant writing skills, it does not increase the 'matching' funds for 50/50 grant system.

- Reimbursement rates decreasing
- Population stagnate and aging
- Reduction of state facilities; Closing of Fort Lyons Correctional Facility, Bent County
- Non private industry not relocating to the region
- Alternative funders being reduced; ex: CDPHE/HPP Program will reduce and eventually eliminate funds for MCI programs.

Section 3: EMTS System Components:

All EMTS transport agencies provide required data to the states MATRIX. One hospital is currently voluntarily providing trauma data to the state. The RETAC is now providing "Regional Medical Direction," (RMD) and "Continuous Quality Improvement" (CQI) data to the council. SECRETAC has a RMD and two appointed representatives to the states physician medical direction committee (EMPAC) who represent our region. SECRETAC has regional emergency medical care provider protocols for all six counties. SECRETAC has three certified training centers that provide initial and continuing education to EMTS providers across the region. SECRETAC provide administrative support and guidance to four regional injury prevention programs in the RETAC.

Integration of Health Services

The RETAC has been instrumental in providing the framework for collaboration and coordination for EMTS issues in the region. The quarterly council meetings provide a structured agenda and meeting for all six counties to share resources, programs and funding opportunities.

The annual county plans are a collaborative sharing of information, priorities and EMTS plans. Reviews also provide evaluation, insights and potential viewpoints on alternatives for improving patient care and delivery. RETAC members evaluate and provide technical assistance to each of their colleagues during the annual EMTS Provider Grants reviews.

The region has developed a pragmatic and practical application of human resources, equipment, mutual aid and administrative support over the decades of service. Relationships have been forged under real EMS experiences and the agencies have worked out their strengths and weaknesses. As with other rural and frontier RETACs, members have multiple duties, responsibilities and scopes of work. Because they represent many disciplines, they often bring to the table the knowledge, skills and attributes of other disciplines: OEM, All Hazards, Fire, Law Enforcement, health departments, and State organizations. They provide a overall picture of the needs and resources for the region.

EMTS Research: SECRETAC has worked on three research projects.

The first is the recommendation from the ACS that regions work on collaborative, epidemiology projects in injury prevention. The SEC Safekids Coalition and the CU/Denver School of Public Health graduate program provided a regional injury prevention epidemiology assessment regarding occupant protection for the RETAC in April 2011.

The second recommendation is the subcommittee of the SEC Safe Communities HR/IP Committee that is currently reviewing motor vehicle crash data in the region, to provide intervention strategies for the Safe Communities grant.

The third recommendation is the newly developed CQI committee that will develop potential research agendas from the RMD/CQI Program to impact quality of care for patients in the region.

Legislation and Regulation: SECRETAC is provided annual legislative information, positions papers and organizational support. The council reviews the pending legislations on a case-by-case basis and provides, when appropriate, RETAC positions. Agencies and members also provide their individual positions when appropriate. SECRETAC has two members of the EMPAC which provide regional input into the EMS scope of practice. SECRETAC /SEMTAC governor

appointed members provide the appropriate organizations with our regional perspectives and positions. They are committee members and professional members of EMTS Organizations.

System Finance: SECRETAC has committees and the council who review and provide guidance, direction and budgetary recommendations for all funds. The regional funds provided to each county on an annual basis is reviewed, approved, tracked and accountable via the county plans, agencies receiving support and the programs approved for RETAC funds. The RETAC uses the Otero County as its fiscal agent and all financial recommendations from the state and audits have been attained.

These four (4) additional resources provide the region with significant in-kind and financial support for SECRETAC Mission and Goals;

Mission Note: "For every dollar we receive in grants for injury prevention, we save that "dollar," from the EMTS Grant Program. We maximize and sometimes double our funding with "matching" grants to optimize our funding, programs, resources and personnel. This In-Kind summary was provided to the PPF and SEMTAC Council, April 2011, to identify how we-SECRETAC-maximize our time, efforts and funds.

- Summary: The four partnerships and programs provided the following In-Kind: Total Annual (FY2010-11) In-Kind Support for SECRETAC: \$51,560-\$54,560
- 1. Safe Communities: \$12,520.00
- 2. Southeastern Colorado MRC: \$9,520.00
- 3. Safe Kids Southeastern Colorado Coalition: \$ 12,520
- 4. Junglemobile for SECRETAC (SEC Junglemobile): \$5,000

SECRETAC has explored and pursued non-EMTS funding and has for this plan acquired approximately the same level of funding as provided by the state. Specific programs have been identified throughout the plan.

Human Resources: SECRETAC has had approximately 220+ EMS providers over the last decade. 90% of the providers in our area are volunteers. SECRETAC is a designated Health Service Provider Area (HSPA) which includes all health care disciplines. It has only been in the last few years that a few transport agencies have had full staffing. The recruitment and retention factors are very unstable and significant impacts occur on a regular basis. Two manufacturing plants have closed in the region. A major employer, a prison, is scheduled to be closed in the

near future. Not only do these closures impact provider levels (relocation of EMS providers to the new factory/business with spouses and family) but they impact EMS agencies financially, since they are usually relied on as full payers.

Education Systems: SECRETAC has provide regional training opportunities consistently over this plan period. The provision of regional training has provided the accessible, affordable and quality education needed to maintain our providers in the region. In collaboration with our three training centers we are maintain our current levels.

One of our critical needs is and will be the EMT-I level training and education.

Public Access: SECRETAC has E-911 across the region. There are no state mandates, legislation or priority funding available for EMD in the state. Several PSAPs offer EMD; but, they do not have certified, registered providers.

Evaluation: SECRETAC requires program and projects evaluation as a component of all funded programs. County Plans and the Biennial Plan have built in evaluation components and council members provide professional insights and technical assistance whenever requested.

The RMD/CQI Program will develop and implement data driven projects for review, analyze and provide potential improvement patient care plans to our region. All agencies provide data to the state via the current MATRIX. In anticipation of the new statewide "Image Trend" system, we have four agencies in the pilot program. Within a year we anticipate several potential quality improvement projects from the Image Trend system.

Communications Systems: The SECRETAC region has accomplished a major goal of having DTRS 800 radio system implemented in all six counties and throughout the region. There are a few areas of improvement needed, once priorities and funding become available. SECRETAC utilizes the six PSAPs in our region.

MCI Plan for SECRETAC is available on line on the SECRETAC.com web page. The plan includes a Regional MCI Plan, Regional WMD, Bioterrorism, Chemical, and Decon Training for all EMST Agencies and development and funding of Regional HazMat Teams. In this last year, we provided two MCI Course; Lamar and La Junta. Resources materials; manuals, tarps and MCI vest for two sites for continuing education programs were provided.

Medical Direction: SECRETAC started its RMD/CQI program on January 1, 2011. Over a year and a half planning was devoted to the funding, goals and objectives.

This includes the regional medical directors input and council direction over this time period. RMD/CQI has already approved and implemented regional protocols. A CQI Committee (comprised of the Executive Committee and one at large member) has been established. The committee has met three times and is developing agency and regional CQI projects. We have one unique characteristic in that our RMD is also the RMD for our neighbor RETAC to the west.

Clinical Care: SECRETAC reviewed and submitted a prehospital trauma triage destination guideline to SEMTAC and it has acknowledged the plan. The region has several community health clinics and; as mentioned, four hospitals--one recognized level four trauma facility. All major trauma is transported to the nearest higher level trauma facilities in Pueblo. The new RMD/CQI program will provide much needed data and quality improvement strategies when the program has time to develop and significant assessments are provided. Each transport agency reviews its internal patient care data and makes the indicated improvements for improving patient care, effective utilization of resources and personnel. The RETAC has one private critical-care provider and; over the plan period, the private sector has provided essential critical care transports. Trauma designation has been reoccurring issue for facilities. The critical factors effecting patient care in our rural-frontier area have been previously documented.

Mass Casualty: SECRETAC Mass Casualty Incident (MCI) was directly identified as a threat to the operational readiness of the SECRETAC Region. The region is confronted with daily Hazmat threats from truck and rail traffic, and extreme meteorological weather events that occur throughout this region on a seasonal basis. This Region has focused on mitigating the threats that are associated with MCI by the completing a Regional Mass Casualty Plan and enhancing Regional MCI communications. MCI Plan for SECRETAC is available on line on the SECRETAC.com web page.

The Surge Trailers are in Lamar and La Junta and are ready for activation. Equipment list is available upon request. Burn and Trauma Care Supplies, HRSA program and Facilities received \$50,000 to help enhance inpatient medical care for trauma and burn patients. HRSA grant added a additional \$30,000 to purchase pre-hospital supplies to help ambulance services and on-scene medical care teams to re-supply for trauma and burn type patients. All are in place and ready for activation.

The SECRETAC Coordinator maintains and provides updated contact and resource information to all of its members.

Public Education: SECRETAC has not focused on public education; due to lack of resources, personnel and materials. The majority of the public education has been through our Safe Communities Coalition, SafeKids Coalition, Medical Resource Corp and the collaboration with The Children's Hospital and the Junglemobile program, all of which have their own goals, objectives and programs. Data and reports are available through the RETAC Web page and/or their coordinator.

Prevention: SECRETAC has, as previously described, four major supplemental Injury Prevention Programs. Program goals and objectives are consistent with the grantors guidelines, priorities and funding. The CDOT Occupant Protection Grant(s) are transportation safety directives.

The SEC SafeKids Coalition goals and objectives are all pediatric and provide national, state and regional programs.

The SEC MRC goals and objectives are driven by the national and state programs and the grantors guidelines which include both children and adults.

Each program has it's information available on their appropriate web page.

The SECRETAC Coordinator maintains and provides updated contact and resource information to all of its members.

Information Systems (Answered in Section I: EMTS System Components:)

Section 4: Goals and Objectives

Goal #1 Human Resources

- A. Goal Statement: The goal is to provide the resources to maintain and provide a effective level of EMS providers in the region.

Objective #1: to identify needs concerning the staffing of all service providers to include, but not be limited to, dispatch/ communications, first responders, prehospital care transport services, facilities and tertiary care.

Objective #2: is to increase accessibility and affordability of educational programs, improve the retention of current providers, provide more regional educational programs, and improve programs in initial training centers

Objective #3: to apply for all available and appropriate funding from the EMTS Program for regional training and education including but not limited to: 603, EMTS Provider, CREATE and Base Building grants.

- B. Background: The EMTS County plans were developed by the RETAC Council to meet this objective for system assessment. Each county completed plans for

each year that includes an S.W.O.T. analysis that identified their Strengths, Weaknesses, Opportunity, and Threats. Human resources is one of the 15 components of the EMTS System.

Components Addressed: System Threat-High Cost of EMS Education
 The SECRETAC Council is working with the colleges and the Springfield EMS Education, Inc., to address the affordability, accessibility and quality of EMS Educational Programs in the region. Both colleges have committed to resource sharing, coordinating of regional programs to address the critical issues. Both Community Colleges are pilot programs for a long-distance learning format (CISCO) and we anticipate positive interaction and availability of cost-effective, quality training and education from these system improvements.

SECRETAC is fortunate to have currently both college's EMS Ed. Directors on the council, ensuring input and sharing of programs. The director of the Springfield EMS Ed. Inc., is also a long-term council member and is currently providing resources, training center accommodations for the EMT-Intermediate course. Both community colleges and Springfield EMS are recognized State Certified Training Centers.

System Threat-High Cost of EMS Education:

The state has acquired a new data system. With the development of the Image Trend Data Program, we have four agencies that are participating in the pilot-beta stage of the program. We anticipate a positive increase in a number of operational and data sets. First, the program is provided by the state at no cost. Second, it will provide not only the minimum; but, additional agency specific data elements. Image Trend has indicated that they will maintain a "Gold" level of compliance. The state also has budgeted for long-term maintenance of the program. We still have several agencies that will be utilizing other data programs and we will still monitor the state's interface. The bottom line is that we will have new data to support recruitment and retention efforts at the regional level.

Project Description: SECRETAC will review and evaluate the current human resource needs of the region. Analysis of the annual county plans will provide a baseline for personnel needs. The RETAC will continue to apply and explore all funding mechanisms.

C. Estimated Cost

	Description: T&E for the Year	Value/Cost
Donated items (goods)	Equipment/Classrooms 26 days @ \$100/day	\$2,600

In-Kind (services)	18 Council/4qtrs/\$21/member	\$1512
RETAC Staff	--	\$--
RETAC Operating	3,000/yr.	\$3000
Grant/Other Funds	Council@workshops:6X10days@8hrs@\$21/hr	\$10,080
	Total (Average In-Kind Per Year from Council)	\$17,192

D. Desired Outcome: Goal is to achieve a baseline of required personnel to maintain or exceed the level needed to provide adequate/improved patient care in the region. Evaluation will be based on agencies ability to maintain EMS providers at an effective level for the expected level of patient care in the region.

Goal #2 Fiscal Resources to provide advice and technical expertise to organizations to assist them in becoming financially sound.

Objective #1: SECRETAC will work with all agencies to identify fiscal needs. Create solutions to ensure the success of each agency. It will work to acquire funding to provide service to its communities, equipment to perform the service, and the funding for training to maintain current professionals.

Objective #2: SECRETAC will explore the option of applying for 603 Grant to provide the region and local agencies with the state's technical assistance regarding "Best Practices" Innovative and Explorative Funding Alternatives for EMS.

B. Background: The EMTS County plans were developed by the RETAC Council to meet this goal. Each county completes plans for each year that include a S.W.O.T. analysis that identifies their Strengths, Weaknesses, Opportunity, and Threats. Within their plans they addressed 15 components

	Description	Estimated Cost
RETAC Staff	Tech. Assist. Training & Ed.	\$ 3,000
C. Estimated Cost RETAC Operating	Operational	\$ 500
Outside Funds	State Image Trend Data Sys.	(\$ 300,000 State)
Donated / In-Kind	Agency Data Staff \$1,400 each agency @ 14	\$ 19,600

RETAC	Total	\$ 23,100
-------	-------	-----------

D. Desired Outcome: A regional data system will provide the agencies with valuable data to improve performance and eventually improve patient care within the region.

Goal #3 Human Resources includes Injury Prevention (IP) Programs-- searching for funds that help accomplish the 15 components.

Objective: #1 to approved a long-term, regional IP program and to address the number one traffic safety issue in the area, seat-belt usage.

Objective: #2 to develop a three year program to provide data, resources and interventions for the six counties of our region.

Objective #3: to develop a comprehensive evaluation to be provided to the grantor (Colorado Department of Transportation-CDOT and the Council. . More information on this program is under Injury Prevention.

A. Background: The EMTS County plans were developed by the RETAC Council to meet this objective for system assessment. Each county completes plans each year that include an S.W.O.T. analysis that identifies their Strengths, Weaknesses, Opportunity, and Threats. Within their plans, they addressed those 15 components

B. Project Description: Coordinator researches potential alternative funding sources throughout the year based upon the goals and objectives stated in county plans.

C. Estimated Cost Estimated Cost

	Description	Estimated Cost
RETAC Staff	Coordination & Reporting	\$ 500
RETAC Operating	Office materials	\$ 50
Outside Funds		\$
Donated / In-Kind	See In-Kind Report Ref.#18	\$ 54,500.00
	Total	\$ 55,050.00

D. Desired Outcome: To identify injury prevention strategies, interventions and programs at a cost-savings

Goal #4 Regional Medical Direction (RMD) & Continuous Quality Improvement (CQI):

Background: American College of Surgeons, Survey, May 17-20, 2009, EMTS Office: ACS Recommendations-"#7-Trauma System Plan-Develop and enforce standardized protocols, triage, transfer guidelines and care plans," pg.35

American College of Surgeons, Survey, May 17-20, 2009, EMTS Office: ACS Recommendations-"Emergency Medical Services-Monitor and assure appropriate local EMS medical director performance," pg.52

American College of Surgeons, Survey, May 17-20, 2009, EMTS Office: ACS Recommendations-"#7-Trauma System Plan-Set up monitoring and tracking data collection based on patient outcomes," pg.35

Objective: #1: SECRETAC will develop a regional RMD/CQI program.

Objective: #2: Implement the RMD/CQI across the region and provide resources to all ambulance transport agencies who choose to be included in the program.

Objective #3: Evaluate the RMD/CQI program with specific identified goals and objectives and provide the council, agencies and state with quarterly reports and recommendations.

B. Background:

SECRETAC has been fortunate to have two, Dr. Kevin Weber and Dr. John Abbott, currently appointed EMS Medical Directors on the state Emergency Medical Practice Advisory Council. CQI Committee works with the CQI Coordinator to develop and implement the program throughout the region. CQI committee working on monitoring and tracking patient data in the region. RMD has already visited and provided services to most of the six counties and agencies. Dr. Weber is also a medical director for our neighbor SECRETAC. He has approved regional EMS protocols (Feb. 10, 2011). This means eleven (11) southern counties of Colorado are now working with the "same" protocols and Regional Medical Direction.

C. Components Addressed: EMS agencies providers, EMS agencies directors and regional EMS components.

Project Description: RMD provides medical direction to EMS transport agencies across the region. Provides medical reviews, continuing education assessments and represents the region on state EMS issues. CQI Committee works with Dr.

Weber's CQI Coordinator to develop and implement the program throughout the region. CQI committee working on monitoring and tracking patient data in the region.

C. Estimated Cost Estimated Cost

	Description	Estimated Cost
RETAC Staff	Coordination and Reports	\$ 1000.00
RETAC Operating	Office Materials	\$ 500.00
Outside Funds	EMTS Grant	(\$ 35000)
Donated / In-Kind	Agencies: Sites, travel, staff \$2,000 @ 14	\$ 28,000
	Total	\$ 64,500

D. Desired Outcome: RMD/CQI has contractual deliverables. Quarterly reports are provided to both council and state. Medium and long-term goals and measurable objectives are being developed by the CQI Committee. RMD/CQI will become the standard of care and quality improvement model for the region.

Goal #5 Develop and implement a regional Safety Program for EMS providers.

Objective: #1. To develop a regional assessment of the safety issues and programs currently available in the RETAC.

Objective: #2. To identify specific training and education programs to address specific targeted issues within the RETAC.

Objective: #3. To evaluate the effectiveness and barriers to implementing Safety Programs across the region.

Objective: #4. To provide to the individual and region recommendations for long term sustainability of Safety Programs for the region.

A. Background: Annual county plans, SNAP and current training and education has identified initially, that safety is one of the emerging issues for EMS providers across the region. The region has a significant prisoner population and individual and agency training programs are difficult to obtain. Accessibility, affordability and quality of training and education for these programs are similar to medical and clinical education. Safety for EMS personnel has become a state and national issue and local training and education provides us with the best effective tool to prevent and effectively react to dangerous situations.

B. Components Addressed: EMS agencies providers, EMS agencies directors and regional EMS components.

C. Project Description: The RETAC will identify and provide specific safety programs for the EMS agencies and providers. Training and education programs will be applied for and depending upon the funding availability, provided on a regional basis. Evaluation and recommendations will be provided to the Council when programs are provided.

D. Estimated Cost Estimated Cost

	Description	Estimated Cost
RETAC Staff	Coordination and Reports	\$ 1000.00
RETAC Operating	Office Materials	\$ 500.00
Outside Funds	Non-EMTS Grants	\$ 10,000
Donated / In-Kind	Agencies: Sites, travel, staff \$500 @ 14	\$ 7,000
	Total	\$ 18,500

D. Desired Outcome: EMS personnel in the region will either prevent or control to the extent possible the safety of all pre-hospital care providers in the region. Reduce the number and severity of all personnel injuries while providing prehospital care services to the community.

Section 5: Attest Statement

ATTEST STATEMENT

Biennial Plan

By signing below, the RETAC Chairman and the RETAC Coordinator attest that the information contained in this document, to the best of their knowledge, completely and accurately represents the most current information available to complete the RETAC Biennial plan. The goals and objectives incorporated herein have been reviewed and agreed upon by the RETAC Board of Directors to be included in this document.

Print Chairperson Name

Chairperson Signature

Signature Date

Print RETAC Coordinator Name

RETAC Coordinator Signature

Signature Date

Appendix

Supporting Documents (A hard copy with a CD will accompany plan)

Attachments/Web Pages

- A. SECRETAC By Laws <secretac.org>
- B. SECRETAC County Plans (FY2011) <secretac.org>
- C. Arabis Group (SNAP) in June 2010 <secretac.org> and
<http://www.cdphe.state.co.us/em/retac/Reports.html>
- D. American College of Surgeons, May 2009 <secretac.org> and
<http://www.cdphe.state.co.us/em/traumaconsultation/index.html>
- E. EMTS regional financial systems audit, K Financials, September 2010
<secretac.org>
- F. Southeastern Colorado Safekids Web Page for Injury Prevention
<http://www.safekids.org/in-your-area/coalitions/southeastern-colorado.html>
<http://www.cdphe.state.co.us/em/CertificationEducation/educationprograms/index.html>
- G. NEMESIS Data Set, (<http://www.nemesis.org/>)