



Regional Emergency Medical
& Trauma Services
Systems Development Biennial Plan

Progress Update for June 2014

Mile-High RETAC
Plan Cycle
July 1, 2013 – June 30, 2015

Plan Update:	June 30, 2014
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Section 4: Goals and Objectives:

Goal #1 A culture of safety will be developed during the 3-day Annual Safety Summit which will provide education regarding safety issues for train the trainers in Colorado.

A. Goal Statement

The MHRETAC is proud to sponsor and support the 6th Annual Safety Summit and feel it is a valuable offering to the EMS community and support implementing a culture of safety.

B. Background

The MHRETAC has been the co-sponsor and organizer of the Annual Safety Summit for the past six years. The conference has been a joint project with system improvement grant funding with CDPHE.

C. Components Addressed

Integration of Health Services, EMTS Research, Legislation and Regulation, System Finance, Communication System, Medical Direction, Public Education. Prevention, Information System, and Evaluation

D. Project Description

Objective #1: The MHRETAC will coordinate and co-sponsor the Annual Safety Summit

Tasks:

1. Develop agenda and speakers to provide education and information regarding safety issues to attendees
2. Work towards developing a culture of safety with EMS agencies
3. Focus on safety will include equipment safety, ambulance safety, driving, personnel and patient safety

Objective #2: MHRETAC will provide the administrative support for the conference that includes all aspects of setting up the conference

Tasks:

1. Obtain the hotel and appropriate number of rooms and equipment for the general sessions
2. Solicit vendor participation and provide space for vendors
3. Market the conference within and outside of Colorado
4. Register and track all participants for the conference
5. Obtain the appropriate number of hotel rooms for conference attendees
6. Communicate, commit and obtain the speakers and provide resources for them to include reimbursement for travel

7. Develop the agenda and communicate to all stakeholders
8. Organize, develop and print all conference material for attendees
9. Manage all finances for the conference including paying all conference related bills and handling the money received from vendors and attendees, bank deposits and hotel bills
10. Coordinate the conference at the hotel and assure that all details are handled to assure a smooth running conference

E. Accomplishments

The MHRETAC Colorado 6th Annual Safety Summit was held on October 8-11, 2013 at the Embassy Suites Loveland. This was a Train-the-Trainer Course and featured the NAEMT EMS Safety Course and CEVO training on ambulance driving. NAEMT provided the course instructors for the NAEMT EMS Safety Course. The CEVO training was provided by a certified course instructor, James Woodworth. Paul LeSage provided training on Crew Resource Management. The Zoll Road Safety course was offered and well attended. Each participant received three certificates: an NAEMT EMS Safety Course Certificate, a CEVO Certificate and the course attendance certificate. The NAEMT and CEVO training both required passing a test for completion.

The evaluations from the course were extremely favorable and encouraged continuation of the conference into 2014. There were about 50 in attendance and mostly from the rural communities.

The goal, objectives and tasks outlined above have been accomplished to date.

F. Updates, Progress and Outcomes

Much progress has been made toward the next conference. The MHRETAC developed and submitted a System Improvement Grant for the MHRETAC Colorado 7th Annual Safety Summit to be held on October 21-24, 2014 at the Embassy Suites Loveland. There were twelve letters of support submitted with the grant. This grant was awarded.

The agenda has been a work in progress for several months. There will be two pre-conference sessions on Tuesday, with full sessions on Wednesday and Thursday and a half day on Friday. With the grant approval, active advertising for the conference will begin. The two featured speakers are Robin Rose and Paul LeSage.

This year members of NAEMT have expressed a desire to attend the course to determine if they would like to actively participate and make this a national conference.

The outcome of the Annual Safety Conference is that the EMS providers in Colorado and surrounding states will be more aware of the need for a safety culture and will apply these changes within their agencies to keep everyone safer and save lives.

Please see Attachments:

- A. MHRETAC Colorado 6th Annual Safety Summit Agenda, October 8-11, 2013
- B. MHRETAC Colorado 7th Annual Safety Summit Draft Agenda, October 21-24, 2014

Goal #2 *MHRETAC and FRETAC will have a coordinated and effective Regional Medical Direction Program*

A. Goal Statement

The MHRETAC supports Regional Medical Direction and working with FRETAC to support the program.

B. Background

The MHRETAC and Foothills RETAC each submitted a Systems Improvement Grant for a Regional Medical Direction Program for both RETACS in coordination with the Denver Metro EMS Medical Directors (DMEMSMD). The Regional EMS Coordinator works closely with the FRETAC Coordinator and MHRETAC Executive Director. Both RETACs have Regional Medical Liaisons who serve as advisors to support the RETACs and the DMEMSMD group. The major focus has been on protocol development but the future goals will encompass setting up continuous quality improvement projects for both RETACs. Each RETAC takes responsibility for administering the project within their RETAC and to manage all financials associated with the project.

C. Components Addressed

Medical Direction, Evaluation, Information Systems

D. Project Description

Objective #1 MHRETAC, FRETAC and DMEMSMD will work closely together to provide Regional Medical Direction for both RETACs

Tasks:

1. Establish a monthly meeting with both RETACs, Regional EMS Coordinator and the RML's
2. Communicate plans for RMD to the DMEMSMD group on a regular basis
3. Provide advice on what goals are to be accomplished in what time frames and to offer support towards those goals from the RML's
4. Coordinate a collaborative alliance toward CQI development and implementation among all entities
5. Determine what CQI audit filters will be studied per the RML's
6. Review the goals and objectives on a regular basis
7. Communicate with the State Medical Advisor as appropriate

Objective #2: Both RETACs will maintain financial control of the RMD grants respectively and will deliver all grant requirements as outlined in the grant deliverables.

Tasks:

1. Receive monthly invoices and time sheets from the Regional EMS Coordinator and Webmaster.
2. Pay the RMD invoices separately for each RETAC grant
3. Submit requests for payment to CDPHE from each RETAC

4. Submit quarterly reports as outlined in the grant deliverables

E. Accomplishments

The RMD program continues with the monthly meetings with the RML's, Regional EMS Coordinator and the RETAC Coordinator and RETAC Executive Director from FRETAC and MHRETAC. Both FRETAC and MHRETAC continue to work closely together on this and other projects. There have been a couple changes with the RML's due to physicians moving and job role changes. The RML's continue to work with the DMEMSMD group.

The RMD program supported the efforts to be the peer protection bill into legislation. Dr. Jeff Beckman was instrumental in working with EMSAC and others to get the Peer Protection Bill in place with the numerous changes and desires of the attorneys. This bill was passed during the 2014 session.

The Regional EMS Coordinator has been able to become more involved in the program. The assessment tool on the DMEMSMD Website should have administrative permissions provided over the next few months so agencies can use this tool for educational purposes.

The group has developed a Cardiac Alert Benchmarking project that currently has six agencies reporting data. This project may undergo several revisions before its final stage but some data is being generated that may improve patient care. The Regional EMS Coordinator is working with other agencies in an attempt to get increased participation.

The other issue has been the quality of data from EMS providers. This has so many facets to it that it may take a couple years to improve. Each vendor has a different issue with the data collection and mapping. Work has begun with a few agencies to improve the quality and accuracy of the data collection. Both RETACs are working on getting more agencies to submit data to CDPHE.

A CQI Workshop was held on May 30-31, 2014 at Denver West Marriott with Michael Taigman as the featured speaker. This conference was developed with a short time frame yet was well attended. The attendees were from hospitals, EMS and public health agencies. The evaluations supported the quality of this workshop.

The goal, objectives and tasks outlined above have been accomplished to date.

F. Updates, Progress and Outcomes

The Regional EMS Coordinator has resigned to take a director's position with a local agency. Solicitation to fill this position will begin prior to the end of June 2014.

Both MHRETAC and FRETAC will have regional continuous quality improvement projects that impact patient care outcomes. The two RETACs and the DMEMSMD group will work closely with the Regional EMS Coordinator to assure the process is valuable and data is produced in cooperation with CDPHE.

Please see Attachment C. FRETAC, MHRETAC, and DMEMSMD Regional Medical Direction Program CQI Workshop May 30-31, 2014

Goal #3 *The use of seat belts among all occupants will increase in the MHRETAC region through the efforts and utilization of an effective cohesive injury prevention program and focused strategies.*

A. Goal Statement

The goal is to raise public awareness for the need to use seat belts for all ages as well as proper car seats for young children. The high school students are the focus for developing seat belt challenges which they create.

B. Background

This is the first year that the Teen Seat Belt Challenge and the Occupant Protection grants are combined. This goal is to provide public education regarding the importance of seat belt usage among all occupants and all ages in all types of motor vehicles. C-DOT provided the data to indicate that this goal is important especially among men 18-34 years of age. The trauma data obtained from the hospitals supports the fact that many accidents occur with unrestrained passengers. 25% of this grant can be devoted to pediatrics.

C. Components Addressed

Integration of Health Services, EMTS Research, Public Education. Prevention, and Evaluation

D. Project Description

Objective #1: The Steering Committee will be re-established to provide input and collaboration among injury prevention coordinators and staff

Tasks:

1. Establish a regularly scheduled meeting to discuss goals and objectives and events for the coming months
2. Solicit new members to join the Steering Committee and assure there is representation from all the six counties in the MHRETAC
3. Review grant goals and objectives at the Steering Committee meetings

Objective #2: Public Awareness Events will occur throughout the six counties of the MHRETAC to provide education on the need for seat belt usage among all ages and among all occupants in vehicles of all types

Tasks:

1. Track the Public Awareness Events on a data base for use with report writing
2. Hand out educational materials at each event and document
3. Provide incentives with the Buckle Up and Partners in Saving Lives Message at each event
4. Provide educational materials by the staff manning the booths regarding the booster seat laws in Colorado and the need for seat belt usage
5. Develop some MHRETAC educational brochures on teen driving and senior driving for disbursement to these events

Objective #3 The MHRETAC Risk Behavior Survey will be handed out at each Public Awareness Event to provide feedback on risk behaviors in the identified communities

Tasks:

1. Hand out and encourage completion of the MHRETAC Risk Behavior Surveys at all the events
2. Tally and analyze the surveys by county, gender, age, type of vehicle etc.
3. Provide incentive for completion of the survey as prizes
4. Analyze the information from these surveys to be used for writing future grants

Objective #4 The High Schools in the MHRETAC will participate in the Teen Seat Belt Challenge campaigns

Tasks:

1. Contact high schools in the MHRETAC to participate in the Teen Seat Belt Challenge during the fall and spring sessions
2. Determine the twelve week time frames for the 4-week campaign to be held within for each participating school
3. Coordinate with the schools and MHRETAC Campaign Champions to conduct pre and post observations at the participating high schools
4. Contact the high schools to determine who will actually be participating in which session and obtain an agreement letter from the school
5. Gather the developed portfolios from the schools for judging during the fall and spring campaigns
6. Purchase and provide a plaque and a final celebration with cupcakes and popcorn for the winner of the portfolio campaign

Objective #5 MHRETAC Executive Director will serve as the Project Director and handle all finances for the grant

Tasks:

1. Collect all time sheets, local match and expenses for the grant
2. Collate the information and develop the claim forms and submit all claims and documents for reimbursement from C-DOT
3. Maintain budgets for the grant
4. Produce and submit all quarterly reports, annual and final reports to C-DOT per grant deliverables

E. Accomplishments

Mile-High RETAC previously received two separate C-DOT grants; one for Occupant Protection (OP) and one for Teen Seat Belt (TSB) Challenge. The two C-DOT grants were combined in FY14 after the grants were written, submitted and approved. The grants were re-written with combined budgets for the first time. The award for FY2014 was for \$65,000. This was a reduction from the two grants combined previous year of \$110,000.

The committees from both OP and TSB were combined and meeting monthly to discuss activities and upcoming public awareness events.

The MHRETAC C-DOT Grant Risk Behavior Survey has been updated and is being used at the various public awareness events. The goal of this survey is to determine risk behaviors among various age groups, ethnic groups and types of vehicles.

There has been a special pickup truck project focused on Elbert County for the past two years. Elbert County has a 50% death rate in pickup trucks. Nationally pickup truck drivers have a 7% lower rate of using seat belts than drivers in other types of vehicles.

Seat belt usage data per county for all age groups has been provided and is used for public awareness campaigns.

The twelve participating high schools within MHRETAC just completed their spring campaign. This campaign touched approximately 15,000 students. Presently there is a fall and spring campaign at the participating schools. Each campaign is four weeks in length during a specific twelve week period. The MHRETAC Eighth Annual Teen Seat Belt Challenge Overview explains how the plan works for the high schools.

The public awareness campaigns for the occupant protection project had several venues scheduled during April and May with the majority during the summer. The finances are on target and all quarterly reports and claim forms have been submitted per the contract deliverables.

The goals, objectives and tasks outlined above have been accomplished to date.

F. Updates, Progress and Outcomes

The MHRETAC C-DOT Grant Risk Behavior Survey was updated to include the county of origin since the grants are focused on county behaviors. Oftentimes, the people completing the surveys do not complete them accurately; therefore the people manning the booths need to screen the surveys when they are handed in to help assure accurate data collection.

The special project for pickup trucks was used at the Elizabeth Stampede, Elbert County Fair and Elizabash also in Elbert County in June of 2013 and 2014.

Once again, there will be a pediatric transport educational offering at the MHRETAC Colorado 7th Annual Safety Summit in October 2014. This will include a demonstration of the use of car seats in ambulances.

MHRETAC developed a Teen Driving Brochure. This is used at the booths that include educational information for teen-agers and parents on Colorado's GDL. Each booth also has a focus on infant car seats and booster seats.

Due to the MHRETAC Special Project Funding FY14, two car seat technician courses were offered which increased the certified car seat technicians in the MHRETAC by 43 people. These courses were offered in January and February of 2014. The additional

trained personnel included police officers, hospital injury prevention coordinators and EMS personnel.

Several new schools were added this year for the Teen Seat Belt Challenge. These schools included Horizon, George Washington, Legacy and Holy Family High School. There were 12 schools participating in the campaigns this year.

With these continued efforts, the awareness of the need for seat belts has increased within the MHRETAC.

Please see Attachment

D. MHRETAC C-DOT Grant Risk Behavior Survey 5.29.14

E. MHRETAC C-DOT Grant Teen Driving Brochure

F. MHRETAC Eight Annual Teen Seat Belt Challenge Spring 2014

G. MHRETAC TSB School Participation 2014

Goal #4 The MHRETAC Mass Casualty Incident (MCI) planning efforts will correlate with FRETAC MCI planning to provide a regional approach for managing an MCI and Multiple-Person Injury (MPI) event

Goal #4-1 Prehospital Providers will provide a standardized cohesive and efficient response to Mass Casualty Incident (MCI) events within the MHRETAC

A. Goal Statement

MHRETAC prehospital providers will provide a standardized cohesive and efficient response to MCI events within the MHRETAC.

B. Background

The MHRETAC has been working diligently to provide education on MCI response and to provide a standardized cohesive and efficient way to respond to MCI events. This education has been through MCICS conferences as well as addressing issues in the Combined MCI Committee.

C. Components Addressed

Integration of Health Services, Legislation and Regulation, System Finance, Human Resources, Education Systems, Public Access, Evaluation, Communication Systems, Medical Direction, Clinical Care, Mass Casualty, Public Education, Prevention and Information Systems.

D. Project Description

Objective 1: MCI Operational Plans by Fire and EMS agencies will be developed through the supportive efforts of the MHRETAC

Tasks:

1. Maintain a list of pre-hospital agencies that have attended the MCICS Courses
2. Survey pre-hospital agencies to ascertain status of individual operational EMS agency plans.
3. Collect current operational EMS MCI agency plans
4. Work with Medical Directors and the Combined MCI Committee members to accomplish the above

Objective 2: Pre-hospital providers will be provided the necessary tools to be effective and efficient in any MCI response

Tasks:

1. Provide MCI education as needed
2. Provide outreach/education to all pre-hospital agencies to assist them in writing an operational agency-specific MCI plan.
3. Update and modify the MHRETAC MCI Cache system as needed
4. Actively support standardized equipment in the MCI trailers and supply units
5. Continue to evaluate and update the MHRETAC MCI Plan
6. Continue to evaluate and update all the MCI related regional documents
7. Distribute the MHRETAC MCI Plan and all related documents for education to pre-hospital agencies within the MHRETAC

E. Accomplishments

The task of collecting the operational MCI plans from EMS agencies is in progress. The MHRETAC MCI plan was updated and approved by the MHRETAC Board of Directors on November 21, 2013 and posted on the MHRETAC website. The FRETAC and MHRETAC MCI Plans continue to mirror each other providing a standardized cohesive and efficient response to MCI events within the both regions.

There have been numerous MCI educational offerings within the MHRETAC. The North Central Region has offered various drills that include police officers, EMS, hospitals and public health agencies. Recently there has been several hospital evacuation drills conducted. In May 2014, Operation Sync was conducted that was held on three floors of the former University of Colorado Hospital. This drill was a continuous drill all day with representatives from police, fire, EMS, public health and hospitals.

The MHRETAC MCI Caches were inventoried, updated and re-organized with the purchase of additional trailers. The equipment is now standardized and organized on shelving units. Please see Goal # 4-3 for more cache details.

The objectives and tasks outlined above are in progress and many have been accomplished to date.

F. Updates, Progress and Outcomes

Training has been provided to provide a standardized cohesive and efficient response to MCI events within the MHRETAC by pre-hospital providers, hospitals and other participating agencies. The MCI plans will continue to be updated every other year.

Goal #4-2 The MHRETAC MCI Plan will be integrated with the Hospital MCI Plans within the MHRETAC to improve the effectiveness of care for any patient involved in an MCI or MPI event

A. Goal Statement

The MHRETAC MCI plan will be integrated with the Hospitals MCI Plan within the MHRETAC to improve the effectiveness of care for any patient involved in an MCI event.

B. Background

The MHRETAC MCI Plan needs to integrate with the hospital MCI plans to assure that there is cooperation in planning efforts during an MCI event.

C. Components Addressed

Integration of Health Services, Legislation and Regulation, System Finance, Human Resources, Education Systems, Public Access, Evaluation, Communication Systems, Medical Direction, Clinical Care, Mass Casualty, Public Education, Prevention and Information Systems.

D. Project Description

Objective 1: Hospitals and pre-hospital providers within the MHRETAC will work in harmony, understanding the language, designation, trauma category and patient flow during any MCI or MPI event from initial time of event through the care of all patients in the field and hospitals.

Tasks:

1. Research hospital specific MCI/MPI plans
2. Understand hospital HICS training and other facility-specific MCI/MPI training
3. Identify and organize partners needed to accomplish this goal from hospitals, Colorado Hospital Association (CHA), CDPHE Programs, Public Health, Combined MCI Committee, Communication Partners and others needed to facilitate the accomplishment of this goal.
4. Work with hospital partners to identify differences in MCI/MPI terminology to include, but not limited to:
 - a. Triage Categories
 - b. Bed-Counts versus Medical Facility capabilities
 - c. Notification/availability
 - d. Patient Reporting
5. Understand and utilize the Integration of EMS systems in all planning and exercises.
6. Agree upon standard pre-hospital and hospital policies and protocols during an MCI/MPI event.

Objective 2: Any agreed upon changes as outlined in Objective #1 above will be implemented.

Tasks:

1. Agree to common procedures/ terminology/processes by the pre-hospital providers and hospitals
2. Teach and implement the agreed upon changes through:
 - a. Pre-hospital education
 - b. Medical facility education
 - c. Exercises
 - d. Additional methods to be identified

E. Accomplishments

Many of the hospitals have participated in evacuation planning efforts within the region. EMSystems has worked with hospitals to provide consistent terminology for bed counts, triage categories, notifications and patient reporting. EMSystems has made great progress with improvements focused on resources needed during an MCI that have proven to be beneficial to the hospitals and EMS agencies.

The objectives and tasks outlined above are in progress and will be a focus for 2014.

F. Updates, Progress and Outcomes

The focus over the past year has been on MCI Plan revisions and caches. The focus for 2014 will be to accomplish the hospital portion of these goals.

The integration between the pre-hospital and the hospital MCI/MPI plans will support a common language to be more efficient and will improve the effectiveness of care for any patient involved in an MCI/MPI event. This will be accomplished through the continual improvements and education with EMSystems.

Goal #4-3 *Regional MCI/MPI planning and response efforts will improve between the FRETAC and MHRETAC with more participation by stakeholders and similar MCI documents*

A. Goal Statement

The Regional MCI planning and response efforts will improve between the FRETAC and MHRETAC with more participation by stakeholders and similar MCI documents.

B. Background

The MHRETAC MCI planning and response needs to be integrated with the FRETAC plan since both RETACs are next to each other and provide resources as needed during an MCI event. The MCI plans for both RETACs mirror each other and plans are updated on alternate years by each RETAC. The Combined MCI Committee would like to see more representation at meetings from stakeholders.

C. Components Addressed

Integration of Health Services, Legislation and Regulation, System Finance, Human Resources, Education Systems, Public Access, Evaluation, Communication Systems,

Medical Direction, Clinical Care, Mass Casualty, Public Education, Prevention and Information Systems.

D. Project Description

Objective 1: Committee participation will improve through the communication of the activities of the Combined MCI Committee and developing similar MCI documents

Tasks:

1. Update the MHRETAC MCI Plan in 2013 and FRETAC MCI Plan in 2014 , each on a biennial basis thereafter and distribute to stakeholders
2. Complete the Medical Resource Guide for MHRETAC to compliment FRETACs Medical Resource Guide and combine as appropriate
3. Distribute all MCI planning documents to all stakeholders
4. Promote and encourage committee attendance through a variety of methods including e-mail lists and website
5. Solicit membership from pre-hospital providers, hospitals, public health and emergency managers
6. Promote NCR, UASI, and MMRS member integration

Objective 2: Communication, education, exercise and training will improve MCI planning.

Tasks:

1. Assist and facilitate pre-hospital agencies in writing their operational MCI plans
2. Visit regional stakeholders to encourage attendance at the Combined MCI Committee and obtain MCI plans for EMS agencies and hospitals
3. Assist with exercises and training events such as hospital surge and evacuation
4. Support education and use of 800 MHZ radios for hospitals and EMS through daily use by EMS to the hospitals and monthly call downs
5. Promote and support integration between Public Safety, emergency management and hospitals in planning efforts

Objective 3: There will be standardization and coordination of all types of caches and access to all caches through collaboration of all agencies

Tasks:

1. Determine the current status of all types of caches
2. Develop a common language for all stakeholders when referring to caches
3. Develop the minimum inventory list and assist in making all caches match this list
4. Support in the efforts to obtain shelving or necessary storage equipment for caches
5. Develop and distribute document referring to the caches and how to access them through policy development
6. Obtain signatures on MOU's for the caches
7. Maintain the Medical Resource Guide current as a resource for all the caches and how to access them

8. Conduct inventories and inspection of all caches every two years or as determined by the Combined MCI Committee

Objective 4: MCI Management will be improved through the exploration of additional methods and projects.

Tasks:

1. Explore the creation of an ambulance authority with strike teams to include both public, private and fire
2. Review EMS capability assessment for potential gaps and need for funding
3. Support effort with EMSystems to provide a web page that would indicate ambulance availability during an MCI event and to include regional education efforts regarding the use of EMSystems and the definitions used by hospitals and pre-hospital care providers
4. Research the current process for priority deployment of medical resources
5. Explore the feasibility of creating fire medical resources with medical trailers to address the firefighter rehab needs that may generate money instead of using the RETAC caches
6. Encourage the development of a "Communication Surge Network" to enhance communication resources to effectively manage MCIs and hospital surge events within Colorado.
7. Provide training to potential ESF-8 leads in medical resource availability and management
8. Support efforts with EMSystems to provide a web page that would reflect medical resource availability during an MCI event or a hospital evacuation

E. Accomplishments

The MHRETAC MCI Plan was revised and approved on November 21, 2013 and posted on the MHRETAC website. This plan continues to mirror the FRETAC MCI Plan. The Medical Resource Guide has been developed but needs to be updated again and provided to stakeholders.

The committee members from both RETACs have decreased over time. The hope is to increase membership and participation with these regional projects. The two RETACs have held combined meetings for over two years now with much progress and collaborative efforts to standardize planning efforts in the two regions. Membership is consistent among EMS and public health but sporadic from hospitals.

The promotion of NCR, UASI and MMRS integration will occur through the new committee that has been organized to include the MCI Committees from FRETAC and MHRETAC, the NCR EMS Committee and the FRETAC and MHRETAC RMD program. This new committee is the EMS Planning and Preparedness Meeting. This committee will meet every other month in conjunction with the DMEMSMD meeting. These combined meetings began on May 8, 2014. Both FRETAC and MHRETAC may need to continue having individual MCI meeting to accomplish more planning efforts with the hospitals.

With more hospitals and EMS agencies attending drills and educational offerings, there have been improved MCI regional planning efforts.

Due to the MHRETAC Special Projects Funding for FY14, the MHRETAC was able to purchase trailers for MCI caches, shelving units and totes. This collaboration of all the agencies was an outstanding benefit to the region. We now have five MCI trailers that are very similar with supplies, shelving units and totes. The additional three hospital surge trailers were also provided with shelving units and totes to provide better organization and location of supplies. Some of the trailers are now a combination trailer with both medical surge supplies and MCI. One of the medical surge trailers will be located in the far eastern portion of the MHRETAC to provide supplies for that area along the I-70 Corridor. Another medical surge trailer which also had MCI equipment on board was updated and is now an MCI trailer in the southernmost part of MHRETAC.

The next step is to obtain signatures for the MOU's for the caches and to publicize the contents of the caches and the new locations. This information will be added to the Medical Resource Guide revisions. The cache locations are now more strategically located in all parts of the MHRETAC.

The support for the EMSsystem to provide a web page to include ambulance availability during an MCI has been accomplished. The notices for educational offerings for EMSsystems are frequent. The Communication Surge Network is mostly completed with some final phases to end the project.

The MHRETAC and FRETAC provided an educational offering on ESF-8 on January 8, 2014 in Blackhawk. This educational offering included EMS, hospitals, public health and Health Care Coalitions leaders. The presentation was provided by Lori Hodges from CDPHE.

EMSsystems is still working on the medical resource availability during an MCI. MHRETAC will need to provide to them the updated MCI trailers and relocation of other caches once the project is completed.

The objectives and tasks outlined above are in progress with many accomplished to date.

F. Updates, Progress and Outcomes

There has been an increase in participation with MCI planning due to the MHRETAC Special Funding FY 14 which provided funds to complete the MCI regional planning efforts. The progress on the trailers, supplies, shelving units and totes has been outstanding. The inventories were all completed for each location and will continue on a regular basis.

When the last few items of this project are completed, there will be standardized MCI caches in strategically located regions within MHRETAC.

Please see Attachment H. FRETAC & MHRETAC MCI Committee ESF-8 Presentation, January 8, 2014

Goal #5 *Healthcare providers in EMS and hospitals will be informed of current legislation and legal issues provided at the MHRETAC Annual Legal Forum*

A. Goal Statement

The MHRETAC will provide information on current legislation and legal issues facing health care providers at a Legal Forum for health care providers in Colorado.

B. Background

It is important for healthcare providers to be informed of current legislations that affect them every day work. Legal issues need to be conveyed to health care providers so they handle situations in a more effective and professional manner.

C. Components Addressed

Integration of Services, EMTS Research, Legislation and Regulation, System Finance, Human Resources, Public Education, Prevention, Evaluation, Public Access, Communication Systems, Medical Direction, Clinical Care, Mass Casualty

D. Project Description

Objective #1 Healthcare providers will be kept informed of current legislative issues and regulations that face them on a day to day basis by providing the MHRETAC Annual Legal Forum

Tasks:

1. Develop an agenda for the Annual Legal Forum to be held in September
2. Determine the speakers and topics to be presented through cooperative efforts
3. Contact the speakers who are to present
4. Locate a meeting space for the event
5. Market this event to other RETACS, all stakeholders and CDPHE
6. Determine which speakers are well informed of current issues related to health care providers and will be able to relay that information to the attendees
7. Obtain the speakers for the forum
8. Provide continuing education credits for EMS, nurses, physicians and attorneys
9. Develop and have the attendees complete the evaluations
10. Provide an evaluation summary to the MHRETAC BOD for review

Objective #2 The topics for the Legal Forum will be determined by the collaborative efforts of the MHRETAC Strategic Planning Committee.

Tasks:

1. Develop and determine the topics of interest for each of the Legal Forums
2. Research the speakers who are experts in the field for the topics selected

E. Accomplishments

The MHRETAC 2nd Annual Legal Forum was held on September 23, 2013 at Rita Bass EMS Educational and Trauma Center. The program was well received. Topics included Malpractice Claims, Community Paramedicine, Obama Care, Mental Health Holds, Psych Patient Transfers, EMTALA, Current Legislative Issues, and Electronics in the Medical World.

The speakers were attorneys, representatives from Colorado Governor's Office, area hospitals and EMS agencies. The EMS, Nurses and Physicians all were provided with continuing education credits. The speakers were determined by the MRETAC Steering Committee. The evaluation results were outstanding for the topics speakers and the desire to continue this venue.

The objectives and tasks outlined above have been accomplished to date.

F. Updates, Progress and Outcomes

The MHRETAC 3rd Annual Medical Legal Forum will be held on September 23, 2014 at St. Anthony Hospital. The agenda is in progress and almost completed. The advertising of this event has occurred on EMTS on the Go, through e-mails to stakeholders, COEMS, MHRETAC Website and the RETAC Coordinators and Executive Directors. There will be a presentation on the new EMS legislations that passed in 2014.

The healthcare providers of Colorado will be provided information on current legislation and legal issues facing them on a day to day basis.

Please see Attachment

- I. MHRETAC 2nd Annual Legal Forum Agenda, September 23, 2013

Goal #6 *CPR and AED training will be provided in middle and high schools in the MHRETAC through the Student Medical and Responder Training (SMART) program.*

A. Goal Statement

The MHRETAC supports this program of teaching CPR and AED training to students in middle and high schools. The Board of Directors feels the impact of this program has demonstrated the ability for citizens to save lives.

B. Background

It has been proven that when citizens know Cardiopulmonary Resuscitation (CPR) and are trained in using the Automated External Defibrillator (AED), lives can be saved. This program was initially developed by the Adams County EMS Council in 2007. The intention of the program is to implement CPR and AED training as a part of the school district's educational curriculum. By training Physical Education and Health Teachers to be CPR instructors, the program can be self-sufficient for future years. This also enables additional training for other staff members, coaches and the community as a whole.

C. Components Addressed

Integration of Health Services, Public Education. Prevention,

D. Project Description

Objective #1: A task force will be established to develop the concepts of this program

Tasks:

1. Identify the task force members and establish regularly scheduled meetings
2. Update the SMART Program Overview
3. Develop a Community Program Overview

Objective #2: A community event for CPR training will be held and sponsored by MHRETAC

Tasks:

1. Identify a time and location for a community training in CPR for the general public
2. Obtain CPR trainers to assist with this event
3. Market the event to local business and schools
4. Obtain co-sponsors for this event such as the American Red Cross or American Heart Association

Objective #3: CPR training in middle and high schools may be mandated in Colorado legislation

Tasks:

1. Contact local legislatures who may be interested in this concept
2. Research other states that have similar bills
3. Develop a fact sheet on the benefits and outcomes of CPR training

Objective #4: Equipment and training in CPR and AEDs to middle and high school students will be provided through a grant awarded to the MHRETAC

Tasks:

1. Explore various options of financing this project
2. Identify a feasible option for funding
3. Develop and submit a grant to include a contracted staff member to carry out the program identified and equipment needed for the schools
4. Determine next steps if no funding is available

Objective #5: The continuation of this CPR training will be determined by identifying the schools that are continuing to offer this program and in soliciting new schools to participate in the program

Tasks:

1. Contact previous schools teaching this program for an updated report of activities
2. Contact new schools for participating in this program
3. Determine some volunteers to teach CPR in the schools

E. Accomplishments

Various community projects for chest compressions and AED training classes were held during July 2013 with Thornton Fire Department, Adams County OEM, North Washington Fire and MHRETAC. These events were at Thornton Days and with Thornton City Employees. The classes include watching a DVD on chest compressions, practicing the chest compressions on manikins and then training on AED's. 256 people were trained during these events. Everyone felt that following these trainings, they would be able to perform chest compressions in an effort to save lives.

Adams County provided these same chest compression CPR classes in their Adams County Government offices for employees and guests and trained 117 employees in August 2013. The evaluation supported the need for this type of training and who quickly people can become comfortable in providing chest compression CPR to save a life.

The 1st Annual MHRETAC Golf Tournament was held on June 23, 2014 at the Lakewood Country Club. This was a fund raising event for CPR equipment, training and education in schools and the communities. Sponsors and teams were solicited to participate in this very worthwhile event. The event was successful and was a great opportunity to teach the communities regarding the functions of the RETACS in the statewide trauma system.

One of the projects of the MHRETAC Special Funding FY 14 was to purchase additional CPR equipment. MHRETAC has established a north and south CPR cache to be used for training in schools and communities. The north location is located at North Washington Fire and the south cache is located at Castle Rock Fire. Some AED Trainers have been purchased to add to these caches. These caches will allow more people to use the equipment and provide better control of inventory.

Adams County Schools and Kiowa High School have continued to teach CPR to students on their own due to the manikins and AED trainers that were provided to them from the MHRETAC and provider grants in previous years. Kiowa High School has trained approximately 600 students over the past three years. Adams County has trained over 12,000 students.

The objectives and tasks outlined above have been accomplished to date.

There is a time commitment on the part of the task force to work on these projects. There is some equipment still available to place into schools if someone was available to teach the CPR training. This project is mostly in-kind at this point. There are no revenues generated from this goal.

F. Updates. Progress and Outcomes

This is an exciting on-going project for MHRETAC. Middle and high school students in MHRETAC are receiving CPR training. The task force continues to discuss how to obtain funding to support purchasing the proper equipment, hiring a project coordinator and setting up the program in at least one school per county. Classes will be conducted with train the trainer courses for more instructors trained to teach the student courses. The ultimate goal is to pass legislation mandating CPR training in middle and high schools in Colorado.

Please see Attachment J. MHRETAC 1st Annual Golf Tournament Flyer, June 23, 2014
K.MHRETAC 1st Annual Golf Tournament Program

Goal #7 MHRETAC will have valid and reliable EMS and hospital data to correlate projects relating to the clinical care in the region

A. Goal Statement

The MHRETAC would like to have EMS data and trauma data available to determine patient care needs or system changes.

B. Background

The MHRETAC has worked in the past to develop the 7 year Annual Trauma Report based solely on hospital data. EMS data is being collected from more agencies in 2012 than in 2011. The problem is that the reports are not valid reports. There are issues with primary diagnosis, mapping, consistency between vendors and too many options for documentation of patient care. The need for valid data is enormous. The hospitals get together annually to determine validity of data but no EMS agencies have done this to date. The problem surfaced prior to the workshop that MHRETAC, FRETAC and RMD conducted with the vendors in June 13, 2012. The vendors and agencies were amazed at the differences in data collection. CDPHE is recognizing issues with the current vendor for this EMS data. This is such a huge issues, it may take several years to accomplish.

C. Components Addressed

Integration of Health Services, EMTS Research, Legislation and Regulation, System Finance, Communication System, Medical Direction, Information System, Clinical Care and Evaluation

D. Project Description

Objective #1: The Clinical Care Committee will work with the RMD program to determine a minimum data set to start identifying the problems with the EMS data collection

Tasks:

1. Cooperation will occur with the MHRETAC Clinical Care Committee, RMD, DMEMSMD group to identify a small set of data points to begin the process of data collection

2. Identify a process with RMD to determine how to approach the issue of EMS data validation with the various vendors
3. Determine which agencies are not submitting data to CDPHE and encourage participation
4. Establish small meetings set up with vendors and EMS agencies in the region to discuss issues to determine how to have valid data collection
5. Work with CDPHE to determine steps in the process with the state vendor

Objective #2: The hospital data collection process will be validated as a region with all hospitals participating

Tasks:

1. Work with CDPHE to develop a process for all hospitals to determine validation of data
2. Establish a meeting with all hospitals to review the inclusion and exclusion criteria
3. Determine next steps if appropriate

Objective #3: The Clinical Care Committee will identify one project that will include hospitals and EMS working together

Tasks:

1. Identify a combined project with EMS and hospital representatives on the committee
2. Identify the data points to be collected
3. Establish a process for this project
4. Share the project with all MHRETAC agencies and hospitals

E. Accomplishments

CDPHE is now sending quarterly reports on what EMS agencies are reporting data to CDPHE. These reports have been helpful in contacting EMS agencies to encourage them to start reporting all their data. MHRETAC and FRETAC have been working with CDPHE to determine next steps in getting more EMS agencies to report data and then to look at data validity and mapping issues. The RMD EMS Coordinator has set up some meetings with various agencies to determine how valid their data is and how much data they have submitted. This is an on-going problem with the various vendors and agencies being allowed to develop their own drop downs for documentation. There is no standard dictionary for use of the common terms which causes the data to be invalid.

With NEMSIS 2.5 changing to 3.0, there may be more challenges ahead in obtaining valid reliable EMS data.

The hospitals attended a hospital data workshop provided by CDPHE in December 2013. Some of the major hospital systems also developed their own workshop on data validity. The hospitals reviewed all the inclusion and exclusion criteria to assure valid data collection.

This is an on-going in process goal.

F. Updates, Progress and Outcomes

The MHRETAC Clinical Care Committee has agreed to work with FRETAC on a joint project on C-Spine Immobilization in patients 60 years and older. The process is just beginning. The group wants to get IRB approval with St. Anthony as the lead hospital. Obtaining the IRB approval may be a lengthy process.

Goal #8 *MHRETAC will work collaboratively with other RETACs to develop a new integrated EMS and trauma model for 2015*

A. Goal Statement

The RETACs will work together at the RETAC Forums to develop a new format for the biennial plans that is inclusive with EMS and trauma.

B. Background

The RETAC Coordinators/Executive Directors have identified that the biennial plan as is currently designed may not be the best format for writing goals and objectives for the region.

C. Components Addressed

Integration of Health Services, EMTS Research, Legislation and Regulation, System Finance, Human Resources, Education Systems, Public Access, Evaluation, Communication Systems, Medical Direction, Clinical Care, Mass Casualty, Public Education, Prevention and Information Systems

D. Project Description

Objective #1: The new biennial plan will be a defined collaborative effort among all the RETAC Coordinators/Executive Directors and CDPHE

Tasks:

1. Identify this project on the agenda at each RETAC Forum
2. Determine definitions, goals and objectives of this project
3. Reach consensus on the final product

E. Accomplishments

This has been an on-going topic of discussion at the RETAC Forum Meetings. This continues to be a work in progress.

F. Updates, Progress and Outcomes

This is an on-going project and joint effort of all the RETAC Coordinator and Executive Directors.

Attachments:

- A. MHRETAC Colorado 6th Annual Safety Summit Agenda, October 8-11, 2013
- B. MHRETAC Colorado 7th Annual Safety Summit Draft Agenda, October 21-24, 2014
- C. FRETAC, MHRETAC and DMEMSMD Regional Medical Direction Program CQI Workshop, May 30-31, 2014
- D. Mile-High RETAC C-DOT Grant Risk Behavior Survey 5.29.14
- E. MHRETAC C-DOT Grant Teen Driving Brochure
- F. MHRETAC Eight Annual Teen Seat Belt Challenge, Spring 2014
- G. MHRETAC TSB Challenge Participating School 2014
- H. FRETAC & MHRETAC MCI Committee ESF-8 Presentation January 8, 2014
- I. MHRETAC 2nd Annual Legal Forum Agenda, September 23, 2013
- J. MHRETAC 1st Annual Golf Tournament Flyer, June 23, 2014
- K. MHRETAC 1st Annual Golf Tournament Program

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.

__ **Charles W. Mains, MD, MHRETAC Chair** _____
Print Chairperson Name

Chairperson Signature

Signature Date

__ **Shirley J Terry, BSN, RN, Executive Director** _____
Print RETAC Coordinator Name

RETAC Coordinator Signature

Signature Date