

# KIT CARSON COUNTY COMMISSIONERS

MINUTES  
AUGUST 21, 2013

8:00 A.M. CALL MEETING TO ORDR  
8:30 A.M. REVIEW AND APPROVE PAYABLES  
9:00 A.M. KIM SCHALLENBARGER WITH RETAC  
9:30 A.M. READ & APPROVE MINUTES  
10:00 A.M. NIKKI & CORY WALL 2014 FAIR PLANNING  
10:30 A.M. KEN VIKEN – 2014 FAIR PLANNING  
11:00 A.M. ABBY MULLIS – ASSESSOR’S ABSTRACT  
12:00 P.M. LUNCH  
1:00 P.M. BOOKMOBILE UPDATE – Rhonda Grunewald 970-332-4715 cell 970-630-0800  
1:30 P.M. ADMIN SIDE ITEMS  
2:00 P.M. DOUG SATTERLY – PURCHASE ORDERS  
2:30 P.M. BALLOT QUESTION AND IGA  
3:00 P.M. DAVID LITTERAL – EOP PLAN

## NEW ITEMS:

- CHP September 19, 2013 at 10:00 A.M. at the CTSI offices
- August Staatz – terminate contract
- Auto Clear Maintenance Agreement – Sheriff – Security X-ray machine
- Board member appointment letters received
- Judges report 2013 rodeo
- Close of Korbelik Case
- Flagler Annexation papers
- Letter from Judge Singer

## SIGNATURES:

## OLD ITEMS:

## FYI:

- August 28 – CHP meeting closing court house at 3:00 pm
- Auto backing accident in Sheriff’s office. Have asked CTSI for a refresher Driving Course

## NOTES:

- In December – get bids for slag

Meeting called to order at 8:30 A.M. by Chairman Dave Hornung. Those present were Dave Hornung, Dave Gwyn, Gary Koop, and Della Calhoon. Paula Weeks absent.

## KATRINA TROBEE - IT

Katrina met with the Board of County Commissioners and reviewed that the trial period for the firewall on the new server is out and that we need to decide what way they want to protect the county server. Katrina gave a review of continuing with SonicWall or go with a Cloud Based firewall. Katrina reviewed the cost for each system SonicWall for \$438.00 per year or the Cloud Base at around \$2,000.00 per year. Board said to go with one year with SonicWall \$438.00 for the year with technology changing something else could become available. Motion to go with SonicWall for one year was made by Gary Koop, seconded by Dave Gwyn, motion carried by unanimous vote of Dave Hornung.



### **TED FOTH – AMBULANCE REPAIRS**

Ted met with the Board of County Commissioners and presented pictures where the bumper on one of the ambulances was rusted and needed immediate repairs. Ted reviewed the pictures showing rust on brackets. Because this was a safety issue if someone would step up on the bumper to access the ambulance has taken this to Hitchcock for repairs. Ted also looked at the other ambulance units and has one other unit that will need to be repaired.

### **APPLICATION FOR AMBULANCE SERVICE IN STRATTON**

Ted presented an application for an individual who would like to assist with the Stratton Ambulance Service. The Board of County Commissioners reviewed the application and told Ted that this was his decision.

### **KIM SCHALLENBERGER – RETAC MOU**

Kim Schallenberger, Rob Handley, Judi Mitchek and Ted Foth met with the Board of County Commissioners and presented the regional biennial plan. The Goal Statement: The Region will support and enhance existing educational programs while exploring additional avenues to provide high quality education. This will include pre-hospital, facility, BSL, and ALS education as needed by local stakeholders. Goals: Education to the volunteers, Community Paramedicine; Stakeholders understand the role of RETAC.

Ted gave a review of how RETAC was created and what counties were in each region. Kim is called on when issues arise to assist and organize when needed by a county. All counties receive the same amount of funding. The 5 Counties are Cheyenne, El Paso, Lincoln, Teller and Kit Carson Counties. Counties must have a contiguous connection when being formed. The region has not received an increase in the 13 years it has been established and need to make sure funding is there for EMS.

Dave Gwyn stated that Cheyenne County is the fiscal agent and receive 6.5% of budget. Kim Schallenberger is employed by RETAC but the funds run through Cheyenne County. The RETAC funds are audited by the Cheyenne County Auditor.

Funding of EMS in the counties is becoming an issue and may need to look at how this may change. May need to see if having volunteers will be changed to paid employees and if this happens how this will be funded by the counties that currently have volunteer service.

Kim presented the Reconstituted and Amended Intergovernmental Agreement Establishing the Plains to Peaks Regional Emergency Medical and Trauma Advisor Council. Motion to enter into IGA was made by Dave Gwyn, seconded by Gary Koop, motion carried by unanimous vote of Dave Hornung.

## **RESOLUTION 13-12274**

### **RECONSTITUTED AND AMENDED INTERGOVERNMENTAL AGREEMENT ESTABLISHING THE PLAINS TO PEAKS REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL**

The Board of County Commissioners reviewed the reconstituted and amended IGA for Plains to Peaks regional emergency medical and trauma advisory council. Motion to enter into resolution with Cheyenne, El Paso, Teller, and Lincoln counties was made by Dave Gwyn, seconded by Gary Koop, motion carried by unanimous vote of Dave Hornung.



**RECONSTITUTED AND AMENDED  
INTERGOVERNMENTAL AGREEMENT ESTABLISHING THE  
PLAINS TO PEAKS REGIONAL EMERGENCY MEDICAL AND TRAUMA  
ADVISORY COUNCIL**

**CHEYENNE COUNTY RESOLUTION NUMBER:** \_\_\_\_\_  
**EL PASO COUNTY RESOLUTION NUMBER:** \_\_\_\_\_  
**KIT CARSON COUNTY RESOLUTION NUMBER:** 13-12274  
**LINCOLN COUNTY RESOLUTION NUMBER:** \_\_\_\_\_  
**TELLER COUNTY RESOLUTION NUMBER:** \_\_\_\_\_

**THIS AGREEMENT** to reconstitute and amend the previous Intergovernmental Agreement Establishing the Plains to Peaks Regional Emergency Medical and Trauma Advisory Council is entered into this \_\_\_\_ day of \_\_\_\_\_ 2013, (first day after final approval of all counties) by and among the Board of County Commissioners for the counties of Cheyenne, El Paso, Kit Carson, Lincoln, and Teller, Colorado, referred to collectively herein as the "Counties".

**WHEREAS**, the Counties did originally agree to establish and support the Plains to Peaks Regional Emergency Medical and Trauma Advisory Council by means of the intergovernmental agreement titled: Intergovernmental Agreement Establishing the Plains to Peaks Regional Emergency Medical and Trauma Advisory Council dated November 1, 2000; and

**WHEREAS**, the General Assembly of the State of Colorado enacted the statewide Colorado Emergency Medical and Trauma Services Act ("Act"), Section 25-3.5-101, et seq., C.R.S.; and

**WHEREAS**, the Act mandates that the Colorado State Board of Health adopt rules specifying that the governing body of each county or city and county throughout the state shall establish a regional emergency medical and trauma advisory council (herein "RETAC") with the governing body of four or more other counties, or with the governing body of a city and county, to form a multicounty RETAC; and

**WHEREAS**, the Counties continue to recognize that appropriate care for those persons experiencing a medical emergency or traumatic injury is advisable; and

**WHEREAS**, the Counties continue to share a cooperative spirit to determine if the benefits and advantages of an effective emergency medical and trauma system are greater by working together; and

**WHEREAS**, the Counties continue to support the legislative directive and will extend their best reasonable efforts to implement the legislative directive consistent with the funding appropriated by the State of Colorado, or other sources designated for this purpose; and

**WHEREAS**, pursuant to the provisions of Section 18 of Article XIV of the Constitution of the State of Colorado and Section 29-1-203, C.R.S., as amended, the Counties may cooperate or contract with one another to provide any function, service or facility lawfully authorized to each county.

**NOW, THEREFORE**, in consideration of the mutual covenants and obligations expressed herein, it is agreed by and between the Counties hereto as follows:

The Counties agree to jointly support the original establishment of a RETAC to recommend a regional emergency medical and trauma service plan for the Counties and satisfy any other statutory or regulatory requirements and obligations of the Counties pursuant to the Emergency Medical Services Act, Section 25-3.5-101 et seq., C.R.S. and the Statewide Trauma Care System Act, Section 25-3.5-701 et seq., C.R.S. or as expressly delegated by the Counties.

This RETAC shall be known to all interested parties as the "Plains to Peaks Regional Emergency Medical and Trauma Advisory Council" hereinafter referred to as the "PP-RETAC".

The PP-RETAC shall equitably represent the interests of Cheyenne, El Paso, Kit Carson, Lincoln and Teller Counties.

The Board of County Commissioners (BoCC) for each County will appoint two Council Members (Members) to the PP-RETAC, one being a representative of local government and one being a representative of the pre-hospital community. The governing or corporate board for each health care system in the Counties operating one or more trauma center(s) designated by the State of Colorado as a level I, II, III, IV, V, or a licensed acute care or critical access hospital on the effective date of this agreement will appoint one Member. PP-RETAC Members will serve an indeterminate term at the pleasure of their appointing authority and the appointing authority may remove or replace a Member at will. The appointing authority shall notify the PP-RETAC in writing of appointments, removals or resignations. The appointing authority shall appoint a new representative within thirty (30) days following the removal or notice of resignation. The appointing authorities are encouraged to consider the diversity of interests in the community and coordinate their appointments to maximize the breadth and depth of representation. Each PP-RETAC member may designate, in writing, an alternate who can vote in the Member's absence. Additional Members from counties petitioning to join the region or from trauma centers, acute or critical access care hospitals designated after the effective date of this agreement may only be added with the unanimous consent of the Members. The PP-RETAC may appoint ex officio Members as it so deems necessary. Ex officio Members shall have no voting rights and shall not be counted to constitute a quorum.

PP-RETAC Members are defined as those two (2) specifically designated persons by each of the Member Counties and one (1) person specifically designated by the governing or corporate board for each healthcare system as described in the paragraph above. Each Member shall have one (1) vote. A meeting quorum of the PP-RETAC shall be as established in the Bylaws for the PP-RETAC. The affirmative vote of a majority of the PP-RETAC Members constituting a quorum shall be required for the PP-RETAC to take any action.

The PP-RETAC has adopted Bylaws that direct the mission and conduct of the RETAC's meetings, functions and operations. These Bylaws may, from time to time, be amended by majority vote of PP-RETAC Members so long as such Bylaws revision(s) remain consistent and are not in conflict with the provisions of this agreement.

The PP-RETAC shall elect a Chairperson, Vice Chairperson and Secretary-Treasurer from its voting Members. These officers shall serve for terms of one year and perform the duties normal for their office.

The PP-RETAC shall meet at least once in each calendar quarter at such time and place as the PP-RETAC shall decide. Locations of the meeting for the PP-RETAC shall be rotated as determined by mutual agreement of the Members.

All meetings of the PP-RETAC where business is discussed or at which formal action may be taken shall be open to the public and subject to the Colorado Open Meetings Law, Section 24-6-401, et seq., C.R.S. Notices of all regular and special meetings shall include an agenda and shall be posted at designated public places within each of the five Counties no less than twenty-four (24) hours prior to the meeting. Members may attend meetings via teleconference or any other means as made available and as approved by the Membership as long as Members are able to hear and be heard. Each Member will be required to attend at least one meeting annually in person.

The PP-RETAC shall keep minutes of its proceedings showing the presence or absence of each Member and the vote of each Member upon every motion. Failure to vote and any abstentions shall be noted in the minutes. Minutes and records of the PP-RETAC shall be open to public inspection and subject to the Colorado Open Records Act, Section 24-72-201, et seq., C.R.S.

The PP-RETAC is limited in its spending authority to the annual total budget approved by the PP-RETAC. Annual expenditures shall not exceed revenues, including any reserve funds, as approved by the PP-RETAC. The PP-RETAC shall adhere to generally accepted accounting principles and Colorado law.

The Counties acknowledge that amounts will be appropriated and distributed by the State of Colorado to the PP-RETAC from the state EMS account for improvement of County medical and trauma services planning and, to the extent possible, coordination of emergency medical and trauma services in and between Counties when such coordination would provide for better service geographically. The Counties agree to set aside 10% of their allocated funds annually for replacement of capital equipment for the Regional office. The balance of these funds will be appropriated to each of the Counties and allocated following an approved request from individual County designated representatives. Each of the Counties, subject to their respective BoCC approval, will maintain its discretion over the expenditure and use of the funds allocated to their individual County. Any appropriations of County funding allocated to PP-RETAC operations must comply with C.R.S. Title 25, Article 3.5 and the PP-RETAC biennial plan (see § 25-3.5-605, C.R.S.) Counties may maintain money allocated from the State of Colorado EMS fund in a special fund and carry over excess money for use in future years.

No later than April 1 of each year, the PP-RETAC shall prepare a proposed annual budget for the next fiscal year and submit a copy to each of the Council Members for review and comment. The proposed annual budget shall be balanced, shall conform to the requirements of the Local Government Budget Law of Colorado, Section 29-1-101, et seq., C.R.S. and shall include, at a minimum, a detailed estimate of all proposed expenditures, anticipated revenues and any requested contribution to be made by the Counties. The proposed annual budget shall contain a statement of the level of service the PP-RETAC anticipates it will provide for the next fiscal year and shall identify any change in the level of service from the preceding year. The budget for the next fiscal year shall be adopted by the PP-RETAC no later than June 30 of the current year, after review and comment is received from the Counties.

In the event of an unforeseen or unanticipated event, which results in the need for additional funds, the PP-RETAC shall prepare a supplemental or amended budget and present a request for supplemental contributions to the Counties for their consideration. Any request for supplemental contributions must be accompanied by documentation supporting the need for the request, alternative courses of action and the impact of not funding the request.

Cheyenne County will serve as the fiscal agent for the PP-RETAC. Cheyenne County shall provide for the keeping of accurate and correct books of account on an accrual basis in accordance with the Local Government Uniform Accounting Law, Section 29-1-501, et seq., C.R.S. and generally accepted accounting principles, showing in detail capital costs, costs of special services, maintenance and operating costs and all financial transactions of the PP-RETAC. Cheyenne County's books of account shall correctly show any and all revenues, costs, expenses or charges paid from or to be paid by funds actually received and obtained from federal or state sources, each of the Counties, private contributions or revenue generated by the PP-RETAC's activities. The Counties also agree that Cheyenne County, while serving as the fiscal agent for the PP-RETAC, shall not be held liable to pay or be held financially responsible to pay any obligation(s) whatsoever of any PP-RETAC, Member County or any other organizational debts and/or other obligation(s) from funds that have not already been actually received by Cheyenne County to pay such PP-RETAC and Member obligations. Cheyenne County's financial records pertaining to PP-RETAC funding shall be open to inspection by the Counties upon reasonable notice during normal business hours and to the public pursuant to the Colorado Open Records Act. Cheyenne County shall provide for the auditing of all books and accounts and other financial records of the PP-RETAC on an annual basis in accordance with the Colorado Local Government Audit Law, Section 29-1-601, et seq., C.R.S., by an independent Certified Public Accountant selected by Cheyenne County. The audit costs directly attributable to the PP-RETAC shall be a routine operating expense borne by the PP-RETAC. The audit shall be supplied to the Counties upon request.

Notwithstanding anything in this agreement to the contrary, financial obligations of the respective Counties to make requested contributions to the PP-RETAC are expressly contingent upon funds for the intended purposes herein being appropriated, budgeted and otherwise made available. In the event that funds are not appropriated in whole or in part sufficient for satisfaction of any County's requested contribution under this agreement, or appropriated funds may not be expended due to a County's spending limitation under Article X, Section 20, of the Colorado Constitution, then the non-funding party may terminate its participation in this

agreement and such termination shall not be deemed a default or breach of this agreement by such party. This section of the agreement shall control and supersede any inconsistent provisions of this agreement. It is the intention of the Counties that the annual appropriation requirements set forth in this agreement shall bring this agreement and any renewals into compliance with Article X, Section 20, of the Colorado Constitution.

The PP-RETAC is directed to submit its recommended regional emergency medical and trauma system plan for approval by the Counties on an annual basis. The plan shall conform to the requirements of Section 25-3.5-704(2)(c) C.R.S. and other requirements duly established by the Colorado Board of Health and the Colorado Department of Public Health and Environment. The PP-RETAC shall secure approval from the Counties and submit the approved plan to the Colorado State Emergency Medical and Trauma Services Advisory Council as required by Section 25-3.5-704(2.5)(b) C.R.S.. Recommended plans shall be prepared and submitted for approval by the Counties not less than three (3) months prior to their required date for submission to the Colorado State Emergency Medical and Trauma Services Advisory Council.

In addition to any issues the Colorado State Board of Health requires be addressed, the regional emergency medical and trauma system plan as recommended and submitted by the PP-RETAC shall meet or exceed all expected contractual deliverables and address the following issues:

1. The provision of minimum services and care at the most appropriate facilities in response to the following factors: facility-established triage and transport plans; inter-facility transfer agreements; geographical barriers; population density; emergency medical services and trauma care resources; and accessibility to designated facilities;
2. The level of commitment of counties and cities and counties under a regional emergency medical and trauma system plan to cooperate in the development and implementation of a statewide communications system and the statewide emergency medical and trauma care system;
3. The methods for ensuring facility and county or city and county adherence to the regional emergency medical and trauma system plan, compliance with Colorado Board of Health rules and procedures, and commitment to a continuing quality improvement system;
4. A description of public information, education, and prevention programs to be provided for the area;
5. A description of the functions that will be contracted services; and
6. ~~The identification of regional emergency medical and trauma system needs through the use of a needs assessment instrument developed by the Colorado Department of Public Health and Environment; except that the use of such instrument shall be subject to approval by the Counties.~~

The PP-RETAC shall submit a report to the BoCC for each of the Counties in the region not later than October 1 each year. The report will demonstrate the PP-RETAC's accomplishments to date and list the goals of the PP-RETAC for the coming year.

Any required notice shall be given in writing and shall be sufficient if deposited in the United States Mail, postage prepaid to:

Chairperson, Cheyenne County Board of County Commissioners  
Post Office Box 567  
Cheyenne Wells, Colorado 80810-0567

Chairperson, El Paso County Board of County Commissioners  
200 S. Cascade, Suite 100  
Colorado Springs, Colorado 80903-2202

Chairperson, Kit Carson County Board of County Commissioners  
286 Sixteenth Street  
Burlington, Colorado 80807

Chairperson, Lincoln County Board of County Commissioners  
Post Office Box 39  
Hugo, Colorado 80821-0039

Chairperson, Teller County Board of County Commissioners  
Post Office Box 959  
Cripple Creek, Colorado 80813

The Counties promise to reasonably cooperate and collaborate with one another in the ongoing operations of the PP-RETAC as set forth herein. Whenever any provision of this agreement requires consent or approval of the Counties, consent or approval shall not be unreasonably withheld.

Any County party to this agreement may terminate its participation with or without reason upon at least sixty (60) days prior written notice to the PP-PETAC, the other Counties and the Colorado State Emergency Medical and Trauma Services Advisory Council. The Counties agree that if the County terminating its participation without cause in the PP-RETAC had appropriated funds from its county designated account to support the operational functions of the PP-RETAC, such funds will continue to be contributed to the PP-RETAC during the notice of termination period. The Counties agree that the PP-RETAC will continue to provide services during the notice of termination period.

After notice of termination, the Counties thereafter agree to reasonably negotiate a division of assets. The Counties intend that such division of assets, to the extent possible will ensure that the Counties continuing their participation maintain a viable PP-RETAC.

The PP-RETAC may be dissolved by a majority vote of the Counties. Upon dissolution of the PP-RETAC, the Counties thereafter agree to reasonably negotiate an equitable division of assets subject to applicable law and contractual agreements.

Nothing contained herein shall make or be construed to make PP-RETAC, the Counties, a partner of any of the others, nor is this agreement intended to create a separate governmental entity for purposes of Article I, Title 29, C.R.S.

This agreement embodies the entire agreement about its subject matter among the Counties and supersedes any prior agreements or understandings. No alterations, amendments or modifications shall be valid unless executed by an instrument in writing by the Counties with the same formality as this agreement. Neither this agreement, nor any term can be changed, modified or abandoned, in whole or in part, except by an instrument in writing signed by all of the Counties, and no prior, contemporary or subsequent oral agreement shall have any validity whatsoever.

If any clause or provision herein is deemed invalid or unenforceable by a court of competent jurisdiction or by operation of applicable law, such invalid or unenforceable clause or provision shall not affect the validity of the agreement as a whole and all other clauses and provisions shall be given full force and effect.

This agreement shall be subject to and shall be interpreted under the laws of the State of Colorado.

It is expressly understood and agreed that enforcement of the terms and conditions of this agreement, and all rights of action relating to such enforcement, shall be strictly reserved to the Counties, and nothing contained in this agreement shall give or allow any such claim or right of action by any other or third person or entity on such agreement. It is the express intention of the Counties that any person or entity, other than the Counties that are parties to this Agreement, receiving services or benefits under this agreement shall be deemed to be incidental beneficiaries only. No clause of this agreement shall be construed as a waiver of governmental immunity by the PP-RETAC or any Member thereof. § 24-10-106, C.R.S.

No County shall assign any of the rights nor delegate any of the duties created by this agreement without the written consent of the other Counties.

IN WITNESS WHEREOF, the Counties have caused this agreement to be executed on the date first written herein.

**ATTEST:**

**BOARD OF COUNTY COMMISSIONERS  
OF CHEYENNE COUNTY, COLORADO**

By: \_\_\_\_\_  
County Clerk

By: \_\_\_\_\_  
Chairperson

**ATTEST:**

**BOARD OF COUNTY COMMISSIONERS  
OF EL PASO COUNTY, COLORADO**

By: \_\_\_\_\_  
County Clerk

By: \_\_\_\_\_  
Chairperson

**ATTEST:**

**BOARD OF COUNTY COMMISSIONERS  
OF KIT CARSON COUNTY, COLORADO**

By: \_\_\_\_\_  
County Clerk

By: \_\_\_\_\_  
Chairperson

**ATTEST:**

**BOARD OF COUNTY COMMISSIONERS  
OF LINCOLN COUNTY, COLORADO**

By: \_\_\_\_\_  
County Clerk

By: \_\_\_\_\_  
Chairperson

**ATTEST:**

**BOARD OF COUNTY COMMISSIONERS  
OF TELLER COUNTY, COLORADO**

By: \_\_\_\_\_  
County Clerk

By: \_\_\_\_\_  
Chairperson

Regional Emergency Medical  
& Trauma Services  
Systems Development Biennial Plan

<b>Plains to Peaks RETAC</b>
<b>Plan Cycle</b>
<b>July 1, 2013 – June 30, 2015</b>

<b>Plan Update:</b>	<b>Fiscal Years 2014-15</b>
<b>Date Submitted:</b>	<b>June 30, 2013</b>
<b>Contact Person:</b>	<b>Kim E Schallenberger</b>
<b>Address:</b>	<b>Box 303, Kit Carson, CO 80825</b>
<b>Phone:</b>	<b>719 344 5584</b>

# Table of Contents

## Section 1

RETAC Overview  
Mission Statement-3  
Description-3  
Ongoing Organization and Planning Process-12

## Section 2

Accomplishments-16

## Section 3

EMTS System Components-19

## Section 4

Goals and Objectives-29

## Section 5

Attest Statement-38

## Appendices:

Supporting Documents-39

**Section 1: RETAC Overview:**

Mission Statement:

“To facilitate and improve the delivery of quality emergency medical and trauma services in the five county Region”

Description:

The member counties of the Plains to Peaks RETAC include Cheyenne, El Paso, Kit Carson, Lincoln, and Teller. A brief description of each county follows along with a summary of the entire Region.

**Cheyenne County** is located on the east central plains and encompasses 1781 square miles. The topography is generally flat with rolling hills and normally dry creek beds. The 2012 census data estimates the population of Cheyenne County at 1874 (1.05 persons/square mile). There has been a steady decline of about 21.7% since 2000 but a modest 2.1% increase from April 2010 to July 2012. The following table shows general demographics for Cheyenne County.

Percent population > 65 years	Percent population White	Percent Population Hispanic	% w/ High School Diploma	% w/ Bachelors degree	Average Median Income	% below poverty level
17.8%	87.1%	10.3%	84.1%	15.6%	\$47188	9%

The economy of Cheyenne County is supported mostly by agricultural production, government services, and energy production. Cheyenne County continues to rank in the top three Counties statewide for total oil and gas production. In addition, there is potential for wind farm development on the northern border of the county in the next few years.

In a frontier county such as Cheyenne, an urban center is sometimes defined as a cluster of homes with a post office. Using that definition, there are four within Cheyenne County. Cheyenne Wells is the county seat and is home to about 846 residents or 45% of the total population. Other towns include Kit Carson, Arapahoe, and Wild Horse. The remainder of the population lives in private residences on agricultural property. US Highway 287 enters the County on the southern border and exits the western border and is known as the “Ports to Plains” transportation highway. This federal designation encourages semi-trailer freight traffic moving from southern ports in Texas to the Canadian border. The Colorado Department of Transportation data indicates that semi-trailers account for over half

of the total traffic in some areas of the highway. This amount of heavy freight traffic impacts the local emergency responders to prepare for the inevitable wrecks that historically occur on this two lane highway. In addition to US Hwy 287, the federally designated "High Plains Highway", US Highway 385, transects the County's eastern area and also includes a significant amount of freight traffic. US Highway 40, CO Highway 59, and CO Highway 94 along with numerous county maintained roads carry much of the heavy industrial traffic associated with agriculture and energy production.

The Cheyenne County Sheriff's Office houses the only Public Safety Answering Point in the County and provides emergency communication services to their officers, one licensed ground ambulance service, and two fire protection districts based in Cheyenne Wells and Kit Carson. The dispatch center is staffed by one person at all times. Cheyenne County Ambulance Service (CCAS) is owned and operated by Cheyenne County government. It is staffed by approximately 15 BLS volunteer providers. The four ambulances are housed in Cheyenne Wells and Kit Carson. There are approximately 150 requests for service each year including inter-facility transfers from the Level IV trauma center in Cheyenne Wells to higher levels of care along the Front Range. Keefe Memorial Hospital (KMH) is licensed as a 13 bed acute care hospital. KMH also operates two outreach clinics in Cheyenne Wells and Kit Carson. Patients transferred by ground or air move to facilities in Colorado Springs and Denver generally. There are no air ambulance services based in the county and they must be requested from the metro areas when needed. This is generally about a 90 minute flight time one way. The two fire protection districts provide support to the ambulance service with rescue and first responder services.

**Kit Carson County** is just north of Cheyenne County and contains 2161 square miles. Generally flat to rolling hills dominate the topography. The Flagler State Recreation Area is a small reservoir in the west end of the County. The 2012 census data estimates the Kit Carson County population at 8094 (3.75 persons/square mile). This is a moderate decrease of 3.6% since 2010. The following table shows general demographic information about Kit Carson County.

Percent population > 65 years	Percent population White	Percent Population Hispanic	% w/ High School Diploma	% w/ Bachelors degree	Average Median Income	% below poverty level
15.9%	76.8%	19.0%	83.8%	15.4%	\$43194	11.3%

The economy in Kit Carson County has an agricultural base with strong support from tourism (food services and lodging), health care, and government services. In 2010, a 51 megawatt wind farm was also built in the east end of the county with

good prospects for that industry to expand in the next couple years. Corrections Corporation of America has a 1448 bed institution located near Burlington that also helps to drive the economy.

Burlington is the county seat and largest city in the county with around 4254 residents. Other smaller towns in the county include Bethune, Stratton, Vona, Seibert, and Flagler. Interstate 70 runs east/west throughout the County for over 60 miles. The Colorado Department of Transportation estimates 7500-8000 vehicles per day travel through Kit Carson County on Interstate 70. Of this number, approximately 25-30% of the vehicles are semi-trailers hauling freight. Other roadways in the county include US Highway 385, US Highway 24, and CO Highway 59 along with a large number of dirt/gravel roads maintained by Kit Carson County.

The Kit Carson County Sheriff's Office operates the only Public Safety Answering Point in the county. This office also provides all dispatch and emergency response communications for two ground ambulance services and five fire protection districts. The dispatch center completed a significant equipment upgrade three years ago. The center is generally staffed by two communication personnel. Kit Carson County Ambulance Service (KCCAS) is owned and operated by Kit Carson County. The service provides 911 emergency response in the eastern half of the County plus they provide inter-facility transfers from the Level IV Trauma Center to higher level centers along the Front Range. KCCAS responds to approximately 750 requests for service annually from two bases in Burlington and Stratton. There are three full time staff supported by approximately 30 paid on call/per call volunteers. The service has seven ambulances licensed at the BLS level and is able to provide some ALS care with two EMT Intermediates. Community Ambulance Service (CAS) serves the western half of Kit Carson County along with a portion of Lincoln County around the town of Arriba. CAS is a truly volunteer BLS service with approximately 25 volunteers. They have three ambulances based in Seibert, Flagler, and Arriba to respond to 180 requests for service annually. Kit Carson County Memorial Hospital (KCCMH) is a Level IV Trauma Center and Critical Access hospital operated by the Kit Carson County Health Services District. They also operate outreach clinics in Burlington and Stratton. KCCMH works with higher level centers in Denver to provide definitive care for patients requiring such. If KCCAS is unable to transfer the patient by ground, a fixed wing service based in Kansas (Eagle Med) is generally used to move the patient on to the metro area. Lincoln Community Hospital, based in Lincoln County, also operates an outreach clinic in Flagler. The five fire protection districts provide support to the ambulance agency through rescue and first responder services.

**Lincoln County** provides the western border for both Kit Carson and Cheyenne Counties. Lincoln County encompasses 2586 square miles. Once again, the topography in Lincoln County is very similar to the other eastern plains counties with flat to rolling hills. There are two small bodies of water operated by the state of Colorado as recreational sites: Hugo State Wildlife Area and Karval State Wildlife Area. The 2012 census data estimates the population of Lincoln County at 5453 (2.11 persons per square mile). The county continues to trend a decrease in population losing 15.1% since 2000 and 0.3% since 2010. The following table shows general demographic information about Lincoln County.

Percent population > 65 years	Percent population White	Percent Population Hispanic	% w/ High School Diploma	% w/ Bachelors degree	Average Median Income	% below poverty level
16.9%	78.8%	12.7%	79.9%	12.3%	\$43375	11.1%

The economic base in Lincoln County is agriculture with strong support from tourism (food and lodging), health care, and government services. The state of Colorado has a maximum security prison south of Limon which also affects the economy. Recent years have seen an increase in oil/gas production toward the southern part of Lincoln County and two large wind mill farms with approximately 356 towers has been constructed near Limon with potential for more of both industries in the coming years.

Hugo is the second largest town in Lincoln County and hosts the county seat with a population of approximately 730. Limon has a population of around 1880 and provides much of the retail business in the county. Other towns include Genoa, Arriba, and Karval. Interstate 70 also transects Lincoln County and provides the same challenges for emergency responders as in Kit Carson County. In addition, the heavily traveled US Highway 40/287 noted in Cheyenne County also enters Lincoln County and joins Interstate 70 at Limon. US Highway 24 provides a route between Limon and Colorado Springs. CO Highway 71 also divides the county from north to south. All of these major thoroughfares intersect in Limon thus giving it the nickname of "The Hub City". Similar to other frontier counties, the network of dirt/gravel roads maintained by county government provide the lifelines for the agricultural lifestyle in Lincoln County.

The Lincoln County Sheriff's Office operates the only Public Safety Answering Point in the county and provides dispatch and communication services to three law enforcement agencies, five ambulance services, and five volunteer fire departments. The dispatch center is housed in Hugo in the county offices complex along with the Sheriff's Offices. They generally staff two cross trained jailor/dispatchers at all times. As noted earlier, Community Ambulance Service

has a base in Arriba. Karval Fire Protection District provides BLS ground ambulance transport in the southern portion of Lincoln County. They respond to approximately 20 requests for service each year. Hugo Volunteer Fire Department and Ambulance Service, based in Hugo, respond to approximately 75 requests and provide BLS care. Tri County Fire Protection District, based in El Paso County, provides BLS licensed ambulance transport to approximately 50 square miles of southwestern Lincoln County which is in their fire district. The ambulance services in Karval, Hugo, and Tri County each have about 5-15 volunteers. Limon Ambulance Service (LAS) is an ALS/BLS service operated by the town of Limon out of one base with five ambulances and approximately 30 paid on call/per call volunteers. The service responds to nearly 650 requests for service including 911 calls and inter-facility transports out of the Level IV Trauma Center in Hugo. Lincoln Community Hospital (LCH) is a Critical Access Hospital designated as a Level IV Trauma Center located in Hugo. LCH also operates a clinic within the hospital, another in Limon, and one in Flagler. Plains Medical Center operates a clinic in Limon. LCH also operates a licensed ground ambulance service out of the facility. It is licensed for 911 response but focuses on inter-facility transfers to urban hospitals in Colorado Springs and Denver including critical care patients with their ALS staff. All agencies in the county have the option of requesting air medical services and the vendor varies based on current availability. Each of the fire departments in the county supports the ambulance agencies by providing rescue and first responder care.

**El Paso County** has by far the largest population base in the Region. The county is 2126 square miles in size with a 2012 census data estimate of 644,964 (303 persons/square mile). This makes El Paso County the largest county in the state of Colorado based on population. Colorado Springs is the county seat for El Paso County and is the second largest city in the state with a 2012 census estimate at 426,388. Both El Paso County and the city of Colorado Springs have experienced double digit growth with an increase of 20.4% and 15.4% since 2000 respectively. Other towns and cities in El Paso County include: Fountain, Manitou Springs, Monument, Palmer Lake, Calhan, Peyton, Green Mountain Falls, Cascade, Rush, Yoder, Ramah, and numerous metropolitan districts adjoining Colorado Springs. General demographics for El Paso County are depicted in the following table.

Percent population > 65 years	Percent population White	Percent Population Hispanic	% w/ High School Diploma	% w/ Bachelors degree	Average Median Income	% below poverty level
10.2%	71.7%	15.4%	92.8%	35.1%	\$57079	11.7%

El Paso County is as diverse within itself as the Region is as a whole. The eastern half of El Paso County closely resembles the frontier counties of Cheyenne, Kit

Carson, and Lincoln in topography and economic drivers. In this area, agriculture is the driving force but is being strongly influenced by the growth of the metropolitan area surrounding Colorado Springs. In general, the school districts are growing rapidly in eastern El Paso County as the population slowly spreads out and more people commute from the rural areas into the population centers. The Interstate 25 corridor running through Colorado Springs is a vibrant growing urban center with influences from industry, tourism, high tech, government services, health care, education, and other service industries. Colorado Springs is home to numerous institutions of higher education including the University of Colorado at Colorado Springs, Colorado College, the United States Air Force Academy, Pikes Peak Community College, the University of Phoenix, and other smaller educational entities. The single most significant factor affecting growth and the economy in El Paso County is the military influence from Fort Carson, Cheyenne Mountain Air Force Base, Peterson Air Force Base, Schriever Air Force Base, Northern Command, the United States Air Force Academy, and other military institutions. Fort Carson especially has seen remarkable growth recently and will soon be welcoming more troops as other bases around the nation are downsized. The area of El Paso County west of Interstate 25 quickly changes once again and becomes a major tourist destination with Pikes Peak and other points of interest on the way to Colorado's Rocky Mountain playground.

As noted, Interstate 25 transects El Paso County north/south and is a major traffic thoroughfare carrying significant traffic loads exceeding 120,000 average daily counts in some areas of the highway. Other major highways in El Paso County include but are not limited to US Highway 24, US Highway 83, US Highway 85, CO Highway 94, and CO Highway 115. Numerous other highways and roads transect the county with both improved and dirt/gravel roads.

All Public Safety Answering Points in El Paso County are serviced by the El Paso/Teller E911 Authority. These PSAPs include: Colorado Springs Police Department, El Paso County Sheriff's Office, Fountain Police Department, Air Force Academy, Peterson Air Force Base, and Fort Carson. These services also provide dispatch services for various agencies within their purview. American Medical Response provides emergency dispatch information to their responding ground ambulance units and others as needed. There are 10 licensed ground ambulance services (nine for 911 calls), two air ambulance services, and 22 additional non-transport fire departments/districts based in El Paso County. All of the non-transport services provide emergency medical care at least at the BLS level. Five of the licensed ambulance services provide ALS care all the time while most of the others are able to provide ALS care some of the time backed up by BLS providers. Some of the services are full time paid staff, some are combination paid/volunteer staff, and others are all volunteer staff. American

Medical Response (AMR) is the contracted provider of ground ambulance transport for El Paso County and is an ALS service. The Emergency Services Authority (ESA) is an intergovernmental organization made up of stakeholders across El Paso County. This organization oversees the county contract with AMR and the nearly 70,000 patient contacts each year. The other licensed transport services provide primary coverage in their fire districts or municipalities and are backed up by AMR. Similarly, these same agencies provide response support to AMR when needed. As of June 2014, the current contract with AMR will expire and there is desire by the city of Colorado Springs to contract with a provider on their own outside of the ESA. Currently, the city of Colorado Springs and the remaining ESA members are pursuing separate contracts. It is unknown the final outcome of this current effort but it will mean significant changes for the EMTS system in El Paso County. The two primary health care providers in El Paso County are the University of Colorado Health-Memorial Health System (UCH-MHS) and Penrose-St Francis Health Services. Memorial Health System was leased by University Hospital in 2012 and became part of that larger system. Memorial Central is a Level II Trauma Center. Along with this change, The Children's Hospital entered into an agreement to operate what was formerly the Children's Hospital at Memorial Hospital. This pediatric center continues to accept the vast majority of pediatric patients in the city and will likely obtain a separate trauma designation in the near future. Memorial North is the other hospital operated by the system and is located on the north side of Colorado Springs and operates as an acute care facility. Penrose-St Francis Health Services is owned by the Centura Health non-profit organization. Penrose Main is a Level II Trauma Center and St Francis Medical Center is a Level IV Trauma Center on the northeast side of Colorado Springs. Both health care systems also operate various urgent care centers within the county. In addition, numerous urgent care centers not affiliated with the two larger systems provide services also across Colorado Springs. The Memorial Star Transport service is based at Memorial Central and services much of the southern and eastern portions of Colorado. Flight for Life's Life Guard 3 is based at St Francis Medical Center and operates in the same general areas.

**Teller County** provides the western boundary for the Plains to Peaks RETAC. Teller County has the smallest geographic area in the Region at 557 square miles but the second largest population base. The 2012 census data estimates the Teller County population at 23,389 residents (42 persons/square mile). Teller County continues to experience population growth evidenced by the 5.5% increase since 2000.

The following table shows basic demographic information for Teller County.

Percent population > 65 years	Percent population White	Percent Population Hispanic	% w/ High School Diploma	% w/ Bachelors degree	Average Median Income	% below poverty level
14.0%	90.2%	5.6%	94.1%	29.9%	\$57931	7.5%

Teller County's economy is heavily influenced by tourism as travelers enter the Rocky Mountains for outdoor recreation or drive to Cripple Creek for gaming action. Many of the residents also commute to Colorado Springs for work. Other economic drivers in the county include retail, gold mining, health care, and government services.

US Highway 24 brings many of the tourists from the Front Range and areas east into Teller County and beyond. This busy road carries approximately 24,000 vehicles per day according to the Colorado Department of Transportation statistics. The traffic can be very seasonal and will increase and decrease based on weather and recreational events. CO Highway 67 is the route into Cripple Creek and has numerous large tourist buses bringing gamers from the Front Range cities. Cripple Creek's population will vary from approximately 1189 full time residents to over 10,000 with tourists during special events such as the annual motorcycle rally. Cripple Creek is also the seat of government for Teller County. At nearly 7200 residents, Woodland Park is the largest city in the county and provides much of the retail opportunities. Other smaller towns include Divide and Florissant. Teller County is also the gateway to the Pike National Forest. Mueller State Park hosts many campers during the year and the Florissant Fossil Beds is also a popular destination.

The close relationship between El Paso and Teller Counties is evident through the El Paso/Teller E911 Authority. This body oversees the Public Safety Answering Points in Teller County which include the Teller County Sheriff's Office, Cripple Creek Police Department, and the Woodland Park Police Department. There are three licensed ground transport services and seven fire departments. Ute Pass Regional Ambulance District (UPRAD) and SW Teller County Emergency Services (SWTC) are full time ALS services providing most of the ground transport services. UPRAD is a Title 32 Special District and has bases in Woodland Park and Florissant. They respond to over 2000 requests annually with 38 full or part time personnel and six transport units. SWTC is based in Cripple Creek under the auspices of an established health care district. The 31 full and part time staff answer 1350 requests each year. Four Mile Emergency Services is a BLS transport service with limited ALS capability. This all volunteer service responds

as available and is backed up by both UPRAD and SWTC. Four Mile Emergency Services, Inc. is currently planning to release their ground transport license and become strictly a first response agency. This will likely occur by July 2013. Pikes Peaks Regional Hospital opened in late 2007 as an acute care hospital and surgery center. They are a Level IV Trauma Center serving the residents and travelers in Teller County. Patients needing higher levels of care are generally transferred to either of the Level II Trauma Centers in Colorado Springs by air or ground. Air ambulance transport is readily available in Teller County from either of the services based in Colorado Springs. The fire departments in Teller County provide many services to the sick or injured patient including rescue and BLS care.

**The Plains to Peaks Region** is extremely diverse in all aspects including topography, economics, demographics, and other areas that affect the delivery of quality emergency medical and trauma services. The total land mass of the Region is 9212 square miles with a total population of 683,774 according to the 2012 census data. Within that data is the fact that population density varies from just one person per square mile to 2141 persons per square mile. The city of Colorado Springs has 62.4% of the total population contained in just 2% of the total land area. Including the nearby population centers with Colorado Springs in the data makes the diversity in the Region even more evident. The elevation in Arapahoe (Cheyenne County) is approximately 4000 feet above sea level. Just 150 miles to the west, Pikes Peak (El Paso County) towers above the Front Range at 14,110 feet above sea level.

Economies across the Region have certainly been affected by the national economic picture with job losses and rising consumer prices. Anecdotally, the number of persons using EMS and emergency rooms as their primary care provider appears to be increasing as well. In general, the agricultural community has seen fairly stable commodity prices for the sale of their products but the cost of producing those commodities continues to rise. The El Paso County area and even surrounding counties are affected by the continuing military conflicts around the world as troops and their families are deployed and return from duty. In general this has had a positive impact on the economy but the fact remains that active duty personnel and their families are quite often in lower economic classes. In addition, the military version of insurance (Tri Care) pays similar rates to Medicare which rarely covers the actual cost of providing health care in the pre-hospital or facility setting.

The 13 Public Safety Answering Points in the Region are as diverse as the counties they serve. The El Paso/Teller E911 Authority provides a very stable platform for the 10 agencies they serve. Excellent training and a comprehensive quality improvement process assure a consistently good product is available to the

public and emergency responders. The three frontier counties are continuing to improve their equipment as well as training as they strive to enhance the service provided. This process is still a work in progress but consistent improvement is expected.

The 22 licensed ground ambulance services in the Region also represent most business models from volunteer community services to fire based services to for profit agencies and third service special districts. There are approximately 75,000 requests for service in the Region annually and this number varies from 10 to 50,000 patient transports by individual agencies. An additional 45 agencies provide varying levels of emergency care and are essential in the entire EMTS System. There are nearly 1883 certified emergency responders in the Plains to Peaks Region. Of this number, 88% reside in El Paso County which would be expected due to the larger population. Of the ALS certified emergency responders, 98% of them live in El Paso or Teller County. The Region has a total of five acute care facilities designated as Level IV and two as Level II. Two more acute care facilities are also vital within the system; one of them is located on the Fort Carson military base. Additional clinics, outpatient surgery centers, and other health care institutions augment the total system of care within the Plains to Peaks Region.

### **Ongoing Organization and Planning Process:**

#### **Organization:**

The Plains to Peaks RETAC was formed with the signing of an Intergovernmental Agreement (IGA) by the Boards of County Commissioners of Cheyenne, El Paso, Kit Carson, Lincoln, and Teller Counties on November 1, 2000. Cheyenne County agreed to be the fiscal agent for the RETAC. Therefore, the Plains to Peaks RETAC is a local government entity and all business is conducted as a subsidiary unit of Cheyenne County. The Plains to Peaks RETAC is currently in the process of updating the IGA and obtaining new signatures from each of the Boards of County Commissioners. This effort was needed to update some language and to include Pikes Peak Regional Hospital as a voting member. PPRH was started after the original IGA was formed. The IGA establishes the membership of the Council with the respective BoCCs appointing two members representing local government and the pre-hospital community. The IGA further provides for all facilities in the Region designated as trauma centers by the CDPHE to appoint one member. The current membership of the Plains to Peaks Council is depicted in the following table.

Member County	Member Name	Representing
Cheyenne	Commissioner Robert Paintin	Local Government
Cheyenne	Sue Kern, Director, Cheyenne County Ambulance Service	Pre-hospital
El Paso	Imad Karaki, Director, Community Services	Local Government
El Paso	Patty Baxter, Office of Emergency Management	Local Government, Alternate
El Paso	Currently Vacant, awaiting new appointment	Pre-hospital
Kit Carson	Commissioner David Gwyn	Local Government,
Kit Carson	Ted Foth, Director, Kit Carson County Ambulance Service	Pre-hospital
Lincoln	Commissioner Greg King	Local Government
Lincoln	Roxie Devers, County Administrator	Local Government, Alternate
Lincoln	John DeWitt, Office of Emergency Management	Local Government, Alternate
Lincoln	Rob Handley, Director, Limon Ambulance Service	Pre-hospital
Teller	Timothy Dienst, Operations Manager, Ute Pass Regional Ambulance District	Local Government
Teller	Candy Shoemaker, Director, SW Teller County EMS	Pre-hospital
Trauma Facility	Member Name	County Location
Keefe Memorial Hospital	William Giles, Chief Executive Officer	Cheyenne
Kit Carson County Memorial Hospital	Judi Mitchek, Trauma Program	Kit Carson
Lincoln Community Hospital	Mark Morrison, Transport Director	Lincoln
UCH-MHS	Lynn Andersen, Trauma Program Manager	El Paso
UCH-MHS	Shalou Herrera-Puno, Trauma Program	El Paso Alternate
Penrose-St Francis Health Services	Bonnie King, Trauma Program Manager, Penrose Main	El Paso
Penrose-St Francis Health Services	Jody Wallace, Trauma Program, St Francis Med Center	El Paso Alternate
Pikes Peak Regional Hospital	Sherilyn Skokan	Teller

The Plains to Peaks RETAC holds meetings on the third Tuesday of January, April, July, and October. The meeting location moves around the Region each quarter and is hosted by the local RETAC representatives. In 2011 the ability to teleconference was developed.

The Council elects a Chair, Vice Chair, and Secretary/Treasurer from the appointed membership and this group comprises the Executive Council. The Executive Council approves all receipts prior to submission to the fiscal agent for payment. The Regional Coordinator (RC) was hired in 2001. The RC leads the activities of the RETAC at the direction of the Executive Council. The Council Chair appoints committees as necessary to meet the needs of the Region. Currently there are two standing committees: Regional CQI Committee and the Conference Committee. Contracted services are obtained to meet specific objectives when required. This happens most often when grant funding is available to address focused goals of the Council. Currently the RETAC is contracting with Drive Smart Colorado to meet the requirements of a Colorado Department of Transportation grant. The RC is charged with meeting the deliverable requirements of the contract between CDPHE and the RETAC as well as leading the Regional stakeholders to achieve established goals. In addition, the RC provides a link between the local stakeholders of the EMTS system and the regulatory functions of the state of Colorado. The RC is charged with representing the needs and concerns of the entire Region and supplying technical assistance to stakeholders as needed. This is all made possible by the close relationship that the regional council members have with the local EMS councils and trauma facilities.

### **Needs Assessment and Planning Process:**

Local barriers to patient care include great distances in the frontier areas, large populations in the urban center, and significant geography in the mountainous regions. Emergency responders in those areas have developed methods of mitigating the challenge and continue to enhance their efforts. The most consistent challenge throughout the Region is recruitment and retention of qualified staffing. This affects volunteer and paid services as well as facilities at all levels. Health care is a labor intensive field and rarely is an agency or facility overstaffed. Funding to obtain adequate staffing is a consistent challenge as well at all levels. Health care reform is new and the impact is still relatively unknown which hinders the ability to plan in many instances.

The continual maturation of the EMTS system starts at the local level where basic needs are first discovered. From that point the issue is brought to the local EMS council and, if it is not resolved, the regional council. This process allows the stakeholders to prioritize immediate issues and plan for concerns that may develop over time. The SNAP process was valuable because it brought together stakeholders from all levels to consider the EMTS. Ultimately, the SNAP did not uncover significant hidden concerns but did provide a format to discuss those that existed.

The goals for the Biennial Plan are developed over time and with input from a wide variety of stakeholders. Ongoing projects, current issues at the local level, pending issues from the state level, and the desire to continue to develop the EMTS each affect the content of the plan as well as the goals. Draft goals were developed by the council in May 2013 and finalized for the plan in June 2013. The regional coordinator is tasked with researching and writing the draft document which is reviewed by the council for approval. The final product is published to the Regional website and provided to each Board of County Commissioners.

As goals are developed, the implementation is initiated by the Regional staff at the direction of the executive council. Each goal starts out with desired results which are measured throughout the process. In some cases this may be achieved by calculating numbers of attendees at a training event. In other instances, the measurement is less objective and the true results not realized within the time span of one planning period. For example, recruitment efforts at the high school level may not result in a newly certified volunteer for several years. Each goal will be reviewed quarterly at the council level for current status, barriers, and successes.

## **Section 2: Accomplishments:**

The Plains to Peaks RETAC was able to address most of the established goals with varying levels of success. As always, unexpected opportunities arise during a two year planning cycle which must be addressed thus taking time and resources from previously established goals. This cycle was no different.

Recruitment and retention of pre-hospital personnel will always be a goal within the Region. Whether urban or frontier, it seems that this problem will always exist and Regional efforts can only mitigate the issue on a case by case basis. The RETAC did collaborate with the Eastern Colorado Health Occupations (ECHO) network to provide advertising, funding for equipment, training opportunities, and other items to support the frontier services in a large section of the Region. The success of this type of program is difficult to measure. The effort certainly supports the mission of the agencies and therefore is assumed to retain and recruit members. The Region continues to operate a website dedicated to providing information to persons interested in EMS. The joinems.info website receives many hits each month and we receive 2-3 hard inquires each month for more information. Tracking of this data has shown numerous certified individuals over the years. The website had some impact on their decisions and will be continued as funding is available.

The Region once again collaborated with ECHO to provide some education at rural trauma facilities. This focused on coder/biller education and was moderately successful. There were a few hurdles in the beginning but ultimately some opportunities were provided. Additional efforts are needed in this ever changing environment of health care to remain current with billing. The Region supported one rural facility in their efforts to remain within the Trauma System. This involved assistance with a waiver application and continued support where needed. The facility remains viable at this point and the Region is looking forward to a potential Consultative Visit to analyze their situation. This effort may help to provide direction to the local EMTS community as they strive to provide the best system possible within the limits of time and resources.

The RETAC worked closely with the Pikes Peak Regional Medical Response System (formerly MMRS) to create, produce, and educate vast numbers of responders on a common template for MCI response. This project was very successful with requests for the MCI Field Guide and Operations Guide from across the state. Ultimately, this education was provided to responders in both the RETAC region and the MMRS region which provided a standardized template over

10 counties. Education continues as needed with a DVD being created to make the education more accessible to all stakeholders.

The Regional EMS/Trauma Conference continues to be a success and was expanded to three days in 2012 and 2013. The third day provides a pre-conference session on a topic of interest including PEPP/PALS and ASLS. This has been very popular with the attendees and will be continued into the future as funding is available. The 12<sup>th</sup> annual event was held in May 2013 with consistent attendance and great reviews. Funding for the conference is always a point of concern but the project has shown its worth over time. One attendee noted that he was able to obtain all continuing educational credits necessary for only \$80. That type of feedback encourages the Regional Council to continue the program.

Funding for the RETAC operations remains a point of concern but has been mitigated by the member county's contributions and through successful grant applications which allow for administrative costs. The RETAC has partnered with Woodland Park Ambulance to create an avenue for additional grant funding using a 501(c)3 status. No additional grants have been written to date but the opportunity is available.

The final goal established in 2011 by the RETAC was to support the Advanced EMT level for any agencies wishing to utilize the certification. Ultimately, there was very limited interest in the certification level at this time. The goal was tabled until such time as agencies request the support.

The Region continues to expand efforts through the Regional Medical Direction funding provided by the System Improvement grant funds. A region wide CQI conference was held in June 2012 with good attendance. From this event, the foundation of the Regional CQI Committee was created. The nine member committee now meets every other month. The primary focus of the group at this time is to verify the quality of data available. Once that has been established, the group will select quality initiatives to analyze and then determine if education is needed to enhance the EMTS system. The group is excited about the prospect of doing Regional CQI and is eagerly moving forward.

In conjunction with gathering data for the CQI Committee, the regional coordinator and the council chair made a renewed effort to get out and meet the agencies in the Region. This was an effort to reintroduce the RETAC and to get feedback from local stakeholders regarding the mission of the RETAC. This has successfully provided data for the CQI Committee and information for the council planning efforts.

The Colorado Department of Transportation continues to fund efforts in the RETAC for occupant protection and traffic safety. The RETAC contracted with Drive Smart Colorado in the beginning to lead this project and have been very happy with their work. The RETAC will be entering the fifth year of funding from CDOT in October 2013. The Drive Smart contractor has successfully created and supported coalitions in all five counties in the Region. Local efforts focus on education at all levels from elementary schools to senior centers. Seat belt usage rates are tracked to measure the effectiveness of the programs. While still below the desired levels, seat belt use has improved and efforts will continue to support the program.

The concept of Community Paramedicine is not new but has certainly garnered interest across the RETAC. Two to three agencies are actively pursuing CP programs with others considering the value in their communities. The RETAC has been active in statewide meetings and in providing support to those agencies considering the program.

Healthcare Coalitions have been thrust upon the stakeholders across the Region and the state. The Council considered the most appropriate role for the RETAC in this area and ultimately decided to provide strong support to the developing coalitions across the Region. The RETAC is an active participant in four healthcare coalitions within the Region and will continue to support their activities.

The RETAC continues to support agencies and facilities with grant opportunities and has pursued Regional equipment grants each of the past two years. These grants have been successful in reducing the workload on the local agency and in securing group pricing for all involved. The RETAC stands ready to support initiatives across the Region which will benefit the EMTS system. These tasks are done along with the usual contract deliverables and meetings required to keep the stakeholders in the Region informed about activities at the state and national level.

### **Section 3: EMTS System Components:**

- **Integration of Health Services**

The Plains to Peaks RETAC was formed by joining two former Area Trauma Advisory Councils together. El Paso and Teller County comprised the Pikes Peak ATAC and Cheyenne, Kit Carson, and Lincoln County were the founding members of the Eastern Colorado ATAC. Because of these previous relationships, the groundwork for collaboration across borders was established which allowed old relationships to flourish and new one to form. Within each of the Counties, an EMS Council or a similar organization exists to address local issues. The appointed members of the Regional Council are all familiar with this process and help to make the connection from the Region to the local level. Some obvious examples of this include the El Paso/Teller E911 Authority which oversees the PSAPs and dispatch centers within the two Counties. The Region has also been able to bring the local County agencies and facilities together for equipment purchases and training opportunities which have helped to standardize both for the benefit of stakeholders.

Local health departments are invited to all quarterly meetings of the RETAC. They are encouraged to participate in Regional events including injury prevention initiatives and they have invited the RETAC to participate in local events such as mass vaccination exercises. They are active participants when planning mass casualty exercises and have been invaluable partners in planning for alternative care sites.

Counties in the Plains to Peaks RETAC are split into two different All Hazard Regions. Cheyenne, Kit Carson, and Lincoln Counties are part of the Northeast All Hazard Region while El Paso and Teller Counties are members of the South Central All Hazard Region. The Regional Coordinator was a very active participant in both All Hazard Regions when they were first formed and worked with other local stakeholders to ensure representation for the emergency medical and trauma community. Over time, the Regional Coordinator has taken a less active role but many others have stepped forward. The Pikes Peak Metropolitan Medical Response System (MMRS) has been defunded by the federal government but the Pikes Peak Regional Medical Response System (RMRS) simply formed and took over the role created by the MMRS. This group has always included the RETAC within their scope and the relationship has benefited both entities.

University of Colorado Health-Memorial Health System and Penrose-St Francis Health Services have been important partners from the beginning of the RETAC.

As Level II Trauma Centers and extremely busy acute care institutions, they have the resources to provide assistance in many areas including education, injury prevention, clinical care, medical direction, and other areas when requested. All facilities within the Region are members of the Council and active participants in all aspects of the EMTS system.

- EMTS Research

Research is a valuable tool in many decisions across the Region. The RETAC applied for grant funding to support a research project in 2012 but were denied. The RETAC applied again in 2013 for a different research project and was denied once again. The Regional Council supports such projects and tries to use data based information to support educational efforts.

- Legislation and Regulation

Stakeholders from the Plains to Peaks Region continue to be active in all aspects of the EMTS at the legislative and regulatory level. They have participated in the passage of SB 2 and continue to support the EMTS Day at the Capitol when it is held. The Council members and Regional Coordinator regularly pass information out to local stakeholders to assure that all who want to know about changes within the rules have a way to get their voices heard. After each SEMTAC meeting, the Regional Coordinator writes a summary of the meeting and provides that to interested stakeholders. While there has never been more than one person from the Region appointed to SEMTAC at the same time, local and Regional stakeholders attend meetings regularly in an effort to keep all involved. This includes all aspects of the EMTS from scope of practice and clinical care to rules related to the EMTS Provider Grant program.

One Council member leads the Chiefs, Managers, and Directors (CMD) group through EMSAC. This group has been very active in contacting legislators statewide and even meeting with lawmakers in Washington D.C. to keep them aware of the unique needs of the EMTS system.

- System Finance

The Plains to Peaks RETAC receives \$150,000 in statutory funding each fiscal year from the HUTF account. The original Intergovernmental Agreement forming the RETAC allows the member Counties to control the funding provided because of their membership. Each County elected to set aside 10% of those funds annually for capital replacement of Regional assets such as a vehicle and larger

office equipment. The EMS Council at the local level prioritizes projects and requests funding from the Region. The Regional Council believes that the local stakeholders know their needs and if the project will enhance the delivery of care within the EMTS, it is funded on a reimbursement basis. The local agencies and facilities also provide many volunteer hours on behalf of the RETAC through planning meetings, goal implementation, education, and other activities.

The Region has been very successful with grant requests through the EMTS Provider process. Initially, these applications were for specific projects but over time the concept of standardized Regional training and equipment requests has been adopted. Through this method numerous agencies and facilities have been able to receive group pricing discounts and enhanced educational opportunities. Other funding sources have included the Hospital Emergency Preparedness Division at CDPHE, the Colorado Department of Transportation, and the Colorado Rural Health Center.

The Plains to Peaks RETAC uses Cheyenne County as a fiscal agent and are therefore considered to be local government. The Council decided to consider the 501(c)3 non-profit status for the option of pursuing additional grant funding. Rather than developing a new non-profit organization, the Council decided to partner with a well-established non-profit for this potential benefit. While no new grant funds have been requested or awarded at this time, the option is available and the RETAC will use the opportunity as needed.

- Human Resources

According to the EMTS Section, there are 1883 certified emergency medical personnel in the Plains to Peaks Region. This includes 1462 EMTs, 2 Advanced EMTs, 32 EMT Intermediates, and 387 Paramedics. This large number of providers is somewhat misleading as they are not spread evenly across the Region. Over 88% of the total number and 88% of the ALS providers are in El Paso County. This makes sense, however, when you consider that over 90% of the calls also originate in El Paso County.

Volunteers provide a significant number of the emergency responders in the Region. This is especially true in the rural and frontier areas. In the three eastern Counties, there are approximately six certified personnel who consider EMS to be their full time job. Some agencies provide "on call" or "per call" stipends but this is still the exception rather than the rule. Combination career/volunteer departments are common in the more urban areas of the Region.

The frontier areas of the Region have the most significant shortage of emergency personnel. This includes not only pre-hospital volunteers but at times clinical staff at the trauma facilities. Every agency and facility experiences some shortage of personnel over time.

- Education Systems

The community college system in Colorado divides the provision of education into specific geographic areas supported by individual colleges. The counties in the Plains to Peaks RETAC are divided among three different community colleges. Kit Carson and Lincoln County are serviced by Morgan Community College (MCC). The Lamar Community College (LCC) service area contains Cheyenne County. Pikes Peak Community College (PPCC) service area contains El Paso and Teller Counties. Each of these colleges has EMT Initial Education Centers, MCC also has an EMT Intermediate Initial Education Center, and PPCC has an EMT Paramedic Initial Education Center. Pikes Peak Community College is the largest EMS educational institution and graduates an average of 200 EMTs and 15 EMT Paramedics each year. The two large health care systems in the Region also provide EMS education. Penrose-St Francis Health Services supports an EMT Basic Initial Education Center and UCH-MHS has both EMT and EMT Intermediate Initial Education Centers. There are a total of eight different EMS Education Groups providing continuing education in a variety of certification levels from EMT to Paramedic. All except one of the education groups is located in the Colorado Springs area. Kit Carson County EMS supports EMT and EMT IV groups.

Both of the larger health care systems sponsor educational conferences each year. These events provide continuing education credits across the spectrum including EMT through Physician. With the tremendous support of Penrose-St Francis Health Services, UCH-MHS, and Pikes Peak Community College, the Plains to Peaks RETAC has also provided a two day BLS educational conference located in the rural area of the Region. The Conference Committee added a third, pre-conference day in 2012. This was very successful and continued in 2013. This entire event has become a fixture over 12 years for the volunteers in not only the RETAC but it also draws attendance from across the state. The RETAC has also provided an ALS conference for two years with the support of Penrose, Memorial, and PPCC. This event has achieved moderate success but demand exists and the effort may be revived during this plan cycle.

The RETAC has helped to facilitate focused education among the Level II and Level IV trauma facilities for several years also. This effort has helped to

strengthen the relationship among facilities while meeting many of the needs at the local level. The success has varied from limited to excellent attendance. Efforts to support and expand this program will continue as this is an ongoing need.

- Public Access

The El Paso/Teller E911 Authority provides services to all Public Safety Answering Points within the two Counties. In addition, they are a training center for many dispatch centers across the state for Medical Priority Dispatch. All calls in these Counties are taken by certified MPD personnel. There is also a sophisticated quality improvement plan in place for these agencies.

Public Safety Answering Points and the corresponding dispatch centers in Cheyenne, Kit Carson, and Lincoln Counties were provided the initial training for MPD through a Regional grant in 2006. The continuation of this project has had varying levels of success. Improvements of facilities and software have also enhanced the level of service provided through the years. Continued advancement is always under consideration and will hopefully be implemented.

911 is the universal emergency number in all Counties of the RETAC. All PSAP/Dispatch centers are also Phase II compliant and have the ability to locate cellular callers.

Automatic External Defibrillators (AED) are becoming more common in public buildings throughout the Region. Every public school in Cheyenne, Kit Carson, and Lincoln Counties has at least one available as well as most of the County government offices. Similar efforts in El Paso and Teller Counties have been successful also. This has greatly increased the public's access to this important link in the chain of survival. In an effort to ensure up to date equipment, the RETAC office sends a monthly email to responsible parties in the eastern counties to remind them to check the status of their AED units. This effort is being expanded into Teller County. In El Paso County, the contracted provider of transport services monitors the status of the AEDs as part of their contract.

- Evaluation

Evaluation at the Regional level is progressing with the support of funding through CDPHE. The RETAC formed a task force to move forward with the development of a Regional CQI plan. This effort produced a general road map for the Region and culminated in a Regional CQI Conference held in June 2012. A Regional CQI

Committee was established in November 2012 and was charged with leading the Regional effort. The committee has been meeting regularly and developed bylaws and a mission statement. The selection of a single quality initiative started the process with the intent of determining the quality of data available at the state level. This effort has achieved limited success to date as the quality has been suspect at best. Additional efforts to obtain quality data are underway and will continue to drive the committee forward.

Evaluation at the local agency level continues and has been enhanced by the Regional efforts. Extensive education was provided to agency directors regarding the need for CQI and agencies have responded positively to the new program.

El Paso County has participated in the national CARES cardiac arrest database program for a couple years. This has required the collaboration of pre-hospital agencies and facilities with very good results. The effort has been very encouraging and has provided incentive for additional efforts in the evaluation arena.

- Communications Systems

The statewide DTR system is effective throughout four Counties in the Region and is the primary means of communication for pre-hospital agencies. The topography in Teller County severely limits the effectiveness and subsequently the usage of the 800 megahertz system. Coverage along the US Highway 24 corridor in Teller County is fair but any distance from that area is sporadic at best.

Cheyenne, Kit Carson, and Lincoln Counties use a combination of DTR, digital pagers, VHF, and UHF for dispatching emergency responders and these remain as a redundant backup for the DTR. Communication between pre-hospital personnel and facilities is accomplished through DTR, cellular phone, and sometimes VHF or UHF. Efforts to reduce the number of radio systems are being considered to simplify local communications. El Paso County is almost exclusively DTR for all communications. Teller County relies on a very strong VHF system supported by the DTR and cellular phones. As pre-hospital agencies bring patients into El Paso County, the DTR system is available and used to communicate with facilities.

Dispatch centers work closely with pre-hospital personnel to establish appropriate talk groups in large events to facilitate communications. The EMSsystem is also used by facilities for everyday operations as well as mass casualty incidents. Usage of EMSsystem by dispatch is more universal in El Paso and Teller Counties.

The rural dispatch centers have the capability but additional education is still needed.

- Medical Direction

Since 2007, there has been a concerted Regional effort to standardize pre-hospital medical protocols. All ground ambulance services licensed to provide 911 emergency response utilize the same base protocols with enhancements at the ALS level for some agencies. One hospital based inter-facility ground ambulance service and the ambulance service based on the Fort Carson military reservation are outside of this set. The two major health care institutions also provide medical directors for all pre-hospital agencies except the two previously mentioned. Of this group of physicians, two primary physicians provide the bulk of medical direction in the Region. The working relationship among the health care systems and the physicians is good. The two ground ambulance services outside of the Regional set continue to work closely with all other agencies.

In FY11, the RETAC secured funding to support the concept of Regional Medical direction through the EMTS Section. This funding has allowed stakeholders to get together and develop a strategic plan and greatly enhance the continuous quality improvement processes at the agency and medical director levels. Funding through FY13 has also been consistent and allowed the RETAC to expand the CQI program. Additional funding through FY14 has been requested to continue to support this program.

- Clinical Care

El Paso County has an extensive public health department commensurate with the large population. The other Counties each have public health offices with varying levels of services supported by the state health department.

Tracking pre-hospital destinations is a significantly time consuming process as there are over 70,000 patient encounters annually. The RETAC relies on local directors and facilities for much of this oversight. While rare, if a concern is noted by the local stakeholders, the Region has provided technical assistance to review the event and to suggest modifications. The largest provider of pre-hospital transports does provide a monthly report of "Code 3" emergency returns and this data is reviewed by the Level II trauma centers as well as the RETAC office. Outliers and trends are reviewed by the medical director of that agency.

Each of the designated trauma facilities have established inter-facility agreements with the appropriate higher levels. The RETAC office retains a copy of these agreements but detailed tracking of the day to day operations is beyond the limited resources of the RETAC staff. The triennial trauma designation process also provides an opportunity to review facility practices.

In nearly all areas, emergency extrication services for entrapped patients are provided by local fire departments in their coverage areas. Organized search and rescue teams exist in El Paso and Teller Counties through the Sheriff's offices. Other specialized rescue teams are also available through the Colorado Springs Fire Department and may be requested as needed. A significant effort in Kit Carson County to establish a rescue team specializing in grain storage structure emergencies has been successful and is now a regional resource.

- Mass Casualty

The Pikes Peak Metropolitan Medical Response System (MMRS) has done extensive work with facilities in the area to enhance surge capabilities and to educate stakeholders on those efforts. In addition, the Plains to Peaks RETAC has partnered with the MMRS to continually evaluate and revise MCI planning and tools. During the past fiscal year, training on the new tools was provided across both the RETAC and the MMRS Regions. Funding for the MMRS system in El Paso County by the federal government will end in FY14. Recognizing the benefits of working together collaboratively, the stakeholders with the former MMRS Region have agreed to continue to work cooperatively and have formed the Pikes Peak Regional Medical Response System (RMRS). The RETAC will continue to partner with the RMRS for the benefit of agencies in both regions.

Significant caches of supplies and equipment are available in El Paso County for mass casualty incidents, alternate care centers, and sheltering needs. The other Counties also have supplies and equipment cached for their potential needs. These caches were supported by grants from CDPHE in the past and have been maintained by the local stakeholders. Exercises with the plans and equipment have taken place and there is a process in place to rotate supplies as needed. Each county plans and executes MCI exercises every couple years. The RETAC supports those efforts through training and technical support.

The initial push to get agency personnel trained in the National Incident Management System (NIMS) was successful. The ongoing education of new personnel and implementing updates is available through a variety of sources in the Region. The RETAC has not taken a lead role in these efforts but stands

ready to facilitate if requested. Similarly, the RETAC role in planning for pandemic events has been supportive of the local health departments and offices.

- Public Education

This component does not receive the focus that it could due to limited resources of time and money. Pre-hospital agencies within the Region will certainly try to recognize their personnel during national EMS week but generally little more than that occurs. Facilities are often better in this area because of the advertising they conduct in a competitive environment. Agencies and facilities support efforts such as health fairs when available.

The Council has recognized the need to ensure that stakeholders are aware of the RETAC and the potential benefits of working collaboratively. The Council Chair and the Regional Coordinator began an effort in 2013 to travel the region to meet with agencies and facilities to assess their needs and offer the assistance of the RETAC. This effort will continue through the coming fiscal year and into the future.

- Prevention

Each designated trauma facility in the Region conducts injury prevention programs at various levels for different target audiences. These include efforts across the age spectrum from pediatric helmet education to teen distracted driving to adult falls. The RETAC received funding from the Colorado Department of Transportation to promote vehicle occupant safety and specifically increased seat belt use. The Region contracted with Drive Smart Colorado to meet the goals and objectives of this grant and is currently in the fourth year of funding. The project has been quite successful in developing local coalitions and getting the seat belt message out in the public. Funding for FY14 has been awarded and the coalitions will continue their work. Measurement of seat belt use is an ongoing portion of the project.

- Information Systems

Of the 22 licensed ground transport services in the Region, 17 or 77% are actively providing patient care report data to the state data system. Of the remaining five agencies, one is based on a military reservation and two are licensed but provide transport very rarely. The other two agencies are in the process of meeting the requirement. All designated trauma centers provide data into either the trauma registry or through the Colorado Hospital Association.

As the Regional Medical Direction/Continuous Quality Improvement project moves forward, the remaining agencies will be encouraged to participate in an effort to enhance their service while providing a more complete Regional picture. Many of the smaller agencies are using the state provided Imagetrend software. The other agencies are using a third party vendor software to provide data to the state system. While this meets the requirement of providing data, the translation from the third party vendor to Imagetrend is proving to be less than optimal. Efforts are underway to mitigate this problem so Regional data can be more accurate.

## **Section 4: Goals and Objectives**

### **Goal #1**

#### **A. Goal Statement**

The Region will support and enhance existing educational programs while exploring additional avenues to provide high quality education. This will include pre-hospital, facility, BLS and ALS education as needed by local stakeholders.

#### **B. Background**

The Rural Regional EMS/Trauma Conference has developed into a staple educational opportunity for emergency responders in the Region and especially for volunteers. Attendance has been consistent with approximately 90 each of the weekend days. The reviews continue to be excellent from attendees with requests for specific topics. Because of the generous support from UCH-MHS, Penrose-St Francis Health Services, and Pikes Peak Community College the cost to attend this conference has remained low while meeting the continuing educational requirements of emergency responders. A typical EMT can obtain the required educational elements in a three year period to maintain Colorado certification for the affordable cost of only \$80. This conference has been able to provide high quality education locally at an affordable cost where none existed previously.

Education at rural facilities is an ongoing requirement and continues to be limited by distances and financial concerns. The RETAC has supported successful programs in the past and will continue to facilitate educational opportunities for all facilities based on their needs and schedules.

High quality education for ALS pre-hospital providers has been requested by multiple stakeholders through the years. The RETAC has provided opportunities with limited success but the need continues. In collaboration with educational stakeholders, the RETAC will again provide advanced life support education aimed at meeting the needs of ALS providers in the Region.

#### **C. Components Addressed**

This goal focuses on Education with impacts in the areas of Finance and Human Resources.

#### D. Project Description

The rural Regional EMS/Trauma Conference was expanded in 2011 with a pre-conference offering. This has been very successful and will be continued. The Conference Committee considers numerous issues when developing the curriculum for each year. These include: requirements for re-certification, requests from attendees, analysis of clinical care through CQI, current issues, and other important factors. Efforts to keep the conference and the content fresh and engaging will continue.

Numerous "card" classes are required or recommended for facilities which include: TNCC, ACLS, ATLS, PALS, RTTD, and others. The RETAC will continue to support the delivery of this education in an efficient and cost effective manner. This can be done through the CREATE grant program and with the support of higher level facilities. Topical education requested by facilities is available and will be supported by the RETAC. As the need for this education arises, the RETAC will work with local stakeholders to recruit the most appropriate education to meet the specific needs.

Maintaining low frequency high acuity skills for ALS pre-hospital providers is difficult in any environment. The RETAC will work with local educational stakeholders to provide opportunities to learn and practice these skills for the benefit of all stakeholders within the Emergency Medical and Trauma System (EMTS).

#### E. Estimated Cost

The annual rural EMT/Trauma conference costs approximately \$15,000. The real cost of this event is much more but is hidden by the significant amount of in-kind contributions by Memorial Health System, Penrose-St Francis Health Services, and Pikes Peak Community College. The expense of maintaining certifications for facilities in the Region is also significant. The costs which include class registration, travel, backfill, and tracking certifications all contribute to a massive expense to facilities whatever their size and is estimated at well over \$100,000. The effort to provide ALS education is estimated to cost \$10,000 for a conference style event.

#### F. Desired Outcome

The rural Regional conference will continue to provide high quality, cost effective continuing education for emergency personnel across the Region and the state.

This program supports the retention of emergency responders and enhances the quality of emergency care provided to patients.

Education provided locally to facilities reduces costs and supports high quality clinical care. The RETAC will collaborate with all stakeholders to ensure the availability of required and requested education to support enhanced emergency medical care at all levels.

The RETAC will work with stakeholders to provide high quality advanced education for ALS providers through a mutually beneficial conference or workshop. This will enhance clinical care and support retention of valuable emergency providers.

## **Goal #2**

### **A. Goal Statement**

The RETAC will continue to support Regional Medical Direction/Continuous Quality Improvement programs. These efforts will enhance the delivery of high quality emergency care across the Region.

### **B. Background**

With support from EMTS program funding, the RETAC further developed the Regional Medical Direction efforts begun in previous years. The focus of this effort recently has been the development of a Regional Continuous Quality Improvement program. A Regional CQI plan was created and a Regional CQI conference was held in June 2012. The RETAC created a Regional CQI Committee in November of 2012. The CQI Committee has been meeting on a regular basis. The focus has been to determine the quality of available data before beginning any significant quality initiatives.

### **C. Components Addressed**

This goal focuses on Evaluation with impacts in Education and Clinical Care.

### **D. Project Description**

The Region currently has two primary medical directors who function as the Regional Medical Directors for the RETAC. There are Regional pre-hospital protocols based on those developed by the El Paso County Medical Society. These undergo review and revision on a regular basis and as needed. The Regional CQI Committee is actively working toward developing Regional Quality Initiatives. This effort has been very deliberate as the committee reviews the available data and determines the quality of that data. The Committee will ultimately analyze appropriate quality initiatives and then develop education based on the results of those efforts.

### **E. Estimated Cost**

The RETAC estimates the cost of this project to be \$40,000 annually.

## F. Desired Outcome

The RETAC will encourage educational efforts based on the results of data analysis resulting from the efforts of the CQI Committee. This education will enhance and ensure quality emergency medical care across the Region.

### **Goal #3**

#### **A. Goal Statement**

The RETAC will support local agencies to determine the potential added value of Community Paramedicine programs within the EMTS. The RETAC will support efforts to enhance the level of emergency care in areas in need of such support.

#### **B. Background**

The concept of Community Paramedics is a growing idea across the nation and the RETAC region is no different. As the state of Colorado works to define the role of Community Paramedics within the system, some agencies within the Region are moving forward. Other areas of the Region struggle to have advanced life support in the pre-hospital environment so the Community Paramedic program may be an unattainable goal or the stepping stone to enhanced emergency care. The RETAC will support all areas and agencies in the Region as they consider the role of Community Paramedics in the local medical system.

#### **C. Components Addressed**

This goal focuses on Clinical Care with aspects of Education, Human Resources, and Finance also impacted.

#### **D. Project Description**

A limited number of agencies within the RETAC are actively pursuing a Community Paramedic program for their system. The RETAC will support those systems as requested. Other areas of the RETAC are aware of the concept and interested in researching the impact and potential benefits for their local systems. The RETAC will actively support their efforts by facilitating meetings, gathering information, and providing other resources as needed to adequately consider the Community Paramedic program potential benefit.

#### **E. Estimated Cost**

Research and meetings to adequately evaluate this program is estimated to cost \$15,000.

## F. Desired Outcome

Ultimately, the Community Paramedic concept will likely flourish in some areas and fail to provide added value in others, at least in the early efforts. The RETAC will support local stakeholders to develop the most appropriate system for their area.

## **Goal #4**

### **A. Goal Statement**

The RETAC will strive to educate local stakeholders about the role of the RETAC and the benefit of collaborating regionally. The RETAC will continue to incorporate programs and projects that benefit the RETAC stakeholders and develop plans to remain fiscally sound.

### **B. Background**

The Plains to Peaks RETAC was formed on November 1, 2000. The Council will ensure that stakeholders understand the role of the RETAC in the local EMTS and the potential benefits to being a member of this RETAC. The fiscal health of the RETAC is always being monitored and sound fiscal planning is a foundation of any organization.

### **C. Components Addressed**

This goal focuses on Public Education and Finance.

### **D. Project Description**

The RETAC will develop methods of educating local agencies and facilities, local governments, and the general public regarding the role of the RETAC in the local, regional, and statewide EMTS. Steps taken over the past two years to support the operations of the RETAC will be further developed to ensure the fiscal health of the RETAC.

### **E. Estimated Cost**

Estimated cost to accomplish this goal is \$15,000 due to meetings, travel, and supplies.

### **F. Desired Outcome**

The desired outcome of this goal is to ensure that local stakeholders are receiving the most benefit from their RETAC possible. If areas of potential improvement are discovered, additional goals may be developed to ensure agencies, facilities, and the public are receiving added value from the RETAC. This is appropriate for the

operations as well as the special programs provided by the RETAC for local stakeholders.

**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.

Rob Handley  
Print Chairperson Name

\_\_\_\_\_  
Chairperson Signature

\_\_\_\_\_  
Signature Date

Kim E Schallenberger  
Print RETAC Coordinator Name

\_\_\_\_\_  
RETAC Coordinator Signature

\_\_\_\_\_  
Signature Date

## ***Appendix***

### **Supporting Documents**

#### **Attachments**

- A. P2P Current IGA**
- B. P2P Proposed IGA**
- C. P2P Bylaws**
- D. P2P Agencies & Facilities**
- E. P2P Map**



INTERGOVERNMENTAL AGREEMENT ESTABLISHING THE  
PLAINS TO PEAKS REGION  
EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL

THIS AGREEMENT is entered into this 1<sup>st</sup> day of November 2000, by and among the Board of County Commissioners of the County of Cheyenne, Colorado (herein "Cheyenne"), the Board of County Commissioners of the County of El Paso, Colorado (herein "El Paso"), the Board of County Commissioners of the County of Kit Carson, Colorado (herein "Kit Carson"), the Board of County Commissioners of the County of Lincoln, Colorado (herein "Lincoln"), and the Board of County Commissioners of the County of Teller, Colorado (herein "Teller"), referred to herein as the "County" or "Counties".

WHEREAS, the General Assembly of the State of Colorado enacted the Statewide Trauma Care System Act ("Act"), Section 25-3.5-701, et seq., C.R.S.; and

WHEREAS, the Act mandates that the Colorado State Board of Health adopt rules specifying that the governing body of each county or city and county throughout the state shall establish a regional emergency medical and trauma advisory council (herein "RETAC") with the governing body of four or more other counties, or with the governing body of a city and county, to form a multicounty RETAC; and

WHEREAS, the Counties recognize that appropriate care for those persons experiencing a medical emergency or traumatic injury is advisable; and

WHEREAS, the Counties share a cooperative spirit to determine if the benefits and advantages of an effective emergency medical and trauma system are greater by working together; and

WHEREAS, the Counties support the legislative directive and will extend their best reasonable efforts to implement the legislative directive consistent with the funding appropriated by the State of Colorado, or other sources designated for this purpose; and

WHEREAS, pursuant to the provisions of Section 18 of Article XIV of the Constitution of the State of Colorado and Section 29-1-203, C.R.S., as amended, Cheyenne, El Paso, Kit Carson, Lincoln and Teller may cooperate or contract with one another to provide any function, service or facility lawfully authorized to each county.

NOW, THEREFORE, in consideration of the mutual covenants and obligations expressed herein, it is agreed by and between the Counties hereto as follows:

The Counties agree to jointly establish a RETAC to recommend a regional emergency medical and trauma service plan for the Counties and satisfy any other statutory or regulatory requirements and obligations of the Counties pursuant to the Emergency Medical Services Act, Section 25-3.5-101 et seq., C.R.S. and the Statewide Trauma Care System Act, Section 25-3.5-701 et seq., C.R.S. or as expressly delegated by the Counties.

This RETAC shall be known to all interested parties as the "Plains to Peaks Regional Emergency Medical and Trauma Advisory Council."

The Plains to Peaks RETAC shall equitably represent the interests of Cheyenne, El Paso, Kit Carson, Lincoln and Teller Counties.

The Plains to Peaks RETAC will be comprised of fifteen (15) members. The Board of County Commissioners for each County will appoint two members to the RETAC, one being a representative of local government and one being a representative of the prehospital community. The governing board for each trauma center in the Counties designated by the State of Colorado as a level I, II, III or IV on July 1, 2000 will appoint one representative. RETAC members will serve an indeterminate term at the pleasure of their appointing authority and the appointing authority may remove or replace a member at will. The appointing authority shall notify the RETAC in writing of appointments, removals or resignations. The appointing authority shall appoint a new representative within thirty (30) days following the removal or notice of resignation. The appointing authorities are encouraged to consider the diversity of interests in the community and coordinate their appointments to maximize the breadth and depth of representation. Each RETAC member may designate, in writing, an alternate who can vote in the member's absence. Additional representatives from counties petitioning to join the region or from trauma centers designated after July 1, 2000 may only be added with the unanimous consent of the Counties. The RETAC may appoint ex-officio members as it so deems necessary. Ex-officio members shall have no voting rights and shall not be counted to constitute a quorum.

Each member of the Plains to Peaks RETAC shall have one (1) vote. A quorum of the RETAC shall consist of a majority of the RETAC's members. The affirmative vote of a majority of the RETAC members present shall be required for the RETAC to take any action.

The Plains to Peaks RETAC shall adopt Bylaws as necessary for the conduct of the RETAC within ninety (90) days after the effective date of this agreement or appointment of the members so long as such Bylaws are consistent and not in conflict with the provisions of this agreement.

The Plains to Peaks RETAC shall elect a Chairperson, Vice Chairperson and Secretary-Treasurer from its members. These officers shall serve for terms of one year and perform the duties normal for their office.

The Plains to Peaks RETAC shall meet at least once in each calendar quarter at such time and place as the RETAC shall decide. The meeting site will rotate between the Counties.

All meetings of the Plains to Peaks RETAC where business is discussed or at which formal action may be taken shall be open to the public and subject to the Colorado Open Meetings Law, Section 24-6-401, et seq., C.R.S. Notices of all regular and special meetings shall include an agenda and shall be posted in a designated public place no less than twenty-four (24) hours prior to the meeting.

The Plains to Peaks RETAC shall keep minutes of its proceedings showing the presence or absence of each member and the vote of each member upon every motion. Failure to vote and any abstentions shall be noted in the minutes. Minutes and records of the Plains to Peaks RETAC shall be open to the public and subject to the Colorado Open Records Act, Section 24-72-201, et seq., C.R.S.

The Plains to Peaks RETAC is limited in its spending authority to the annual total budget approved by the RETAC. Annual expenditures shall not exceed revenues, including any reserve funds, as approved by the RETAC. The RETAC shall adhere to generally accepted accounting principles and Colorado law.

The Counties agree that the fifteen thousand dollars (\$15,000) per County, or other amounts appropriated by the State of Colorado, distributed to the RETAC by the State of Colorado on and after July 1, 2002 from the state EMS account pursuant to 25-3.5-603(2.5)(b)(I) C.R.S. will be passed through to the Counties. Each County will maintain its discretion over the expenditure of the funds allocated to their County for the purposes allowed by law. The Counties agree that the seventy-five thousand dollars (\$75,000), or other amounts appropriated by the State of Colorado, distributed to the RETAC by the State of Colorado on and after July 1, 2002 from the state EMS account pursuant to 25-3.5-603(2.5)(b)(I) C.R.S. will be allocated to the RETAC to fund capital costs, costs of special services or maintenance and operating costs of the RETAC for the benefit of the Counties.

No later than October 1 of each year, the RETAC shall prepare a proposed annual budget for the next fiscal year and shall submit a copy to the Counties. The proposed annual budget shall be balanced, shall conform to the requirements of the Local Government Budget Law of Colorado, Section 29-1-101, et seq., C.R.S. and shall include, at a minimum, a detailed estimate of all proposed expenditures, anticipated revenues and any requested contribution to be made by the Counties. The proposed annual budget shall contain a statement of the level of service the RETAC anticipates it will provide for the next fiscal year and shall identify any change in the level of service from the preceding year. The budget for the next fiscal year shall be adopted by the RETAC no later than December 15 of the current year, after review and comment is received from the Counties.

In the event of an unforeseen or unanticipated event, which results in the need for additional funds, the Plains to Peaks RETAC shall prepare a supplemental or amended budget and present a request for supplemental contributions to the Counties for their consideration. Any request for supplemental contributions must be accompanied by documentation supporting the need for the request, alternative courses of action and the impact of not funding the request.

Cheyenne will serve as the fiscal agent for the RETAC. Cheyenne shall provide for the keeping of accurate and correct books of account on an accrual basis in accordance with the Local Government Uniform Accounting Law, Section 29-1-501, et seq., C.R.S. and generally accepted accounting principles, showing in detail capital costs, costs of special services, maintenance and operating costs and all financial transactions of the RETAC. Cheyenne's books of account shall correctly show any and all revenues, costs, expenses or charges paid from to be paid by funds obtained from federal or state sources, each of the Counties, private contributions

or revenue generated by the RETAC's activities. Cheyenne's books shall be open to inspection by the Counties upon reasonable notice during normal business hours. Cheyenne shall provide for the auditing of all books and accounts and other financial records of the RETAC on an annual basis in accordance with the Colorado Local Government Audit Law, Section 29-1-601, et seq., C.R.S., by an independent Certified Public Accountant selected by Cheyenne. The audit costs directly attributable to the RETAC shall be a routine operating expense borne by the RETAC. The audit shall be supplied to the Counties upon request.

Notwithstanding anything in this agreement to the contrary, financial obligations of the respective Counties to make requested contributions to the RETAC are expressly contingent upon funds for the intended purposes herein being appropriated, budgeted and otherwise made available. In the event that funds are not appropriated in whole or in part sufficient for satisfaction of any County's requested contribution under this agreement, or appropriated funds may not be expended due to a County's spending limitation under Article X, Section 20, of the Colorado Constitution, then the non-funding party may terminate its participation in this agreement and such termination shall not be deemed a default or breach of this agreement by such party. This section of the agreement shall control and supersede all other provisions of this agreement inconsistent therewith. It is the intention of the Counties that the annual appropriation requirements set forth in this agreement shall bring this agreement and any renewals into compliance with Article X, Section 20, of the Colorado Constitution.

The Plains to Peaks RETAC is directed, on or before January 1, 2003, to submit its recommended regional emergency medical and trauma system plan for approval by the Counties. The plan shall conform to the requirements of Section 25-3.5-704(2)(c) C.R.S. and other requirements duly established by the Colorado Board of Health and the Colorado Department of Public Health and Environment. The RETAC shall secure approval from the Counties and submit the approved plan to the Colorado State Emergency Medical and Trauma Services Advisory Council by July 1, 2003 as required by statute. Subsequent recommended plans shall be prepared and submitted for approval by the Counties not less than three (3) months prior to their required date for submission to the Colorado State Emergency Medical and Trauma Services Advisory Council.

In addition to any issues the Colorado State Board of Health requires be addressed, the regional emergency medical and trauma system plan recommended by the RETAC shall address the following issues:

(A) The provision of minimum services and care at the most appropriate facilities in response to the following factors: facility-established triage and transport plans; interfacility transfer agreements; geographical barriers; population density; emergency medical services and trauma care resources; and accessibility to designated facilities;

(B) The level of commitment of counties and cities and counties under a regional emergency medical and trauma system plan to cooperate in the development and implementation of a statewide communications system and the statewide emergency medical and trauma care system;

(C) The methods for ensuring facility and county or city and county adherence to the regional emergency medical and trauma system plan, compliance with Colorado

Board of Health rules and procedures, and commitment to a continuing quality improvement system;

(D) A description of public information, education, and prevention programs to be provided for the area;

(E) A description of the functions that will be contracted services; and

~~(F) The identification of regional emergency medical and trauma system needs~~

through the use of a needs assessment instrument developed by the Colorado Department of Public Health and Environment; except that the use of such instrument shall be subject to approval by the Counties.

The Plains to Peaks RETAC shall submit a report to the Board of County Commissioners for each County in the RETAC not later than October 1 each year. The report will demonstrate the RETAC's accomplishments to date and list the goals of the RETAC for the coming year. The RETAC may substitute the approved regional emergency medical and trauma system plan to meet this requirement, with the unanimous consent of the Counties.

Any notice required hereunder shall be given in writing and shall be sufficient if deposited in the United States Mail, postage prepaid to:

Chairperson, Cheyenne County Board of County Commissioners  
Post Office Box 567  
Cheyenne Wells, Colorado 80810-0567

Chairperson, El Paso County Board of County Commissioners  
27 East Vermijo Avenue  
Colorado Springs, Colorado 80903-22008

Chairperson, Kit Carson County Board of County Commissioners  
286 Sixteenth Street  
Burlington, Colorado 80807

Chairperson, Lincoln County Board of County Commissioners  
Post Office Box 39  
Hugo, Colorado 80821-0039

Chairperson, Teller County Board of County Commissioners  
Post Office Box 959  
Cripple Creek, Colorado 80813

The Counties promise to reasonably cooperate with one another in the formation, development and operation of the Plains to Peaks RETAC as set forth herein. Whenever any provision of this agreement requires consent or approval of the Counties, consent or approval shall not be unreasonably withheld.

Any County party to this agreement may terminate its participation with or without reason upon at least sixty (60) days prior written notice to the other Counties and the Colorado

State Emergency Medical and Trauma Services Advisory Council. The Counties agree that if the County terminating its participation appropriated funds for the RETAC, such funds will be contributed to the RETAC during the notice of termination period. The Counties agree that the RETAC will continue to provide services during the notice of termination period.

After notice of termination, the Counties thereafter agree to reasonably negotiate a division of assets. The Counties intend that such division of assets, to the extent possible will ensure that the Counties continuing their participation maintain a viable RETAC.

The RETAC may be dissolved by a majority vote of the Counties. Upon dissolution of the RETAC, the Counties thereafter agree to reasonably negotiate an equitable division of assets unless prohibited by law or contractual agreement.

Nothing contained herein shall make or be construed to make the Plains to Peaks RETAC, Cheyenne, El Paso, Kit Carson, Lincoln or Teller, a partner of any of the others, nor is this agreement intended to create a separate governmental entity as the term is defined in Article I, Title 29, C.R.S.

This agreement embodies the entire agreement about its subject matter among the Counties and supersedes all prior agreements and understandings, if any. No alterations, amendments or modifications hereof shall be valid unless executed by an instrument in writing by the Counties with the same formality as this agreement. Neither this agreement, nor any term hereof, can be changed, modified or abandoned, in whole or in part, except by an instrument in writing signed by all of the Counties, and no prior, contemporary or subsequent oral agreement shall have any validity whatsoever.

If any clause or provision herein shall be adjudged to be insubstantial and invalid by a court of competent jurisdiction or by operation of any applicable law, such invalid or unenforceable clause or provision shall not affect the validity of the agreement as a whole and all other clauses and provisions shall be given full force and effect.

This agreement shall be subject to and shall be interpreted under the laws of the State of Colorado.

It is expressly understood and agreed that enforcement of the terms and conditions of this agreement, and all rights of action relating to such enforcement, shall be strictly reserved to the Counties, and nothing contained in this agreement shall give or allow any such claim or right of action by any other or third person or entity on such agreement. It is the express intention of the Counties that any person or entity, other than the Counties that are parties to this Agreement, receiving services or benefits under this agreement shall be deemed to be incidental beneficiaries only.

No County shall assign any of the rights nor delegate any of the duties created by this agreement without the written consent of the other Counties.

IN WITNESS WHEREOF, the Counties have caused this agreement to be executed on the date first written herein.

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
OF CHEYENNE COUNTY, COLORADO

By: \_\_\_\_\_  
County Clerk

By: \_\_\_\_\_  
Chairperson

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
OF EL PASO COUNTY, COLORADO

By: \_\_\_\_\_  
Deputy County Clerk

By: \_\_\_\_\_  
Chairperson

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
OF KIT CARSON COUNTY, COLORADO

By: \_\_\_\_\_  
County Clerk

By: \_\_\_\_\_  
Chairperson

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
OF LINCOLN COUNTY, COLORADO

By: \_\_\_\_\_  
County Clerk

By: \_\_\_\_\_  
Chairperson

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
OF TELLER COUNTY, COLORADO

By: \_\_\_\_\_  
County Clerk

By: \_\_\_\_\_  
Chairperson



PLAINS TO PEAKS REGION  
EMERGENCY MEDICAL AND  
TRAUMA SERVICES ADVISORY COUNCIL  
BYLAWS

ARTICLE I – CREATION

The Plains to Peaks Region Emergency Medical and Trauma Services Advisory Council, hereinafter referred to as the “Council,” was created pursuant to Section 25-3.5-703, C.R.S., as amended.

ARTICLE II – ORGANIZATION

1. Membership

a. The Council is developed and operated under an intergovernmental agreement by and between the Boards of County Commissioners of Cheyenne, El Paso, Kit Carson, Lincoln and Teller Counties dated November 1, 2000, hereinafter referred to as the “IGA.”

b. The Council shall be comprised of appointed members as specified in the IGA. Members shall be appointed and serve terms as defined in the IGA. Vacancies shall be filled by the same procedure as used for appointments.

c. The Council shall elect from its members a chairperson, vice-chairperson, and a secretary-treasurer. The election of officers shall be held at the first regular Council meeting each year or at such other time as may be fixed by resolution. All elected officers shall hold their positions for one (1) year. All officers hold their office at the pleasure of the Council.

d. If requested by a majority of Council members, elections of officers may take place by secret ballot.

e. The chairperson shall preside and control the progress of Council meetings. The chairperson, or assigns, shall prepare an agenda, compile other necessary information, and supervise the distribution of such materials, including financial reports and the minutes from the previous meeting for Council approval, to Council members prior to the meeting; and, in general, communicate information about the emergency medical and trauma services system and program activities that have transpired. The chairperson shall review with the Council concerns or questions about other regional activities, legislation, programs, and committee activities, and will communicate any desired changes. The chairperson shall ensure that a copy of the Council’s bylaws is presented to every member of the Council upon their appointment, and to appropriate members of staff and members of advisory committees working on behalf of the Council.

f. The vice-chairperson shall assume the duties of the chairperson in the absence of the chairperson, or other duties as assigned by the chairperson.

g. The secretary-treasurer shall serve as the custodian of the records for the Council and liaison between the Council and the fiscal agent for the Council. The secretary-treasurer, or assigns, shall take minutes of Council meetings and maintain the official records of Council actions. The secretary-treasurer shall be responsible for tracking the source and allocation of all funds received for use by the Council and present a report of all Council revenues and expenditures at each regular Council meeting. The secretary-treasurer shall make Council records available for inspection at reasonable times upon request.

h. An alternate may be designated for each member of the Council. The alternate may attend the Council meetings and vote on behalf of the Council member in the absence of the Council member. No other form of proxy voting will be permitted. The term of service for the alternate shall run concurrent with the Council member. The alternate shall be designated, in writing, by the entity responsible for recommending the Council member and have qualifications similar to the Council member to properly represent the interests of their constituents and the public.

i. The minimum meeting attendance standard for a Council member or their designated alternate shall be fifty percent (50%) per year. A recommendation letter for removal from the Council will be sent to the appointing authority for any member failing, without good cause as determined by the Council, to attend the minimum number of Council meetings.

## 2. Committees

a. The Council may establish committees by a majority vote. Such committees shall serve in an advisory capacity to the Council and perform only those functions determined by the Council.

b. Committee members shall be appointed by the Council chairperson, and shall serve at the pleasure of the Council. They shall serve without compensation, but Council committee members may be allowed actual and necessary traveling and subsistence expenses with approval by the Council.

c. Each committee shall meet with the Council at least once a year at such regular meetings as may be designated by the Council. Committees may recommend action to the Council, but formal, final action on any matter referred shall remain with the Council.

## 3. Procedures and Rules of Order

a. Meetings shall be conducted generally in keeping with Robert's Rules of Order, except they shall remain as informal as circumstances permit and the chairperson may vote and participate in discussions.

- b. The location of meetings will rotate between the member Counties.
- c. All meetings of the Council, and any committees or subcommittees, shall be conducted in accordance with the Colorado Open Meetings Act. All meetings will be posted according to statutory guidelines and the procedures for posting of public notices duly established by the Boards of County Commissioners for their respective Counties. The Council may enter into an executive session only for the purposes allowed by law.
- d. Regular meetings shall be at such a time and place specified by the Council. The Council shall meet at least as often as specified in the IGA. Special meetings, for emergency matters, may be called by the Chairperson or at the request of four (4) Council members. If such a special meeting is called, Council members must be provided three (3) days notice by mail or twenty-four (24) hours notice by telephone or facsimile.
- e. A majority of the membership of the Council shall constitute a quorum.
- f. The agenda or order of business may be changed by the Council chairperson or by a majority vote of the Council members present.
- g. A successful vote on matters before the Council shall require a majority of the Council members present.
- h. A roll call vote shall be taken at the request of any Council member. A secret ballot is not permitted for any action of the Council except for the election of officers as described above.
- i. The Council shall act only by resolution adopted at a duly called meeting. No individual Council member shall individually exercise any administrative authority, except as specifically authorized by the Council.
- j. No individual Council member shall make a statement of policy, which purports to be that of the Council, unless the Council has adopted such policy. No member, however, shall be prohibited from stating a personal opinion, provided that the personal opinion is clearly identified as such.
- k. If both the chairperson and vice-chairperson are absent from a Council meeting, a member selected by a majority of the Council members present shall preside.

#### 4. Administrative Policies

- a. The Council can amend, delete, or otherwise change these bylaws at a regular meeting by a vote of two-thirds of the membership present. Proposed amendments must be distributed to the membership, read at least once at a regular meeting of the Council, and voted upon at the next meeting of the Council. A typewritten copy of the proposed changes must be posted with the notice of public meeting in each county in accordance with the procedures for

posting of public notices duly established by the Boards of County Commissioners for their respective Counties.

b. Budget line item monies may be expended by staff within the allotted budget. Expenditures above the budget or outside the line items must be approved by the executive officers. The executive officers will review and approve or disapprove the monthly bills in a timely fashion. This review will be provided to the fiscal agent for their records.

c. The Council shall determine the disposition of any unutilized funds or capital equipment.

It being the desire of the Plains to Peaks Region Emergency Medical and Trauma Services Advisory Council to fulfill its responsibilities to the people of Colorado and, in the most efficient and conscientious way possible, to discharge its duties under the law, the Plains to Peaks Region Emergency Medical and Trauma Services Advisory Council does by resolution hereby adopt these bylaws.

Date \_\_\_\_\_

Attest \_\_\_\_\_

Title \_\_\_\_\_

Agency	Contact	Phone
<b>CHEYENNE COUNTY</b>		
Cheyenne County Ambulance	Sue Kern, Director	719 767 5662 x2100
Box 370		719 342 1297
155 W 1st Street South		
Cheyenne Wells, CO 80810		
West Cheyenne FPD	Chief Jason Randel	719 962 3388
306 W Highway 287		719 342 3872
Box 322		
Kit Carson, CO 80825		
#1 Fire Protection District	Chief Travis Watson	719 767 5869
85 S 1st West		
Box 651		
Cheyenne Wells, CO 80810		
Keefe Memorial Hospital	Sue Kern, TNC	719 767 5662 2100
Box 578		719 342 1297
602 N 6th West		
Cheyenne Wells, CO 80810		
<b>EL PASO COUNTY</b>		
American Medical Response	Ted Sayer	719 597 1277
2370 N Powers Blvd		
Colorado Springs, CO 80915		
Action Care	Jen Falkenburg	719 392 7121
400 Security Blvd		
Security, CO 80911		
Black Forest Fire/Rescue	Chief Bob Harvey	719 495 4300
11445 Teachout Road		
Colorado Springs, CO 80908		
Calhan FPD	Chief Shane Gattis	719 347 3057
Box 166		
Calhan, CO 80808		
City of Fountain Fire Dept	Chief Darin Anstine	719 382 7800
116 South Main St		
Fountain, CO 80817		
Ellicott FPD	Chief Nellie Roop	719 683 7211
23650 Hwy 94		
Calhan, CO 80808		

<b>Agency</b>	<b>Contact</b>	<b>Phone</b>
Evans US Army Ambulance 7500 Cochrane Circle Ft Carson, CO 80913	Tim Chestnut	719 526 7112
Stratmoor Hills FPD 2160 B Street Colorado Springs, CO 80906	Chief John Bales	719 576 1200
Tri Lakes FPD Box 2668 Monument, CO 80132	Greg Lovato	719 481 2312
Penrose/St Francis FFL Box 7021 Colorado Springs, CO 80933	Louise Palermo	719 776 5920
Memorial Star Transport 1400 Boulder St Colorado Springs, CO	Kristi McCleary	719 964 4382 719 306 4306
Broadmoor FPD 4 Hazel Avenue Colorado Springs, CO 80906	Chief Noel Perran	719 633 1069
Cascade FPD 8015 Severy Ave Cascade, CO 80809	Michelle Whittemore	719 684 9549
Cimarron Hills FPD 1835 Tuskegee Place Colorado Springs, CO 80915	Chief Matt Love	719 591 0960
City of Colo Springs Fire Dept 375 Printers Parkway Colorado Springs, CO 80910	Rob Coffey	719 385 7255
Colorado Centre FPD 4770 Horizonview Dr Colorado Springs, CO 80925	Chief Tom Byes	719 390 7000
Crystal Park VFD	Chief John Hennessey	719 930 4931
Donald Wescott FPD 15415 Gleneagle Drive Colorado Springs, CO 80921	Chief Vinnie Burns	719 488 8680

Agency	Contact	Phone
Edison VFD	Chief Mark Andersen	
5476 CR 3		719 738 1919
Rush, CO 80833		
Falcon FPD	Chief Trent Harwig	719 495 4050
7030 N Meridian Rd		
Falcon, CO 80831		
Green Mtn Falls FPD	Chief Steve Murphy	719 684 2677
10380 Ute Pass		
Green Mtn Falls, CO 80819		
Hanover FPD	Chief Carl Tatum	719 683 3473
17550 S Peyton Hwy		
Colorado Springs, CO 80928		
Manitou Springs Fire Dept	Chief Keith Buckmiller	719 685 1444
620 Manitou Avenue		
Manitou Springs, CO 80829		
Palmer Lake VFD	Chief John Vincent	719 488 1066
12 Valley Crescent		
Palmer Lake, CO 80133		
Peyton FPD	Chief Chuck Omdahl	719 749 9005
18510 Railroad Street		
Peyton, CO 80831		
Security Village Fire Dept	Chief Robert Stambaugh	719 392 7121
400 Security Blvd		
Security, CO 80911		
SW Hwy 115 FPD	Chief Mel Ryan	719 527 6762
160 Rock Creek Mesa Rd		
Colorado Springs, CO 80926		
Tri County FPD	Chief Jeremy Gardner	719 478 2345
590 Rush Road		
Rush, CO 80833		
Ft Carson Fire Dept		719 526 4343
Building 526		
Ft Carson, CO 80913		

Agency	Contact	Phone
Peterson AFB Fire Dept 580 Goodfellow Street Colorado Springs, CO 80914		719 556 7354
Schriever AFB Fire Dept 300 Omalley Avenue #19 Schriever AFB, CO 80912		719 567 2251
USAFA Fire Dept 6202 Pine Drive USAFA, CO 80840	Chief Ernst Piercy	719 333 2051
Colorado Springs Police Comm Center 705 S Nevada Avenue Colorado Springs, CO 80903		719 444 7456
El Paso County Sheriff's Comm Center 2739 E Las Vegas Street Colorado Springs, CO 80906	Renee Lovely	719 390 2207
UCH-Memorial Health System 1400 Boulder Street Colorado Springs, CO	Lynn Andersen	719 365 5554
Penrose/St Francis Health Services 2222 N Nevada Colorado Springs, CO 80907	Bonnie King	719 776 5745
<b>KIT CARSON COUNTY</b>		
Community Ambulance Service Box 101 Flagler, CO 80815	Randy Fagerlund	719 765 4508 719 349 0988
Kit Carson County Ambulance Service 257 15th Street Burlington, CO 80807	Ted Foth	719 346 7878 719 342 0661
Burlington FPD Box 501 175 Madison Street Burlington, CO 80807	Chief Mark Weber	719 346 7225
Flagler FPD Box 66 427 Ruffner Flagler, CO 80815	Chief Len Stone	719 765 4026

<b>Agency</b>	<b>Contact</b>	<b>Phone</b>
Seibert FPD 310 Iowa Avenue Seibert, CO 80834	Chief Scott Sayles	970 664 2308
Stratton FPD Box 56 410 Wyoming Stratton, CO 80836	Chief Kevin Freund	719 348 5511 719 349 1713
Vona FPD 1293 First Street Vona, CO 80861	Chief Scott Edmunds	970 664 2342
Kit Carson County Sheriff's Office Dispatch 251 16th Street Burlington, CO 80807	Sheriff Tom Ridnour	719 346 8934
Kit Carson County Memorial Hospital 286 16th Street Burlington, CO 80807	Judi Mitchek	719 346 5311
<b>LINCOLN COUNTY</b>		
Hugo Volunteer Fire & Ambulance Box 11 227 5th Street Hugo, CO 80821	Ken Stroud	719 743 2770
Karval FPD Box 35 28905 CR 5 Karval, CO 80823	Patrick Leonard	
Limon Ambulance Service Box 374 110 A Avenue Limon, CO 80828	Rob Handley	719 775 2256
Lincoln Community Hospital Ambulance Box 248 111 6th Street Hugo, CO 80821	Mark Morrison	719 743 2421
Limon VFD 130 C Avenue Limon, CO 80828	Chief Jason Lacik	719 775 2256

Agency	Contact	Phone
NE Lincoln FPD	Chief Alex Flores	719 768 3426
Box 116		
Arriba, CO 80804		
Genoa VFD	Chief Allen Chubick	719 763 2389
Lincoln County Sheriff's Office Dispatch	Sheriff Tom Nestor	719 743 2426
103 3rd Avenue		
Box 26		
Hugo, CO 80821		
Lincoln Community Hospital	Mark Morrison	719 743 2421
Box 248		719 740 1703
111 6th Street		
Hugo, CO 80821		
<b>TELLER COUNTY</b>		
Four Mile Emergency Services, Inc	Jo Dee Weaver	719 650 3146
8437 Teller County Road 11		
Florissant, CO 80816		
Southwest Teller County EMS	Candy Shoemaker	719 689 0240
Box 826		
Cripple Creek, CO 80813		
Ute Pass Regional Ambulance District	Tim Dienst	719 687 2291
Box 149		
Woodland Park, CO 80866		
Cripple Creek Emergency Services	Chief Randall Baldwin	719 689 0240
147 E Bennett Avenue		
Cripple Creek, CO 80813		
Divide FPD	Chief Tom O'Connor	719 687 8773
103 Cedar Mountain Road		
Divide, CO 80814		
Florissant FPD	Chief Chad Bauer	719 748 3909
2606 Highway 24		
Florissant, CO 80816		
Four Mile FPD	Chief Lance Crummett	719 689 3417
8437 Teller Road 11		
Florissant, CO 80816		

Agency	Contact	Phone
Mountain Communities FPD	Judy Brown	303 647 2361
Box 7278		
Woodland Park, CO 80863		
NE Teller County FPD	Chief Tyler Lambert	719 687 1866
1010 W County Road		
Woodland Park, CO 80863		
Victor VFD	Chief Kurt Stephens	719 689 2284
500 Victor Avenue		
Victor, CO 80860		
Cripple Creek Police Dispatch		719 689 2255
Box 1687		
Cripple Creek, CO 80813		
Teller County Sheriff's Office Dispatch		719 687 9652
11400 W Hwy 24		
Divide, CO 80814		
Pikes Peak Regional Hospital	Sheilyn Skokan	719 687 5718
16420 W Highway 24		
Woodland Park, CO 80863		







## Short-Term Recommendations (1 Year)

### Conduct Comprehensive Human Resource Planning

The EMS response system in Kit Carson is currently meeting the needs of the community and is doing so thanks to the dedication of the volunteer workforce at both Community Ambulance Service (CAS) and Kit Carson County Ambulance Service (KCCAS). In addition to the volunteer responders, both organizations are being led by a handful of administrators who also perform double-duty as responders. The loss of as little as one or two of these key administrators, or even a small number of volunteer responders could have a significant effect on the ability of either CAS or KCCAS to effectively respond. This situation is also mirrored in a number of the fire districts. As such, it is imperative that both CAS and KCCAS engage in comprehensive human resources planning to address the following issues:

Designation of recruitment coordinators

The appropriate number of volunteers including:

- Total volunteers needed
- Geographic distribution
- Certification levels
- Support or non-response volunteers

Ongoing volunteer recruitment strategies

New member orientation, training and mentoring programs

The level and nature of paid response support needed

The level of paid or contracted administrative support needed

Current and future advanced life support (ALS) provider requirements

Volunteer and paid staff retention strategies

Succession planning for key leadership positions

Opinions varied amongst the review team regarding the ongoing sustainability of volunteer response systems overall. A number of volunteer systems across the state have increased their use of paid-on-call, paid-per-call, or full-time personnel to meet response needs. Other team members felt the current volunteer system was sustainable indefinitely provided it received the appropriate level of leadership and administrative support

### Provide for Ongoing Leadership and Administration Needs

As mentioned above, the ongoing effectiveness of emergency response organizations in Kit Carson County is contingent on competent, dedicated and engaged leaders with the time and resources necessary to effectively manage their organizations. It is also reasonable to assume that predominantly volunteer organizations, such as those in KCC, often require leadership that is equally or more capable than the leadership provided to paid services. Currently, the local EMS system relies on either volunteer leadership (CAS) or paid leadership with significant response obligations (KCCAS). In both cases, these key leaders must make administration and leadership a secondary priority.

The review team recommends that both CAS and KCCAS clearly establish what leadership roles are required in their organizations, how much time those roles require, and what type of resources are needed to support those positions. Both KCC services may want to explore a common practice of EMS services in the San Luis Valley where leadership roles, either volunteer or part-time, are clearly established and compensated through a modest monthly stipend. The EMS services in KCC may also be in a position to share some services such as EMS training, quality improvement, information technology, purchasing and maintenance.

Finally, it was clear to the review team that local EMS leaders were not in a good position to expand and improve their specialized knowledge of EMS management. Most current leaders have assumed EMS leadership roles based on collateral talents with no formal training in EMS systems. In order to improve the effectiveness of system leaders it is recommended that both CAS and KCCAS make it an ongoing priority for key administrators to attend EMS management-related courses. A variety of programs are regularly available both in and out-of-state such as EMS leadership academy courses offered by the EMS Association of Colorado, National Fire Academy EMS Management programs or the American Ambulance Association Ambulance Service Management program. Local leaders should also consider regular participation in the annual EMS Leadership Conference produced by the Northwest RETAC.

#### Fully Implement Medical Priority Dispatching

The Medical Priority Dispatch® system (MPDS) currently available to the Kit Carson County Communications Center is a valuable tool that represents a substantial investment in a region-wide commitment to high quality emergency medical dispatching. Due to the potential for extended response times, the integrated medical instructions that can be provided to callers requesting EMS services will significantly enhance care provided to the community. These medical instructions are frequently updated and validated across hundreds of Medical Priority users worldwide. In addition to the medical instructions component, the added use of the call prioritization component may also be useful in determining when EMS units may need to respond with lights and siren and when additional fire or law enforcement response may be useful. The system, which is based on procedural compliance to ensure proper call screening and instructions, also includes a quality assurance component to assist dispatchers in properly utilizing the system. The KCCSO Communications should also be given credit for the partial implementation of MPDS, however, the review team felt strongly that the system be fully implemented as soon as possible. The review team further recommends a dispatcher "champion" be assigned as the lead for Medical Priority Dispatch implementation and ongoing quality assurance who should receive the full support of KCCSO management.

#### Formalize and Improve the Current County EMS Resolution and EMS Council

The current Kit Carson County ambulance licensing resolution was difficult to locate and clearly not a document that was universally referenced as the framework of the local EMS system. As county governments, particularly the BOCC, have the authority under C.R.S. § 25-3.5-301 to establish a framework for ambulance licensing and the delivery of EMS that meets or exceeds state requirements contained in 6 CCR 1015-3, the BOCC should undertake to promulgate an updated EMS resolutions as soon as possible. The PTP RETAC is likely well positioned to assist the BOCC in identifying effective resolutions established in similar communities.

Many EMS resolutions across the state also officially establish a County EMS Council or similar body to advise policymakers on EMS issues. Kit Carson currently has such a group that meets informally and includes many of the local EMS system participants. The connection to the medical community, however, appeared to be the weakest link. The council may also benefit from a standardized agenda that regularly deals with coordination issues including but not limited to:

- EMS training
- Hospital interface issues
- Disaster preparedness
- Coroner and law enforcement interface
- Communications system coordination
- Mutual aid
- Data collection
- Standardization between agencies

The team felt strongly that the current council and the familiarity among members was a strong framework upon which an even more effective coordination mechanism could be built, especially if the greater local health care community could also be engaged.

#### Improve Medical Direction Resources

The system-wide changeover of EMS medical direction a few years ago was universally heralded as an effective change by Kit Carson EMS stakeholders. While the previous medical direction services provided by local physicians was well-intentioned, the three local physicians were stretched quite thin with other responsibilities and had difficulty remaining current with evolving EMS issues and regulations. While Dr. Ross was able to bridge this expertise gap, both Dr. Ross and his support staff through the Centura Penrose - St. Francis® hospital system have region-wide responsibilities that inhibit their ability to spend a substantial amount of time on KCC issues, oversight and relationships. While Dr. Ross is very committed to serving the KCC EMS providers, his ability to interact with local EMS providers and the medical community is quite limited. Quality improvement activities are also significantly under-resourced leading to a situation where only the most urgent concerns can be effectively addressed. As a result, quality improvement driven or “just-in-time” continuing education is difficult to deliver. Most of these issues can be directly related to the absence of support resources provided to Dr. Ross.

By comparison, it is not uncommon for 3 – 10 full-time EMS professionals to be assigned to support quality improvement and continuing education needs of EMS medical direction activities in the Centura Littleton – Porter Adventist®, Centura St. Anthony's®, HealthOne® and Exempla® health care systems. As such, it is imperative that the Penrose – St. Francis system increase the resources devoted to EMS medical direction and outreach. Additional opportunity to improve medical direction support and clinical quality improvement may also exist as the PTPRETAC regional medical direction program continues takes shape in the next few years.

### Increase Engagement with the Medical Community

As previously noted, Kit Carson County is a small community and the key players in County Government, EMS and health care enjoy a cordial relationship and excellent physical proximity to each other. Considering that EMS is an essential health care service, we believe it is important for the local health care community, particularly the KCCHSD, be a more active participant in EMS system. While some low-level tension seemed to exist, especially between KCCAS and KCCMH, we feel strongly a cooperative environment must exist between the BOCC, KCCHSD, KCCAS and CAS in order for the local EMS system to thrive. As noted in the long-term recommendations, the KCCHSD may also be a key component to any future expansion of EMS services that may be required by growth or increased health care needs. We would also encourage the EMS Medical Director to interact more regularly with the local medical community.

## Medium Term Recommendations (1-2 Years)

### Develop Comprehensive Plan for Improved EMS Facilities

The current state of the physical facilities used by KCCAS, and to a lesser extent CAS, are not conducive to the delivery of safe, effective and sustainable EMS services. While the facilities are capable of housing some ambulances, they are not conducive to future growth or improvements in staffing levels. Additionally, the facilities are not attractive to volunteer members from a recruitment or retention perspective, and lack a professional appearance.

The KCCAS headquarters facility is well located in Burlington and contains adequate meeting and office space. Vehicle storage space, however, is inadequate with up to 3 ambulance vehicles parked outside. Outside storage of ambulances in Colorado's weather conditions is problematic as many medical fluids and pharmaceuticals can be rendered ineffective or destroyed by fluctuations in temperature. While attempts were being made to address this issue through the use of space heaters, a significant amount of supplies had been destroyed in recent years due to freezing and overheating. The KCCAS headquarters also offered little or no storage space for EMS equipment and supplies. Furthermore, no space was available that could be converted into crew quarters in the event KCCAS wished to have scheduled volunteer or paid response personnel immediately available 24/7. The facility also offered no lounge space that would encourage volunteer providers to "hang out" in close proximity to the ambulance. The KCCAS space in the Stratton fire station also had similar limitations, but was at least adequate to house response vehicles. The CAS facility, shared with the Flagler Rural Fire Protection District was adequate to store CAS vehicles. Meeting, administrative and lounge space, however, was very limited.

As volunteer organizations, both KCCAS and CAS would do well to have physical facilities that portray the underlying professionalism of their organizations. Additional space dedicated for crew quarters and lounge space with some amenities such as kitchen, sleeping rooms, TV and internet could allow for additional volunteers to participate that may be outside of the immediate response area. Such space could also be a useful benefit to provide no cost lodging as an incentive for instructors from outside the area to provide continuing education to members. Community use facilities attached to EMS facilities such as meeting rooms, recreational amenities and commercial kitchens could also help strengthen the relationship between EMS and the community while providing broader community benefits.

### Develop a Capital Equipment Plan

Planning regarding the appropriate number, capability and replacement schedule for capital assets such as ambulances, stretchers and cardiac monitoring equipment is haphazard. Existing revenue streams are often inadequate to allow for the development of capital acquisition or replacement. Much of the capital medical equipment in the system is aged. As such, the overall capability of the EMS system is mostly determined by urgent replacement needs and/or availability of funds. For example, the KCCAS fleet was at least partially determined by the availability of inexpensive or donated used ambulances. This random approach to capital planning is obscuring the true costs of the KCC EMS system and is also preventing the system

from having the state-of-the-art facilities, vehicles and equipment the citizens of Kit Carson County require from their EMS system. The team recommends all EMS response agencies develop a multi-year plan to acquire, replace and fund necessary capital needs.

### Improved Clinical Care

Most of the EMS service in Kit Carson County is delivered at the basic life support (BLS) level by EMTs and medical first responders. KCCAS is able to provide some ALS care with two EMT-Intermediates and a Registered Nurse. No Paramedics are currently available in the system. While it is likely that most EMS runs in Kit Carson County do not require ALS care, the routine availability of ALS care could improve patient care in some areas (i.e. pain control) and would significantly enhance the ability of patients to be transferred from local medical facilities without the added expense of air transport. Rough estimates made by KCCAS staff and the review team estimate that between 60 – 100 ambulance transfers are lost annually to air services due to paramedic care being unavailable. This imposes a significant cost on patients and results in corresponding lost revenue for local EMS.

We recommend that KCCAS strongly consider adding 1 – 3 paid paramedics to the system to improve care and increase revenue capture from inter-facility transports. The review team further recommend these ALS provider be deployed utilizing a non-transport vehicle that would allow them to supplement current EMS response throughout the county while also being available to staff inter-facility transports.

In addition to paramedics, KCCAS and CAS should also seriously consider utilizing the new Advanced EMT (AEMT) level as it becomes available July 2011. Use of this level would allow for the delivery of a number of high frequency and high impact ALS procedures by AEMTs who would undergo focused training that is substantially less burdensome than the current EMT-Intermediate program.

Finally, the team noted that many organizations in KCC, including KCCAS and CAS, struggled with the medical first responder program administered by the Colorado Division of Fire Safety. To the extent possible, all response organizations should plan to train and deploy as many people as possible to the EMT standard in order to streamline training and improve overall response coverage. While the maximization of EMTs should be an ongoing goal, it is certainly reasonable to maintain first responders into the foreseeable future.

### Consider Additional Communications Center Structural Options

The KCC communications center is currently run as a division of the Sheriff's Office and funded by the KCC general fund. While this is a common structural model, a number of other models exist across the state. The review team did note some frustration on the part of non-law enforcement agencies that they did not have adequate input or participation in the overall operation of the communications center. This is balanced, however, by the fact the Sheriff is directly accountable for the communication center's performance. While the team found no immediate structural issues with the KCCSO Communications Center, the Kit Carson County Government may wish to explore the utility of other options regarding both governance and funding of the center.

For example, consideration of a standalone, consolidated or regional communications center may offer opportunities for current and future improvements. A governing board could include representatives from multiple agencies and may offer more possibilities for shared funding and regionalization. Additional space, not currently available at the KCCSO will most likely also be required in the future. Due to various requirements of the NCIC and CCIC criminal databases, law enforcement officials will be required to continue to play a key role in center oversight regardless of the structure utilized. Visits to several communications centers in the state may be helpful to explore the available options. The shared Washington and Yuma County facility, as well as the standalone center in Logan County may be other models worth visiting on the Eastern Plains.

### Explore Sustainable Funding Options

Based on the future needs of Kit Carson County EMS System, the limited amount of transport revenue available in the system may be inadequate to support a comprehensive state-of-the-art EMS system. In particular, future staffing, facilities and capital equipment requirements will likely drive the need for supplemental public funding. However, in comparison to a variety of other public services such as schools, roads and criminal justice, EMS is a relatively small expense that also provides a modest revenue stream. As noted above, even a predominantly volunteer system will require adequate investment to maintain its ongoing viability.

A pro-forma budget for Kit Carson County EMS in 2015 is attached in Appendix A. The team recommends this example be used to initiate a community-wide strategic planning conversation regarding the future needs and costs of EMS. This document experiments with the concept that a number of services could be shared between KCCAS, CAS, KCCMH as noted below. The team also recommends exploration of the KCCHSD as the potential mechanism to improve EMS funding and oversight.

The review team feels that KCCAS has the opportunity to share resources with the Kit Carson County Health Services District that could result in a more efficient use of personnel resources. Cooperation would also support EMS staff in maintaining their skill proficiency. Allowing EMS personnel to work on a routine basis in a hospital or clinic setting has been proven a success in both rural and suburban settings. EMS staff are experienced in moving patients and can assist hospital personnel in moving patients within the hospital. EMS staff could assist the hospital in several other areas, such as restocking rooms, assisting patients and family members and assisting other clinicians in providing medical care. The hospital may wish to consider the possibility of partially funding EMS personnel as Emergency Department or Clinic Technicians, potentially offsetting hospital costs while improving EMS response capabilities. Working in the hospital or clinic setting will likely also improve the EMS provider – physician and nurse relationships necessary for a highly functioning emergency care system.

## Long Term Recommendations (2 or More Years)

### Explore Shared Services

All of the emergency medical provider organizations in Kit Carson County, including the EMS responders, KCCHSD, local clinics and the communications center have established organizations that are functional, competent and responsive to the needs of their communities. Each of these organizations has a mission, culture and history that has been optimized for its needs. The next step, however, is for these organizations to work together to optimize the EMS system for the community. To this end, a number of efficiencies can be gained by the sharing of services. Both CAS and KCCAS have already done this to some extent by sharing an electronic records management system and billing services. Local response agencies have additional opportunity, however, to share support services such as:

- Vehicle and equipment maintenance
- Disposable supplies purchasing and management
- Employee / volunteer scheduling systems
- Public education and injury prevention programs
- Clinical quality improvement
- EMS Continuing Education
- Telecommunications and radio equipment and services
- Information technology services
- Insurance programs

Over time, the review team also believes there could be substantial opportunity for both CAS and KCCAS to share paramedic or other personnel between organizations. The review team also thought there could be substantial value in unified scheduling where both CAS and KCCAS could be aware of the status and location of on-call or on-duty EMS personnel throughout county.

### Integrate the Public Safety Radio System

As noted in the communications component evaluation, KCC response agencies currently use a variety of radio systems in a semi-coherent manner driven mostly by individual response agency needs. This is an ineffective and costly approach that makes situational awareness, dispatching, coordination and mutual aid difficult. There is an opportunity to eliminate at least one radio system (VHF or UHF) and the corresponding ongoing maintenance costs. The team recommends that all public safety agencies, communications center, local governments and KCCMH participate in the development of a comprehensive and universal communications plan.

### Consider Additional Health Care Integration Opportunities

Currently, EMS services in Kit Carson County are mostly limited to BLS response provided on an on-call basis. While these services are meeting the needs of the community, neither EMS service in KCC was closely linked to the greater health care system. The review team believes that including EMS in the greater system should be a priority of the BOCC, KCCCHSD and potentially the Lincoln Community Hospital which operates the clinic in Flagler.

In particular, the review team thought it would be prudent to explore an arrangement where a paramedic with a response vehicle could be shared with the Stratton Clinic providing assistance during clinic hours and responding to requests in either the KCCAS or CAS areas as needed. Based on outcome pilot projects in Colorado and nationwide, the potential of further integration of paramedic services into the community health care system may also be viable at some point in the future that could better utilize EMS personnel for public health and wellness activities. Shared use of BLS and ALS providers at the Flagler Clinic, or KCCMH could also be a viable option to share resource costs, improve the clinical acumen of EMS providers and upgrade the level of EMS care available.

### Improve Data Use in System Planning

Currently, both CAS and KCCAS are utilizing the ESO Solutions® EMS records management system for clinical reporting and billing purposes. The KCCSO Communications Center is utilizing the CrimeStar® computer-aided dispatch system. Both of these products offer substantial reporting capability and the opportunity to build customized reports. The CDPHE EMTS Data Program is also capable of providing local agencies with reports based on uploaded patient care reports. Reports on uploaded data will also likely improve in the next few years as CDPHE deploys an updated database that captures additional National EMS Information System (NEMSIS) data elements.

The review team recommends that CAS and KCCAS continue to report, troubleshoot and improve the quality of their patient care data and work aggressively to ensure submitted information is correct and that response personnel understand the value of accurate data entry. Both services should also work with the KCCSO communications center to establish CAD report formats and should review CAD data regularly. Once this data is being collected and analyzed, both services, the EMS service medical director, and the EMS Council should review these reports regularly and use the information to direct the EMS system in the future. Sharing report data with the BOCC in their system oversight role and with the public in general may also serve the public education needs of the EMS system.



## MINUTES

The Board of County Commissioners reviewed the minutes for August 14, 2013. Motion to approve and sign minutes was made by Dave Gwyn, seconded by Gary Koop, motion carried by unanimous vote of Dave Hornung.

## ACCOUNTS PAYABLES

The Board of County Commissioners reviewed the accounts payables for all funds. Motion to approve was made by Dave Gwyn, seconded by Gary Koop, motion carried by unanimous vote of Dave Hornung.

## NIKKI AND CORY WALL and KEN VIKEN – 2014 FAIR PLANNING

Nikki and Cory Wall and Ken Viken met with the Board of County Commissioners and discussion was held on how the 2013 Fair & Rodeo was attended and possible changes for the 2014 Fair and Rodeo.

Cory was wondering if the Rodeo started on Monday July 21<sup>st</sup> thru 23<sup>rd</sup> and than the 4-H programs would be from 24<sup>th</sup> thru the 26<sup>th</sup> of 2014. Dave Hornung stated that Mick had talked about moving the Rodeo ahead of 4H. Also if moved to the last week may have to add more money to the purse because the rodeo would not be in conjunction with other rodeos. PRCA fiscal year ends September. Nikki reviewed that if it is moved both Rodeo and 4-H could lose attendance.

Ken Viken said that if there was a free breakfast on Saturday this could draw people to the fairgrounds. Prairie Family Center may be interested in helping with a children's education center. Discussion was held on doing a concert on Saturday instead of Thursday or Friday night. Ken stated that if they would get a name performer and raise the tickets to \$20.00 and do presales at a lower price may get better attendance. Ken stated that doing presales they could accept credit cards.

Cory suggested that the purse be raised for Bareback and bulls to get more cowboys. May want to talk with PRCA at what amount the purse could be raised since we are a small rodeo. The Board of County Commissioners will take this to the Fair Board on Aug. 26, 2013.

Advertising – Nikki suggested that all advertising be nailed down so this does not go over budget. Some advertising was quite a bit more for the same number of advertising with other businesses. Nikki said that they were going to do fewer posters next year. They did have over 80,000 clicks on our fair and rodeo.

## ABBEY MULLIS – ABSTRACT

Abbey met with the Board of County Commissioners and presented the 2013 Abstract. Motion to approve and sign Abstract was made by Dave Gwyn, seconded by Gary Koop, motion carried by unanimous vote of Dave Hornung.

Abbey presented a copy of the Assessor audit and passed this to the Board with their findings. The audit was in good shape.

Abbey stated that CCA will appeal at the State Board of Appeals on their taxes. Abbey has taken calls in regards to Chosun Hospitality (Best Western Carousel Inn) may also appeal their taxes. Abbey reviewed that new construction can be reported when complete or submit the % that was completed. Abbey has decided to get the % that has been completed so that a portion is on the tax roll.



### **BOOKMOBILE – UPDATE**

Rhonda Grunewald with Northeast Colorado Bookmobile thanked the Board of County Commissioners for their support. The older population gets concerned that they may lose the service. Logan County has not been paying up to where they are to be. Sedgwick County will be involved with the budget meeting and see if they can come on board. This will be the first for a number of years and had a number of people inquiring about the service. The biggest user is Kit Carson County with summer reading programs and other facilities that request their service. There is only one full time employee and 1 driver two days a week. Also has an after school student and Rhonda also drives. Rhonda has lowered her wage and lowered the hours. When a county does not meet the budgeted amount they reduce service in that county. The budget had a new line item for Technology which helps for people to bring in their Kindle to load books. They also have purchased some Kindles that can be checked out. They have not seen a drop in the number of books that are used. They also have Spanish books and supplement the schools and libraries as well as in the nursing homes.

The budget for Kit Carson County remained the same \$17,275.00. The County submits an invoice to those who get service from the Bookmobile to help offset the cost to the county.

### **RANDY GORTON – RECYCLING FOR ELECTRONICS**

Randy presented to the Board of County Commissioners a request to use Metech Recycling. They will bring in totes that will hold the items. Motion to enter into an agreement at the landfill with Metech Recycling to recycle electronics was made by Gary Koop, seconded by Dave Gwyn, motion carried by unanimous vote of Dave Hornung.

### **DOUG SATTERLY – HHS PURCHASE ORDERS**

- 1) Immunization Dtap and Kinrex immunization \$652.80
- 2) Immunization Rota, MMR-v, Hep A-Ped \$2623.62 Motion to approve Immunization purchases was made by Dave Gwyn, seconded by Gary Koop, motion carried by unanimous vote of Dave Hornung.
- 3) 6 Laptop Computers, Cases and Locks for Health Exchange Toshiba Direct \$3371.82
- 4) Printer - \$330.94
- 5) Microsoft Office License & Antivirus \$993.28
- 6) Office Works Computer Carrier and Printer Stand \$775.97 Motion to approve equipment under lines 3 thru 6 was made by Dave Gwyn, seconded by Gary Koop, motion carried by unanimous Dave Hornung.
- 7) Doug reviewed with the Board that they may apply for a grant that they will use i-pads to see if they will work in rural Colorado. Katrina is looking at i-pads that meet the requirements. Grant would be \$10,000.00 but would only purchase around \$2,000.00.
- 8) Doug presented a Contract to be reviewed for next week.

### **AUGUST STAATZ – TERMINATE CONTRACT**

Gary reviewed that upon review of work believes that the contract with August Staatz should be terminated. Motion to terminate contract as of today was made by Gary Koop, seconded by Dave Gwyn, motion carried by unanimous vote of Dave Hornung.



**LETTER OF ACCEPTANCE – VIRGINIA HUBBELL VONA CEMETERY DISTRICT**

The Board of County Commissioners received the signed letter of acceptance from Virginia Hubbell to serve on the Vona Cemetery District for a 6 yr term which will expires Aug. 7, 2019.

**TONYA KORBLICK – CASE CLOSED**

The Board of County Commissioners received a notice of settlement for Tonya Korbelik-Isenbart case. This case was settled by CTSI in the amount of \$16,500.00.

**STAN KIMBLE - FLAGLER ANNEXATION**

The Board of County Commissioners reviewed papers from Stan Kimble in regards to annexation of property to the Town of Flagler.

**LETTER FROM JUDGE SINGER**

The Board of County Commissioners received a letter from Judge Singer for the Thirteenth Judicial District requesting changes in the office that the Board of County Commissioners is allowing for the Probation officer. The Board of County Commissioners stated that they would allow the break room be changed into an office at this time for a second probation office. The Thirteenth Judicial is requesting pass through windows on the north wall between the offices. The Board of County Commissioners stated that with building the Ambulance complex and re-arranging of offices there may be a change of the probation location so therefore they will not allow any windows installed except in the door. If they cannot deal with this the Probation office can find another location for their offices.

**13-12275**

**RESOLUTION FOR REFERRAL TO KIT CARSON COUNTY ELECTORS AT THE COUNTY ELECTION TO BE HELD ON NOVEMBER 5, 2013, THE QUESTION OF WHETHER TO PURSUE THE CREATION OF A 51<sup>ST</sup> STATE**

The Board of County Commissioners reviewed a resolution to place a question on the ballot to create the 51<sup>st</sup> State on the Nov. 5, 2013 coordinated election.

Motion to approve the resolution for the creation of the 51<sup>st</sup> State was made by Gary Koop, seconded by Dave Gwyn, motion carried by unanimous vote of Dave Hornung.



RESOLUTION NO. 13-12275

**RESOLUTION FOR REFERRAL TO KIT CARSON COUNTY ELECTORS AT THE COUNTY ELECTION TO BE HELD ON NOVEMBER 5, 2013, THE QUESTION OF WHETHER TO PURSUE THE CREATION OF A 51ST STATE**

**WHEREAS**, the Board of County Commissioners of Kit Carson County, Colorado, pursuant to Colorado statute and the Kit Carson County, is vested with the authority of administering the affairs of Kit Carson County, Colorado, and

**WHEREAS**, the Board has been in communication with commissioners of nine other Colorado counties who, in concert with the Board, have discussed the creation of a 51st state, and

**WHEREAS**, the Board has asked for public comment and has discussed the concept of creating a 51st state in public, open meetings on regularly scheduled Commissioner Meetings, and

**WHEREAS**, being the "Governing Body" of Kit Carson County, as that term is defined in C.R.S. § 1-1-104(18), the Board desires to call for a Kit Carson County election on November 5, 2013, for registered electors of Kit Carson County to consider the following question:

QUESTION:

Shall the Board of County Commissioners of Kit Carson County, in concert with the county commissioners of other Colorado counties, pursue becoming the 51st state of the United States of America?

**WHEREAS**, that each registered voter at the election and desirous of voting may cast a vote of either "Yes" or "No" to said question.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Kit Carson County, Colorado, that the Board hereby call for a Kit Carson County election on November 5, 2013, for registered electors of Kit Carson County to consider the following question:

QUESTION:

Shall the Board of County Commissioners of Kit Carson County, in concert with the county commissioners of other Colorado counties, pursue becoming the 51st state of the United States of America?

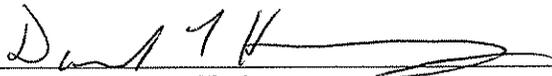
**BE IT FURTHER RESOLVED** by the Board that each registered voter at the election and desirous of voting may cast a vote of either "Yes" or "No" to said question.



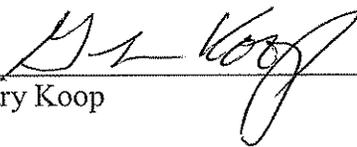
**BE IT FURTHER RESOLVED** by the Board that the Clerk to the Board shall publish notice of the election, along with the full text of the above-stated question, within 30 days of this Resolution in the legal newspaper for Kit Carson County.

The above and foregoing Resolution was, on motion duly made and seconded, adopted by the following vote on the 21<sup>st</sup> day of August, A.D., 2013.

**BOARD OF COUNTY COMMISSIONERS OF KIT CARSON COUNTY, COLORADO**

  
\_\_\_\_\_  
Dave Hornung, Chair

  
\_\_\_\_\_  
Dave Gwyn

  
\_\_\_\_\_  
Gary Koop

**ATTEST:**

  
\_\_\_\_\_  
Della Calhoon, Kit Carson County Clerk to the Board





**IGA-COUNTY COMMISSIONERS TO PARTICIPATE IN THE NOV. 5, 2013 ELECTION**

The Board of County Commissioners reviewed the IGA that was presented by the County Clerk Della Calhoun to participate in the November 5, 2013 Coordinated Election.

Motion to enter into IGA with the County Clerk for the placement of a ballot question was made by Gary Koop, seconded by Dave Gwyn, motion carried by unanimous vote of Dave Hornung.

**DAVE LITTERAL – EMERGENCY OPERATION PLAN**

Dave was not able to come to the meeting but had submitted to them the 2012 Emergency Operations Plan. Motion to sign was made by Dave Gwyn, seconded by Gary Koop, motion carried by unanimous vote of Dave Hornung.

The Board of County Commissioners recessed and convened as Board of Health and Human Services at 3:30 P.M.

**DOUG SATTERLY – PURCHASE ORDER FOR EPR PROGRAM**

Doug presented a purchase order for \$1,376.40 for Air Fare and Motel that will be held in New Orleans. Motion to approve EPR training in New Orleans was made by Dave Gwyn, seconded by Gary Koop, motion carried by unanimous vote of Dave Hornung.

Board of County Commissioners recessed for a Work Session at 3:35P.M.

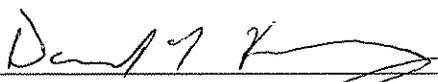
Board of County Commissioners opened meeting at 3:50 P.M.

**TOM RIDNOUR – MAINTENANCE AGREEMENT/E-RAY MACHINE**

Tom met with the Board of County Commissioners and discussion was held in regards to the Maintenance Agreement with Auto Clear on the x-ray machine. If one little thing goes wrong we pay airfare room & board, parts could cost \$2,000.00 to \$4,000.00 thousand. The cheapest plan does not cover much.

The Board of County Commissioners asked if this could be in the grant to pay for the maintenance. Tom will see if there are other companies that could do this work.

Meeting adjourned.

  
\_\_\_\_\_  
Dave Hornung, Chairman

8-28-13  
\_\_\_\_\_  
Date

