



Regional Emergency Medical & Trauma Services Systems Development Biennial Plan For

Mile-High RETAC



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Contact Person:	Shirley J. Terry, BSN, RN, NCAC II, CAC III
Address:	6860 E. Mississippi Ave. Suite C, Denver, CO 80224
Phone:	303.300.4704

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Section 1: Accomplishments

In the table below please list any completed goals or accomplishments in the area of EMS in your region. Please list any partners on specific projects or accomplishments.

Goal & Objective Number	EMTS System Component	Description of Accomplishment(s) and partners.
Long Term Goal # 1	# 8 Communication Systems	<p>Goal Uninterrupted communications both hospital-to-hospital and pre-hospital-to-hospital</p> <p>Accomplishment Many EMS agencies in the metro region have begun using the 800 MHz system. Some hospitals have this same system in the emergency departments. The inability to communicate between EMS and hospitals and EMS to EMS while inside the hospital walls is an on-going issue among pre-hospital providers and hospital personnel. The MHRETAC is partnering with CDPHE, UASI, HRSA and NCR to resolve this issue. Coordinator has provided some information to both UASI and NCR with the goal of conducting a survey and assessment of the communication issues this year in preparation for next years grant cycle.</p> <p>MHRETAC Members Dr. Charles Mains, Dr. Jan Dehler, Dian Bowers</p> <p>Community Partners CDPHE, UASI, NCR, HRSA, Hospitals, EMS Agencies</p>
Long Term Goal # 2	# 8 Communication Systems	<p>Goal Wireless communication between all responding agencies and receiving facilities during a mass casualty incident</p> <p>Accomplishment This is also an on-going long term goal that is not resolved. Partners include CDPHE, UASI, HRSA and NCR to obtain funding and explore the feasibility of this goal. Coordinator is attending the various committees to explore this need and the possibility of accomplishing this goal with finances and technology. This goal will continue throughout the next couple</p>

		<p>years.</p> <p>MHRETAC Members Dr. Charles Mains, Dr. Jan Dehler</p> <p>Community Partners CDPHE, UASI, NCR, HRSA, EMS Agencies, Hospitals</p>
<p>Short Term Goal # 1</p>	<p># 6 Education System</p>	<p>Goal Coordinated educational opportunities within the region</p> <p>Accomplishment Coordinator arranged to have the Co-Train developers present at the MHRETAC meeting on this program. The presenters explained their program and how all the hospitals and agencies could participate in this project without a cost to them. Follow-up occurred with various hospitals and EMS agencies to further develop the program. Several hospitals have their own web sites that detail their educational opportunities. The Council has decided to add these links to the web site but to not pursue this goal any further.</p> <p>MHRETAC Member Dr. Mark Kozlowski</p> <p>Community Partners Co-Train Staff, Hospitals, EMS Providers, EMTS Stakeholders</p>
<p>Short Term Goal # 2</p>	<p># 1 Integration of Health Services</p>	<p>Goal Seamless and less cumbersome county ambulance inspection and licensing process for the region</p> <p>Accomplishment This has been an on-going project for five counties, four of which are in the MHRETAC. The four counties in the MHRETAC include Denver, Arapahoe, Adams and Douglas with Jefferson County of FRETAC. All of these counties have the same ambulance inspector and have agreed to one ordinance that outlines the program with definitions to assure standardization.</p>

		<p>This committee has been actively involved with the Ground Ambulance Committee in developing the Ground Ambulance Rules. These rules did get passed by the SEMTAC and remain a concern for the Multi-County Ambulance Licensing Group in respect to a few county responsibilities.</p> <p>MHRETAC assisted this committee in getting the committee to meet with medical directors, county commissioners and state representatives to discuss their concerns. The meeting went well and consensus was reached. This meeting allowed the State to interpret the intent of the rules which eased the minds of the concerned counties.</p> <p>Now that the rules have been approved by SEMTAC, the committee can finalized the ordinance and provide them to each county attorney and county commissioners for approval.</p> <p>Once the ordinance has been approved by the current participating counties, the plan is to include Broomfield and Elbert Counties for overall ambulance inspection and standardization in the MHRETAC.</p> <p>The MHRETAC has financially supported these ambulance inspections.</p> <p>MHRETAC Members Jamie Moore, Randy Councill</p> <p>Community Partners Jefferson, Adams, Arapahoe, Douglas and Denver Counties, EMTS Stakeholders</p>
		<p>The following accomplishments for the MHRETAC do not relate to a previously identified goal for the MHRETAC but became identified as goals since October 2003 due to various events and changes within the region. Thus, the accomplishments do not relate to any goals.</p>

	<p># 1 Integration of Health Services</p> <p># 4 System Finance</p>	<p>Provider Grant Workshop Coordinator set up a Provider Grant Workshop on January 20, 2005 to assist EMS agencies in writing their provider grants. The instructors included Jeanne-Marie Ragan from the State and Robert Hawkins, a previous reviewer of the provider grants for SEMTAC.</p> <p>Coordinator felt it was important to have Jeanne-Marie Ragan review the best practices from previous grants written. Robert Hawkins demonstrated some problems the reviewers had in reviewing previous grants. This workshop provided a great resource for all agencies in the metro area that were in the process of writing a provider grant. There were also some MHRETAC Council Members participating in this workshop.</p> <p>MHRETAC Members Jean Zambrano, Dian Bowers, Dr. Mark Kozlowski, Dr. Jan Dehler, Jackie Reynolds, Bruce Ginther, Carol Hurdelbrink, Rich Martin</p> <p>Community Partners CDPHE, SEMTAC, EMS Agencies</p>
	<p># 1 Integration of Health Services</p> <p>#4 System Finance</p> <p>#11 Mass Casualty</p>	<p>Urban Area Securities Initiative (UASI) UASI is a national initiative that focuses on the risk and vulnerability of cities around the United States for an all hazards event. Denver is one of these cities. The funds are designed to enhance the capabilities of the designated cities and the cities that surround them. Coordinator is a member of the UASI Board of Directors representing the MHRETAC. This will enable the medical community to be recognized as a vital resource for the community and to network with fire, police, communication experts and federal and state representatives.</p> <p>Coordinator worked on the 2005 UASI representing the medical community.</p> <p>MHRETAC Members Dr. Charles Mains, Dr. Jan Dehler</p>

		<p>Community Partners UASI Board of Directors, Emergency Physicians</p>
	<p># 1 Integration of Health Services</p>	<p>UASI Public Health and Medical Committee Coordinator serves as the Chair of the UASI Public Health and Medical Committee. The goal of this committee is to identify the medical and public health needs in the UASI area, approve equipment requests and to work with other organizations to assure the overall capabilities of the medical and public health community. She works closely with State representatives and area ED physicians to resolve questions and issues raised by the UASI PH & M Committee.</p> <p>The Sync Matrix project was a major task of the committee. The project was a simulation of a real event occurring in the metro area, at a specific date, time, location and type of hazard. Although this was a labor intensive project, it resulted in some great net working among the medical and public health community representatives. This committee has identified some major issues of concern that need to be addressed on a long term basis.</p> <p>This committee will continue to function for all medical aspects of the UASI grant including approving equipment purchases.</p> <p>MHRETAC Members Dr. Charles Mains, Dr. Jan Dehler, Randy Council</p> <p>Community Partners UASI, Physicians, Trauma Nurse Coordinator's (TNC's), Risk Managers, Emergency Managers, Victim Support, Coroners, Bonfils, American Red Cross, DU Professors, EMS Agencies, Hospitals, Public Health, Environmental Health, EMTS Stakeholders, Emergency Physicians</p>
	<p># 1 Integration of Health Services</p>	<p>EMS Councils Coordinator attends the Adams County, Elbert County and Denver County EMS Councils relating information regarding the MHRETAC, pending legislation and other items of interest. Arapahoe County meets quarterly, Douglas County meets ad hoc and Broomfield has not established an EMS</p>

		<p>Council. Coordinator attends as her schedule permits.</p> <p>MHRETAC Members Dian Bowers, Rick Lindsay, Carol Hurdelbrink, Dr. Christopher Colwell, Dr. Mark Kozlowski, Jean Zambrano, Randy Councill, Jamie Moore</p> <p>Community Partners Adams, Elbert and Denver Counties, EMS Providers, Emergency Managers, Public Health</p>
	# 1 Integration of Health Services	<p>Colorado Trauma Network, Inc. Coordinator has actively participated as the Secretary for the Colorado Trauma Network, Inc. for 4 years. CTN, Inc. is a statewide organization of trauma nurse coordinators, RETAC Coordinators and any other interested parties. Coordinator is a Council Member for CTN, Inc. and is the only RETAC representative. Information is shared regarding hospital activities, RETAC activities and pending legislation.</p> <p>Community Partners Colorado Trauma Nurse Coordinators, Clinical Data Management</p>
	# 1 Integration of Health Services	<p>Colorado Prescription Drug Abuse Task Force Coordinator sits on the Board of Directors for the Colorado Prescription Drug Abuse Task Force and has been for 20 years. She has been the Secretary for this organization for the past 6 years. Coordinator is the Chair of the Standards Committee for this Board of Directors and has been for 21 years.</p> <p>This task force assists in the development of educational materials for physicians, nurses, dentists, veterinarians and other related health care providers. The guidelines are utilized by the medical community for information for state and federal regulations regarding prescribing controlled substances.</p> <p>Community Partners Community Representatives, Physicians, Attorneys, Pharmacists, DEA, Nutritionists, Therapists, Nurses</p>
	# 1 Integration of Health Services	<p>Donor Alliance Coordinator has been a member of the Board of Directors for Donor Alliance for the past 6 years. She</p>

		<p>is also a member of the Executive Committee for the Board. This allows her the opportunity to educate more of the public regarding the trauma and medical system in Colorado and the issues facing Colorado consumers.</p> <p>Community Partners Board of Directors Members, Hospitals, Administrators, Attorneys, Financial Officers, Professors, Physicians, Nurses, Donor Families</p>
	<p># 1 Integration of Health Services</p>	<p>Donor Foundation Coordinator sits on the Board of Directors for the Donor Foundation which is the educational and fund raising board that works separately but complimentary with Donor Alliance. The members of this board are different from the Donor Alliance Board and allows for further community education regarding health care. Also, several other representatives on this Foundation represent area hospitals.</p> <p>Community Partners Community Representatives, Hospitals, Consultants, Financial Officers, Educators, Fund Raisers, Nurses, Donor Families</p>
	<p># 1 Integration of Health Services</p>	<p>Collaboration with State Representatives Coordinator meets on a one-to-one basis as needed with various State and Regional Representatives regarding issues related to the statewide trauma and medical system, pending rules and funding.</p> <p>MHRETAC Members Dr. Charles Mains, Dr. Jan Dehler, Dr. Christopher Colwell, Dr. Jodi Chambers</p> <p>Community Partners CDPHE, DOLA, ODP, HRSA</p>
	<p># 1 Integration of Health Services</p>	<p>Biennial Planning Committee The MHRETAC Biennial Plan Committee began working on the Biennial Plan late in 2004 and solicited input from EMTS stakeholders in the process of identifying goals and objectives for the region.</p> <p>MHRETAC Members Dian Bowers, Dr. Joan Bothner, Dr. Charles Mains, Dr. Jan Dehler, Jackie Reynolds, Jamie Moore</p>

		<p>Community Partners Administrators, EMS Agencies, Physicians, TNC's</p>
	<p># 1 Integration of Health Services</p> <p>This planning included all the 15 components</p>	<p>Strategic Planning In 2004 the MHRETAC hired the National Foundation for Trauma Care (NFTC) to assist the council in developing a strategic plan. A SWOT analysis was conducted during a couple council meetings. This analysis was sent to NFTC who studied it, meet with the Coordinator to review it and then conducted a one day strategic planning session. The day was split into various topics and times to allow the EMTS stakeholders to attend as appropriate for their special interests.</p> <p>A MHRETAC System Development Strategic Action Plan was the result of the all day strategic planning session. This was reviewed by the MHRETAC and developed a couple new committees to deal with some of the identified issues. The MHRETAC continues to work on the MHRETAC System Development Strategic Action Plan as part of the goals and objectives for the Council.</p> <p>MHRETAC Members Entire Council</p> <p>Community Partners National Foundation for Trauma Care MHRETAC EMTS Stakeholders</p>
	<p># 1 Integration of Health Services</p> <p>#14 Information Sharing</p>	<p>Enhanced Communication – Information Sharing Coordinator frequently updates her e-mail listing of all EMS agencies and hospitals in the region to assure proper communication and sharing of information.</p> <p>Community Partners EMS Agencies, Hospitals, EMTS Stakeholders, CDPHE, NCR, TNC's, Trauma Directors, Emergency Managers, FRETAC</p>
	<p># 1 Integration of Health Services</p> <p>#11 Mass Casualty</p>	<p>Front Range OEM Coordinator attends the Front Range OEM meetings and shares information regarding the MHRETAC and takes back appropriate information to the MHRETAC EMTS stakeholders.</p>

		<p>MHRETAC Members Glenn Ohrns, Randy Councill, Kent Davies</p> <p>Community Partners Emergency Managers from the Front Range</p>
	<p># 1 Integration of Health Services</p> <p>#4 System Finance</p> <p>#11 Mass Casualty</p>	<p>System Grant Integration Coordinator arranged for meetings consisting of MHRETAC, UASI, NCR, MMRS, State, OPSFS (now DOLA), HRSA, local physicians and State OEM to look at integration of systems and services. This occurred on numerous occasions with a very positive outcome.</p> <p>This same group presented to the MHRETAC in an effort to educate the Council Members and EMTS stakeholders of the various organizations, their role, funding source and how they could relate to the MHRETAC. Since OPSFS, now transitioned to DOLA, is the oversight organization for state grants, the intent of this Grant Integration Meeting has been somewhat accomplished.</p> <p>MHRETAC Members Dr. Charles Mains, Dr. Jan Dehler</p> <p>Community Partners UASI, NCR, MMRS, State, OPSFS (DOLA), State OEM, HRSA</p>
	<p># 1 Integration of Health Services</p>	<p>National Foundation for Trauma Care The Council voted to join the National Foundation for Trauma Care as a system member. This allows the MHRETAC to have support for system development and additional resources from a national perspective.</p> <p>MHRETAC Member Dr. Charles Mains</p> <p>Community Partners National Hospitals, National Trauma Systems</p>
	<p># 1 Integration of Health Services</p>	<p>Colorado Wireless Access Coalition The MHRETAC voted to join the Colorado Wireless Access Coalition in support of their efforts to raise awareness about the importance of reliable wireless communications in Colorado and its impact on business and emergency services in the state. The</p>

		<p>Coalition is committed to advocating for a robust wireless network that meets the growing needs of Colorado wireless users today and tomorrow.</p> <p>MHRETAC Member Dr. Charles Mains</p> <p>Community Partners Hospitals, EMS Agencies, Coalition Members, EMTS Stakeholders</p>
	<p># 1 Integration of Health Services</p>	<p>Statewide RETAC Forum Coordinator attends the quarterly statewide RETAC forum with all the other RETAC coordinators. Various speakers attend to present information on their organizations. State representatives provide updates regarding state plans, grants, committees, legislation and goals. The RETAC coordinators discuss important issues relating to their regions.</p> <p>MHRETAC Members Glenn Ohrns, Dian Bowers</p> <p>Community Partners RETAC Coordinators, CDPHE, Presenters</p>
	<p># 1 Integration of Health Services</p>	<p>Foothills RETAC Coordinator and FRETAC Coordinator attend each others RETACs when possible. This allows for cross information between the two RETACs.</p> <p>MHRETAC Members Dr. Jan Dehler, Dr. Charles Mains</p> <p>Community Partners FRETAC</p>
	<p># 1 Integration of Health Services</p>	<p>CCI Presentation MHRETAC participated in the CCI presentation discussion that was held on April 23, 2005 in the CCI Boardroom. The purpose of the meeting was to educate the new county commissioners on the role of the RETACs as well as discuss the pros and cons of the RETAC regions aligning with the all-hazards regions. Coordinator developed a handout for the county commissioners and MHRETAC stakeholders that were in attendance.</p>

		<p>MHRETAC Members Jamie Moore, Dr. Charles Mains</p> <p>Community Partners Broomfield County Commissioner, Adams County Administrators and Emergency Managers, RETAC Coordinators, County Commissioners, CDPHE, DOLA, EMTS Stakeholders</p>
	<p># 2 EMTS Research</p> <p>#9 Medical Direction</p> <p>#10 Clinical Care</p>	<p>Denver Metro Physicians Group Coordinator attends and participates in the Denver Metro Physicians Group representing the MHRETAC. There are several Council Members who also attend this meeting.</p> <p>The Denver Metro Physicians group consists of Medical Directors, EMS educators and EMS agencies from around the metro area. This group as developed and regularly updates the Metro EMS Protocols. This group continues to work on the airway study which began on 9-1-04.</p> <p>MHRETAC Members Dr. Mark Kozlowski, Dr. Christopher Colwell, Carol Hurdelbrink, Jean Zambrano</p> <p>Community Partners Physicians, EMS Educators, EMS personnel from the metro area</p>
	<p># 2 EMTS Research</p>	<p>PolyHeme Study PolyHeme, a blood substitute, is being administered in the field by Denver Paramedics to approximately 800 qualified patients. PolyHeme is composed of a material extracted from human blood but is in a synthetic version. It does not require blood typing.</p> <p>The MHRETAC has supported the Denver Paramedics and Denver Health in the first study with pre-hospital providers on a national scale where a waiver of informed consent was granted by the IRB. There are 19 pre-hospital agencies participating in this nationwide study.</p> <p>The results could have a profound impact on patient care.</p>

		<p>MHRETAC Member Dr. Christopher Colwell</p> <p>Community Partners National EMS Agencies, Patients</p>
	<p># 3 Legislation and Regulation</p> <p>#4 System Finance</p> <p>#15 Evaluation</p>	<p>Legislation - Tort System - Auto Insurance On July 1, 2004 PIP was no longer available for auto insurance for Colorado citizens. The law was changed to a tort system. Tort has caused a delay and a reduction of payments for EMS agencies and hospitals.</p> <p>The MHRETAC has been dedicated over the past year to preserving the financial viability of the trauma centers and EMS agencies since the implementation of tort reform. This RETAC has financially supported research and data collection to assist in impacting legislation.</p> <p>The MHRETAC contracted an outside consultant to assess the economic health of the trauma system and trauma centers. This firm was Bishop and Associates in California, which is associated with the National Foundation for Trauma Care. The purpose was to determine through data analysis, the financial impact for hospitals and EMS agencies with the change from PIP to a tort system with auto insurance.</p> <p>Coordinator sent two requests for data from the area trauma centers. EMS agencies also sent data to the MHRETAC for analysis which was forwarded to Bishop and Associates. The hospital data was sent directly to Bishop and Associates for analysis.</p> <p>This information was derived from the trauma registries and could be used for internal educational purposes as well as impact legislation. Coordinator also solicited information from all the trauma centers in Colorado.</p> <p>Because the first request was at the end of 2004, the information was sketchy. Many consumers still had PIP as an option. The data was requested a second time to do a comparison with previous information. Many hospitals were losing money and cost shifting</p>

		<p>to Medicare and Medicaid. Once again the data was sent directly to Bishops and Associates. The data is showing huge amounts of lost revenues for hospitals and EMS agencies.</p> <p>The Council continues to discuss the need to organize for next year's legislative session regarding the tort system. Coordinator will be working with one of the council members regarding providing information to appropriate people to inform them of pending legislation.</p> <p>MHRETAC Member Dr. Charles Mains</p> <p>Community Partners EMS Agencies, Trauma Centers, Trauma Care Preservation Coalition, Legislators</p>
	<p># 3 Legislation and Regulation</p> <p>#4 System Finance</p> <p>#15 Evaluation</p>	<p>Auto Insurance Specialist- Peter Kinzler The MHRETAC contracted with Peter Kinzler, an auto insurance specialist back East to study the impact of the change from PIP to tort in Colorado. Peter studied the affects on consumers as well as health care providers. The report was titled- Colorado's New Tort Auto Insurance: A Bad Deal for Motorists and Emergency Care.</p> <p>This report was sent by the MHRETAC to all hospitals in Colorado, EMS agencies, RETACs, Trauma Care Preservation Coalition, CCI and Legislators.</p> <p>MHRETAC Member Dr. Charles Mains</p> <p>Community Partners Insurance Companies, EMS Agencies, Hospitals, Bishop and Associates, RETACs, Trauma Care Coalition, CCI, Legislators</p>
	<p># 3 Legislation and Regulation</p> <p>#4 System Finance</p>	<p>U. S. Trauma Center Crises- National Foundation for Trauma Care The MHRETAC contracted with Bishop and Associates to analyze the data collected from the area hospitals and EMS agencies. To further assist and educate the area hospitals, the MHRETAC sent the U.S. Trauma Center Crises article published by</p>

	<p>#15 Evaluation</p>	<p>the National Foundation for Trauma Care to all hospitals in Colorado. This article was also handed out at CCI and Trauma Care Preservation Coalition Meetings.</p> <p>MHRETAC Member Dr. Charles Mains</p> <p>Community Partners Insurance companies, EMS Agencies, Hospitals, Bishop and Associates, RETACs, Trauma Care Coalition, CCI</p>
	<p># 3 Legislation and Regulation</p> <p>#4 System Finance</p>	<p>National Foundation for Trauma Care System Workshop Coordinator attended the annual National Foundation for Trauma Care System Workshop, Forging Excellence in Trauma, held in Washington D. C. where she presented the Colorado activities surrounding the change from PIP to tort auto insurance and the problems, process and future plans for changing legislation. Prior to attending the conference, this Coordinator solicited data from various EMS agencies and hospitals around the state of Colorado.</p> <p>MHRETAC Member Dr. Charles Mains</p> <p>Community Partners National Foundation for Trauma Care Members</p>
	<p># 3 Legislation and Regulation</p>	<p>SEMTAC and SEMTAC Committees Coordinator attends all SEMTAC and SEMTAC committees and participates in discussions and rule development. The MHRETAC plays a vital role in many of the decisions made at the SEMTAC and SEMTAC Committees. Coordinator communicates with her Council Members and Stakeholders regarding pending discussions and rule changes.</p> <p>Coordinator attends the following SEMTAC Standing Committees as the schedule allows; Bylaws Committee Communication/MCI Committee EMS Personnel Committee EMSC/Pediatric Committee</p>

		<p>Facilities Committee Injury Prevention Advisory Committee Public Policy Resource Committee RETAC Committee System Evaluation Committee Transportation Committee</p> <p>Coordinator distributes information to all stakeholders on the above committees on a regular basis.</p> <p>MHRETAC Members Dr. Charles Mains, Dian Bowers, Dr. Jodi Chambers, Dr. Christopher Colwell, Dr. Jan Dehler, Mike Biló, Jamie Moore, Dr. Gene Moore, Carol Hurdelbrink</p> <p>Community Partners RETAC Coordinators, EMS Providers, Hospitals, Physicians, Administrators, EMTS Stakeholders</p>
	<p># 3 Legislation and Regulation</p>	<p>RETAC Committee Coordinator attends the RETAC Committee of SEMTAC which deals with the legislation and issues facing the RETACs. Contracts and contract deliverables are discussed here as well as legislative requirements of the RETACs. The rules and regulations surrounding RETACs were completed and shared with the stakeholders and council members.</p> <p>Community Partners RETAC Coordinators, SEMTAC, CDPHE</p>
	<p># 3 Legislation and Regulation</p>	<p>Certification Task Force Coordinator has attended and participated in the Certification Task Force discussions and development of new rules and review of the current certification rules and regulations. These meetings have been held weekly over the last 6 months and have required a huge time commitment. Pertinent information was shared by Coordinator to all the EMS agencies, Council Members and EMTS stakeholders of the MHRETAC.</p> <p>MHRETAC Member Mike Biló</p>

		<p>Community Partners EMS Agencies, RETAC Coordinators</p>
	<p># 3 Legislation and Regulation</p>	<p>Multi-County Ambulance Licensing The Multi-County Ambulance Licensing Committee continues to finalize their resolution for the counties to adopt. Once finalized the document will be presented to each county attorney for acceptance. Coordinator participated in these meetings and is working on including the counties of Elbert and Broomfield when the resolution is adopted by the current participating counties.</p> <p>MHRETAC Members Jamie Moore, Randy Councill</p> <p>Community Partners Jefferson, Adams, Arapahoe, Denver and Douglas Counties</p>
	<p># 3 Legislation and Regulation</p>	<p>Ground Ambulance Licensing Committee Coordinator has attended and participated in the Ground Ambulance Licensing Committee meetings. The goal was to develop rules for ground ambulances. This information has been shared by Coordinator with all the stakeholders in the MHRETAC including the Multi- County Ambulance Licensing Committee and all the EMS agencies in the region. Coordinator sent regular updates and rule proposals to all the stakeholders to review and provide input.</p> <p>MHRETAC Members Jamie Moore, Randy Councill, Mike Bilo, Dian Bowers</p> <p>Community Partners Colorado EMS Agencies, Multi-county Ambulance Licensing Committee, CDPHE, RETAC Coordinators</p>
	<p># 3 Legislation and Regulation</p> <p>#4 System Finance</p>	<p>Trauma Care Preservation Coalition Coordinator and several members of the MHRETAC have attended the Trauma Care Preservation Coalition. This is a newly formed group to assist in changing legislation regarding auto insurance and the tort system.</p> <p>This Coalition developed and sent another set of data</p>

		<p>requests for all area hospitals and EMS agencies. Several EMS agencies and area hospitals responded with data for the coalition.</p> <p>There are several committees of this Coalition. The Strategic/Political Planning Committee, Data Committee and the Working Committee. Coordinator attends all of these committees. Information was shared with the MHRETAC members and EMTS stakeholders.</p> <p>MHRETAC Member Dr. Charles Mains</p> <p>Community Partners RETAC Coordinators, Colorado Medical Society, Public Relations, EMS Agencies, TNC's, Physicians, Community Consultants</p>
	<p># 3 Legislation and Regulation</p>	<p>EMS Data Task Force Coordinator has attended the EMS Data Task Force meetings as well as the EMS Data Task Force Strategic Planning Session. The impact of statewide EMS data collection is huge and will require intense planning on the part of the MHRETAC. The pending rules may require that data be collected at the RETAC level before going on to the State. With the number of agencies and trip reports in the MHRETAC, this may serve to be cumbersome unless the data can be computerized from all the agencies. Fortunately, some of the larger agencies may have some current data collection processes in place that will greatly assist in this effort.</p> <p>Community Partners EMS Agencies, RETAC Coordinators, CDPHE</p>
	<p># 3 Legislation and Regulation</p>	<p>State Contract Deliverables The MHRETAC and Coordinator have provided to the State all the required deliverables such as an MCI plan, yearly agency profiles, financial overviews, quarterly reports, biennial plan progress reports, and budgets.</p> <p>MHRETAC Members Entire Council</p> <p>Community Partners</p>

		EMTS Stakeholders, CDPHE
	# 4 System Finance	<p>Provider Grant Reviews The MHRETAC members participated in the review of the provider grants that were submitted from the various EMS agencies in the MHRETAC. The EMS agencies personally presented their grant requests. All information was sent back to the state for SEMTAC review.</p> <p>MHRETAC Members Jean Zambrano, Dian Bowers, Dr. Mark Kozlowski, Jackie Reynolds, Dr. Jan Dehler, Jackie Reynolds, Bruce Ginther, Rich Martin</p> <p>Community Partners EMS Agencies</p>
	# 4 System Finance	<p>Emergency Fund Request-Dispatch Center Coordinator assisted Elbert County in identifying what process to use to get emergency funding. Elbert County was evaluating the feasibility and appropriateness of asking for EMS emergency funds to assist in relocating their dispatch system pending. There was a potential problem with mold in their dispatch center which was causing personnel to become ill. The County Commissioners decided not to pursue this funding source.</p> <p>MHRETAC Member Dian Bowers</p> <p>Community Partners CDPHE, Elbert County EMS</p>
	# 4 System Finance	<p>Emergency Fund Request- Ambulance Douglas County requested emergency funds to assist in purchasing a used ambulance. West Douglas Fire District was down an ambulance due to mechanical failure.</p> <p>MHRETAC Member Jamie Moore</p> <p>Community Partners CDPHE, Douglas County EMS</p>

	<p># 4 System Finance</p>	<p>Bank Account Coordinator has worked with the Council and Treasurer to move the checking and savings account to another bank to enhance the possibility of future grants.</p> <p>MHRETAC Members Jean Zambrano, Dr. Joan Bothner</p> <p>Community Partners Compass Bank, Wells Fargo Bank</p>
	<p># 4 System Finance</p>	<p>North Central Region Grant Coordinator was invited to participate in writing the grant for the NCR. Coordinator was instrumental in requesting both portal and hand held radiation detectors for all the hospitals in the NCR. This required some intense communication with the area hospitals and MMRS.</p> <p>MHRETAC Members Dr. Charles Mains, Randy Councell</p> <p>Community Partners NCR, MMRS, Hospitals, NCR Grant Committee, UASI Public Health and Medical Committee</p>
	<p># 4 System Finance</p>	<p>Bonfils Blood Bank Request Bonfils Blood Bank presented three issues that needed resolution and asked Coordinator for assistance through the UASI PH and M Committee. After hearing the details of their request, Coordinator was able to have Bonfils present at the NCR meeting and begin to work with HRSA in an attempt to obtain funding for the issues that included refrigeration needs, electrical needs and security.</p> <p>Coordinator also contacted the State representatives to explore if some state funding would be available for Bonfils. The NCR did put into their budget request some money for Bonfils. The request for funds was granted and Bonfils will now be able to purchase the refrigeration units required. The State ODP office is continuing to work on obtaining federal funds to assist with this issue.</p>

		<p>MHRETAC Members Dr. Charles Mains, Dr. Jan Dehler</p> <p>Community Partners Bonfils President and Staff, NCR, UASI Public Health and Medical Committee, UASI, HRSA, ODP</p>
	<p># 4 System Finance</p>	<p>UASI Grant Since Coordinator is the Chair of the UASI PH & M Committee she also served on the grant writing committee for the UASI grant. Coordinator was able to communicate back and forth between the UASI and NCR grants. The emphasis for medical on this grant will be in the training opportunities for physicians and nurses. Currently, the EMS community has been participating in all hazards training.</p> <p>MHRETAC Members Dr. Charles Mains, Dr. Jan Dehler</p> <p>Community Partners UASI Committee Chairs, UASI Staff, UASI Public Health and Medical Committee</p>
	<p># 5 Human Resources</p>	<p>MHRETAC Coordinator Contract The MHRETAC voted unanimously to renew the contract with Coordinator. The new contract will contain an auto renewal clause.</p> <p>MHRETAC Members Entire Council</p> <p>Community Partners MHRETAC members and EMTS Stakeholders</p>
	<p># 6 Education Systems</p> <p>#14 Information Sharing</p>	<p>Communication - Information Sharing When pertinent information regarding educational opportunities is sent to Coordinator, she shares the information with all local EMS agencies or hospitals as appropriate.</p> <p>MHRETAC Members Entire Council</p> <p>Community Partners EMS Educators, Hospital Educators, UASI, NCR, MMRS, CDPHE, HRSA, EMS Agencies</p>

	<p># 6 Education Systems</p>	<p>UASI Training Committee Coordinator has been communicating with the Training Committee and will be on the UASI Training Committee to assure that the medical community has some programs developed to meet their special educational needs as it pertains to all hazards preparedness. The private physicians and nurses are of special concern.</p> <p>MHRETAC Members Dr. Charles Mains, Dr. Jan Dehler</p> <p>Community Partners UASI, EMS, physicians, Emergency Managers</p>
	<p># 6 Education Systems</p>	<p>Regional Conference- All Hazard Preparedness University Hospital recently hosted an outstanding Hospital Emergency Management course that focused on concepts and implications of WMD terrorist incidents. The second day focused on decontamination operations for hospital personnel. The course provided tables of various types of equipment which provided a great “hands on” experience for many. Many hospitals from the region participated in this course.</p> <p>MHRETAC Member Dr. Jan Dehler</p> <p>Community Partners University Hospital Staff, ODP and SAIC, Emergency Managers, Hospital Personnel, HRSA, CDPHE, Risk Managers, UASI Public Health and Medical Committee</p>
	<p># 6 Education Systems</p>	<p>Elbert County Regional Conference The MHRETAC has annually sponsored these rural community efforts in providing free education to the pre-hospital personnel including volunteers. The local OEM has sought funding to provide all hazards exercises during the conference. Representatives from the State all hazards planning attended and presented lectures.</p> <p>MHRETAC Members Dian Bowers, Glen Ohrns</p>

		<p>Community Partners EMS agencies, OEM, EMS Volunteers, State, EMS Educators, Public Health, Physicians, Airlife</p>
	<p># 7 Public Access</p>	<p>AEDs Elbert County has participated in the 3-year AED project through the Colorado Rural Health and MHRETAC. Yearly approximately 3 AEDs were placed in various locations in Elbert County. Training for AEDs was supported by the Fire Districts and Departments of Elbert County.</p> <p>MHRETAC Members Dian Bowers, Glen Ohrns</p> <p>Community Partners Community, Fire, EMS, Colorado Rural Health</p>
<p>Long Term Goal #1 and #2</p>	<p># 8 Communication Systems</p>	<p>Communication Committee Coordinator has been asked to participate in the UASI/NCR Communication Committee to assist with medical needs regarding communication especially with the 800 mHz system and hospitals. This has been identified as a major concern for hospitals and EMS agencies to communicate on a daily basis as well as during an event.</p> <p>Community Partners UASI, NCR, Communication Experts, Hospitals, EMS</p>
<p>Long Term Goal #1 and #2</p>	<p># 8 Communication Systems</p>	<p>800 mHz Radios Coordinator conducted a survey of what hospitals have the 800mHz in their ED's and who is planning to obtain them if they currently do not have the system. This was in conjunction with the NCR and UASI grant cycle to determine need.</p> <p>MHRETAC Members Dr. Jan Dehler, Dr. Charles Mains, Randy Councill</p> <p>Community Partners Hospitals, MMRS, UASI Public Health and Medical Committee</p>
	<p># 9 Medical Direction</p>	<p>Trauma Triage Algorithm The MHRETAC continues to work on completing the Trauma Triage Algorithm for the region. The Destination Committee that worked on this project grew from 6 people to over 57 representatives</p>

		<p>working on the content of the form. The committee was able to come to a consensus on the wording of the document. The algorithm was presented to the MHRETAC on May 19, 2005 and was approved. Dr. Holly Hedegaard, Randy Kuykendall, Maria Crespín and Grace Sandeno attended the final meeting and participated in the discussion. Dr. Hedegaard provided some pertinent data to all who attended.</p> <p>MHRETAC Members Dr. Christopher Colwell, Dr. Jodi Chambers, Dr. Mark Kozlowski, Dr. Joan Bothner, Dian Bowers, Dr. Charles Mains, Dr. Jan Dehler, Mike Biló, Jean Zambrano</p> <p>Community Partners CDPHE, Hospital, Physicians, TNC's, EMS Agencies, EMTS Stakeholders</p>
	<p># 9 Medical Direction</p>	<p>Medical Director Change Dr. Gilbert Pineda began providing medical direction for Rural/Metro Ambulance on 9-1-04. Dr. Pineda was also the Medical Director for The Medical Center of Aurora during the 2nd quarter of 2004. Elizabeth and Kiowa changed Medical Director's during this same time frame to Dr. John Riccio.</p> <p>Community Partners Medical Directors, EMS Providers</p>
	<p># 10 Clinical Care</p> <p>#4 System Finance</p>	<p>Equipment Return The RETAC Coordinators worked with Denver Health and St. Anthony to develop a web based system for identifying and returning equipment back to the referring hospitals.</p> <p>Community Partners RETAC Coordinators, Hospitals, EMS Agencies</p>
	<p># 11 Mass Casualty</p>	<p>MCI Committee Coordinator attended the State MCI committee which is held quarterly and assisted in the state MCI plan development.</p> <p>MHRETAC Members Dr. Jan Dehler, Dr. Charles Mains, Randy Councill</p>

		<p>Community Partners SEMTAC, State Personnel, HRSA, CDPHE, Emergency Managers, EMS Agencies</p>
	<p># 11 Mass Casualty</p> <p>#1 Integration of Services</p>	<p>MHRETAC MCI Plan The MHRETAC organized an MCI Committee that developed an MCI plan for the NCR and the MHRETAC as part of contract deliverables. This plan is now in process of being updated.</p> <p>MHRETAC Members Dr. Jan Dehler, Dr. Charles Mains, Randy Councill</p> <p>Community Partners EMS Agencies, Fire, Hospitals, Emergency Managers, Physicians, TNC's, HRSA, CDPHE</p>
	<p># 11 Mass Casualty</p> <p>#1 Integration of Services</p>	<p>Surge Capacity Coordinator and MCI Committee members have coordinated planning efforts for hospital surge capacity. Among ongoing projects are review of equipment caches for hospital surge capacity and other equipment for hospitals and EMS agencies. The members include representatives from Adams, Arapahoe, Denver and surrounding regions such as Boulder and Jefferson from the Foothills RETAC.</p> <p>Coordination and planning for equipment distribution, training, exercises and tiered response protocols will continue with emergency managers, representatives of local and state, public health agencies and various grants.</p> <p>MHRETAC Members Dr. Jan Dehler, Dr. Charles Mains, Randy Councill, Glenn Ohrns, Jamie Moore, Kent Davies</p> <p>Community Partners HRSA, Emergency Managers, EMS Agencies, Fire, Physicians, Jefferson, Adams, Arapahoe, Denver, Douglas, Broomfield and Elbert Counties, MCI Committee Members</p>
	<p># 11 Mass Casualty</p>	<p>State All Hazards Committee Coordinator attends and participates in the State All Hazards Committee. Minutes from this meeting are sent to all the stakeholders in the MHRETAC by Coordinator. The RETAC's may begin to have a</p>

		<p>more formal role in this meeting sharing information on RETAC activities.</p> <p>MHRETAC Members Dr. Jan Dehler</p> <p>Community Partners Regional Planners, Emergency Managers, RETAC Coordinators, County Commissioners, DOLA, State, CDPHE</p>
	<p># 11 Mass Casualty</p> <p>#1 Integration of Services</p>	<p>NCR Coordinator attends the NCR meetings as much as possible and is a representative from the MHRETAC along with Dr. Charles Mains. Both are active in various committees of NCR. The NCR committee did change their schedule to enable Coordinator and Council Members from the MHRETAC to attend the NCR meeting. In turn, the NCR Coordinator will now be able to attend the MHRETAC.</p> <p>MHRETAC Members Randy Councill, Dr. Jan Dehler, Dr. Charles Mains, Kent Davies</p> <p>Community Partners County Representatives from Jefferson, Boulder, Clear Creek, Adams, Arapahoe, Broomfield, Denver, Douglas, Elbert and Gilpin, Fire, EMS, Emergency Managers, Physicians, TNC's, DOLA</p>
	<p># 11 Mass Casualty</p> <p>#1 Integration of Services</p>	<p>MMRS Coordinator attends and participates in the MMRS meetings monthly and is on the MMRS Steering Committee. She is able to relay information from the UASI, NCR and MHRETAC to this group.</p> <p>MHRETAC Member Dr. Jan Dehler</p> <p>Community Partners, Risk Managers, Hospitals, Physicians, Nurses, American Red Cross, Public Health, NDMS, Emergency Managers</p>
	<p># 11 Mass Casualty</p>	<p>National Response Plan When the National Response Plan was received by the Coordinator, it was sent to all the stakeholders in</p>

		<p>the MHRETAC including the emergency managers, trauma directors and the MCI Committee.</p> <p>MHRETAC Members Randy Councill</p> <p>Community Partners EMTS Stakeholders, EMS Agencies, Fire, Physicians, TNC's, Emergency Managers</p>
	<p># 11 Mass Casualty</p>	<p>NIMS Compliance Coordinator received the Executive Order from the Governor regarding NIMS as the state standard for incident command and sent it to all the stakeholders in the MHRETAC including the emergency managers and MCI Committee. The MHRETAC approved a formal resolution to adopt NIMS as the standard for the region.</p> <p>MHRETAC Members Randy Councill, Dr. Jan Dehler</p> <p>Community Partners EMS Agencies, Fire, Physicians, TNC's, Emergency Managers</p>
	<p># 11 Mass Casualty</p> <p>#1 Integration of Services</p> <p>#10 Clinical Care</p>	<p>UASI Sync Matrix Project As the Chair of the UASI Public Health and Medical Committee, Coordinator is representing the medical community on this sand table exercise that is scheduled for September 7, 2005. Area hospitals will be asked to participate and practice issues of closing a hospital, communication, response plans, hospital security, decontamination, radiation detectors and dispatch.</p> <p>The full scale exercise will occur at a later date in early 2006.</p> <p>MHRETAC Members Dr. Charles Mains, Dr. Jan Dehler</p> <p>Community Partners Hospitals, EMS Agencies, Fire, Law Enforcement, Communication Experts, Dispatch, Hospitals, Emergency Managers, EMTS Stakeholders</p>

	<p># 11 Mass Casualty</p>	<p>UASI/NCR Equipment Committee Coordinator is on the NCR/UASI Equipment Committee to determine the equipment needs and develop future grants for the region.</p> <p>Community Partners EMS, Fire, NCR Regional Planner, Emergency Managers, UASI, NCR</p>
	<p># 11 Mass Casualty</p> <p>#1 Integration of Services</p>	<p>Collaboration with NCR Coordinator Coordinator has been meeting with the NCR Coordinator to educate him on the role of the RETACs and to explore how the MHRETAC can work with the NCR in a cooperative manner to assure that all the aspects of both regions are met.</p> <p>Community Partners NCR Regional Planner</p>
	<p># 11 Mass Casualty</p>	<p>Hospital and EMS Joint Exercise On July 9, 2004, Sky Ridge Medical Center and South Metro Fire participated in a table top to cross educate what might be expected in regards to decontamination at the hospital. The goal was to test how the hospital and fire could work together. This was especially important since Sky Ridge is a new hospital to the region.</p> <p>MHRETAC Member Dr. Burt Katubig</p> <p>Community Partners Hospitals and EMS Agencies</p>
	<p># 11 Mass Casualty</p>	<p>Multi-agency Terrorism Exercise Denver Fire Department participated in a terrorism exercise established by RTD at the Terminal Annex located at 1550 Broadway. This exercise was established to coordinate activities of the city's emergency service departments after an explosive device was detonated by a suicide bomber in a transportation hub at peak travel time.</p> <p>MHRETAC Member Dr. Christopher Colwell</p> <p>Community Partners Fire, EMS, Hospitals, RTD</p>

	<p># 12 Public Education</p>	<p>MHRETAC Public Education Committee The MHRETAC Public Education Committee continues to explore brochures and other educational opportunities to educate the general public regarding the statewide trauma system. This may be a three step process with starting to educate what is trauma, then what is a trauma system and finally how the general public can access care during an event.</p> <p>MHRETAC Members Dian Bowers, Dr. Joan Bothner, Dr. Charles Mains, Jackie Reynolds, Rick Lindsay, Carol Hurdelbrink, Jean Zambrano</p> <p>Community Partners EMTS Stakeholders, Physicians, TNC's, EMS Agencies</p>
	<p># 12 Public Education</p>	<p>EMS Agencies Educational Opportunities Coordinator distributed information regarding EMS activities in the metro area on a regular basis. This information includes educational opportunities and information coming from the State regarding various EMS issues.</p> <p>Community Partners EMS Agencies, Hospitals, Educators, CDPHE</p>
	<p># 12 Public Education</p>	<p>Trauma Nurse Coordinators Coordinator communicates with the hospital trauma coordinators on important events, pending rules and educational offerings that may affect them.</p> <p>Community Partners TNC's, Program Managers</p>
	<p># 12 Public Education</p>	<p>Trauma Directors Coordinator includes all the Trauma Directors in communications affecting them or decisions they may need to make regarding the trauma system. This group of physicians meets to discuss issues facing the community and trauma system challenges.</p> <p>MHRETAC Members Dr. Charles Mains, Dr. Dave Ciesla, Dr. Jodi Chambers</p>

		<p>Community Partners Trauma Directors from area hospitals</p>
	<p># 12 Public Education</p> <p>#1 Integration of Services</p>	<p>UASI Public Education Committee and Marketing Committee Coordinator is on the UASI Public Education committee to develop a tool and to plan for a large scale educational event to call attention to the general people their need to be prepared for an all hazards event. This educational opportunity may be held downtown at the Pepsi Center to accommodate a large number of people. Advertising, vendors, educational offerings and free gifts will be distributed to the community.</p> <p>This project is called Ready Colorado and has a separate Marketing Committee to deal the details of the event, marketing and goals and objectives for this event. Coordinator is also very active with the Marketing Committee.</p> <p>Community Partners Fire, EMS, UASI, NCR, State All Hazards, PR, Community Representatives from various initiatives such as the Jewish Organization, American Red Cross, Emergency Managers, Governor's Office</p>
	<p># 12 Public Education</p>	<p>Littleton Adventist Hospital Partnered with City of Littleton- Littleton Adventist Hospital Trauma Service partnered with the City of Littleton to provide education and training in recognition of potential adolescent suicide risks. The hospital is piloting the program at Heritage High School.</p> <p>MHRETAC Members Dr. Jodi Chambers</p> <p>Community Partners City of Littleton, Hospital, High School</p>
	<p># 13 Prevention</p>	<p>C-Dot Injury Prevention Grant The MHRETAC has submitted a C-DOT grant that deals with seat belt use among teen age drivers. This program will involve students in area high schools to assist with the surveys and educational programs offered. The proposal will include one</p>

		<p>school in each county the first year and will continue to grow from there.</p> <p>The four level I trauma centers worked together to write the C-Dot grant with reviews by the MHRETAC Coordinator and Council Members.</p> <p>MHRETAC Member Dr. Charles Mains</p> <p>Community Partners Level I trauma centers injury prevention coordinators</p>
	<p># 13 Prevention</p>	<p>Injury Prevention Survey Coordinator continues to receive the injury prevention surveys and will explore the feasibility of establishing an Injury Prevention Committee for the RETAC. The Strategic Planning session focused on some great injury prevention ideas. Many of the local hospitals and EMS agencies conduct their own injury prevention activities.</p> <p>MHRETAC Member Dr. Charles Mains</p> <p>Community Partners TNC's, Hospitals, EMS, National Foundation for Trauma Care</p>
	<p># 14 Information Systems</p>	<p>The Children's Hospital Computerized System The Children's Hospital ED is implementing a new computerized patient management system EPIC. The implementation has been a challenge for the hospital and the EMS agencies in the region.</p> <p>In order to expedite EMS arrivals, the patients are entered into the admissions database, and can begin charting on patients. The Children's Hospital has begun requesting patient name and DOB from the EMS crews prior to arrival. The hospital has been assured that their phones are secure and this is congruent with HIPAA.</p> <p>All the regional EMS crews were alerted to this change.</p>

		<p>MHRETAC Member Dr. Joan Bothner</p> <p>Community Partners EMS Agencies, Physicians, Educators, Nurses, ED Staff</p>
	# 15 Evaluation	<p>Evaluation Committee Coordinator attends and participates in the Evaluation Committee that most recently focused on the data points in the trauma registry. A prior focus was EMS data collection.</p> <p>MHRETAC Members Dr. Christopher Colwell, Dr. Charles Mains</p> <p>Community Partners CDPHE, EMS, Physicians, SEMTAC, TNC's, Trauma Registry Nurses, RETAC Coordinators</p>
	# 15 Evaluation	<p>Agency Profiles Coordinator has been successful in obtaining 100% of the agency profiles in this region. This takes time and commitment on the part of coordinator and all the EMS agencies in the region to collect the necessary data for this report. This is also part of the annual contract deliverables for the State.</p> <p>MHRETAC Members Dr. Mark Kozlowski, Dian Bowers, Randy Councell, Jackie Reynolds, Bruce Ginther</p> <p>Community Partners EMS Agencies</p>
	# 15 Evaluation	<p>EMS Data Retreats- Summit County, Black Forest Council Member attended the Data Retreat in Black Forest and Coordinator attended the EMS Data Retreat in Summit County. Both were focusing on types of data collected, who is collecting data and what are you doing with the information.</p> <p>MHRETAC Members Dian Bowers, Mike Biló</p> <p>Community Partners EMS Agencies, RETAC Coordinators, TNC's, Trauma Registry Nurses,</p>

Section 2: RETAC Updates

RETAC Mission Statement:

To develop a coordinated and quality emergency medical and trauma service system that focuses on the care of the patient as its priority in all decision making.

RETAC Description:

A. Authority

The original Statewide Trauma System Act was adopted in 1995 and formed the Area Trauma Advisory Councils (ATACs) which consisted of two or more counties. At that time, the counties of Denver and Adams joined as the Denver Adams ATAC. Douglas, Elbert and Arapahoe counties joined as the Smokey Hill ATAC. The Statewide Trauma System Act was changed through the adoption of SB-180 in 2000. This act combined EMS and trauma and formed the Regional Emergency Medical and Trauma Advisory Councils (RETACs).

The following is an excerpt from statute, C.R.S. 25-3.5 Part 7 that guided the appointments and structure of the RETACs.

- a. The governing body of each county or city and county throughout the state shall establish a regional emergency medical and trauma advisory council (RETAC) with the governing body of four or more other counties, or with the governing body of a city and county, to form a multi-county RETAC. The number of members on a RETAC shall be defined by the participating counties. Membership shall reflect, as equally as possible, representation between hospital and pre-hospital providers and from each participating county and city and county. There shall be at least one member from each participating county and city and county in the RETAC. Each county within a RETAC shall be located in reasonable geographic proximity to the other counties and city and counties within the same RETAC.

The authority lies within the county commissioners in each county. The county commissioners are responsible for the appointments of the council members under separate county resolution or ordinance. Council Members do not need to reside in that county to serve as a representative for that county.

B. MHRETAC Counties and Cities and Counties

The MHRETAC presently has 6 counties in the region. The MHRETAC was formed in 2000 consisting of Adams, Arapahoe, Denver, Douglas and Elbert counties and cities and counties. In March of 2002, Broomfield became a city and county and joined the MHRETAC. Throughout this document, where counties are referenced, it indicates both cities and counties.

See Appendix A for a map of the region.

C. Structure

1. Government 115

The MHRETAC is recognized by the Internal Revenue Service and the State of Colorado Department of Revenue, as a governmental instrumentality outlined in Section 115 of the Internal Revenue Code. This recognition became effective September 27, 2002. The Board of Directors is comprised of the Chair, Vice-Chair, Secretary and Treasurer.

2. IGA

MHRETAC began its original organization with a signed IGA by all the participating counties in 2000. With the joining of Broomfield in 2002, revisions were made and another IGA was signed by the county commissioners.

The IGA defines the authority of MHRETAC and forms the multi-county RETAC with equal representation from each of the six counties. The MHRETAC membership is composed of three representatives from each county or city and county who collectively represent government, pre-hospital, facility, urban and rural interests as equally as possible. Each member is an official voting member for the MHRETAC. Initially the terms for the voting members was staggered equally between one and three years by the appointing body. After the initial appointments, the length of term for all member appointments is two years.

See Appendix B for the IGA.

3. By-laws

By-laws were adopted to govern all activities of the MHRETAC.

Duties include:

- carrying out the functions of the Colorado trauma legislation
- represent the MHRETAC in the emergency medical and trauma system
- provide assistance, guidance and direction to facilities, agencies and communities in compliance with the legislation, rules and regulations of C.R.S. 25-3.5
- provide community education and public education
- participate in and conduct research

The MHRETAC by-laws define the mission statement, membership, representation and committees, administration and organization, rules of order and RETAC conduct. Roberts Rules of Order were adopted to define the conduct and procedures for decision making.

These by-laws are reviewed and approval on an annual basis.

See Appendix C for the MHRETAC by-laws.

D. Legislation and Directed Activity

The Mile-High RETAC, as directed under state statute and this Intergovernmental Agreement is, at a minimum, charged with accomplishing the following activities:

(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 board rules and procedures, and commitment to the 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 the approval by the counties or city and counties included in the Mile-High RETAC.

E. Council Members

MHRETAC consists of 18 members representing facilities, pre-hospital and government for each of the six counties balancing rural and urban areas as much as possible. Elbert County does not have a facility in the region and therefore appointed a representative out of their geographical area as permitted by the IGA.

The membership consists of representatives from EMS, emergency managers, trauma nurse coordinators, dispatch, emergency physicians, trauma directors/surgeons, county commissioners, fire, pediatrics and public health. There are seven physicians on the Council.

The majority of the Council Members have been on the Council since its inception in 2000. In March 2005, Dr. Dave Ciesla and Dr. Burt Katubig joined the Council. Dr. Dave Ciesla replaced Dr. Gene Moore for Denver and Dr. Burt Katubig replaced Dr. Jodi Chambers for Douglas County.

Officers hold their position for two years. Chair, Vice-chair, Secretary and Treasurer each have duties outlined in the by-laws. Each officer must be a representative from a different county.

The present officers are:

Chair- Dr. Joan Bothner representing Elbert County
Vice-chair- Dr. Charles Mains representing Broomfield City and County
Secretary- Carol Hurdelbrink representing Adams County
Treasurer- Jean Zambrano representing Arapahoe County

See Appendix D for Council Members.

F. Meeting Schedule

MHRETAC has met monthly since 2000. Starting in January 2005, the MHRETAC will meet on the odd months with committee meetings held during the even months. The meetings are held at the Glendale Community Center from 11am to 1pm on the 3rd Thursdays as outlined previously.

Meeting announcements occur via the MHRETAC list serve, the MHRETAC web site, e-mail for all the stakeholders and council attendees. Pursuant to the Colorado Open Meetings Act, the agendas are posted in each county at a previously identified location at least three days prior to the meeting. All meetings are open to the public.

G. Committees and Task Forces

MHRETAC has formally recognized these standing committees. The chair is listed and the names below are the Council Members who actively participate in these committees. Each committee includes actively participating stakeholders.

o Finance/Grants Committee

Chair: Dr. Mark Kozlowski
Council Members: Dian Bowers, Jamie Moore
Objectives: To write grant proposals, review grant requests from stakeholders, to review budgets
Meeting Schedule: Meeting monthly earlier but now as necessary

- **Destination Committee**
 - Chair: Dr. Chris Colwell,
 - Council Members: Dr. Jodi Chambers, Dr. Charles Mains, Dr. Mark Kozlowski, Dr. Joan Bothner, Mike Bilo, Dian Bowers, Jean Zambrano
 - Objectives: To develop the MHRETAC Trauma Triage Algorithm and Destination Protocols
 - Meeting Schedule: Meetings have been monthly for several years, now as necessary

- **MCI Committee**
 - Chair: Dr. Jan Dehler
 - Council Members: Dr. Charles Mains, Randy Councell, Kent Davies, Glenn Ohrns
 - Objectives: To write an MCI Plan, coordinate with stakeholders regarding surge capacity equipment and issues, establish equipment requests for HRSA Hospital and EMS Surge Capacity, address hospital and EMS preparedness issues
 - Meeting Schedule: Meets monthly or as necessary for deliverables need to be completed timely

- **Data Committee**
 - Chair: Dian Bowers
 - Council Members: Mike Bilo
 - Objectives: To determine what data the MHRETAC wants to collect and for what reasons
 - Meeting Schedule: This committee is on hold at this time

- **EMS Committee**
 - Chair: Rick Lindsay
 - Council Members: Mike Bilo
 - Objectives: To coordinate EMS issues for the region
 - Meeting Schedule: This committee is on hold at this time

- **Trauma Director's Committee**
 - Chair: Dr. Charles Mains
 - Council Members: Dr. Jodi Chambers, Dr. Dave Ciesla
 - Objectives: To identify, address and plan for issues relating to the Trauma Centers and Trauma Directors, peer review, pending rules and regulations, all hazards planning and current regional issues facing physicians
 - Meeting Schedule: Monthly or when possible due to schedules

- **Injury Prevention Committee**
 - Chair: Dr. Charles Mains
 - Council Members: Dr. Mark Kozlowski
 - Objectives: To identify grant opportunities, conduct surveys, and write a grant for a regional injury prevention project
 - Meeting Schedule: Meets as necessary

- **Biennial Plan Committee**
 - Chair: Dian Bowers
 - Council Members: Dr. Joan Bothner, Dr. Charles Mains, Jackie Reynolds
 - Objectives: To review the MHRETAC System Development Strategic Plan, identify goals and objectives for the Council to review and approve and to review the biennial plan template
 - Meeting Schedule: Meets every other month or as necessary

- **Public Education Committee**
 - Chair: Dr. Joan Bothner
 - Council Members: Dian Bowers, Dr. Charles Mains, Rick Lindsay, Carol Hurdelbrink, Jean Zambrano
 - Objectives: To develop a plan for public education for the community to include educational materials that would educate the general public with the result of impacting legislation and preserving the trauma system
 - Meeting Schedule: Meets every other month

The following are task forces that are active only as needed to complete tasks.

- **By-laws Task Force**
 - Chair: Carol Hurdelbrink
 - Council Members: Jackie Reynolds
 - Objectives: To review and make recommendations for changes to the by-laws
 - Meeting Schedule: Yearly as needed

- **Human Resource Task Force**
 - Chair: Dian Bowers
 - Council Members: Jean Zambrano, Jamie Moore, Dr. Joan Bothner
 - Objectives: To handle issues relating to the RETAC Coordinator position
 - Meeting Schedule: Yearly or as needed

See Appendix E for MHRETAC Trauma Triage Algorithm.

H. Council Responsibilities

The MHRETAC Council Members are responsible for making decisions, setting goals and establishing priorities for the MHRETAC encompassing the 15 components of the States Strategic Plan. The MHRETAC Council is responsible for fulfilling the requirements of SB-180 as they apply to RETACs.

The 15 components include:

- Integration of Health Services
- EMTS Research
- Legislation and Regulation
- System Finance
- Human Resources

- Education Systems
- Public Access
- Communication Systems
- Medical Direction
- Clinical Care
- Mass Casualty
- Public Education
- Prevention
- Information Systems
- Evaluation

The Council Members all share in the responsibility of attending the various committees to assure that the MHRETAC is involved in regional efforts. Council Members are involved in most of the committees that the Coordinator attends. These Council Members are identified under the Coordinator Responsibilities below. The Council Members and Coordinator work closely together.

I. Coordinator Responsibilities

During the initial start up of the MHRETAC in 2000, the role of the Coordinator was fulfilled by the Trauma Outreach Manager from Denver Health, Shirley Terry. In early 2001 the MHRETAC Coordinator, Allen Hughes, was an employee of the MHRETAC hired through Elbert County. October 2003 the Coordinator changed and the new Coordinator, Shirley Terry, was obtained as an independent contractor through her company, S J Terry and Associates, LLC. During these changes, the role of the Coordinator varied as time and growth of the trauma system changed.

The MHRETAC Coordinator is responsible for carrying out the goals of the Council.

The overall responsibilities include:

- develop and provide for the MHRETAC all the state deliverables as outlined in the state contract
- assist with all MHRETAC related business
- provide quarterly reports to the State regarding MHRETAC activities
- coordination and integration of services for the medical community
- dissemination of information from one committee to another
- communicating with all the hospitals, pre-hospital agencies and local governments regarding pending rule changes, legislation or other activities that may impact them
- working with the MHRETAC Treasurer to provide financial reports
- develop yearly budgets
- represent the MHRETAC and participate in all the various SEMTAC committees, SEMTAC and disseminate information accordingly
- collaborate and network for opportunities for the medical community to participate in regional planning with the various entities such as NCR, UASI, MMRS and HRSA
- educate the general public regarding the statewide medical and trauma system
- attend and participate in the Statewide RETAC Forums that are held quarterly
- assure that semi-annual tests of the information network for Bio-terrorism are conducted

Coordinator has duties similar to the other RETAC Coordinators but is in a unique situation due to the number of trauma centers and the volume of patients that are seen in this region. Many patients are transferred from around the state into the region for care at the higher level trauma centers. This region contains all the Level I trauma centers in the state and the only Regional Pediatric Trauma Center, burn specialty hospitals, transplant hospitals and rehabilitation hospitals.

Coordinator serves as a member of various boards. Information from all the various boards, committees and grants is passed on to the MHRETAC and information from the MHRETAC is relayed to all the various entities that the Coordinator is involved with.

Urban Area Securities Initiative (UASI)

MHRETAC Members

Dr. Charles Mains, Dr. Jan Dehler

Coordinator is on the Board of Directors representing the MHRETAC. As chair of a UASI committee, Coordinator attended and participated in the grant writing committee for the UASI grant for the 2004 and 2005 grant cycles. The focus for the medical community next year will be all-hazards training of physicians and nurses. A major concern is adequate training in the private sector for physicians and nurses as well as other hospital personnel.

Coordinator represents the medical community on the Sync Matrix Design Team that is designing the sand table exercise and the full scale exercise for early in 2006. Several active people from the UASI P & H Committee participate in this design team.

UASI Public Health and Medical Committee

MHRETAC Members

Dr. Charles Mains, Dr. Jan Dehler, Randy Councill

Coordinator serves as Chair of the UASI Public Health and Medical Committee. The UASI Public Health and Medical Committee focus is on the medical needs in the community as it relates to being prepared for an all hazards event. The UASI Board of Directors granted this committee the authority to authorize equipment purchases as part of the UASI 2003 grant process. Equipment such as decontamination tents, PAPR's and security equipment was approved.

One major project for this committee was to work with a Sync Matrix project with Argonne Laboratories to develop a timed medical response to a major event scenario in Denver. The next step is to develop a sand tabletop exercise and then conduct a full scale exercise. Coordinator is participating in this exercise planning and is responsible for all the coordination of the medical community.

UASI Committees and UASI/NCR Combined Committees MHRETAC Members

Dr. Charles Mains, Dr. Jan Dehler

Coordinator represents the MHRETAC on the UASI Communication Committee where she will be focusing on 800 mhz radios and communications systems for hospitals and pre-hospital agencies. She is a member of the Training Committee to assure that private physicians, nurses and all hospitals receive the necessary training for an all hazards event. She will be working with this committee to develop some innovative training opportunities for the medical community. There are several combined UASI/NCR committees such as the Equipment Committee and the Public Education and Information Committee. As a member of the joint UASI/NCR Equipment Committee, she will be able to request funding for EMS and hospital equipment.

Coordinator is very active on the UASI Public Education and Information Committee and the Marketing Committee. These committees are planning a large scale event that will educate the general public in being prepared for an event. This includes all the educational and marketing material, logo and establishing goals and objectives for this event.

North Central Region (NCR)

MHRETAC Members

Dr. Charles Mains, Dr. Jan Dehler

Coordinator is a board member with Dr. Charles Mains on the North Central Region All Hazard Committee representing the MHRETAC. Coordinator serves as a member of the grants committee. She was able to address the needs of the medical community and requested radiation detectors for all the hospitals in the NCR. This was approved by the State granting authority for Homeland Security Funds. Coordinator also requested funding for Bonfils and was instrumental in providing the appropriate forums for Bonfils to present their case at the UASI Public Health and Medical Committee as well as the NCR. Bonfils was awarded some funding for refrigeration units through the NCR 2005 grant this year.

Trauma Care Preservation Coalition

MHRETAC Member

Dr. Charles Mains

Coordinator is actively involved with working with the area hospitals, EMS agencies, fire agencies and consultants to work on educating legislatures regarding the impact on hospitals and EMS agencies when the auto insurance changed from PIP to the tort system. Data has been collected from the area hospitals demonstrating a huge loss in revenue since July 2004 when the law changed. This committee is also looking at various ways to financially support the trauma system in Colorado.

Colorado Prescription Drug Abuse Task Force

Coordinator participates as a member of the Board of Directors for the Colorado Prescription Drug Abuse Task Force, Secretary for the Board of Directors and Chair of the Standards Committee. Information is shared back to the medical community and the MHRETAC. This task

force has worked for numerous years to get legislation passed to have a prescription monitoring system for Colorado. The end result would be to reduce drug seeking behavior and ultimately reduce drug addiction which leads to traumatic accidents.

Donor Alliance and Donor Foundation

Coordinator serves on the Board of Directors for Donor Alliance, Executive Board for Donor Alliance and serves as a member of the Board of Directors for the Donor Foundation which is the funding arm working closely with Donor Alliance. This organization works closely with the trauma designated facilities with respect to organ and tissue donation.

Colorado Trauma Network, Inc.

Coordinator also serves as a Council Member for the Colorado Trauma Network, Inc. presenting the MHRETAC on this council. This cross sharing of information from Trauma Nurse Coordinators and the MHRETAC is important for regionalization.

CDPHE

MHRETAC Members

Dr. Charles Mains, Dr. Jan Dehler, Dr. Christopher Colwell, Dr. Jodi Chambers, Mike Biló

The MHRETAC has developed a sound working relationship with the various departments at CDPHE including the EMS Section, Bioterrorism, Injury Prevention and the HRSA grant division. Coordinator participates in the various committees that focus on rule making and decisions for the statewide trauma system. Several MHRETAC Council Members attend the SEMTAC meetings when possible.

SEMTAC and SEMTAC Committees

MHRETAC Members

Dr. Charles Mains, Dr. Jodi Chambers, Dr. Jan Dehler, Dr. Christopher Colwell, Dr. Gene Moore, Mike Biló, Dian Bowers, Jamie Moore, Carol Hurdelbrink

Coordinator attends the SEMTAC and SEMTAC Committees on a regular basis, participates in the discussions and provides the information back to the Council Members and stakeholders on a regular basis.

MMRS

MHRETAC Member

Dr. Jan Dehler

Coordinator and a member of the Council attend the MMRS meetings. Coordinator serves as a member of the Steering Committee for MMRS. Many items from the MHRETAC, NCR and UASI are brought back to this committee and vice versa.

State All-Hazard Committee
MHRETAC Member
Dr. Jan Dehler

Coordinator attends the State All-Hazard Meetings. Information sharing occurs as appropriate. Recently there have been some discussions of the role of RETACs in this meeting. RETACs may need to provide reports at each meeting.

Front Range OEM

Coordinator attends the Front Range OEM meetings to shares information regarding the MHRETAC.

HRSA

MHRETAC Members

Dr. Jan Dehler, Dr. Charles Mains

The MHRETAC worked closely with the emergency managers in the region who received equipment for surge capacity. Coordinator and MCI Committee coordinated activities to identify problems and concerns related to receiving the equipment, storage and inventory. Currently, MHRETAC is assisting in identifying needs and locales for placement of other surge capacity and response equipment such as EMS caches.

J. Financial Narrative

CDPHE

The major source of MHRETAC funding is from the CDPHE's portion of the EMS account, which is provided from the Highway User's Fax Fund (HUTF). It is based on a contract with the state and contains yearly deliverables. The portion for MHRETAC is \$75,000 and \$15,000 per county for a total of \$165,000 per fiscal year.

Individual agencies apply for provider grant funds with the EMS section of CDPHE. Several agencies have received funding for ambulances, equipment, data collection and communication needs.

Colorado Rural Health

Colorado Rural Health Funding has supplied AED's for Elbert County through a 3 year grant. The AED's were purchased and provided directly to Elbert County for placement therefore no direct funds were provided to the MHRETAC.

North Central Region

The MHRETAC worked closely with the NCR to apply for radiation detectors for all the hospitals in the NCR for the 2005 grant cycle. Funding for this equipment was awarded to the NCR so the MHRETAC will be working closely with the NCR to purchase and install these devices in all the area hospitals. Bonfils is headquartered in the MHRETAC and was awarded some funds for

refrigeration units as was outlined in the NCR grant request. There were no direct funds given the MHRETAC for this project, rather funding awarded only indirectly for the hospitals.

UASI and UASI Public Health and Medical Committee

The MHRETAC worked with UASI, which funded some decontamination tents and PAPRs for 12 area hospitals in the UASI region. The UASI Public Health and Medical Committee worked with MMRS to determine the hospital needs for this equipment. Some area hospitals requested other equipment since they had the decontamination tents. This same group determined the feasibility of these requests and granted them accordingly. This grant has also provided training for EMS and hospital personnel for all-hazards events. Equipment was provided directly to the hospitals.

MMRS

MMRS has worked with the MHRETAC to identify some of the needs of the hospitals in the region that did not receive funds from UASI. Additional equipment purchased for the area hospitals will be provided directly to them.

HRSA

The MHRETAC worked with HRSA, which has provided equipment to all the hospitals in the state and the MHRETAC. The hospital requests varied depending on individual needs. Equipment was received for surge capacity in the MHRETAC and is located throughout the MHRETAC. The MHRETAC organized a separate committee to deal with the various issues after emergency managers received the surge capacity trailers and equipment. Equipment was provided directly to the counties through the assistance of the MHRETAC.

K. Facility Designations

The MHRETAC contains the following 19 facilities:

Level I Regional Pediatric Center

The Children's Hospital

Level I Trauma Centers

Denver Health

Saint Anthony Central

Swedish Medical Center

Level II Trauma Centers

The Medical Center of Aurora

University of Colorado Hospital

Littleton Adventist Hospital

Level III Trauma Centers

Sky Ridge Medical Center

Parker Adventist Hospital

Level IV Trauma Centers

St. Anthony North
North Suburban Medical Center
Platte Valley Medical Center

Non-designated Trauma Centers

Presbyterian Saint Luke
Rose Medical Center
Veterans Administration
Exempla Saint Joseph Hospital
Porter Adventist Hospital
Centennial Hospital
Anschutz Inpatient Pavilion -University of Colorado Hospital

Over the past two years two trauma centers changed their trauma designation and three new trauma centers were built.

- Swedish Medical Center , formerly a Level II trauma center, became a Level I trauma center effective August 21, 2002 and on October 25, 2004 received the distinction of the first and only JCAHO-certified Primary Stroke Center in Colorado. There are only 39 of these centers in the United States.
- Littleton Adventist changed from a Level III trauma center to a Level II trauma center April of 2004 and was verified by the American College of Surgeons December 14, 2004. In April, they were reviewed by JACHO for a Stroke Center designation.
- Sky Ridge Medical Center opened in Douglas County on August 20, 2003 as a Level III trauma center.
- Parker Adventist opened in Douglas County as a Level III trauma center on February 3, 2004.
- University of Colorado Hospital opened another hospital on the Fitzsimons Campus, Anschutz Inpatient Pavilion -University of Colorado Hospital February 2, 2004. The ED was open and ready to receive patients on May 2, 2004. This hospital is a non-designated trauma center at this time with 911 receiving capabilities.

University of Colorado as part of the University Health System is taking part in a national initiative to increase organ donation at the request of U.S. Secretary of Health and Human Services Tommy Thompson. Thompson would like to see the nation's 200 largest hospitals achieve a 75 percent organ donation rate by urging families to honor the passing of their loved ones through the gift of life. The current donation rate is these hospitals averages 45 percent, but participants say Thompson's goal is achievable.

See Appendix F for Hospital Matrix.

Treatment Centers and Urgent Care Clinics

The MHRETAC is rich in medical resources throughout the region. This region has the following major health care systems;

- Centura Health
- Health One
- The Children's Hospital
- Denver Health
- Kaiser Permanente

Below are some links to the system web sites that detail the types of care facilities, locations, hours of service and how to contact them.

Health One System- web site

<http://healthonecares.com/CustomPage.asp?guidCustomContentID=50C7FEE0-05C7-11D4-81D2-00508B1249D5>

The Children's Hospital – web site

<http://www.thechildrenshospital.org/public/info/location/index.cfm>

Denver Health- web site

<http://www.denverhealth.org>

University Hospital System- web site

www.uch.edu

Centura Health- web site

<http://www.centura.org>

Kaiser Permanente

www.kp.org

Pre-hospital Agencies

The MHRETAC has a total of 51 agencies within the six counties. These agencies had over 291,000 service requests and transported a total of over 131,000 patients in 2004. There is close to 3,600 pre-hospital personnel in the MHRETAC. This amount of personnel is needed to handle the large metropolitan population. Please see the chart below for more details.

Responder	Full-time	Part-time	Volunteer	AED Approved
EMT-Basic	1,755	114	262	1,751
EMT-Intermediate	21	6	7	25
EMT-Paramedic	881	107	14	500
First Responder	28	1	96	76
Nurse	100	10	2	3
Other	144	8	20	19
Total	2,929	246	401	2,374

MHRETAC has 17 Medical Directors for the EMS agencies. The following physicians serve as Medical Directors for the EMS agencies in the region:

- Dr. Mark Kozlowski
- Dr. John Riccio
- Dr. Christopher Colwell
- Dr. Joshua Heller
- Dr. Peter Vellman
- Dr. Marilyn Gifford
- Dr. Art Kanowitz
- Dr. Mark Maertins
- Dr. Gilbert Pineda
- Dr. Michael Brunko
- Dr. Fred Williams
- Dr. Jack Sharon
- Dr. Kevin McVaney
- Dr. Brian Crawford
- Dr. James Cusick
- Dr. Robert Benkert
- Dr. Dylan Luyten

Population

These six counties comprise 37.2% (2000 census) of the state's population. The Mile-High RETAC consists of nineteen facilities of which three are Level I Trauma Centers, and which contains the only Regional Pediatric Trauma Center in Colorado. Level I trauma centers in the Mile-High RETAC receive critically ill and injured patients from facilities located not only throughout Colorado but also from Wyoming, Nebraska, New Mexico, Kansas and Utah.

While comprising 4.7 % of the geographical land mass for Colorado, the Mile-High RETAC geographical borders encompass foothills and plains. The region is dotted with water retention structures (lakes and reservoirs) connected by an intricate lacework of both natural and manmade waterways.

Currently a renovation of Interstate 25, and all associated axially construction, forms a manmade restriction of ground traffic into and away from Level I trauma centers. This project has a planned completion date of summer 2006.

The most recent demographic, population, and economic breakouts within the geopolitical boundaries of the Mile-High RETAC can be found using information gathered during the 2000 United States Census (<http://www.census.gov>). Below is a snapshot of this information showing the diversity within the Mile-High RETAC.

The county profiles on the County Commissioners web site at <http://www.ccionline.org> indicates a population growth in Adams, Arapahoe, Denver, Douglas and Elbert counties to be 116,878 since the 2000 census. Broomfield was made a city and county after the 2000 census was complete. The average cost of a single family home in Douglas County is higher than the other counties and has the highest income per capita. Douglas County has shown the largest total population increase and is ranked third of the 100 fastest growing counties in the United States.

Industrial trends would indicate that Elbert is still mostly a rural community with agriculture as a primary source of income. Denver County is the hub of the metropolitan area and contains the highest poverty level, most of the younger population and the highest % of unemployment. Adams County has decreased its unemployment status. Most of the region is metropolitan in nature. There are some plains and open spaces in Adams and Arapahoe counties. Broomfield is a fast growing city. The metropolitan area is home to major corporations, hundreds of business yet has many parks for family enjoyment. The downtown area is the major event hub for sports, theater, schools, restaurants and parades.

General Information

County	Population	Housing Units	Total Area Square miles	Water Area Square Miles	Land Area Square Miles	Population Per Square Mile	Housing Units Per Square Mile
Adams	363,857	132,594	1,197.71	5.78	1,191.93	305.3	111.2
Arapahoe	487,967	196,835	805.43	2.29	803.14	607.6	245.1
Broomfield	38,272	14,322	34	NA	NA	1,125.65	421.24
Denver	554,636	251,435	154.94	1.59	153.35	3,616.8	1639.6
Douglas	175,766	63,333	842.75	2.64	840.11	209.2	75.4
Elbert	19,872	7,113	1,850.89	0.11	1,850.78	10.7	3.8

County Population Comparison

County	US Census Population 2000	CCI Census Population 2005	Total Increased Population
Adams	363,857	384,490	20,633
Arapahoe	487,967	520,501	32,534
Broomfield	38,272	43,484	5,212
Denver	554,636	566,173	11,537
Douglas	175,766	225,694	49,928
Elbert	19,872	22,118	2,246
Total	1,602,098	1,718,976	116,878

Housing

County	Total Housing Units	Occupied Housing Units	Vacant Housing Units	Housing Units Per Square Mile	Median Housing Value	Median Rent
Adams	132,594	128,156	4,438	114.54	\$149,800.00	\$753.00
Arapahoe	196,835	190,909	5,986	245.1	\$171,700.00	\$774.00
Broomfield	14,322	13,842	480	421.24	\$189,900.00	\$856.00
Denver	251,435	239,235	12,200	1,639.60	\$165,800.00	\$693.00
Douglas	63,333	60,924	2,409	75.4	\$236,000.00	\$1053.00
Elbert	7,113	6,770	343	3.8	\$221,600.00	\$655.00

Income

County	Income Per Capita	Household % Below Poverty Level	% Unemployed
Adams	\$21,638.00	6.5	3.3
Arapahoe	\$28,147.00	4.2	2.4
Broomfield	\$26,488.00	2.1	2.9
Denver	\$24,101.00	10.6	3.8
Douglas	\$34,848.00	1.6	1.4
Elbert	\$24,960.00	2.5	1.8

Age distribution

County	Median Age	% under 16 years old	% 65 years old and older
Adams	31.4	29.4	7.8
Arapahoe	34.5	26.7	8.6
Broomfield	33.2	24.1	6.6
Denver	33.1	32.3	11.3
Douglas	33.7	21.0	4.2
Elbert	37.2	24.5	6

Ongoing Planning Process:

The MHRETAC has had monthly council meetings since its inception. Each month issues are identified that require some follow-up from Council Members or the MHRETAC Coordinator.

Various standing committees have been established to look at issues more closely and to involve the stakeholders.

Information is shared with all stakeholders on a regular basis.

During 2004, the MHRETAC conducted a SWOT analysis. This involved sending information to all the EMS agencies, trauma centers, trauma directors, trauma nurse coordinators, hospital administrators and anyone involved with the MHRETAC in the six county regions. The information was organized by the 15 components of the Colorado's Strategic Plan. The MHRETAC devoted one whole council meeting to going through the SWOT analysis. The MHRETAC Coordinator then put all the information into one document and sent it out to all the stakeholders identified above.

This SWOT analysis was sent to the National Foundation for Trauma Care to inform them of the issues facing the MHRETAC prior to them coming to Denver to participate in the Strategic Planning Process.

The National Foundation for Trauma Care provided Connie Potter and Lisa Irwin to facilitate the all day strategic planning process that was held on September 16, 2004. Everyone was invited to this planning session. Time lines were identified so various interested parties could come to identified sessions if they were not able to attend all day. Throughout the day, there were representatives from all entities and all counties. These two facilitators later put together an Executive Summary and System Development Plan for the MHRETAC. Both of these two documents were sent via e-mail to all the stakeholders in the region.

Certain items on the action plan were identified as high priorities while others were identified as national concerns and would not be something that the MHRETAC was going to resolve although identified as a concern for the region. Some short term and long term goals were identified.

The MHRETAC discussed the System Action Plan at a MHRETAC meeting. Two committees were immediately formed to assist with the long range plans for the MHRETAC.

The MHRETAC reviewed and discussed the system development plan and identified the highest priority. This was to develop a Public Education Committee to start building an image and identity of the MHRETAC that would, in the end, impact legislation and preserve the trauma system. This committee has met only a few times and is developing an action plan.

The Biennial Planning Committee was organized to review the system development document and develop some realistic goals and plans for the MHRETAC. The SWOT analysis, Executive Summary and MHRETAC System Development Action Plan was sent to all the stakeholders asking for input into their 10 top priorities out of the list that they felt the MHRETAC should address. The response was poor.

Therefore, the Biennial Planning Committee continued to work to identify accomplishments, goals and plans for the MHRETAC. A draft Biennial Plan was submitted to the MHRETAC and stakeholders on May 19, 2005 for review. This document was sent via e-mail to all the EMS agencies, Trauma Coordinators, Trauma Directors and EMTS stakeholders for comment. A couple other versions of the goals and objectives were sent via e-mail in June. The Council approved the final one as is outlined in this document.

Future agendas for the MHRETAC include conducting a needs assessment, establish a quality improvement plan, involve public health agencies in more activities, develop an EMS data collection process, identify a process and mechanism for credentialing of health care providers

prior to and during an event and identify the needs of the medical community in relation to being prepared for an all-hazard event.

Section 3: Goals and Objectives

(In order of priority)

Summary of MHRETAC Goals and Objectives

Goals

- 1. Create a solid identity for the MHRETAC**
- 2. Integrate with other entities to assist the medical community in preparation for an all-hazards event**
- 3. Develop a quality improvement process for MHRETAC**
- 4. Serve as active members of the Trauma Care Preservation Coalition**

Narrative:

Goal #1- Create a solid identity for the MHRETAC

EMT System Components:

Component 1	Integration of Health Services
Component 3	Legislation and Regulation
Component 4	System Finance
Component 5	Human Resources
Component 12	Public Education

One of the items identified in the MHRETAC strategic planning session was that the MHRETAC needed to utilize the resources within the region to gain an identity. This identity would help to strengthen the infrastructure and begin to move towards more regionalization. It is important for the MHRETAC to integrate and collaborate with other organizations and entities within the region. This is especially important for grant opportunities and regional planning. Part of this collaboration would be with the Urban Area Securities Initiative (UASI), the All Hazards Region of North Central Region (NCR), Metropolitan Medical Response System (MMRS), HRSA, Colorado Rural Health and private and federal entities.

The MHRETAC organized the Public Education Committee to assist with this task of identifying the goals and objectives of public education that would assist in this identity for the MHRETAC.

Goal # 1- Create a solid identify for the MHRETAC

Objectives and Tasks:

1. To maintain a MHRETAC office with a coordinator
 - a. Provide an FTE to manage the activities of the office including correspondence, meeting notifications and minutes and liaison with other RETACs and state offices
 - b. Represent MHRETAC at various committees, meetings and community activities
2. To complete the CDPHE state contract deliverables as outlined
 - a. Coordinator to complete and submit the contract deliverables on time
 - b. Council Members to approve deliverables
3. To maintain and strengthen the infrastructure of the MHRETAC
 - a. Encourage Council Member participation in council activities including meetings, notifications and updates and liaison activities with other RETACs and communities
 - b. Monitor council attendance
 - c. Establish closer communication with County Commissioners
 - d. Enhance and redesign the MHRETAC web site
 - e. Encourage additional attendance from designated and non-designated trauma centers, EMS agencies, public health agencies, emergency managers, private and not-for-profit groups (Bonfils Blood Center, American Red Cross, Salvation Army) to facilitate communications and improved operations among groups
4. To promote the MHRETAC through public education
 - a. Develop an informational and educational brochure
 - b. Develop a branding for the MHRETAC

Task	Responsibility (Indicate partners)	Start Date	Finish Date	Estimated Cost/ or # of FTE	Start-up/ Short/ long term goal	On-going maintenance cost
Objective and Tasks #1 as above	Coordinator, Council Members,	On-going	On-going	1/4 of an FTE for #1 - #4 as above	Long term goal	Cost plus cost of living or merit raises
Objective and Tasks #2 as above	Coordinator, Council Members, CDPHE	On-going	On-going		Long-term goal	Time of the Coordinator
Objective and Tasks #3 as above	Council Members, Web Master, Coordinator	On-going	On-going		Long term goal	Time of the Coordinator, cost of Web Master
Objective and Tasks #4 as above	Coordinator, Council Members, Public Relations	On-going	On-going		Long term goal	Recurring cost for publishing the brochures

	Relations officers from the various hospitals and agencies					brochures and educational materials
TOTAL				Unknown		Unknown

Narrative:

Goal # 2- Integrate with other organizations to assist the medical community in preparation for an all-hazards event

EMT System Components:

- Component 1 Integration of Health Services
- Component 3 Legislation and Regulation
- Component 4 System Finance
- Component 8 Communication Systems
- Component 10 Clinical Care
- Component 11 Mass Casualty
- Component 12 Public Education
- Component 14 Information Systems

Emergency medical and trauma service groups must work with other entities, share expertise, evaluate and make recommendations to mutually address and solve issues facing the medical community. This integration of health services should result in improved patient care, improved delivery of health care and improve understanding among various agencies in Colorado such as emergency management, law enforcement and fire. This is particularly important as it relates to all hazards preparedness for a community.

To provide appropriate care to the injured during an event, the MHRETAC must participate in the development, planning, coordination and infrastructure for all medical care when incidents require resources that exceed the normal capacity to respond. The region needs to be aware of its resources and capabilities and work with local grant opportunities and authorities to obtain the proper equipment to enable an effective response. The MHRETAC will be working with UASI, NCR, HRSA, Colorado Rural Health, MMRS, NDMS and any other identified organizations.

The ability for hospitals to communicate with each other on a day to day basis is imperative to a trauma system. These same hospitals must be able to communicate with all EMS agencies regarding patients being transported to their facilities during a mass casualty event. Hospitals must be capable of communicating with EMS agencies who in turn must be communicating with law enforcement and fire.

Some hospitals have purchased 800 mHz systems for their emergency departments. While others have no capability of communicating via 800 mHz. The emphasis has been placed upon the EMS agencies to support the 800 mHz system with their radio purchases over the past several years. The goal is to have all agencies capable of communicating with each other at all times.

The NCR purchased a network first communication tower to enhance all over communication in the central part of the state. The MHRETAC has supported this effort and encouraged agencies to purchase 800 mHz radios through the various grants. Now the concern is for the hospitals to

have these same capabilities and for the EMS agencies to be able to continue their radio communication capability while inside the various hospitals.

Exercises should include hospitals, EMS agencies, EMS volunteer personnel, fire and law enforcement. Hospitals need to exercise with each other in a collaborative manner to assure total patient care during an all hazards event.

Training of the medical community both the public and the private sector will be a challenge for the MHRETAC. Innovative avenues will need to be pursued to accomplish this task.

Goal # 2 Integrate with other organizations to assist the medical community in preparation for an all-hazards event

Objectives and Tasks:

1. To identify grant opportunities for the medical communities
 - a. Communicate direct funding grant opportunities with the stakeholders in the MHRETAC
 - b. Identify and communicate opportunities for participation in multi-agency events and funding opportunities including equipment, training and exercises
2. To participate in NCR, UASI, NDMS, HRSA and MMRS planning activities
 - a. Participate as NCR Board Members and attend the various NCR committees to exchange relevant information and integrate the medical community in regional emergency planning, mitigation, response and recovery activities
 - b. Serve on the UASI Board of Directors and Coordinator will serve as the UASI Public Health and Medical Committee Chair
 - c. Support efforts of NDMS through exercises and meeting attendance
 - d. Support the efforts of MMRS through meeting participation and coordinator will serve on the MMRS Steering Committee
 - e. Work cooperatively with HRSA to obtain equipment and funding opportunities for the hospitals (specifically trauma centers) and EMS agencies
3. To assist with the planning efforts and participate in the regional Sync Matrix exercise scheduled for September 2005 and the actual exercise in early 2006
 - a. Encourage local hospital participation in this exercise
 - b. Encourage local EMS agencies including the volunteer agencies participation in this exercise
 - c. Encourage local public health agencies, environmental health and appropriate other stakeholders to participate in this exercise
 - d. Attend “hot wash” and post-exercise review sessions, assimilate participant feedback, and make recommendations for action items for improvement based on lessons learned
4. To explore the feasibility of a medical community strategic planning effort
 - a. Assess the feasibility of a medical community-wide strategic planning committee to integrate the needs pre-hospital, medical, public health, environmental health, mass care and mass fatality providers and organizations with one voice that would include NCR, MHRETAC, MMRS, UASI, Public Health, EMS, HRSA, FRETAC, state and appropriate federal representatives
 - b. Identify and prioritize needs for equipment, training, sources of funding and interagency planning, within MHRETAC for EMS, hospitals, public health and other appropriate agencies
5. To explore the establishment of credentialing consistent with regional standards for medical personnel for use during an all-hazards event and day-to-day operations
 - a. Explore hospital medical credentialing that would provide crossover among hospitals
 - b. Identify appropriate hospital personnel for this credentialing
 - c. Identify type of information for various types of credentialing cards
 - d. Identify legal ramifications of crossover from hospital to hospital during an event and need for mutual aid agreements

Task	Responsibility (Indicate partners)	Start Date	Finish Date	Estimated Cost/ or # of FTE	Start-up/ short/ long term goal	On-going maintenance cost
Objective and Tasks #1 as above	Coordinator, Council Members, UASI, NCR, HRSA, MMRS	On-going	On-going	1/4 of an FTE for #1-5 as above	Long term goal	Time of Coordinator and EMTS Stakeholders
Objective and Tasks #2 as above	Coordinator, Council Members, EMS Agencies, UASI, NCR, HRSA, NDMS, MMRS, UASI Public Health and Medical Committee Members	On-going	On-going		Long term goal	Time of Coordinator and EMTS Stakeholders
Objective and Tasks #3 as above	Coordinator, Council Members, EMS Agencies, Hospitals, Sync Matrix Design Team Members and agencies, UASI Public Health and Medical Committee Members	On-going	On-going		Long term goal	Time of Coordinator and EMTS Stakeholders
Objective and Tasks #4 as above	Coordinator, Council Members, UASI, NCR, HRSA, NDMS, MMRS, State, CDPHE, Public Health,	On-going	On-going		Long term goal	Time of Coordinator and EMTS Stakeholders

	EMS, FRETAC, UASI Public Health and Medical Committee Members					
Objective and Tasks #5 as above	Coordinator, Council Members, Denver Sheriff Credentialing Department, Hospitals, EMS Agencies, Medical Personnel, Physicians and Nurses, NCR, UASI, UASI Public Health and Medical Committee Members	On- going	On- going		Long term goal	Time of Coordinator and Stakeholders
TOTAL				Unknown		Unknown

Narrative:

Goal # 3 Develop a quality improvement process for MHRETAC

EMT System Components:

- Component 1 Integration of Health Services
- Component 3 Legislation and Regulation
- Component 9 Medical Direction
- Component 10 Clinical Care
- Component 15 Evaluation

Clinical care in the EMTS focuses on clinical methods, technologies and delivery systems utilized in providing emergency medical and trauma care. This encompasses in-hospital, out-of-hospital patient care and patient transport capabilities from and between various healthcare facilities. The MHRETAC is rich in the number of trauma centers and EMS agencies within its region. The renovation of I-25 and TREX has complicated routes to the Level I trauma centers. The MHRETAC has developed destination protocols to assist the pre-hospital providers in making appropriate and timely decisions regarding patient care destinations.

The MHRETAC plans on establishing a quality improvement process that will mirror the State's System Quality Improvement Plan. Audit filters will be developed to determine the appropriateness of decisions such as the patient destination protocols. These filters will focus on patient outcomes with appropriate feedback to the care providers.

Goal #3 Develop a quality improvement process for MHRETAC

Objectives and Tasks:

1. To establish a quality improvement committee
 - a. Assign council members to participate in this project
 - b. Develop audit filters
2. To establish a system for medical review with extended protection for medical staff and reviewers
 - a. Develop a plan that would mirror the State's System Quality Improvement Plan to conduct local reviews of charts from EMTS
 - b. Coordinate all the area hospitals medical staff offices to provide the proper peer review protection
 - c. Provide ongoing confidentiality of patient information
3. Focus on patient outcomes
 - a. Provide feedback and recommendations for improvements to EMS agencies on the individual case
 - b. Review selected types of cases for consideration of development of protocols for evaluation and treatment
 - c. Review of cases for consistency in ambulance destination protocol utilization, including recommendations for revisions in destination protocols

Task	Responsibility (Indicate partners)	Start Date	Finish Date	Estimated Cost/ or # of FTE	Start-up/ short/ long term goal	On-going maintenance cost
Objective and Tasks #1 as above	Coordinator, Council Members, Medical Directors, Physicians, Nurses, EMS	2005	On-going	1/4 of an FTE for #1-3 as above	Long term goal	Time of Coordinator and EMTS Stakeholders
Objective and Tasks #2 as above	Coordinator, Council Members, Medical Directors, Physicians, Nurses, EMS, Medical Staff Officers, CDPHE	2005	On-going		Long term goal	Time of Coordinator and EMTS Stakeholders

Objective and Tasks #3 as above	Coordinator, Council Members, Medical Directors, EMS agencies, TNC's, Quality Improvement Departments	2005	On- going		Long term goal	Time of Coordinator and Stakeholders
TOTAL				Unknown		Unknown

Narrative:

Goal # 4 Serve as active members of the Trauma Care Preservation Coalition

EMT System Components:

- Component 1 Integration of Health Services
- Component 3 Legislation and Regulation
- Component 4 System Finance
- Component 15 Evaluation

Colorado's trauma system was designed when the no-fault auto insurance was in place. When the no-fault system was replaced by tort reform on July 1, 2003, the funding for trauma centers and EMS agencies was altered dramatically. Trauma centers and EMS agencies now see a lag and a decrease in collections. This lost revenue has caused some EMS agencies to close their doors while trauma centers are cost shifting and losing millions annually. The MHRETAC has been actively involved in educating the public as to the effects of the tort system on the health care industry.

Goal # 4 Serve as active members of the Trauma Care Preservation Coalition

Objectives and Tasks:

1. Participate in regional emergency strategic planning, data collection and the larger working group as a member
 - a. Maintain ongoing awareness of legal issues and legislative activities impacting EMS agencies, hospitals and other emergency response and planning groups
 - b. Participate in group(s) which interact with the various legislative groups and representatives including Legislative Interim Committee regarding changes with the auto insurance tort system
2. To encourage and support local trauma centers and EMS agencies to provide data when requested
 - a. Send all data collection requests to the EMS agencies and hospitals in the MHRETAC explaining the importance of the information
 - b. Regularly report information including results of surveys and studies and other data collected to stakeholders
3. To be a source of ongoing information about the MHRETAC and its activities, including the importance of trauma systems
 - a. Provide information, including flyers, packets and notices to the general public
 - b. Provide information, notification of events and programs to the media
 - c. Provide copies of information and media packets via e-mail to all EMS agencies, hospitals and stakeholders in the MHRETAC for distribution to interested parties
 - d. Coordinate information release with designated public information officers for agencies, private and not-for-profit organizations

Task	Responsibility (Indicate partners)	Start Date	Finish Date	Estimated Cost/ or # of FTE	Start-up/ short/ long term goal	On-going maintenance cost
Objective and Tasks #1 as above	Coordinator, Council Members, Hospitals, EMS Agencies, Trauma Registries, Trauma Care Preservation Coalition Members and Staff	On-going	On-going	1/4 of an FTE for #1-3 as above	Long term goal	Time of Coordinator and EMTS Stakeholders

Objective and Tasks #2 as above	Coordinator, Council Members, Hospitals, EMS agencies, Trauma Registries, Trauma Care Preservation Coalition Members and Staff	On- going	On- going		Long term goal	Time of Coordinator and EMTS Stakeholders
Objective and Tasks #3 as above	Coordinator, Council Members, Hospitals, EMS agencies, Trauma Registries, Trauma Care Preservation Coalition Members and Staff	On- going	On- going		Long term goal	Time of Coordinator and EMTS Stakeholders
TOTAL				Unknown		Unknown

Section 4: Financial Overview

Goal #1 Create a solid identity for the MHRETAC

	Year 1	Year 2	Long Term Goals	Potential Matching Funds	Comments
Funding Sources					
Goal # 1	CDPHE funding from the legislated EMS account	CDPHE funding from the legislated EMS account	See Goal #1 above	Some in-kind from area hospitals	See Section 3 Goal #1
Funded Expenses					
Goal # 1	\$104,920	\$110,166	See Goal #1 above	Unknown	See Section 3 Goal #1
Projected Needs					
Goal # 1	Unknown	Unknown	See Goal #1 above	Unknown	Projected needs would include increases for the coordinator contract, operating expenses, brochures and additional community information materials

Narrative: Funds will be needed to develop brochures to be dispersed throughout the community. In-kind donations will be pursued from the PR departments of the hospitals.

See Section 3 Goal #1 for narrative.

Goal #2 Integrate with other entities to assist the medical community in preparation for an all-hazards event

	Year 1	Year 2	Long Term Goals	Potential Matching Funds	Comments
Funding Sources					
Goal # 2	NCR 2005 grant provides for radiation detectors for all the hospitals in the NCR	Unknown	See Goal #2 as above	Funds may be available from NCR, UASI and HRSA	See Section 3 Goal #2
Funded Expenses					
Goal # 2	0	0	See Goal #2 as above	Unknown	See Section 3 Goal #2
Projected Needs					
Goal # 2	Unknown	Unknown	See Goal #2 as above	Unknown	Backfill for exercises, assessment of communication capabilities, funds for consistent credentialing capabilities which would include the equipment and use of "smart cards"

Narrative:

The financial needs to meet this goal are not identified at this time. The medical community needs to conduct a strategic planning sessions to identify where they are, where they need to be and how can they get there. The potential grants from HRSA, MMRS, NCR and UASI can assist in obtaining the appropriate equipment for the area hospitals and EMS agencies. These grants would not be able to address the personnel needs of nurses and physicians or the need for additional hospital beds that the trauma centers. However, obtaining some necessary equipment is a good beginning.

See Section 3 Goal #2 narrative.

Goal #3 Develop a quality improvement process for MHRETAC

	Year 1	Year 2	Long Term Goals	Potential Matching Funds	Comments
Funding Sources					
Goal # 3	MHRETAC	MHRETAC	See Goal #3 as above	Unknown	See Section 3 Goal #3
Funded Expenses					
Goal # 3	0	0	See Goal #3 as above	Unknown	MHRETAC will depend upon in-kind personnel time
Projected Needs					
Goal # 3	Unknown	Unknown	See Goal #3 as above	Unknown	Projected needs would be identified as in-kind with the time of area physicians, nurses and QI team

Narrative:

The MHRETAC developed destination protocols with the agreement that a committee would be formed and audit filters developed to determine the effectiveness of the protocols. This project will require a large time commitment on the part of the medical community and identified quality improvement team to develop and carry out the functions of this goal.

See Section 3 Goal #3 for narrative.

Goal #4 Serve as active members of the Trauma Care Preservation Coalition

	Year 1	Year 2	Long Term Goals	Potential Matching Funds	Comments
Funding Sources					
Goal # 4	MHRETAC	MHRETAC	See Goal #4 as above	Area hospitals and EMS agencies	See Section 3 Goal #4
Funded Expenses					
Goal # 4	Unknown	Unknown	See Goal #4 as above	Unknown	MHRETAC funded this last year and may do so again
Projected Needs					
Goal # 4	Unknown	Unknown	See Goal #4 as above	Unknown	Projected needs would be identified as the legislative session comes to a close and plans are identified for next year. The time commitment of area hospitals and EMS agencies to gather data and information is high and costly.

Narrative:

This goal comes with many uncertainties and will not be clearly identified until this legislative session closes. If the Interim Committee is legislated, many avenues for funding may enter the picture. The MHRETAC is dedicated to participating in this project to assure the financial viability of the trauma system with respect to trauma centers and EMS agencies.

See Section 3 Goal #4 for narrative.

SECTION 5: Attest Statement

ATTEST STATEMENT

Biennial Plan Update

By signing below, the RETAC Chairperson 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 revisions to the RETAC Biennial plan. The goals and objectives incorporated herein have been reviewed and agreed upon by the RETAC Board of Directors to be included in this document.

Print Chairperson Name

Chairperson Signature

Signature Date

Print RETAC Coordinator Name

RETAC Coordinator Signature

Signature Date

Appendix

Supporting Documents

Attachments

- A. Maps
 - MHRETAC
 - NCR
 - UASI
- B. IGA
- C. By-laws
- D. Council Members
- E. MHRETAC Trauma Triage Algorithm
- F. Hospital Matrix
- G. Proposed Budget

