

**Colorado Department of Public Health and Environment
Emergency Medical and Trauma Services
Standardized (Regional) Needs Assessment Project**

**Foothills
Regional Emergency Medical and Trauma Advisory Council
Final Report**

A report from:

**The Abaris Group
Walnut Creek, CA**

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ABARIS GROUP
CELEBRATING 20 YEARS OF INNOVATION

**Colorado Department of Public Health and Environment
Emergency Medical and Trauma Services**

**Standardized (Regional) Needs Assessment Project
Foothills RETAC**

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Executive Summary

The Abaris Group conducted a needs assessment for the Foothills Regional Emergency and Trauma Advisory Council's (FRETAC) Emergency Medical and Trauma Services (EMTS) system beginning in May 2010 and concluding in November 2010. The assessment included onsite visits and interviews with the FRETAC stakeholders, two town hall meetings and the use of two surveys; a standardized Benchmarks, Indicators, and Scoring (BIS) survey instrument and a problem ranking survey. The BIS uses a weighted scoring system with 0 meaning "I don't know" and 5 meaning a program or EMTS component is comprehensive and well established. BIS questions scored with higher numbers (4s and 5s) indicate that the component or program is comprehensive and well established. The FRETAC board also developed 10 RETAC specific open-ended questions as part of the survey process. The comments from the onsite assessments were formatted into a Strengths, Weaknesses, Opportunities and Threats (SWOT) format and the data from the two surveys was entered into several spreadsheets for analysis. This report contains the results of the needs assessment and recommendations for the FRETAC's consideration to enhance the EMTS system in the Foothills region.

The average score across all fifteen benchmarks for agency/facility was a 2.8 and the average score for the system was a 2.9. Pre-hospital respondents most frequently scored their agency/facility with a two and the system with a four. Hospital respondents most frequently scored their agency/facility with a five and the system with a five as well.

The scores indicate that some of the agencies/facilities are beyond initial planning or discussion phases for the benchmarks and have been comprehensively established in some instances while others are still in the initial planning and discussion phases. The benchmarks that received the highest average scores for the agency/facility were Medical Direction (4.1), Education Systems (3.7), and System Finance (3.4). The benchmarks that received the lowest average scores for agency/facility were Mass Casualty (1.9), EMTS Research (2.0), and Prevention (2.1).

Scores for the overall EMT system were similar to the agency/facility scores. The benchmarks that received the highest average scores for the EMT system were Mass Casualty (3.9), EMTS Research (3.8), and Legislation & Regulation (3.6). The benchmarks that received the lowest average scores for the EMT system were Public Access (1.3), Communication Systems (2.0), and Prevention (2.3).

From the problem ranking survey results overall, Administrative Support, Agency Funding/Financial Viability and Aging Building/Equipment were identified as the most challenging issues (at least 50 percent of respondents scored those categories with a three or lower). The least challenging issues were Recruitment of New Personnel, Support from RETAC, and Medical Director Involvement (at least 50 percent of respondents scored these categories with an 8 or higher). Support from RETAC received the highest average rank (i.e. the least challenging issue) while Agency Funding/Financial Viability received the lowest average rank (i.e. the most challenging issue).



The three pre-hospital providers ranked Agency Funding/Financial Viability as the most challenging issue while the two hospital providers ranked Administrative support as the most challenging. For both pre-hospital and hospital providers, Support from RETAC was ranked as the least challenging issue.

The recommendations for the Foothills Colorado RETAC include both short-term and long-term activities. The council members should review and prioritize the recommendations for the region. Inclusion of these recommendations into the biennial plan is highly encouraged.

Background and Project Overview

In September 2008, the EMTS Section, within the Health Facilities and Emergency Services Division of the Colorado Department of Public Health and Environment (CDPHE) notified The Abaris Group of its intent to award to the firm a contract to conduct comprehensive assessments of the EMTS systems of 11 regional emergency medical and trauma advisory councils (RETACs) of Colorado over the next three fiscal years, anticipating three or four assessments may be completed each fiscal year. Colorado Revised Statute (CRS), 25-3.5-704 (2) (c) (II) (F), requires “The identification of regional EMTS through the use of a needs-assessment instrument developed by the department; except that the use of such instrument shall be subject to approval by the counties and city and counties included in a RETAC.” The EMTS Section, in partnership with Colorado’s RETACs, established a task force to address a Standardized, regional Needs Assessment Project (SNAP). The goal of this project is to support each of Colorado’s RETACS in completing an assessment process as required by statute, but more importantly to assess local and regional EMTS in a way that provides consistent results that can be the basis for future development of biennial plans that addresses those needs and accurately identifies the policies and resources necessary to meet the future system requirements.

In 2006, the Western RETAC completed a comprehensive assessment that was funded through a grant from the Department of Local Affairs (DOLA). A requirement of the DOLA grant was that all assessment tools, products and processes of the Western RETAC model would be made available to the RETACs across the State of Colorado for possible standardization and replication. The SNAP Task Force reviewed the Western RETAC model which used onsite assessments of the RETAC stakeholders, a problem ranking survey, and an assessment instrument that included benchmarks, indicators, and scoring (BIS) sections based on the 15 trauma/EMS components identified within the Colorado Administrative Code. The SNAP Task Force modified the BIS assessment instrument to measure Colorado’s EMTS system development from a RETAC perspective. (For more information on the BIS instrument, read the WRETAC final report available on the EMTS website.)

Assessments were completed on four RETAC in the first year of this project. The second and third years of this project were combined with the goal to complete the remaining 8 RETAC assessments by June 30, 2010. In collaboration with staff from EMTS and the SNAP Task Force, the eight RETACs for the second-year assessment were divided into two groups.

July - January

- Northeast Colorado RETAC
- Northwest RETAC



- Plains to Peaks RETAC
- Southeastern Colorado RETAC

January – June

- Foothills RETAC
- Mile-High RETAC
- Southwest RETAC
- Western RETAC

Methodology

The methods utilized for the FRETAC assessment consisted of the following:

- Review of documents – Several documents related to the EMTS systems in Colorado, including relevant CRS, FRETAC Biennial Plan, FRETAC By-Laws, FRETAC agency profiles, FRETAC meeting minutes, and the FRETAC budget.
- Development of RETAC specific questions – The BIS instrument is designed to accommodate additional RETAC specific questions related to the 15 Colorado trauma/EMS components. The FRETAC developed 10 RETAC specific questions related to five of the Colorado EMTS components. The questions were open ended and addressed communications; evaluation; injury/illness prevention; mass casualty; and RETAC/system issues
- Attend FRETAC Meeting – The Abaris Group attended the FRETAC board meeting prior to the onsite assessments, presented an overview of the SNAP and introduced the BIS instrument and problem ranking survey to the FRETAC Board members.
- Distribution of BIS and Problem Ranking Survey – The BIS instrument and problem ranking survey were provided to the FRETAC stakeholders electronically and in paper form.
- Onsite Assessments – In collaboration with the FRETAC Coordinator, The Abaris Group met with a sampling of the FRETAC stakeholders. A SWOT analysis of the FRETAC was performed with the information provided by the FRETAC's stakeholders.
- Tabulation and Analysis of BIS and Problem Ranking Survey – The returned, completed BIS data and completed problem ranking surveys were entered into a data base. The BIS scoring and problem rankings were analyzed.
- Conclusions and Recommendations – Based on the data from the onsite assessments, BIS and problem ranking survey, conclusions and recommendations for FRETAC system enhancements were identified.
- Draft Report – A draft report with conclusions and recommendations was submitted to the FRETAC Coordinator and Chairperson for confirmation of factual data.
- Report Presentation – There was not an onsite presentation of the final report. The final report will be distributed to the FRETAC Board and interested stakeholders.

Overview of the Foothills RETAC



The FRETAC is a council that serves the five counties of Boulder, Clear, Creek, Gilpin, Grand and Jefferson. Gilpin and Grand counties are the more rural areas of the RETAC. The FRETAC Board is composed of 18 voting members representing each of the five counties. The FRETAC By-Laws, Article III, identifies that there will be three representatives from each county and an alternate member with membership reflecting, as equally as possible, representation between hospital and pre-hospital providers. The three members from each county are to represent facility/government, pre-hospital, and an at-large member. The FRETAC voting members, their alternates, and the organizations they represent included the following:

Boulder County

Mountain View Fire Protection District – Twink Dalton
Avista Adventist Hospital – Sue Kirk (FRETAC Chair)
Boulder County – Mike Chard
Longmont Fire Department – Hank McCarthy (Treasurer)

Clear Creek County

Clear Creek EMS – Nicolena Johnson
St. Anthony's Central Hospital – Tom Candlin
West Metro Fire Protection District – Bob Marlin
Clear Creek EMS – Mark Cucinella

Gilpin County

Gilpin County Ambulance – Zane Laubhan
Gilpin County EMS – Mark Fellers

Grand County

Grand County EMS – Allen Pulliam
Granby Medical Center – Michelle Mitchell
7 Mile Medical Center – Natalie Debakker
Grand County EMS – Cynthia York

Jefferson County

Exempla Lutheran Medical Center – Jeff Beckman
St. Anthony's Central – Peter Vellman



Elk Creek Fire – William P. Dolan (FRETAC Vice-Chair)
Jefferson County Department of Health – Mark Johnson

The Council has an elected Executive Committee consisting of a chair, vice-chair, and a treasurer. The FRETAC employees a RETAC Coordinator too manage the day-to-day business of the RETAC and serve as the FRETAC Secretary. In Article VI of the FRETAC By-Laws identifies three standing committees; Executive/Finance, MCI, and Clinical Care. The RETAC can also establish ad hoc committees by majority vote of the membership. Currently there are three ad hoc committees; Injury Prevention, Grants, and Data Collection. All six of these committees are extremely active and have produced useful materials and tools for the region's EMTS stakeholders, including a regional MCI Plan, MCI field guides, medical resource guide, as well as preliminary patient care records to ensure that a record of pre-hospital care is provided to the receiving facility. The FRETAC website provides easy access to all of these materials and the progress made by the RETAC committees.

The full FRETAC board meets every other month on the third Wednesday of that month with special meetings called when necessary. Committee meetings are held every month as needed or as scheduled. The FRETAC meetings are well attended by the board members, alternate members, and other interested EMTS stakeholders.

The FRETAC Coordinator acts as a liaison between the RETAC agencies and various state entities, including the CDPHE, SEMTAC, other RETACs as well as other agencies or organizations that affect the concerns and decisions of the FRETAC.

The region is served by nine hospitals and trauma centers, a level I trauma center in Denver; five level III and three level IV trauma centers within the RETAC. The facilities and the county they are located in are listed below.

- Avista Adventist Hospital – Level III – Boulder County
- Boulder Community Hospital – Level III – Boulder County
- Exempla Good Samaritan Hospital – Level III – Boulder County
- Longmont United Hospital Exempla Lutheran Hospital – Level III – Boulder County
- Kremmling Memorial Hospital – Level IV – Grand County
- Granby Medical Center – Level IV – Grand County
- 7-Mile Medical Center – Level V – Grand County
- St. Anthony's Central Hospital – Level I – Denver County

In addition to these facilities, there is a non-designated facility in south Jefferson County as well as new facility under construction, also in south Jefferson County.

The Foothills RETAC EMTS system consists of a combination of paid and volunteer EMTS agencies and facilities. There are approximately 35 ground transport agencies including 13 fire agencies providing ambulance transportation. There are 54 fire departments within the RETAC boundaries. These services/agencies provide both BLS and ALS levels of care. EMS is also provided by six search and rescue organizations and local ski patrols.



Other agencies include law enforcement, public health, nurse associations and county fire chief forums. Staffing of FRETAC EMTS pre-hospital agencies includes a combination of paid and volunteer personnel.

Foothills RETAC Onsite and Offsite Activities

The Abaris Group consultant attended the May 19, 2010 FRETAC board meeting in Lakewood, Colorado. At that meeting, an overview of the SNAP was provided and the BIS, problem ranking survey and RETAC specific questions were introduced to the council members. After the RETAC Meeting, a town hall meeting was conducted with the RETAC board members and other EMTS stakeholders present, approximately 25 participants. An additional town hall meeting was conducted with the Boulder County Health and Medical Response (HAMR) Group in Boulder on May 28, 2010 with approximately 15 participants. Each of the 15 Colorado EMTS components and their definitions were presented in a power point presentation and those in attendance provided feedback regarding the specific EMTS component, including strengths and weaknesses. Two onsite interviews were conducted and one telephone interview completed.

The following 20 agencies/organizations representatives participated in the town hall meetings, onsite visits or telephone interviews:

- Avista Adventist Hospital
- Boulder County EMS
- Boulder Community Hospital
- Boulder County Public Health
- Clear Creek EMS
- Elk Creek Fire
- Exempla Good Samaritan Hospital
- Exempla Lutheran Medical Center
- Gilpin County Ambulance
- Gilpin County EMS
- Granby Medical Center
- Grand County EMS
- Jefferson County Department of Health
- Longmont Fire Department
- Longmont United Hospital
- Mountain View Fire Protection District
- St. Anthony's Central Hospital
- 7 Mile Medical Center
- University of Colorado
- West Metro Fire Protection District



There were approximately 40 EMTS stakeholders, representing the 20 EMTS agencies/organizations that either participated in town hall meetings, onsite interviews or telephone interviews. Additional telephone interviews were attempted with other EMTS stakeholders identified by the FRETAC Coordinator but they were not able to be scheduled.

Additional offsite activities included reviewing several documents and other sources related to the FRETAC. These sources include the following:

- FRETAC 2009 - 2011 Biennial Plan
- FRETAC 2009/2010 budget
- FRETAC Bylaws
- FRETAC Meeting Minutes
- FRETAC Subcommittee Meeting Minutes
- FRETAC Website
- Internet search on FRETAC

Onsite SWOT Analysis

The FRETAC region is very diverse with a mix of urban, suburban, rural and frontier areas. The FRETAC has made significant progress in regionalizing several of the components of an EMTS system. The RETAC MCI Plan and associated documents are up-to-date and relevant. The active RETAC committees address real issues affecting the region with deliverable solutions available to the regions EMTS stakeholders. There is an abundance of both printed resource material and resources available on the FRETAC website. The FRETAC board is actively involved in issues affecting EMS care in the region and there is strong medical direction. The geographical boundaries and different regions, rural and urban, present challenges at times. There is great cooperation and collaboration among the RETAC board members and region's EMTS stakeholders. The 2009 – 2011 FRETAC Biennial Plan focuses on a regional continuous "system" quality improvement plan, getting the PCR compliance study results published, enhancing the FRETAC MCI Plan and providing an educational plan for MCI training. The FRETAC Coordinator is extremely organized and provides excellent support to the board and EMTS stakeholders in the region.

The FRETAC is well integrated with health services agencies/facilities including participation from pre-hospital and hospital stakeholders. All of the regions hospitals participate and support FRETAC activities and programs. A desire for more participation from the private ambulance providers in the region was expressed at both town hall meetings. There could also be more involvement from the non-traditional EMS groups such as local ski patrols and search and rescue organizations. EMTS research is conducted frequently in the region with great participation from the EMTS stakeholders. The recent completion of a study regarding compliance with the pre-hospital patient care reports being left at receiving facilities resulted in the development of a preliminary patient care report. Although the research conducted does not meet the definition of this component as defined by CRS, the FRETAC is actively involved in collecting data and reviewing the data for decision making purposes. An injury prevention project recently completed by



Colorado State University at the request of the FRETAC helped to identify gaps in injury prevention activities in the region. Many stakeholders mentioned the need for support from CDPHE to conduct more research projects. Legislation and regulation issues are addressed well by the FRETAC Coordinator keeping the EMTS stakeholders in region well informed. The FRETAC Board members and stakeholders also played an active role in the passage of Senate Bill 2 resulting in increased funding for CDPHE EMTS grants.

System funding varies across the region with the more populated counties having better funding. Many mentioned that current funding is inadequate for their agency or facility for a variety of reasons. Additional funding from CDPHE is desirable for development projects. There has been additional state funding through recent grants funds received through increased DMV fees. The CDPHE EMTS grants are extremely beneficial to the volunteer ambulance providers. FRETAC income and expenditure reports are routinely provided to Board members and the regions EMTS stakeholders. Human resource issues with recruitment and retention are primarily a problem in the more rural areas (Grand and Gilpin) for pre-hospital providers as well in some of the hospitals. Specific physician specialists for on call services have been a challenge for some of the hospitals. Clear Creek has not had a physician in the county for more than four-years. Most of the education systems within the FRETAC are internal agency specific programs. A few of the hospitals have outreach programs for the rural areas. The initial EMT training is relatively easy to obtain but ALS level training is more difficult to attain. Increased cost of training/education was mentioned by several stakeholders as a concern. The RETAC does provide some scholarship funds to assist. The use of technology and sharing of training programs could be enhanced.

Public access to the EMS system is adequate in the entire region with an enhanced 9-1-1 system in most counties. Provision of Emergency Medical Dispatch (EMD) and pre-arrival instruction varies throughout the region. In some communities the Colorado State Patrol and County Sheriffs are the primary point of contact for 9-1-1 callers. There are areas within the region where cell phone coverage is poor on some of the region's roads and highways resulting in delayed calls to 9-1-1 to report motor vehicle crashes.

The FRETAC has ongoing efforts towards system evaluation, but there are concerns regarding discoverability. Most evaluation processes are agency/facility specific. There are multiple medical directors in the region that makes system wide evaluation difficult as well as concerns with providing feedback, "closing the loop," with individual agencies and their personnel. This issue is one of the primary goals in the FRETAC 2009 – 2011 Biennial Plan.

The communications system in the FRETAC consists of a combination of the 800 MHz DTR system, UHF/VHF radios and cell phones. There are difficulties with all of these systems because of the geography and terrain. There are many areas in the region where a radio/cell signal is not available. To enhance the system several additional repeater sites are needed. Boulder County does not use the 800 system primarily because of the cost for the infrastructure. The hospitals use a "ring-down" system for notifications of an MCI.

Medical direction is provided by several physicians throughout the region, many providing these services for multiple agencies. Currently there are approximately 17 medical directors for 69 pre-hospital agencies. There are concerns that there is limited communications between the medical directors within the region and that there are unclear expectations of the medical directors.



Many of the regions medical directors participate with the Denver Metro Physicians Group, two of those members are FRETAC board members. There is a liaison relationship between the MHRETAC medical directors and FRETAC medical directors.

Almost all of the EMTS stakeholders that participated in this needs assessment indicated that level of clinical care is very high in the hospitals and a high-level of clinical care is also provided by the pre-hospital providers. The majority of the ambulance services provide ALS level care with some of these services providing hypothermic treatment for cardiac arrest patients. There are clear trauma triage guidelines and a regional systems CQI program under development. The FRETAC Clinical Care committee is extremely active enhancing EMS patient care in the region.

The mass casualty component is one of the strengths of the FRETAC from a regional perspective. There is an active mass casualty incident (MCI) committee that has produced a regional mass casualty plan and a field operational guide. There is a medical resource guide listing all of the EMTS stakeholders in the region. These MCI materials are available in print form and can also be printed out from the FRETAC website. The RETAC is developing an educational plan to provide MCI training to all of the EMTS stakeholders throughout the RETAC. Although the FRETAC does not conduct MCI exercises, the FRETAC Coordinator and board members are actively involved with the MCI exercises conducted by each county.

Public education in the region is more agency/facility specific and is driven by national designated events and time availability of agency/facility staff to participate. There are stroke awareness programs in the region as well as an occupant safety program funded through a grant from CDOT. In the area of injury/illness prevention, the FRETAC recently received the results of a gap analysis study they commissioned from Colorado State University. The study is very comprehensive and involved input from 142 EMTS stakeholders in the region. The FRETAC plans on using the study results to guide its efforts with injury prevention efforts from a regional perspective. The FRETAC information systems used throughout the region to collect data from both hospital and pre-hospital providers vary and are all not compatible. There is an active Data Collection committee of the FRETAC. The FRETAC website contains a link for pre-hospital providers to report EMS data to CDPHE. There are multiple electronic patient care reporting (ePCR) systems used by hospitals and pre-hospital agencies. There are 67 data entry points for the pre-hospital patient care report and multiple trauma databases. The FRETAC does use the *EMSystem* which was purchased through hospital preparedness grants. Some of the transport agencies within the RETAC have not been reporting data including some of the large commercial ambulance services. Some EMTS stakeholders said they would like the data collected to be more accessible.

The comments from the interviews were organized in a format indicating strengths, weaknesses, opportunities, and threats (SWOT). These comments are summarized below.

Strengths

- FRETAC Board Members – Tenure of Board members (4 original members since inception); participation of receiving facilities; good communications and information sharing; collaborative and cooperative attitudes; smaller agencies benefit



from the larger ones; both rural and urban agencies/facilities represented; always working towards enhancing or improving system and patient care

- RETAC Coordinator – Great support from Board; hard working; organized
- FRETAC Biennial Plan – Clear goals established to fit into the appropriate Colorado 15 EMTS components; attainable goals; plan drives decisions
- Integration/Cooperation – Hospitals and pre-hospital personnel work well together and assist each other as needed
- EMTS Research – Injury prevention study; patient care record study; large and many data collection efforts; data driven decision making
- MCI Activities – Regional Plan; Field Operation Guide; Medical Resource Guide; regional approach; participation in County MCI exercises; multiple medical cache sites; MCI trailer
- Grant Opportunities – Grants have been extremely beneficial to enhance EMTS delivery in the region
- Level of Clinical Care – High-quality by all hospital and pre-hospital agencies/facilities, both in rural and urban areas; majority of ambulances staffed at the ALS level; strong medical direction; progressive system
- Active & Productive RETAC Committees – Clinical Care; Grants; Data Collection; Executive Finance; Injury Prevention; MCI

Weaknesses

- Radio Communications - Multiple radio systems including 800, UHF, and VHF, inadequate 800 infrastructure in place; dead spots for radio/cell phone signals; cost of infrastructure needed; cost of obtaining and maintaining 800 MHz DTR system for agencies/facilities; more training needed on use of 800 DTR system
- RETAC Boundaries/Terrain – Long distances to travel for meetings or training for volunteers resulting in limited participation
- Reliance on Volunteers – In the rural communities the number of active volunteers is decreasing
- Funding for EMTS – Especially volunteer rural pre-hospital services; awarding of grants to smaller agencies versus larger agencies
- Time – Lack of time to participate in RETAC activities, meetings, and other projects; duplication of efforts with other regional entities; participation requires a big time commitment to participate

Opportunities

- Continued System Research – For the purpose of obtaining data to determine needs within the FRETAC; injury prevention program, etc.
- Regional Medical Direction – Regionalize medical directors; develop expectations and guidelines for pre-hospital medical directors; increase pre-hospital provider accountability to medical directors; provide leadership training for medical directors
- Technology Use – Better use of technology to reduce travel for meetings and training; enhance communications throughout region
- EMTS Funding – Continue to pursue grants and outside sources of funding; maintain FRETAC financial investment (\$25,000 certificate of deposit); collaborate on regional programs to gain economy of scale benefits



Threats

- Funding – Inadequate or loss of funding to RETAC and counties
- EMTS Personnel/Staffing – Retention/recruitment of hospital and EMS providers in rural areas; reliance on EMS volunteers in many communities
- Less Stakeholder Participation – Time commitment; travel time and expense for meetings and training; geographical boundaries
- Mass Board Turnover – Current board members are extremely knowledgeable and are tenured, experienced individuals
- Splinter Groups – County EMS groups; all-hazards groups; colleges; CDPHE; not as integrated as they could be



Benchmarks, Indicators, and Scoring (BIS) Instrument – Results, Analysis and Recommendations

This section of the report contains the analysis of the BIS instrument including both the agency/facility scores and the system (Foothills RETAC) scores. The BIS uses a weighted scoring system with 0 meaning “I don’t know” and 5 meaning a program or EMTS component is comprehensive and well established. Scores with higher numbers indicate that the component or program is comprehensive and well established. The FRETAC BIS consisted of the 45 standard BIS questions (4/category). The FRETAC developed 10 RETAC specific questions related to five of the Colorado EMTS components. The questions were open ended and addressed communications; evaluation; injury/illness prevention; mass casualty; and RETAC/system issues. There survey and the five completed surveys are attached in their entirety in Appendix C.

There were only five BIS surveys returned. Three pre-hospital providers and two hospital providers responded to the FRETAC BIS survey. Many topics had a diverse selection of answers, while others showed higher degrees of uniformity. Overall, the answers provide some valuable insight into how respondents view the efforts of both their agencies and the RETAC system.

The average score across all fifteen benchmarks for agency/facility was a 2.8 and the average score for the system was a 2.9. Pre-hospital respondents most frequently scored their agency/facility with a two and the system with a four. Hospital respondents most frequently scored their agency/facility with a five and the system with a five as well.

The scores indicate that some of the agencies/facilities are beyond initial planning or discussion phases for the benchmarks and have been comprehensively established in some instances while others are still in the initial planning and discussion phases. The benchmarks that received the highest average scores for the agency/facility were Medical Direction (4.1), Education Systems (3.7), and System Finance (3.4). The benchmarks that received the lowest average scores for agency/facility were Mass Casualty (1.9), EMTS Research (2.0), and Prevention (2.1).

Scores for the overall EMT system were similar to the agency/facility scores. The benchmarks that received the highest average scores for the EMT system were Mass Casualty (3.9), EMTS Research (3.8), and Legislation & Regulation (3.6). The benchmarks that received the lowest average scores for the EMT system were Public Access (1.3), Communication Systems (2.0), and Prevention (2.3).

Integration of Health Services

For Integration of Health Services indicators, respondents gave mixed scores across the questions. On average, respondents gave higher scores to the system than their own agency/facility. Most scores for the system were either a four or a five while the most common score given for agency/facility was a two.

Recommendations



- Communicate with other non-traditional EMTS agencies (ski patrol and SAR) and invite them to participate in RETAC meetings and activities
- Strongly encourage participation in the RETAC from larger ground transport agency management personnel
- Ensure all stakeholders receive RETAC EMTS information and meeting minutes

EMTS Research

For the EMTS Research indicators, respondents most frequently gave their own agency/facility a score of one indicating that they do not conduct or participate in research efforts. When answering for the system, respondents gave higher scores including some fours and fives. For the RETAC indicator (Q 2.4), some respondents indicated that the RETAC plan makes research a future priority while others indicated that the RETAC identifies, coordinates, implements and disseminates research efforts and results.

The FRETAC is a data driven organization and conducts studies/research on a routine basis.

Recommendations

- No major recommendations, continue to address the concerns with privacy and discoverability issues with CDPHE

Legislation and Regulation

The Legislation & Regulation benchmark received the second highest average combined score in the BIS survey (3.4). Respondents frequently gave scores of fours and fives for their own agency/facility and for the overall system. For the RETAC indicator (Q 3.4), 40 percent of respondents indicated that the RETAC periodically arranges for an expert, third-party review of its plan, policies, and conduct to ensure compliance with all laws, rules, by-laws, and contracts. All findings from such a review are used as a basis for quality improvements and timely corrective actions as necessary.

Recommendations

- No major recommendations, the RETAC Coordinator provides adequate information to the EMTS agencies/facilities
- Review the need for an external review of the RETAC and EMTS agencies/facilities regarding compliance to legislation and regulations

System Finance

For the System Finance indicators, respondents frequently scored their own agency/facility and the system with fives giving this benchmark the third highest average combined score on the BIS survey (3.3). For the RETAC indicator (Q 4.4), 40 percent of respondents indicated that the RETAC involves RETAC staff and leadership in development of an annual operating budget and provides detailed quarterly and annual monitoring of performance compared to the budget.



Recommendations

- Continue to provide the FRETAC financial data, including the annual operating budget and monitoring reports to system stakeholders on a regular basis
- Continue to identify and apply for grants to enhance EMTS delivery throughout the region
- Consider activities to assist EMTS stakeholders with enhancing revenues from insurance reimbursement
- Maintain \$25,000 Certificate of Deposit that is drawing interest

Human Resources

For the Human Resource indicators, respondents most frequently gave a score of a four for both their own agency/facility and the overall system. For the RETAC indicator (Q 5.4), 60 percent of respondents said that the RETAC has a capable and stable staff, but is not viewed by its stakeholders and organizational members as a resource to improve and enhance agency-related human services in the region.

Recommendations

- No major recommendations, continue to assist rural agencies with recruitment efforts

Education Systems

For the Education System indicators, most respondents scored their own agency/facility with a five giving this indicator the second highest average score when answering for the agency/facility (3.7). Respondents scored the overall system lower (average score 2.4). For the RETAC indicator (Q 6.4) 40 percent of the respondents indicated that the RETAC assesses the availability of education programs within the region.

Recommendations

- Consider an education/training needs survey of FRETAC stakeholders regarding accessibility and availability of education and training
- Enhance the share educational opportunities among EMTS agencies/facilities; consider outreach programs for rural agencies
- Consider alternative electronic services to provide education to rural EMS providers

Public Access

The Public Access indicators received the most "Don't Know" responses than any other benchmark on the BIS survey. As a result, this indicator had the lowest average combined score (1.8). For respondents that were able to provide a score, responses were very mixed. Generally, scores for the agency/facility were higher than scores for the overall system.



Recommendations

- Explore the feasibility of regional consolidated state of the art emergency medical dispatch/communications centers
- Provide consistent pre-arrival instructions in rural communities, possibly by transferring calls that need pre-arrival instructions from law enforcement dispatch centers to a dispatch agency that does provides EMD

Evaluation

For the Evaluation indicators, most respondents scored their own agency/facility and the overall system with threes and fours. Sixty-percent of respondents reported that their agency/facility participates with the medical community in evaluating system service to improve service delivery and patient care (Q 8.3).

For the RETAC indicator (Q 8.4), 40 percent of respondents answered that the RETAC is beginning a dialogue with the service providers and hospitals on regional evaluation and research needed to evaluate and improve services and patient care.

Recommendations

- No major recommendations, FRETAC has identified this as a goal in 2009 – 2011 Biennial Plan
- Assist FRETAC EMTS agencies/organizations in developing agency/organization evaluation processes

Communications System

For the Communication System indicators, respondents most frequently scored their own agency/facility with threes and fours. Sixty-percent of respondents answered that the communications system has been evaluated at a local level and issues of reliability within the agency have been addressed within the system' s primary service response area (Q 9.3). Respondents scored the overall system similarly, but a few more answered "Don't Know" for several of the indicators.

Recommendations

- Consider surveying FRETAC EMTS stakeholders regarding 800 DTR issues
- Develop a FRETAC Communications Plan for EMTS incorporating the current radio frequencies in use
- Provide routine ongoing education and training on the use of the 800 DTR system for inexperienced or infrequent users
- Incorporate the communications system components in annual drills and exercises to test reliability and interoperability

Medical Direction



For the Medical Direction indicators, respondents scored their agency/facility most often with fours and fives, making this the highest scored benchmark in the BIS survey (3.6). Respondents also scored the system favorably, but not quite as high as their own agency/facility. For the RETAC indicator (Q 10.4), 60 percent of respondents answered that the RETAC provides technical assistance to establish or improve local medical direction when requested.

Recommendations

- Consider a regional forum to bring all Medical Directors together at least annually
- Enhance the feedback process from the Medical Director to the Pre-hospital agency director or chief
- Develop clear consistent regional guidelines and expectations for FRETAC Medical Directors

Clinical Care

For the Clinical Care Indicators, most respondents scored their agency/facility with fours and fives. Sixty-percent of respondents answered that protocols have been developed in close coordination with the other agencies/providers within the system and are congruent with the local resources (Q 11.1). Responses were more varied when answering for the system, including a few responses of "don't know". However several responses answered with scores of four or five.

Recommendations

- Consider moving towards standardized regional medical protocols with agency specific variations
- Assist EMTS agencies with the development of in-house Continuous Quality Improvement (CQI) activities specific to individual patient care

Mass Casualty

When answering for the system, the Mass Casualty benchmark received the highest average score in the BIS survey (3.9). For the RETAC indicator (Q 12.4) 80 percent of respondents answered that the RETAC takes a leadership role in local, regional and statewide disaster planning. RETAC staff and leadership provide technical assistances and facilitation with local, state and federal planning efforts.

When answering for their own agency/facility, respondents generally gave lower scores. Sixty-percent of respondents answered "Don't Know" to if there are formal mechanisms to activate our response to all-hazard events in accordance with regional disaster response plans that are consistent with system resources and capabilities (Q 12.3).

Recommendations

- No major recommendations – continue enhancing the FRETAC mass casualty incident (MCI) program and continue development of education plan for MCI training throughout the region

Public Education



For the Public Education indicators, responses were mixed with the majority of respondents scoring their own agency/facility with ones, twos, or threes.

Respondents most frequently scored indicators for the system with a four. For the RETAC indicator (Q 13.4), 40 percent answered that the RETAC is taking a leadership role in promoting the EMTS system and in promoting wellness and prevention within the region.

Recommendations

- Assume a leadership role in the provision of public education through collaboration with the EMTS providers
- Identify agencies and organizations that currently provide good public education programs
- Partner with the hospitals and conduct public education campaigns on a rotating basis
- Develop an annual, continuous public education campaign to promote awareness of the EMTS system programs, including the promotion of wellness and prevention
- Explore funding sources and grants, including pooling of funds to support a regional public education campaign
- Develop “off-the-shelf” public education programs that individual agencies/facilities can implement

Prevention

For the Prevention indicators, responses were somewhat mixed when answering for agency/facility. Most respondents answered with a one, two, or three. Sixty-percent of respondents answered that their agency/facility does internal monitoring and evaluations of our efforts in prevention activities (Q 14.3).

When answering for the system, most respondents answered with a two or a three. For the RETAC indicator (Q 14.4), 40 percent answered that the EMTS and the public health system have begun sharing public health surveillance data for acute and chronic illness and injury. Program linkages are in the discussion stage.

Recommendations

- Develop partnerships and linkages with the public health system and area hospitals to identify prevention program goals based on most recent gap analysis study
- Regionalize prevention activities
- Include illness prevention activities

Information Systems

For the Information Systems indicators, respondents gave mixed scores to their agency/facility but most scores were one, two, or three. Respondents also gave very mixed scores for the overall system. Sixty-percent of the respondents did indicate that, for the



system, the information system is in place and is integrated with other databases. It is used in some instances to review system performance but regular reports and system oversight using the information system has not been fully accomplished.

Recommendations

- No major recommendations, continue active regional data collection activities
- Explore options for an integrated hospital and pre-hospital data collection system and interoperability



Problem Ranking Survey – Results and Analysis

The problem ranking survey asked respondents to rank ten listed issues from most challenging (1) to least challenging (10). The ten issues listed on the survey were:

- Administrative Support
- Aging Building/Equipment
- Cooperation with Other Agencies
- Medical Director Involvement
- Retention of Personnel
- Agency Funding/Financial Viability
- Billing/Accounts Receivable
- Initial/Continuing Education
- Recruitment of New Personnel
- Support from RETAC

There were 5 completed surveys returned, three from pre-hospital agencies and two hospital agencies. Overall, Administrative Support, Agency Funding/Financial Viability and Aging Building/Equipment were identified as the most challenging issues (at least 50 percent of respondents scored those categories with an three or lower). The least challenging issues were Recruitment of New Personnel, Support from RETAC, and Medical Director Involvement (at least 50 percent of respondents scored these categories with a 8 or higher). Support from RETAC received the highest average rank (i.e. the least challenging issue) while Agency Funding/Financial Viability received the lowest average rank (i.e. the most challenging issue).

The three pre-hospital providers ranked Agency Funding/Financial Viability as the most challenging issue while the two hospital providers ranked Administrative support as the most challenging. For both pre-hospital and hospital providers, Support from RETAC was ranked as the least challenging issue.

Table A below summarizes the responses by agency/organization type.



Table A

Issue	1	2	3	4	5	6
Administrative Support	1	7	10	8	10	1
Agency Funding/Financial Viability	10	2	1	2	1	4
Aging Building/Equipment	9	1	3	4	2	2
Billing/Accounts Receivable	6	4	2	6	3	3
Cooperation with Other Agencies	4	9	4	3	9	6
Initial/Continuing Education	5	3	5	7	6	5
Medical Director Involvement	3	10	9	9	7	10
Recruitment of New Personnel	8	2	6	5	4	8
Retention of Personnel	7	6	7	1	5	9
Support from RETAC	2	5	8	10	8	7
Pre-Hospital						
Hospital						

Table B lists the frequency of each issue by rank.

Table B

FRETAC Problem Ranking Frequency of Each Issue by Rank										
Issue	Frequency by Rank									
	1	2	3	4	5	6	7	8	9	10
Administrative Support	2	0	0	0	0	0	1	1	0	2
Agency Funding/Financial Viability	2	2	0	1	0	0	0	0	0	1
Aging Building/Equipment	1	2	1	1	0	0	0	0	1	0
Billing/Accounts Receivable	0	1	2	1	0	2	0	0	0	0
Cooperation with Other Agencies	0	0	1	2	0	1	0	0	2	0
Initial/Continuing Education	0	0	1	0	3	1	1	0	0	0
Medical Director Involvement	0	0	1	0	0	0	1	0	2	2
Recruitment of New Personnel	0	1	0	1	1	1	0	2	0	0
Retention of Personnel	1	0	0	0	1	1	2	0	1	0
Support from RETAC	0	1	0	0	1	0	1	2	0	1



Table C lists the proportion of issue by rank.

Table C

FRETAC Problem Ranking Proportion of Each Issue by Rank										
Issue	Proportion by Rank									
	1	2	3	4	5	6	7	8	9	10
Administrative Support	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	16.7%	0.0%	33.3%
Agency Funding/Financial Viability	33.3%	33.3%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%
Aging Building/Equipment	16.7%	33.3%	16.7%	16.7%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%
Billing/Accounts Receivable	0.0%	16.7%	33.3%	16.7%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%
Cooperation with Other Agencies	0.0%	0.0%	16.7%	33.3%	0.0%	16.7%	0.0%	0.0%	33.3%	0.0%
Initial/Continuing Education	0.0%	0.0%	16.7%	0.0%	50.0%	16.7%	16.7%	0.0%	0.0%	0.0%
Medical Director Involvement	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	16.7%	0.0%	33.3%	33.3%
Recruitment of New Personnel	0.0%	16.7%	0.0%	16.7%	16.7%	16.7%	0.0%	33.3%	0.0%	0.0%
Retention of Personnel	16.7%	0.0%	0.0%	0.0%	16.7%	16.7%	33.3%	0.0%	16.7%	0.0%
Support from RETAC	0.0%	16.7%	0.0%	0.0%	16.7%	0.0%	16.7%	33.3%	0.0%	16.7%



Conclusion

The FRETAC region is very diverse with a mix of urban, suburban, rural and frontier areas. The FRETAC has made significant progress in regionalizing several of the components of an EMTS system. The RETAC MCI Plan and associated documents are up-to-date and relevant. The active committees address real issues affecting the region with deliverable solutions available to the regions EMTS stakeholders. There is an abundance of both printed resource material and resources available on the FRETAC website. The FRETAC board is actively involved in issues affecting EMS care in the region and there is strong medical direction. The geographical boundaries and different regions, rural and urban, present challenges at times. There is great cooperation and collaboration among the RETAC board members and region's EMTS stakeholders. The 2009 – 2011 FRETAC Biennial Plan focuses on a regional continuous system quality improvement plan, getting the PCR compliance study results published, enhancing the FRETAC MCI Plan and providing an educational plan for MCI training. The FRETAC Coordinator is extremely organized and provides excellent support to the board and EMTS stakeholders in the region.

The average score across all fifteen benchmarks for agency/facility was a 2.8 and the average score for the system was a 2.9. Pre-hospital respondents most frequently scored their agency/facility with a two and the system with a four. Hospital respondents most frequently scored their agency/facility with a five and the system with a five as well.

The scores indicate that some of the agencies/facilities are beyond initial planning or discussion phases for the benchmarks and have been comprehensively established in some instances while others are still in the initial planning and discussion phases. The benchmarks that received the highest average scores for the agency/facility were Medical Direction (4.1), Education Systems (3.7), and System Finance (3.4). The benchmarks that received the lowest average scores for agency/facility were Mass Casualty (1.9), EMTS Research (2.0), and Prevention (2.1).

Scores for the overall EMT system were similar to the agency/facility scores. The benchmarks that received the highest average scores for the EMT system were Mass Casualty (3.9), EMTS Research (3.8), and Legislation & Regulation (3.6). The benchmarks that received the lowest average scores for the EMT system were Public Access (1.3), Communication Systems (2.0), and Prevention (2.3).

From the problem ranking survey results overall, Administrative Support, Agency Funding/Financial Viability and Aging Building/Equipment were identified as the most challenging issues (at least 50 percent of respondents scored those categories with a three or lower). The least challenging issues were Recruitment of New Personnel, Support from RETAC, and Medical Director Involvement (at least 50 percent of respondents scored these categories with an 8 or higher). Support from RETAC received the highest average rank (i.e. the least challenging issue) while Agency Funding/Financial Viability received the lowest average rank (i.e. the most challenging issue).



The three pre-hospital providers ranked Agency Funding/Financial Viability as the most challenging issue while the two hospital providers ranked Administrative support as the most challenging. For both pre-hospital and hospital providers, Support from RETAC was ranked as the least challenging issue.

The recommendations for the Foothills RETAC include both short-term and long-term activities. The council members should review and prioritize the recommendations for the region. Inclusion of these recommendations into the biennial plan is highly encouraged.



Foothills Regional Emergency Medical and Trauma Advisory Council Standardized (Regional) Needs Assessment Project Benchmarks, Indicators and Scoring (BIS)

The Colorado Department of Health and Environment Emergency Medical and Trauma Services (EMTS) Division has contracted with The Abaris Group to conduct a needs assessment of each Regional Emergency Medical and Trauma Advisory Council (RETAC) areas. This assessment will consist of on-site visits with EMTS agencies and individuals, town hall meetings and analysis of an anonymous survey completed by EMTS stakeholders. The results of the assessment will be presented to the local RETAC and the Colorado EMTS Division. Your local RETAC Coordinator will be actively involved in the assessment process.

The survey below is referred to as Benchmarks, Indicators and Scoring, or “BIS.” We are asking for your input by completing the BIS prior to a meeting that will be held in your community during the on-site phase of the assessment. We also hope you will be able to attend the meeting held in your community where we will review and discuss results of the BIS scoring and provide a “town hall” like forum where you can help us understand issues and challenges facing your agency, your community and your region.

To assist us in this task we have developed Indicators and Scoring that relate to the 15 components contained in the Colorado EMTS Plan. Those components are:

1. Integration of Health Services
2. EMTS Research
3. Legislation and Regulations
4. System Finance
5. Human Resources
6. Education Systems
7. Public Access
8. Evaluation
9. Communications Systems
10. Medical Direction
11. Clinical Care
12. Mass Casualty
13. Public Education
14. Prevention
15. Information Systems

For each of the 15 “Benchmarks” there are 4 indicators that relate to Structure, Process, Outcome and the RETAC. These indicators are described as follows:

1. **Structure** – legislation; rules or regulations; bylaws or charter; policies and procedures or authority
2. **Process** – Is there a process in place to implement requirements or expectations contained in the structure indicator? If so, does the process reflect the requirements or expectations contained in the structure?
3. **Outcome** – Are there tools in place to measure the effectiveness of the process (e.g. data collection)? Are measurements or evaluations ongoing? Is data used to drive improvements?
4. These are Regional Emergency Medical and Trauma Council (RETAC) indicators and measure or create expectations for the RETACs that support either local EMTS agencies within the RETAC or that drive statewide improvements through RETAC representation on state advisory bodies.

For each of these indicators, we ask that you mark or circle the score that most closely reflects your knowledge of or opinion of the progress toward or compliance with each indicator. As you read through the scoring, you will see that each score, from 1 – 5 describes a rank in system development. **Remember, you are ranking your own organization within the Regional Emergency Medical and Trauma system.** If you are a rural system with limited resources you may rank low in score. This does not mean you are a “bad” system. It simply reflects the reality of your resources, be they human or mechanical. If you do not have sufficient information to mark a score, mark or circle “0” = I don’t know.



Please note: In each scoring box there are boxes for 2 separate scores. In the box marked “**Agency/Facility Score**,” please score your agency or organization. In the box marked “**System Score**” please score the overall Regional Emergency Medical and Trauma System as you perceive it. In many cases, the two scores will be different. For example, you may score your agency higher or lower in disaster response capabilities than you score the overall system in your area.

During the town hall meeting to be held in your community we will have an informal discussion regarding the strengths, weaknesses, opportunities and threats (SWOT) regarding each one of the 15 EMTS components as defined by the State of Colorado specific to your RETAC. The BIS tool scores and the town hall meeting will allow each agency or system will help drive performance improvement plans and activities. This assessment process can be used 1, 2 or 3 years in the future to assist you in determining the growth in your system over time and to show your accomplishments in system improvement.

Please take a few minutes to complete the BIS prior to your community meeting. **If you plan on attending the town hall meeting, please bring the completed BIS answer sheet with you to the meeting. If you cannot attend the meeting, please email the BIS answer sheet to Ken Riddle at kriddle@abarisgroup.com.**

If you have any questions regarding this assessment or the BIS, contact your local RETAC Coordinator, **Linda Underbrink** at 970-724-3870, or by email at linda.u@msn.com or **Ken Riddle**, The Abaris Group, at 702-287-6546, or by email at kriddle@abarisgroup.com.



Foothills Regional Emergency Medical and Trauma Advisory Council Standardized (Regional) Needs Assessment Project Benchmarks, Indicators and Scoring (BIS)

Demographical Information: (Indicate provider type and check all that apply below the provider type selected.)

<p><u>Pre-Hospital Provider</u></p> <p><input type="checkbox"/> Volunteer <input type="checkbox"/> Paid</p> <p><input type="checkbox"/> BLS <input type="checkbox"/> ALS</p> <p>Dispatch/Communications</p> <p><input type="checkbox"/> Fire/Rescue</p> <p><input type="checkbox"/> Ambulance</p> <p><input type="checkbox"/> Other</p>	<p><u>Hospital Provider</u></p> <p><input type="checkbox"/> Trauma Center Level</p> <p><input type="checkbox"/> MD</p> <p><input type="checkbox"/> RN</p> <p><input type="checkbox"/> Administration</p>	<p><u>Other Provider</u></p> <p><input type="checkbox"/> Law Enforcement</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Emergency Management</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Elected Official</p> <p><input type="checkbox"/> Other</p>
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Note: The word "system" in this survey is defined as the local RETAC comprised of multiple counties

Use the BIS Answer Form & email form to ken.riddle@abarigroup.com

Emergency Medical and Trauma System Component (EMTS): Integration of Health Services

1. All disciplines that influence patient care within the system work together within their regional communities as a whole to assure integration and coordination of patient care.

Structure Indicator	Scoring				
<p>1.1 Your agency/facility participates in multidisciplinary planning within your regional system.</p>	<p>0. Don't Know</p> <p>1. There is no evidence of partnerships, alliances, or working together to integrate the system.</p> <p>2. There have been limited attempts to organize local groups, but to date no ongoing regional system committees meet regularly to design or implement a regional system.</p> <p>3. Our agency/facility participates in a regional committee/group that meets regularly to develop and implement a comprehensive system plan.</p> <p>4. Our agency/facility either brings together or participates in, a multidisciplinary EMTS group that is developing, implementing, and maintaining a comprehensive system plan.</p> <p>5. Our agency/facility has brought together or participated in a stakeholder group to assist with, the development and implementation of the EMTS system, through a multidisciplinary committee. Multiple stakeholders from various disciplines are routinely recruited to participate in system operational issues and refinement depending on expertise needed (e.g., public health, public safety) and as part of a comprehensive system planning process.</p>				
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Agency/Facility Score	System Score				



Emergency Medical and Trauma System Component (EMTS): Integration of Health Services

<i>Process Indicator</i>	<i>Scoring</i>				
<p>1.2 There is a clearly defined process to communicate and notify all stakeholders regarding planning efforts or changes that may affect patient care or the delivery of patient care within your region.</p>	<p>0. Don't Know</p> <p>1. There is no defined process for communicating important issues and planning efforts that affect patient care.</p> <p>2. There is an unwritten/informal process that is used when convenient, although not regularly or consistently utilized.</p> <p>3. The process for communication and notification to all stakeholders regarding planning and proposed changes in the delivery of patient care is articulated within the system plan, although it has not been fully implemented. Policies are not written.</p> <p>4. The process for communication and notification to all stakeholders regarding changes in patient care is contained within and guided by the system plan. There are current policies and procedures in place to notify our stakeholders regarding possible changes in patient care issues.</p> <p>5. There is a clearly defined written process for notification of all stakeholders regarding changes in patient care that impact the agency/facility. The process is stated in the system plan and incorporated into the policy and procedures for the service provider. Stakeholders are actively engaged in issues affecting patient care to resolve issues and to improve the program and its integration within other health care and public safety efforts in the community and the region.</p>				
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	Agency/Facility Score	System Score			

Emergency Medical and Trauma System (EMTS) Component: Integration of Health Services

<i>Outcome Indicator</i>	<i>Scoring</i>				
<p>1.3 Your agency/facility has clearly stated goals and objectives to assure effective care of patients within the system. These goals and objectives contain all disciplines and there is a system in place to measure progress.</p>	<p>0. Don't Know</p> <p>1. There is no plan with goals and objectives pertaining to system integration.</p> <p>2. There is a plan in place for system integration, but no method to measure progress.</p> <p>3. Our agency/facility leadership periodically reviews its activities related to system integration without input from various stakeholders.</p> <p>4. A multidisciplinary group/committee is in place that reacts to issues that demonstrate a lack of appropriate system integration, e.g. did one agency's/facility's protocols affect another's?</p> <p>5. A multidisciplinary group/committee regularly reviews our agency's/facility's progress towards the goals and objectives pertaining to system integration at the local and regional level and assists in the continuous refinement of those efforts.</p>				
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	Agency/Facility Score	System Score			



Emergency Medical and Trauma System (EMTS) Component: Integration of Health Services

<i>RETAC Indicator</i>	<i>Scoring</i>		
<p>1.4 The RETAC conducts or coordinates activities to improve patient care through collaborative efforts among health related agencies, facilities and organizations within the region. The RETAC encourages groups involved in Emergency Medical and Trauma System (EMTS) to work with other entities (e.g. health related, state, local and private agencies and institutions) to share expertise, to evaluate and make recommendations, and mutually address and solve problems within the region.</p>	<p>0. Don't Know 1. There is no process to measure progress towards goals and objectives pertaining to regional EMTS integration. 2. There is an informal or sporadic process that reacts to concerns regarding lack of integration with other health care and public safety assets. 3. RETAC leadership and staff periodically reviews its activities related to system integration without input from various stakeholders. 4. The multidisciplinary RETAC stakeholders group reacts to issues that demonstrate a lack of appropriate system integration, e.g. a patient is not transported to the appropriate health care facility based on previously adopted protocols. 5. The multidisciplinary RETAC stakeholders group regularly reviews the RETAC's system wide plan and progress towards the goals and objectives pertaining to system integration at the sub-regional, regional and state level and assists in the continuous refinement of those efforts.</p>		
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RETAC Score			

Emergency Medical and Trauma System (EMTS) Component: Research

2. All disciplines participate in and contribute to research efforts that increase the evidence upon which the system design is based.					
<i>Structure Indicator</i>	<i>Scoring</i>				
<p>2.1 Your agency/facility and stakeholders group has sufficient policies to conduct and participate in system research efforts.</p> <p>Note: In this context, research is defined as a "systematic process of inquiry, using the scientific method, aimed at discovering, interpreting and revising facts." (as differentiated from Evaluation)</p>	<p>0. Don't Know 1. Our agency/facility does not conduct or participate in research efforts as no policy exists. 2. Our agency/facility does not conduct or participate in research efforts even though policies permit participation. 3. Our agency/facility has policies that allow contribution of data to research efforts. 4. Our agency/facility conduct research in collaboration with physicians and research centers to increase the evidence upon which system design, patient care and specific interventions are based. 5. Our agency/facility policies promote system research in collaboration with physicians and research centers. The data are used to analyze and improve system design, patient care and specific interventions.</p>				
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Agency/Facility Score	System Score				



Emergency Medical and Trauma System (EMTS) Component: Research

<i>Process Indicator</i>	<i>Scoring</i>				
<p>2.2 Your agency/facility and/or stakeholders group cooperate to conduct and participate in system research efforts. Research efforts may include collaboration with social scientists, economists, health services researchers, epidemiologists, operations researchers, and other clinical scientists.</p>	<p>0. Don't Know 1. Our agency/facility does not conduct research. 2. Our agency/facility conducts limited local research but does not cooperate on research projects of broader scope. 3. Our agency/facility participates in or conducts cooperative research. 4. Our agency/facility supports (e.g. through upgrades in computer technology or dedicating staff time) research as the basis for clinical and operational practices, and some providers become active participants in the research process. 5. Our agency/facility is actively involved in conducting cooperative research that involves internal and external stakeholders and research centers or qualified scientists.</p>				
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	Agency/Facility Score	System Score			

Emergency Medical and Trauma System (EMTS) Component: Research

<i>Outcome Indicator</i>	<i>Scoring</i>				
<p>2.3 Your agency/facility is integrated with external stakeholders in creating, applying and publishing research projects.</p>	<p>0. Don't Know 1. Our agency/facility does not contribute to research projects. 2. Our agency/facility contributes to research projects. 3. Our agency/facility contributes to, evaluate and apply appropriate research results. 4. The efforts of system professionals, delivery systems, academic centers and public policy makers are organized to support and apply research. 5. The efforts of system professionals, delivery systems, academic centers and public policy makers are organized to support, implement evidence-based practices and publish the results of research in peer reviewed journals.</p>				
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	Agency/Facility Score	System Score			

Emergency Medical and Trauma System (EMTS) Component: Research

<i>RETAC Indicator</i>	<i>Scoring</i>



<p>2.4 The RETAC leads or coordinates efforts to determine the effectiveness and efficiency of the Emergency Medical and Trauma System (EMTS) through research. A continuous and comprehensive effort is initiated and sustained to validate current Emergency Medical and Trauma System (EMTS) practices in an effort to improve patient care, determine the appropriate allocation of resources to prevent injury, illness, death and disability.</p>	<p>0. Don't Know 1. The RETAC is not involved in research planning or activities. 2. The RETAC plan makes research a future priority. 3. The RETAC has implemented a research plan that identifies and disseminates existing research findings. 4. The RETAC identifies, coordinates, implements and disseminates research efforts and results. 5. The RETAC is a research implementation catalyst by delivering technical assistance that produces research methodology content training to system participants. As a result of this technical assistance, a cadre of agency investigators works in partnership with hospitals, academic centers, policy makers, public health departments, funding sources and others as appropriate, to identify, coordinate, implement and disseminate research.</p> <table border="1" data-bbox="971 554 1248 655"> <tr> <td>RETAC Score</td> </tr> <tr> <td> </td> </tr> </table>	RETAC Score	
RETAC Score			

Emergency Medical and Trauma System (EMTS) Component: Legislation & Regulation					
3. All disciplines are in compliance with all applicable federal, state, and local laws, rules, ordinances, contracts, and/or bylaws.					
<i>Structure Indicator</i>	<i>Scoring</i>				
<p>3.1 Your agency/facility is in full compliance with all applicable laws, rules, ordinances, contracts, etc. that govern all aspects of their operation and maintain current copies of all relevant policies and required licenses, certifications, insurance policies, etc.</p>	<p>0. Don't Know 1. There is no evidence that our agency is aware of applicable laws, rules, ordinances, and contracts that govern our operation or maintains any required documentation. 2. Our agency/facility can demonstrate that it is aware of applicable laws, rules, ordinances and contracts that govern our operation but we only maintains documentation of some of the specific requirements (e.g. vehicles properly licensed, inspected, and insured) 3. Our agency/facility has committed in writing to compliance with all applicable laws, rules, ordinances and contracts, but it only maintains documentation of some of the specific requirements. 4. Our agency/facility can demonstrate compliance with most applicable laws, rules, ordinances and contracts that govern our operation and maintains documentation of most (> 50%) of the specific requirements. 5. Our agency/facility demonstrates full compliance with all applicable laws, rules, ordinances and contracts that govern our operation and our agency maintains documentation of all specific requirements.</p> <table border="1" data-bbox="683 1446 1239 1570"> <tr> <td>Agency/Facility Score</td> <td>System Score</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Agency/Facility Score	System Score		
Agency/Facility Score	System Score				

Emergency Medical and Trauma System (EMTS) Component: Legislation & Regulation	
<i>Process Indicator</i>	<i>Scoring</i>



3.2 Your agency/facility makes decisions and operates based upon internal policies, and the applicable laws, rules, ordinances and contracts that govern operations.

0. Don't Know

1. The decision-making and operations of our agency/facility are routinely not in compliance with applicable policies, laws, rules, ordinances, and contracts.

2. The decision-making and operations of our agency/facility are sometimes not in compliance with applicable policies, laws, rules, ordinances, and contracts.

3. The decision-making and operations of our agency/facility are generally in compliance with applicable policies, laws, rules, ordinances and contracts.

4. The decision-making and operations of our agency/facility are in compliance with applicable policies, laws, rules, ordinances, and contracts. If an area of non-compliance is identified, immediate corrective action is taken.

5. The decision-making and operations of our agency/facility demonstrate that it regularly surpasses the requirements and expectations of applicable policies, laws, rules, ordinances, and contracts.

Agency/Facility Score	System Score



Emergency Medical and Trauma System (EMTS) Component: Legislation & Regulation					
Outcome Indicator	Scoring				
<p>3.3 Your agency/facility is reviewed periodically by objective, third-party experts, reviewers, or regulators to ensure that it functions in compliance with all applicable policies, laws, rules, ordinances, and contracts that govern its operation.</p>	<p>0. Don't Know 1. Our agency/facility has never had an objective external review. 2. Our agency/facility has had episodic, objective external reviews of a limited number of specific operational areas (e.g. financial audit or equipment inspection). 3. Our agency/facility has had regular objective external reviews of a limited number of operational components that include compliance with some applicable policies, laws, rules, ordinances, and contracts. 4. Our agency/facility has regular objective external reviews of a wide range of operational areas to ensure compliance with applicable policies, laws, rules, ordinances, and contracts. These reviews are then tied into timely quality improvement activities to help ensure corrective action whenever required. 5. Our agency/facility has regular objective external reviews of all operational areas to ensure compliance with all applicable policies, laws, rules, ordinances, and contracts. Such reviews have led to agency/service accreditation and re-accreditation from an independent third party such as the Joint Commission, Commission on the Accreditation of Ambulance Services or the Commission on the Accreditation of Air Medical Transport Systems.</p> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Agency/Facility Score</th> <th style="width: 50%;">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
Agency/Facility Score	System Score				

Emergency Medical and Trauma System (EMTS) Component: Legislation & Regulation			
RETAC Indicator	Scoring		
<p>3. 4 The RETAC has developed its biennial plan according to Chapter Four of Colorado State Rules Pertaining to the Statewide Emergency Medical and Trauma Care System, and reviews its plan, policies and operations at least annually to ensure it is in compliance with its plan and state rules.</p>	<p>0. Don't Know 1. The RETAC does not review its plan, policies and conduct to ensure compliance with applicable laws, rules, by-laws, and contracts, 2. The RETAC sporadically reviews its plan, policies and conduct to ensure compliance. 3. The RETAC regularly reviews its plan, policies and conduct to ensure compliance with applicable laws, rules, by-laws, and contracts. 4. The RETAC regularly reviews its plan, policies and conduct to ensure compliance with applicable laws, rules, by-laws, and contracts and has a clearly defined process with time-frame expectations to ensure corrective action as needed. 5. The RETAC periodically arranges for an expert, third-party review of its plan, policies, and conduct to ensure compliance with all laws, rules, by-laws, and contracts. All findings from such a review are used as a basis for quality improvements and timely corrective actions as necessary.</p> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 100%;">RETAC Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> </tr> </tbody> </table>	RETAC Score	
RETAC Score			



Emergency Medical and Trauma System (EMTS) Component: System Finance

4. All disciplines are financially stable organizations with approved budgets that are aligned with the Regional EMTS plan and priorities.

<i>Structure Indicator</i>	<i>Scoring</i>				
<p>4.1 Cost, charge, collection and reimbursement data are projected and collected; are compared to (benchmarked) against industry data; and, are used in strategic and budget planning.</p>	<p>0. Don't Know 1. Cost, charge, collection and reimbursement data are not collected. 2. Cost, charge, collection and reimbursement data are collected. 3. Cost, charge, collection and reimbursement data are collected and analyzed by internal or external finance experts. 4. Cost, charge, collection and reimbursement data are collected and analyzed by internal or external finance experts e.g. CPA, but are not benchmarked against industry data. 5. Cost, charge, collection and reimbursement data are collected and analyzed by internal or external finance experts and are benchmarked against industry data.</p> <table border="1"> <thead> <tr> <th align="center">Agency/Facility Score</th> <th align="center">System Score</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
Agency/Facility Score	System Score				

Emergency Medical and Trauma System (EMTS) Component: System Finance

4.2 Budgets are approved and based on historic and projected cost, charge, collection, reimbursement and public/private support data.

<i>Process Indicator</i>	<i>Scoring</i>				
<p>4.2 Budgets are approved and based on historic and projected cost, charge, collection, reimbursement and public/private support data.</p>	<p>0. Don't Know 1. There is no data that can be accessed for budgetary planning purposes. 2. Data is collected but reports are not routinely generated that can be used for budget planning. 3. Data is collected and reports generated, but there is no formal budget planning process. 4. Data is collected, reports generated and there is an expense budget process, but it is not linked to revenue. 5. Data is collected, reports generated, and revenue and expense budgets are produced and approved by the governing body. Progress against budget projections is monitored throughout the budget cycle.</p> <table border="1"> <thead> <tr> <th align="center">Agency/Facility Score</th> <th align="center">System Score</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
Agency/Facility Score	System Score				

Emergency Medical and Trauma System (EMTS) Component: System Finance

Outcome Indicator

Scoring



<p>4.3 Financial resources exist that support the planning, implementation and ongoing management of the administrative and clinical care components of your agency/facility.</p>	<p>0. Don't Know</p> <p>1. Administrative, management and clinical care planning is not conducted.</p> <p>2. Administrative, management and clinical care planning is conducted, but priorities are not identified.</p> <p>3. Administrative, management and clinical care planning is conducted and priorities are identified, but are not linked to the budget process.</p> <p>4. Administrative, management and clinical care planning is conducted, priorities are identified and linked to the expense budget, but revenue sources are not identified or allocated.</p> <p>5. Administrative, management and clinical care planning is conducted, priorities are identified and linked to the expense budget, and revenue sources are identified and allocated.</p>			
	<table border="1"> <tr> <th>Agency/Facility Score</th> <th>System Score</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Agency/Facility Score	System Score	
Agency/Facility Score	System Score			

Emergency Medical and Trauma System (EMTS) Component: System Finance			
<i>RETAC Indicator</i>	<i>Scoring</i>		
<p>4.4 The RETAC board adopts an annual operating budget and monitors financial performance compared to the budget at least quarterly.</p>	<p>0. Don't Know</p> <p>1. The RETAC submits an operating budget to the state but does not monitor performance compared to the budget.</p> <p>2. The RETAC submits an operating budget annually for board approval and monitors financial performance annually.</p> <p>3. The RETAC submits an operating budget annually for board approval and monitors performance at least twice a year.</p> <p>4. The RETAC submits an operating budget annually for board approval and monitors financial performance compared to the budget at least quarterly.</p> <p>5. The RETAC involves RETAC staff and leadership in development of an annual operating budget and provides detailed quarterly and annual monitoring of performance compared to the budget</p>		
	<table border="1"> <tr> <th>RETAC Score</th> </tr> <tr> <td> </td> </tr> </table>	RETAC Score	
RETAC Score			

Emergency Medical and Trauma System (EMTS) Component: Human Resources	
<p>5. All disciplines have sufficient capacity and ability to recruit, train, support, and maintain adequate numbers and an appropriate mix of volunteer and/or paid personnel consistent with its written plan and commensurate with identified needs within the community.</p>	
<i>Structure Indicator</i>	<i>Scoring</i>



5.1 Your agency/facility has personnel recruitment and retention policies and programs to maintain adequate numbers of trained and licensed personnel (paid and/or volunteer) to meet performance standards for level of care and response times.

Formal personnel policies are reviewed regularly by your agency/facility governing authority and clearly identify expectations and responsibilities for both the agency and staff.

0. Don't Know

1. Our agency/facility has no formal or ongoing policies or programs for the recruitment and retention of personnel. There are no personnel policies identifying the expectations and responsibilities of the agency or its staff.

2. Our agency/facility periodically organizes a program to recruit new staff on an as-needed basis. There are no personnel policies identifying the expectations and responsibilities of the agency or its staff.

3. Our agency/facility periodically organizes a program to recruit new staff on an as-needed basis. Personnel policies are informal or although written are not reviewed regularly.

4. Our agency/facility has a regular program to recruit new staff as needed and also has an ongoing program to retain current staff through formal process and providing supportive and improved incentives as appropriate. Personnel policies are written, reviewed, and updated regularly.

5. Our agency/facility maintains optimal staffing levels through a proactive recruitment and retention program that provide benefits and incentives to help ensure staff satisfaction and stability. Personnel policies are written, regularly reviewed, clearly communicated and fairly applied.

Agency/Facility Score	System Score



Emergency Medical and Trauma System (EMTS) Component: Human Resources

<i>Process Indicator</i>	<i>Scoring</i>				
<p>5.2 Standardized feedback processes reflect that personnel understand applicable policies and procedures and demonstrate awareness of accessibility to required and advanced training, leadership opportunities, and stress management services as needed.</p>	<p>0. Don't Know 1. There are no regular opportunities for staff feedback. 2. Feedback is informally requested from staff on a limited and/or episodic basis with no commitment towards utilizing the results for positive change. 3. Staff is invited to provide feedback on a regular basis, but it is limited to specific issues identified by management and there is no expectation for a response from management. 4. Staff is invited to provide feedback/input on a wide variety of topics, including working conditions, personnel policies, training needs, etc. There is no expectation for a response from management 5. Staff is regularly surveyed and/or invited to provide feedback/input on a regular basis on a wide variety of topics. Management commits itself to acknowledging the feedback/input and explaining its responses and decisions as appropriate.</p>				
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	Agency/Facility Score	System Score			

Emergency Medical and Trauma System (EMTS) Component: Human Resources

<i>Outcome Indicator</i>	<i>Scoring</i>				
<p>5.3 Your agency/facility is fully staffed. All personnel understand policies and their job duties/ responsibilities. Staff indicates that they have input into operational decisions, and have reasonable access to needed equipment, supplies, training, and support.</p>	<p>0. Don't Know 1. Our agency/facility is constantly under-staffed and excessive turnover is an ongoing problem. 2. Our agency/facility is periodically under-staffed due to turnover. 3. Our agency/facility is usually able to maintain an adequate staff to perform the mission, but turnover and recruitment of new personnel is a challenge. 4. Our agency/facility has low turnover and is able to recruit personnel as needed to fill any gaps. Personnel indicate that they are satisfied with working conditions and personnel policies. 5. Our agency/facility maintains a pool of candidates to fill any vacancies in a timely manner. The staff indicates high satisfaction with their working conditions, input into decision-making, and access to equipment, training, and supportive services.</p>				
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Emergency Medical and Trauma System (EMTS)Component: Human Resources

<i>RETAC Indicator</i>	<i>Scoring</i>		
<p>5.4 Its stakeholders and organizational members view the RETAC as a source of technical assistance and support to improve Emergency Medical and Trauma System (EMTS) related human services capability and functioning within the region through policy development, medical, technical and leadership training, and facilitating access to supportive services like critical incident stress management. Provider recruitment and retention challenges identified in RETAC assessments are prioritized accordingly in the biennial plan.</p>	<p>0. Don't Know 1. The RETAC experiences high stakeholder turnover and staff instability. The RETAC is not viewed as a resource to improve and enhance agency-related human services in the region. 2. The RETAC has a capable and stable staff, but is not viewed by its stakeholders and organizational members as a resource to improve and enhance agency-related human services in the region. 3. The RETAC provides some support to stakeholders and member organizations regarding staffing challenges, personnel policies, and access to needed agency-related training. 4. The RETAC is viewed as a key resource for technical assistance and support with human resources matters and as a source of training opportunities by its stakeholders and organizational members. 5. The RETAC is highly skilled in human resources matters and regularly provides related technical assistance and support to stakeholders and organizational members. The RETAC provides, facilitates, and supports a wide range of technical, medical, leadership and personal growth/wellness training opportunities. The RETAC ensures access to CISM services as needed.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td align="center">RETAC Score</td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	RETAC Score	
RETAC Score			

Emergency Medical and Trauma System (EMTS)Component: Education Systems

<i>Structure Indicator</i>	<i>Scoring</i>				
<p>6. All disciplines provide appropriate, competency based education programs to assure a competent work force.</p>	<p>6.1 Your agency/facility has written educational requirements and a structure in place to provide education and maintenance of clinical skills consistent with state and national levels of training.</p>				
	<p>0. Don't know 1. Our agency/facility has no written policy regarding education and continuing education requirements. 2. Our agency/facility has written policies regarding minimum education requirements but has no structure in place to support those policies. 3. Our agency/facility has written policies regarding minimum education and requirements and has a structure in place to provide some education and skill maintenance for its employees. 4. Our agency/facility has a structure in place to provide the educational needs of its employees. 5. Our agency/facility bases its education and continuing education programs on local data as well as national standards and evidence. There is a process in place to provide for the on-going educational needs of the employees.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td align="center">Agency/Facility Score</td> <td align="center">System Score</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	Agency/Facility Score	System Score		
Agency/Facility Score	System Score				



Emergency Medical and Trauma System (EMTS) Component: Education Systems

<i>Process Indicator</i>	<i>Scoring</i>				
<p>6.2 Your agency/facility provides initial and continuing education programs with competency testing, consistent with state and national recognized levels of care.</p>	<p>0. Don't know 1. Our agency/facility provides no initial or continuing education to its employees. 2. Our agency/facility provides some initial and continuing education for its employees. 3. Our agency/facility provides for a program of initial and continuing education to its employees 4. Our agency/facility provides a comprehensive program of initial and continuing education for its employees consistent with state and nationally recognized levels of care. 5. The agency provides for competency-based initial and continuing education consistent with state and nationally recognized levels of care. Continued competency is assured by periodic testing. Training programs are based on current best practices and are supported by distance learning resources.</p>				
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Emergency Medical and Trauma System (EMTS) Component: Education Systems

<i>Outcome Indicator</i>	<i>Scoring</i>				
<p>6.3 Your agency/facility measures the effectiveness of its continuing education program by evaluating competency on a regular basis and bases continuing education and remedial education on structured performance improvement processes.</p>	<p>0. Don't know 1. There is no evaluation or measurement of the adequacy or effectiveness of initial or ongoing education programs. 2. Clinical or field procedural problems are occasionally addressed in continuing education programs. There is no regular, consistent evaluation of competency. 3. Monthly continuing education is provided and individual competency is measured at least annually. 4. Monthly continuing education is provided based on regular competency evaluations. Quality improvement information is available but does not drive continuing education methods or content. 5. There is a regular, consistent measure of competency. Continuing education programs are integrated with competency assurance and driven by service quality improvement programs with input from the service provider medical director.</p>				
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	Agency/Facility Score	System Score			



Emergency Medical and Trauma System (EMTS) Component: Education Systems

<i>RETAC Indicator</i>	<i>Scoring</i>		
<p>6.4 The RETAC assesses the quality and accessibility of education and training for all providers within the Emergency Medical and Trauma System (EMTS) and documents efforts to coordinate and evaluate programs to ensure they meet the needs of the Emergency Medical and Trauma System (EMTS).</p>	<p>0. Don't know 1. The RETAC does not assess or evaluate education programs within the region 2. The RETAC assesses the availability of education programs within the region. 3. The RETAC assesses the availability and quality of education programs within the region. 4. The RETAC provides some coordination to ensure education programs meet the needs of the EMTS system. 5. The RETAC provides coordination with local, regional and state education resources to ensure education programs meet the needs of the EMTS system.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td align="center">RETAC Score</td> </tr> <tr> <td> </td> </tr> </table>	RETAC Score	
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Emergency Medical and Trauma System (EMTS) Component: Public Access

<i>Structure Indicator</i>	<i>Scoring</i>				
<p>7.1 There is a universal access number for citizens to access the system, with dispatch of appropriate medical resources in accordance with a written plan. The dispatch system utilizes Enhanced-9-1-1 and Wireless-9-1-1 technologies and provide pre-arrival medical instructions to callers</p> <p>The universal access number is part of a central communications system and plan that ensures bidirectional communication, inter-facility dialogue, and disaster communications among all system participants.</p>	<p>0. Don't Know 1. There is no 911 system in place. 2. There is a 911 system in place but it does not offer emergency medical dispatch. 3. There is a 911 system in place that also offers emergency medical dispatch. 4. The agency has adopted a communications plan that was developed with multiple stakeholder groups, and endorsed by those agencies, including emergency medical dispatch. However, the integration of Enhanced-911, Wireless-911 and other emerging technologies are not included. 5. A comprehensive communications plan has been developed, and adopted in conjunction with stakeholder groups, including emergency medical dispatch. It also includes the integration of Enhanced-911, Wireless-911 and other emerging technologies.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td align="center">Agency/Facility Score</td> <td align="center">System Score</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Agency/Facility Score	System Score		
Agency/Facility Score	System Score				



Emergency Medical and Trauma System (EMTS) Component: Public Access					
<i>Process Indicator</i>	<i>Scoring</i>				
<p>7.2 An assessment of the needs of the general public and their ability to access the system has been conducted and the results integrated into the system plan.</p>	<p>0. Don't Know 1. There is no routine or planned contact with the general public. 2. Contact with the public is addressed when system failures occur. 3. Information has been informally gathered from the general public. However, no formal process is in place to address their needs. 4. The general public has been formally asked about the ability to access the system however changes have not been made to the system or to the systems plan. 5. General public needs have been identified and integrated into a plan and changes are routinely made to increase the public's ability to access the system in a timely manner.</p> <table border="1"> <thead> <tr> <th>Agency/Facility Score</th> <th>System Score</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Public Access					
<i>Outcome Indicator</i>	<i>Scoring</i>				
<p>7.3 Our community's special populations (e.g., language, socially disadvantaged, migrant/transient, remote, rural, and others) have access to the system.</p>	<p>0. Don't Know 1. There has been no consideration of the needs of special populations to access patient care within the system. 2. The system and stakeholders are beginning to consider the needs of special populations. 3. The system has identified the special populations that may require special accommodations to access the system. 4. The system has accommodations for special populations that allow them to effectively access the system. 5. The system has accommodated the needs of special populations that allow them to effectively access the system. Routine monitoring, review, and reporting of these populations are incorporated into the evaluation of system effectiveness.</p> <table border="1"> <thead> <tr> <th>Agency/Facility Score</th> <th>System Score</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Public Access	
<i>RETAC Indicator</i>	<i>Scoring</i>



<p>7.4 The RETAC supports the development of efficient public service access points and emergency medical dispatch throughout the region through programs involving collaboration, resource sharing and technical support. Additionally, it supports policy change at state and national levels to ensure that goals pertaining to timely and efficient dispatch across the entire region can be achieved.</p>	<p>0. Don't Know 1. The RETAC is not involved in regional communications planning. 2. The RETAC is a stakeholder in regional efforts to develop efficient and effective communications and dispatch models. 3. The RETAC coordinates efforts to dispatch resources and emergency providers to assure that appropriate and timely care is provided for medical emergencies within the region. 4. A regional communications plan, including citizen access and emergency medical dispatch is in place but is not formally monitored or evaluated. 5. A regional communications plan, including citizen access and emergency medical dispatch is in place and is evaluated and revised at least annually.</p> <table border="1" data-bbox="971 520 1248 611"> <tr> <th>RETAC Score</th> </tr> <tr> <td> </td> </tr> </table>	RETAC Score	
RETAC Score			

Emergency Medical and Trauma System (EMTS) Component: Evaluation

8. All disciplines use its management information system to facilitate on-going assessment and assurance of system performance and outcomes and provide a basis for continuously improving the Regional Emergency Medical and Trauma System.

<i>Structure Indicator</i>	<i>Scoring</i>
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<p>8.1 Our agency/facility has computer based analytical tools for monitoring system performance</p> <p>Note: In this context, Evaluation is defined as "Utilization of system data to effect continuous quality or performance improvement.</p>	<p>0. Don't know 1. There is (are) no computer(s) to analyze or monitor system performance. 2. There is a basic computer program that collects the minimum state required data. 3. A computer system is in place and is used by providers to collect patient care information. Data is submitted to the state on the required submission schedule; however analytical tools are not used for system monitoring. 4. A computer system is in place and analytical tools are in use to assess system performance. 5. An upgraded and technically advanced computer system and analytical tool set is available for system monitoring and individual performance review.</p> <table border="1" data-bbox="683 1234 1239 1354"> <tr> <th>Agency/Facility Score</th> <th>System Score</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Agency/Facility Score	System Score		
Agency/Facility Score	System Score				

Emergency Medical and Trauma System (EMTS) Component: Evaluation

<i>Process Indicator</i>	<i>Scoring</i>
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8.2 Your agency/facility collects and evaluates patient care data within the system and has a mechanism to evaluate identified trends and outliers.

- 0. Don't Know
- 1. Our agency/facility is not collecting patient care information for each episode of care.
- 2. Our agency/facility collects patient care information to use for internal decision making and billing.
- 3. Our agency/facility collects patient care data and provides the minimum data set to an approved statewide database.
- 4. Our agency/facility collects patient care data and provides the data to an approved statewide database as well as uses the data for its own internal monitoring.
- 5. Our agency/facility participates in a comprehensive data collection system that is integrated into the hospital system. Routine evaluation and assessment of system performance and administrative services is completed and shared with stakeholders. A comprehensive process improvement (PI) system is in place.

Agency/Facility Score	System Score



Emergency Medical and Trauma System (EMTS) Component: Evaluation

<i>Outcome Indicator</i>	<i>Scoring</i>				
<p>8.3 Your agency/facility engages the medical community in assessing and evaluating patient care. These assessments are coordinated into quality care efforts. Findings from other quality improvement efforts are translated into improved service.</p>	<p>0. Don't Know 1. Our agency/facility has no relationship with the medical community to assist in evaluating system service delivery and quality of care. 2. Our agency/facility is engaged in projects but the medical community is not active in these efforts. 3. Our agency/facility is working with the medical community to develop a plan for assessing and evaluating system services and participating in research opportunities. 4. Our agency/facility participates with the medical community in evaluating system service to improve service delivery and patient care. 5. Our agency/facility has a process improvement (PI) program integrated in the medical community in system service delivery and patient care. Data is translated into routine reports for assessing performance, measuring compliance and conducting research all in an effort to improve services both clinically and administratively.</p> <table border="1" style="width: 100%; margin-top: 20px;"> <thead> <tr> <th style="width: 50%;">Agency/Facility Score</th> <th style="width: 50%;">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
Agency/Facility Score	System Score				

Emergency Medical and Trauma System (EMTS) Component: Evaluation

<i>RETAC Indicator</i>	<i>Scoring</i>		
<p>8.4 The RETAC is a leader within its jurisdiction in the evaluation and research of Emergency Medical and Trauma System (EMTS) activities, services and system oversight.</p>	<p>0. Don't Know 1. The RETAC does not serve as a leader of system activities within the area of jurisdiction. 2. The RETAC is beginning a dialogue with the service providers and hospitals on regional evaluation and research needed to evaluate and improve services and patient care. 3. The RETAC engages some providers and hospitals in system oversight and evaluation but it is not across the entire region. 4. The RETAC serves as a leader in system activities and has begun a research and evaluation agenda with service providers, hospitals and the medical community. 5. The RETAC serves as a leader in EMTS and is instrumental in working with providers, hospitals and other stakeholders in conducting research, evaluating service delivery and providing oversight to the region.</p> <table border="1" style="width: 100%; margin-top: 20px;"> <thead> <tr> <th style="width: 100%;">RETAC Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> </tr> </tbody> </table>	RETAC Score	
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Emergency Medical and Trauma System (EMTS) Component: Communications Systems

9. All disciplines are able to transmit and receive electronic voice and data signals between its own agency assets, between the agency and other community stakeholders, and between the agency and regional/state response partners.

<i>Structure Indicator</i>	<i>Scoring</i>				
<p>9.1 Your agency/facility has worked with local/regional stakeholders to develop and adopt a communications plan to enhance all voice and electronic data transmissions at all levels to improve the delivery of emergency services</p>	<p>0. Don't Know 1. There is no system communications plan, and one is not in progress. 2. Draft elements of a formal communication plan are in place but not formalized or are under development. 3. Our agency/facility has adopted a system communications plan. However, the plan has not been endorsed by multiple stakeholder organizations. 4. Our agency/facility has adopted a communications plan that was developed with multiple stakeholder groups, and endorsed by those agencies. However, issues of integration and inter-operability have not been fully resolved. 5. A comprehensive system communications plan has been developed, and adopted in conjunction with stakeholder groups and includes full integration and interoperability between communications assets of all agency, health care, public safety and public health assets at local, sub-regional, regional and state levels.</p> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Agency/Facility Score</th> <th style="width: 50%;">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Communications Systems

<i>Process Indicator</i>	<i>Scoring</i>				
<p>9.2 Your agency/facility's purchases and configurations of communications equipment are coordinated to standardize the equipment at the local, regional and state level.</p>	<p>0. Don't Know 1. Needs assessments are not conducted prior to communications equipment upgrades. 2. Needs assessments are conducted and procurement needs identified but are not coordinated with other agencies, jurisdictions, or disciplines. 3. Needs assessments are conducted and procurement needs are coordinated with other agencies, jurisdictions, and disciplines. However, the results are not used to guide investment in communications infrastructure improvement. 4. Needs assessments are conducted and procurement needs are coordinated with other agencies, jurisdictions, and disciplines. 5. Comprehensive system communications needs assessments are conducted, procurement needs are coordinated and the results are used to guide investment in communications infrastructure improvement at community, sub-regional, regional and state levels. This has resulted in efficiencies and economies across the EMTS communications system.</p> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Agency/Facility Score</th> <th style="width: 50%;">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
Agency/Facility Score	System Score				



Emergency Medical and Trauma System (EMTS) Component: Communications Systems

<i>Outcome Indicator</i>	<i>Scoring</i>				
<p>9.3 The communications system is routinely evaluated and tested to ensure its reliability, redundancy and interoperability during routine applications.</p>	<p>0. Don't Know</p> <p>1. The communications system is not evaluated for its reliability, or redundancy.</p> <p>2. The communications system has been evaluated at a local level and issues of reliability within the agency have been addressed within the system's primary service response area.</p> <p>3. The communications system has been evaluated at a local level through a multi-agency process and issues of reliability have been addressed by all agencies within the system's primary service response area.</p> <p>4. The communications system has been evaluated at a regional level through a multi-agency process and issues of reliability have been addressed by all agencies within the system's primary service and mutual aid response areas.</p> <p>5. The local, regional and state communications system are rigorously tested at least annually in drills, simulations and real events (routine and multi-agency) and issues involving reliability, redundancy and interoperability have been addressed. Back-up systems have also been fully exercised.</p>				
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Emergency Medical and Trauma System (EMTS) Component: Communications Systems

<i>RETAC Indicator</i>	<i>Scoring</i>	
<p>9.4 The RETAC plan includes a description of regional communications issues as outlined in the regional communications plan.</p>	<p>0. Don't Know</p> <p>1. Plan does not address communication issues.</p> <p>2. Plan addresses at least half of the issues.</p> <p>3. Plan addresses all issues, but no strategies are implemented.</p> <p>4. Plan addresses all issues, but half or less are supported.</p> <p>5. Plan addresses all issues, and they are all supported by the RETAC.</p>	
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Emergency Medical and Trauma System (EMTS) Component: Medical Direction

10. Your facility/agency has a physician medical director that has received medical director training, been recognized by the state and is actively involved in Regional EMTS issues including triage, treatment, and transport, dispatch, quality improvement, education and training.

<i>Structure Indicator</i>	<i>Scoring</i>				
<p>10.1 Your agency/facility medical director has clear-cut responsibility and the authority to adopt protocols, implement a quality improvement process, and to restrict the practice of providers within the system to assure medical appropriateness within the system.</p>	<p>0. Don't Know 1. There is no agency/facility medical director. 2. There is an agency/facility medical director with a written job description; however, the individual has no specific time allocated for these tasks. 3. There is an agency/facility medical director with a written job description and whose specific authorities and responsibilities are formally granted. 4. There is an agency/facility medical director with a written job description, but with no specific authority. The system medical director has adopted protocols, has implemented a quality improvement program, and is taking steps to improve the medical appropriateness of the system. . 5. There is an agency/facility medical director with a written job description who has authorities and responsibilities that are formally granted. There is written evidence that the facility/agency medical director has, consistently used their formal authority to adopted protocols, implemented a quality improvement program and to fully integrate the facility/agency into the health care system</p> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; text-align: center;">Agency/Facility Score</th> <th style="width: 50%; text-align: center;">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Medical Direction

10.2 Your agency/facility medical director is actively involved with the development, implementation, and ongoing evaluation of protocols to assure they are congruent with other agencies/providers. These protocols include, but are not limited to, which resources to dispatch (ALS vs. BLS), air-ground coordination, triage, and early notification of the medical care facility, pre-arrival instructions, treatment, transport and other procedures necessary to ensure the optimal care of ill and injured patients.

<i>Process Indicator</i>	<i>Scoring</i>				
<p>10.2 Your agency/facility medical director is actively involved with the development, implementation, and ongoing evaluation of protocols to assure they are congruent with other agencies/providers. These protocols include, but are not limited to, which resources to dispatch (ALS vs. BLS), air-ground coordination, triage, and early notification of the medical care facility, pre-arrival instructions, treatment, transport and other procedures necessary to ensure the optimal care of ill and injured patients.</p>	<p>0. Don't Know 1. There are no protocols. 2. Protocols have been adopted, but they are in conflict with the other agencies/providers resources. 3. Protocols have been adopted and are not in conflict with other agencies/providers resources, but there has been no effort to coordinate the use of protocols between the agency and the other agencies/providers within the system. 4. Protocols have been developed in close coordination with the other agencies/providers within the system and are congruent with the local resources. 5. Protocols have been developed in close coordination with other agencies/providers within the system and are congruent with the local resources. There are established procedures to involve the appropriate dispatch, public safety and other critical stakeholder personnel and their supervisors in quality improvement and there is a "feedback link" to change protocols or to update education when appropriate.</p> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; text-align: center;">Agency/Facility Score</th> <th style="width: 50%; text-align: center;">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Medical Direction

<i>Outcome Indicator</i>	<i>Scoring</i>				
<p>10.3 The retrospective medical oversight of your agency/facility protocols, including but not limited to, triage, communication, treatment, and transport is accomplished in a timely manner and is closely coordinated with the established quality improvement processes within the local healthcare system.</p>	<p>0. Don't Know 1. There is no retrospective medical oversight procedure for communication, treatment, and transport protocols. 2. There is occasional retrospective medical oversight procedure of protocols, but it is neither regular nor timely and is often as a result of a reported breach in those protocols. 3. There is timely retrospective medical oversight procedure for protocols by the quality improvement processes of the agency/facility. 4. There is timely retrospective medical oversight of protocols that is coordinated with partners within the local healthcare system. 5. There is timely retrospective medical oversight of protocols through the system that includes a multidisciplinary review coordinated with partners in the local healthcare system. There is evidence this procedure is being regularly used to monitor system performance and to make system improvements.</p>				
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Emergency Medical and Trauma System (EMTS) Component: Medical Direction

<i>RETAC Indicator</i>	<i>Scoring</i>		
<p>10.4 The RETAC assists with appropriate local physician medical direction by providing technical assistance, training and other resources to local Emergency Medical and Trauma System (EMTS) agencies.</p>	<p>0. Don't Know 1. The RETAC does not provide technical assistance, training or other resources to local agencies. 2. The RETAC provides technical assistance to establish or improve local medical direction when requested. 3. The RETAC monitors the provision of medical direction and provides technical assistance when necessary. 4. The RETAC provides technical assistance when necessary and makes medical direction courses and other resources available on a regularly scheduled basis throughout the region. 5. The RETAC monitors the quality of medical direction in local agencies and facilities and supports consistency of medical direction throughout the region by providing medical directors' courses and other resources</p>		
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Emergency Medical and Trauma System (EMTS) Component: Clinical Care

11. All disciplines are integrated into a resource-efficient, inclusive network that meets required standards and that provides optimal care for all patients.

<i>Structure Indicator</i>	<i>Scoring</i>				
<p>11.1 Your agency/facility has a clearly defined plan that outlines roles and responsibilities of agency/facility personnel. Evidence based written patient care protocols and guidelines are maintained and updated.</p>	<p>0. Don't Know 1. Our agency/facility has no plan that outlines roles and responsibilities of personnel. No written patient care protocols exist. 2. Our agency/facility has a plan that outlines roles and responsibilities of personnel, but no written patient care protocols and guidelines exist. 3. Our agency/facility has a plan and patient care protocols exist but are not reviewed and updated regularly. 4. Our agency/facility plan clearly defines the roles and responsibilities of agency/facility personnel and emergency department personnel in treatment facilities for trauma patients. Written protocols and prehospital care guidelines exist and are reviewed and updated at regularly. 5. Our agency/facility plan clearly defines the roles and responsibilities of agency/facility personnel and emergency department personnel in treatment facilities for both trauma and medical patients. The plan is reviewed and updated at least annually. Evidence based written treatment protocols and care guidelines exist for personnel. Critical patient protocols are jointly practiced by prehospital and hospital personnel.</p> <table border="1"> <thead> <tr> <th align="center">Agency/Facility Score</th> <th align="center">System Score</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Clinical Care

<i>Process Indicator</i>	<i>Scoring</i>				
<p>11.2 Clinical care is documented in a manner that enables your agency/facility to provide information to be used for system wide quality monitoring and performance improvement.</p>	<p>0. Don't Know 1. Clinical care is documented but documentation is not reviewed for local or regional quality monitoring or performance improvement. 2. Clinical care is documented and limited review is done at the local level. 3. Clinical care documentation is systematically reviewed at the agency/facility level but is not available electronically for quality monitoring and performance improvement. 4. Clinical care documentation is systematically reviewed at the local/regional and system level and procedures exist to utilize care data to drive performance improvement 5. Clinical care is systematically reviewed by the agency/facility Medical Director at the agency/facility level and is documented in a manner that enables agency and system-wide data from other health care and public safety agencies to be used for quality monitoring and performance improvement. Oversight of the performance improvement process is done through the agency/facility Medical Director.</p> <table border="1"> <thead> <tr> <th align="center">Agency/Facility Score</th> <th align="center">System Score</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Clinical Care

<i>Outcome Indicator</i>	<i>Scoring</i>				
<p>11.3 Patient outcomes and quality of care are monitored. Deficiencies are recognized and corrective action is implemented.</p>	<p>0. Don't Know 1. There is no procedure for our agency/facility and local hospital to monitor patient outcome and prehospital quality of care. 2. Our agency/facility maintains a quality of care system including patient outcomes, but they do not regularly monitor these outcomes, or quality of care, nor do they regularly review findings together. 3. An ongoing agency/facility quality improvement program is in place to monitor and assure that quality of care is consistent with adopted protocols. 4. Our agency/facility quality improvement program monitors patient outcomes, and uses these data in an ongoing quality improvement program, and benchmarks outcomes against regional or statewide standards. 5. Our agency/facility quality improvement program monitors patient outcomes, and uses these data in an ongoing quality improvement/performance improvement program. Deficiencies in meeting the local standards are recorded, and corrective action plans are instituted. Results of comparisons with State or national norms are regularly documented, along with an explanation for significant variations from these norms, and a written plan to reduce unacceptable variations. There is a process for confidentiality of findings and recommendations of performance improvement (PI) activities.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th align="center">Agency/Facility Score</th> <th align="center">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Clinical Care

<i>RETAC Indicator</i>	<i>Scoring</i>		
<p>11.4 The RETAC establish continuing quality improvement (CQI) plans with goals, system monitoring protocols, and periodically assess the quality of their emergency medical and trauma system. The regional CQI plan is utilized in evaluating the effectiveness of the regional EMTS systems.</p>	<p>0. Don't Know 1. The RETAC is not involved in quality assessment or protocol monitoring. 2. The RETAC has identified regional CQI as a goal but has not established a CQI plan. 3. The RETAC is in the process of establishing a protocol monitoring and CQI plan but the plan is not implemented. 4. The RETAC has implemented a protocol monitoring and CQI plan but has not reported results. 5. The RETAC has implemented a protocol monitoring and CQI plan and uses data from the plan to drive quality improvement throughout the region.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th align="center">RETAC Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> </tr> </tbody> </table>	RETAC Score	
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Emergency Medical and Trauma System (EMTS) Component: Mass Casualty

12. All disciplines are integrated with, and complementary to, the comprehensive mass casualty plan for natural disasters and manmade disasters, including an all-hazards approach to disaster planning and operations.

<i>Structure Indicator</i>	<i>Scoring</i>				
<p>12.1 Your agency/facility has an operational plan and has established an ongoing cooperative working relationship with other stakeholders.</p>	<p>0. Don't Know 1. There is no agency/facility plan and no system for integration between disciplines. 2. There have been discussions between the agency/facility and the disaster system, but no inclusive formal plans have been developed. 3. Formal plans for our agency/facility and other disaster services systems integration are in development. Working relationships have been formed and cooperation is evident. 4. There are plans in place to ensure that our agency/facility and the disaster system are integrated and operational. Disaster exercises and drills have the cooperation and participation. 5. Our agency/facility system and the disaster system plans are integrated and operational. Routine working relationships are present with cooperation and sharing of information to improve system readiness for "all-hazard" multiple patient events.</p> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Agency/Facility Score</th> <th style="width: 50%;">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Mass Casualty

12.2 Our disaster training and exercises routinely include situations involving an all hazards approach, that test expanded response capabilities and surge capacity that are consistent on a regional basis.

<i>Process Indicator</i>	<i>Scoring</i>				
<p>12.2 Our disaster training and exercises routinely include situations involving an all hazards approach, that test expanded response capabilities and surge capacity that are consistent on a regional basis.</p>	<p>0. Don't Know 1. Disaster training and exercise is not a routine part of the system. 2. Disaster training and exercises are conducted haphazardly by our agency/facility alone without other stakeholders involvement. 3. Disaster training and exercises are conducted regularly and include agency/facility response capabilities to all hazards. 4. Our agency/facility, Emergency Management, trauma partners, public safety and public health stakeholders have begun training and exercises in an all-hazards approach to disaster situations. 5. Exercises and training in all-hazards disaster situations are regularly conducted and include testing of agency/facility surge capacity. These exercises include agencies, trauma, public safety and public health stakeholders. Debriefing sessions occur after each drill or event.</p> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Agency/Facility Score</th> <th style="width: 50%;">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Mass Casualty					
Outcome Indicator	Scoring				
<p>12.3 There are formal mechanisms to activate our response to all-hazard events in accordance with regional disaster response plans that are consistent with system resources and capabilities.</p>	<p>0. Don't Know</p> <p>1. No feedback or after action process results from various all-hazards exercises or events.</p> <p>2. Our agency/facility conducts our own after action quality improvement processes, in isolation, following each exercise or event; there is no system-wide evaluation.</p> <p>3. There are sporadic, informal, non-documented "debriefings" involving multiple agencies following each exercise or event. Results of these activities do not necessarily translate to improvement processes.</p> <p>4. A system-wide "debriefing" occurs following each exercise or event. Reports are written but often do not lead to improvement processes.</p> <p>5. A formal system-wide analysis of after action reports and performance improvement process is in place and implemented at the conclusion of each all-hazard exercise or response. The results of the process result in improvements in the plans, targeted training and/or corrective actions.</p>				
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Emergency Medical and Trauma System (EMTS) Component: Mass Casualty			
RETAC Indicator	Scoring		
<p>12.4 The RETAC provides technical assistance and serves as a resource to facilitate the integration of emergency medical and trauma services with other local, state, and federal agency disaster plans.</p>	<p>0. Don't know</p> <p>1. The RETAC is not involved in providing any technical assistance or facilitation relating to disaster planning.</p> <p>2. The RETAC provides technical assistance only upon request.</p> <p>3. The RETAC participates in local and regional disaster planning but provides only limited assistance or facilitation.</p> <p>4. The RETAC participates in local and regional disaster planning and provides technical assistance and facilitation to RETAC member agencies</p> <p>5. The RETAC takes a leadership role in local, regional and statewide disaster planning. RETAC staff and leadership provide technical assistances and facilitation with local, state and federal planning efforts.</p>		
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Emergency Medical and Trauma System (EMTS) Component: Public Education

13. The agency/facility informs and educates the local constituencies and policy makers to foster collaboration and cooperation for the enhancement of Regional Emergency Medical and Trauma Services as a whole.

<i>Structure Indicator</i>	<i>Scoring</i>				
<p>13.1 Your agency/facility has a public information and education program that heightens public awareness of the preventability of injury and/or illness.</p>	<p>0. Don't know 1. Our agency/facility has no program/plan that provides information and education that heightens public awareness or injury and/or illness prevention and control. 2. Our agency/facility has a public awareness and injury/illness prevention program but linkages between programs and implementation of specific objectives is sporadic. 3. Our agency/facility has a public awareness and injury/illness prevention program. Linkages between programs and implementation occur regularly, but are not measured 4. Our agency/facility has a public awareness and injury/illness prevention program. Linkages between programs and implementation occur regularly. We are just beginning to gather data to measure outcomes. 5. Our agency/facility has a public awareness and injury/illness prevention program. Public information and education plan is being implemented in accordance with the timelines. Data concerning the effectiveness of the strategies are used to modify the plan and programs.</p>				
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Emergency Medical and Trauma System (EMTS) Component: Public Education

<i>Process Indicator</i>	<i>Scoring</i>				
<p>13.2 An assessment of the needs of the general public concerning Emergency Medical and Trauma Care information has been conducted.</p>	<p>0. Don't know 1. There is no routine or planned contact with the general public. 2. Plans are in place to provide information to the general public in response to a particular acute illness or traumatic event. 3. The general public has been formally asked about what types of information would be helpful in understanding and supporting agency/facility issues. 4. General public information resources have been developed, based on the stated needs of the general public themselves, and general public representatives are included in agency/facility informational events. 5. In addition to routine contact, the general public is involved in various oversight activities such as local and regional advisory councils.</p>				
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Emergency Medical and Trauma System (EMTS) Component: Public Education

<i>Outcome Indicator</i>	<i>Scoring</i>				
<p>13.3 Your local agency/facility seeks and receives strong public support.</p>	<p>0. Don't know. 1. Our local agency/facility has not been able to generate community and political support for systems improvements, e.g. increased mill levies. 2. There has been sporadic community and political support of agency/facility needs, e.g. one time budget requests for new equipment. 3. There is an ongoing, but inadequate level of funding and community/political support for our agency/facility. 4. Our agency/facility has strong support from the community and political constituency that includes an ongoing budget that is adequate to meet the routine operating costs of the system. 5. Our agency/facility has strong support from the community and political constituency that includes not only an ongoing budget, but support for improvements and expansion. This support could be manifested by special assessments, one-time budget requests in addition to ongoing budgets, fund-raising campaigns widely supported by the community, etc.</p>				
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Emergency Medical and Trauma System (EMTS) Component: Public Education

<i>RETAC Indicator</i>	<i>Scoring</i>	
<p>13.4 The RETAC plan includes regional education efforts to promote and raise awareness of EMTS agencies and organizations and to promote wellness and prevention within the region.</p>	<p>0. Don't know 1. The RETAC is not currently involved in public education efforts. 2. The RETAC plan contains a public education component but there are no activities related to this component. 3. The RETAC is involved with others in public education about EMTS systems. 4. The RETAC plan drives activities that promote and raise awareness of the EMTS system within the region. 5. The RETAC is taking a leadership role in promoting the EMTS system and in promoting wellness and prevention within the region.</p>	
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Emergency Medical and Trauma System (EMTS) Component: Injury/Illness Prevention

14. All disciplines actively support community wellness and prevention activities.

<i>Structure Indicator</i>	<i>Scoring</i>				
<p>14.1 A written injury/ illness prevention plan is developed and coordinated with other agencies/facilities. The injury/illness program is data driven, and targeted programs are developed based on high injury/illness risk areas. Specific goals with measurable objectives are incorporated into the injury/illness prevention plan.</p>	<p>0. Don't know 1. There is no written plan for a coordinated injury/illness prevention program. 2. There are multiple injury and/or illness prevention programs that may conflict or overlap with each others with no coordination within the region. 3. There is a local written plan for a coordinated regional injury/illness prevention program that is linked to the agency/facility plan and that has goals and measurable objectives. 4. The regional injury/illness prevention program is being implemented and will include established timelines. 5. A regional injury/illness prevention program is being implemented in accordance with the timelines; data concerning the effectiveness of the plan are collected and are used to validate, evaluate, and modify the plan.</p> <table border="1" style="width: 100%; margin-top: 20px;"> <thead> <tr> <th align="center">Agency/Facility Score</th> <th align="center">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Injury/Illness Prevention

<i>Process Indicator</i>	<i>Scoring</i>				
<p>14.2 Injury/illness prevention programs use our agency/facility information to develop intervention strategies.</p>	<p>0. Don't know 1. There is no evidence to suggest that our agency/facility data are used to determine injury/illness prevention strategies. 2. There is some evidence that our agency/facility data is available for injury/illness prevention program strategies, but its use is limited and sporadic. 3. Our agency/facility data is routinely provided to the injury/illness prevention programs. The usefulness of the reports has not been measured, and prevention stakeholders are just beginning to use our agency/facility data for programmatic strategies and decision-making. 4. Our agency/facility reports on the status of illness/injury and injury mechanisms are routinely available to prevention stakeholders and are used routinely to realign prevention programs to target the greatest need. 5. A well-integrated agency/facility data system exists. Evidence is available to demonstrate how prevention stakeholders routinely use the information to identify program needs, to develop strategies on program priorities, and to set annual goals for injury/illness prevention.</p> <table border="1" style="width: 100%; margin-top: 20px;"> <thead> <tr> <th align="center">Agency/Facility Score</th> <th align="center">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
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Emergency Medical and Trauma System (EMTS) Component: Injury/Illness Prevention					
Outcome Indicator	Scoring				
<p>14.3 The effect or impact of injury and/or illness prevention programs is evaluated as part of a system performance improvement process.</p>	<p>0. Don't know 1. There is no effort to review the activities of our agency/facility in prevention efforts. 2. There is no routine evaluation of prevention activities accruing within this jurisdiction. 3. Our agency/facility does internal monitoring and evaluations of our efforts in prevention activities. 4. Our agency/facility participates with other key stakeholders in our region in evaluating prevention intervention activities. The programs are regularly assessed for effectiveness. 5. Our agency/facility along with other key stakeholders routinely uses data to implement prevention programs and to communicate prevention efforts through periodic reports. Evaluation processes are institutionalized and used to enhance future prevention activities on a regional level.</p>				
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Emergency Medical and Trauma System (EMTS) Component: Injury/Illness Prevention			
RETAC Indicator	Scoring		
<p>14.4 The region-wide Emergency Medical and Trauma System (EMTS) and the public health system have established linkages including programs with an emphasis on population-based public health surveillance, and evaluation for acute injury/illness prevention. Regional prevention efforts include pediatric injury prevention.</p>	<p>0. Don't know 1. There is no evidence that demonstrates program linkages, a working relationship, or the sharing of data between public health and the EMTS. Population-based public health surveillance for acute or chronic traumatic injury and illness has not been integrated with the RETAC. 2. There is little population-based public health surveillance shared with the EMTS, and program linkages are rare. Routine public health status reports are available for review by the RETAC and its constituent agencies. 3. The EMTS and the public health system have begun sharing public health surveillance data for acute and chronic illness and injury. Program linkages are in the discussion stage. 4. The EMTS has begun to link with the public health system, and the process of sharing public health surveillance data is evolving. Routine dialogue is occurring between programs. 5. The EMTS and the public health system are integrated. Routine reporting, programmatic participation, and system plans are fully vested. Operational integration is routine, and measurable progress can be demonstrated. (Demonstrated integration and linkage could include such activities as rapid response and notification in disasters, integrated data systems, communication cross-operability, and regular epidemiology report generation.)</p>		
	<table border="1"> <thead> <tr> <th>RETAC Score</th> </tr> </thead> <tbody> <tr> <td> </td> </tr> </tbody> </table>	RETAC Score	
	RETAC Score		



Emergency Medical and Trauma System (EMTS) Component: Information Systems

15. There is an information system within the EMTS that can evaluate system performance, track provider skills, and formulate policies based on the analysis of collected data.

Structure Indicator

Scoring

15.1 Your agency/facility participates in a system data collection and information data sharing network, collects pertinent data from providers on each episode of care, and uses data for system improvements.

- 0. Don't know
- 1. There is no routine collection of data or data collection system used by our agency/facility.
- 2. There is a minimal data set collected but it cannot be shared with other entities nor used for system improvements.
- 3. There is a data collection system, and some users access the information for system improvement activities. The use of the data is random and unfocused.
- 4. A regional data collection system is in place and used routinely by providers. The integration and use by other stakeholders is not completed.
- 5. There is a robust information system that is integrated with other databases. Our agencies/facilities input data into the data collection system on each episode of care. The data are used to analyze system performance and to make adjustments in education, training or policy as applicable.

Agency/Facility Score	System Score

Emergency Medical and Trauma System (EMTS) Component: Information Systems

Process Indicator

Scoring

15.2 An information system is available for routine Emergency Medical and Trauma System and public health surveillance. It can be accessed by individual users as well as management for system oversight.

- 0. Don't know
- 1. There is no information system in place within our agency/facility.
- 2. There is an information system in place but it is not used by our agency/facility.
- 3. There is an information system in place but its use is sporadic; some system oversight is done using the information system that is in place.
- 4. The information system is in place and is integrated with other databases. It is used in some instances to review system performance but regular reports and system oversight using the information system has not been fully accomplished.
- 5. There is a fully integrated information system that routinely and regularly reports on individual and system performance. The system is used to make regular reports to management, and for establishing policy changes. Individual agencies/facilities can access the database and produce reports.

Agency/Facility Score	System Score



Emergency Medical and Trauma System (EMTS) Component: Information Systems					
Outcome Indicator	Scoring				
<p>15.3 An information system is used to assess system and provider performance, measure compliance with standards/rules and to allocate resources to areas of greatest need or acquire new resources as necessary.</p>	<p>0. Don't know 1. There is no information system such as the one described in use within our agency/facility. 2. Our agency/facility information system is limited in scope and the data is generally used for billing purposes. 3. Our agency/facility information system is sometimes used to review system issues or individual performance. 4. Our agency/facility information system is used by some providers to review system performance and compliance with applicable standards. The use of the data system is usually associated with an unusual occurrence rather than the routine course of system oversight, although efforts to make the system more accessible are in process. 5. There is a comprehensive information system that is used to assess system performance, measure compliance with applicable standards and allocate resources. Our agency/facility integrates the information system with other data bases to assist in routine analysis of system performance.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 50%;">Agency/Facility Score</th> <th style="width: 50%;">System Score</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </tbody> </table>	Agency/Facility Score	System Score		
Agency/Facility Score	System Score				

Emergency Medical and Trauma System (EMTS) Component: Information Systems			
RETAC Indicator	Scoring		
<p>15.4 The RETAC utilizes data from local agencies and state data collection programs as well as periodic regional assessments as a tool to monitor the regional EMTS system. Information from all sources is integrated in a manner that drives regional continuous quality improvement efforts.</p>	<p>0. Don't know 1. The RETAC does not currently utilize objective data to drive regional quality improvement. 2. The RETAC has access to state trauma register and EMS agency information but does not use the information to drive regional quality improvement. 3. The RETAC utilizes one or more data sources to monitor regional performance and provides feedback and assistance to local agencies 4. There is a formal QI program that utilizes one or more data sources to measure targeted RETAC performance. 5. The RETAC regularly integrates trauma register, EMS information system, regional assessment and other data to assess the quality of its emergency medical and trauma system. The regional CQI system drives system wide performance improvement.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 100%;">RETAC Score</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> </tr> </tbody> </table>	RETAC Score	
RETAC Score			

Please complete the two-page BIS answer sheet and email completed answer sheet to Ken Riddle at kriddle@abarisgroup.com



Foothills
Regional Emergency Medical and Trauma Advisory Council
Standardized (Regional) Needs Assessment Project
Problem Ranking Survey

Demographical Information: (Indicate provider type and check all that apply below the provider type selected.)

- | | | |
|------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Pre-Hospital Provider | <input type="checkbox"/> Hospital Provider | <input type="checkbox"/> Other Provider |
| <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid | <input type="checkbox"/> Trauma Center Level | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> BLS <input type="checkbox"/> ALS | <input type="checkbox"/> MD | <input type="checkbox"/> |
| Dispatch/Communications | | |
| <input type="checkbox"/> Fire/Rescue | <input type="checkbox"/> RN | <input type="checkbox"/> Emergency Management |
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Administration | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Elected Official |
| | | <input type="checkbox"/> Other |

➤ Please rank the following ten listed issues from 1 (most challenging) to 10 (least challenging)

➤ Note: Use each value (1 through 10) only once

Agency Name:

Administrative Support

Comments:

Agency Funding/Financial Viability

Comments:

Aging Building/Equipment

Comments:

Billing/Accounts Receivable

Comments:



____ **Cooperation with Other Agencies**

Comments:

____ **Initial/Continuing Education**

Comments:

____ **Medical Director Involvement**

Comments:

____ **Recruitment of New Personnel**

Comments:

____ **Retention of Personnel**

Comments:

____ **Support from RETAC**

Comments:

- Please email or fax this and the BIS answer sheet to: **Ken Riddle** – kriddle@abarigroup.com or fax to 702-254-3867.



Appendix C – Foothills RETAC Specific Questions

**Foothills
Standardized Needs Assessment Project (SNAP)
Foothills RETAC Specific Questions**

Please Complete and email to ken.riddle@abarigroup.com

Question	Answer
Injury/Illness Prevention	
1. What injury/illness prevention activities should be occurring in your area that is not being performed?	
2. What are the barriers to injury prevention activities for your agency/facility?	
Mass Casualty	
3. Is your agency/facility familiar with the RETAC Regional MCI Plan? (Explain)	
4. Is your Communications Office/Dispatch Center familiar with the RETAC Regional MCI Plan? (Explain)	
5. Is your Communications Office/Dispatch Center routinely included in your MCI training and exercises? (Explain)	
Communications Systems	
6. Does your Communications Office/Dispatch Center routinely utilize EMS systems for posting incidents and requesting/monitoring capacity/capability reports from potential receiving hospitals? (Explain)	
Evaluation	
7. What Quality Improvement or research activities in <u>patient care</u> would you like to see the RETAC address? (Be specific)	
RETAC/System Issues	
8. What is your agency/facility's most critical need? I.E. education; equipment; data collection; personnel, etc. (Be specific)	
9. Of the 15 components of an EMTS system used in this assessment process, which ones do you consider the <u>most important</u> for the RETAC to address?	
10. What other EMTS <u>system</u> issues would you like to see the RETAC address? I.E. patient transport; QI; data/documentation; hospital/facility issues; inter-facility issues, etc. (Be specific)	





**Standardized Needs Assessment Project (SNAP)
Foothills RETAC Specific Questions**

Please Complete and email to ken.riddle@abarisgroup.com

Question	Answer
Injury/Illness Prevention	
1. What injury/illness prevention activities should be occurring in your area that is not being performed?	Off-road motorized vehicles such as ATV's and snowmobiles Also, ski resorts have been building deadly terrain features without considering skier and mountain biker safety.
2. What are the barriers to injury prevention activities for your agency/facility?	Time and money.
Mass Casualty	
3. Is your agency/facility familiar with the RETAC Regional MCI Plan? (Explain)	I know there is one in the works.
4. Is your Communications Office/Dispatch Center familiar with the RETAC Regional MCI Plan? (Explain)	N/A
5. Is your Communications Office/Dispatch Center routinely included in your MCI training and exercises? (Explain)	N/A
Communications Systems	
6. Does your Communications Office/Dispatch Center routinely utilize EMSystems for posting incidents and requesting/monitoring capacity/capability reports from potential receiving hospitals? (Explain)	I don't know, however, my facility is on the state EMSsystem.
Evaluation	
7. What Quality Improvement or research activities in <u>patient care</u> would you like to see the RETAC address? (Be specific)	Appropriateness and outcomes of patients that bypass (by EMS) the closest trauma center.
RETAC/System Issues	
8. What is your agency/facility's most critical need? I.E. education; equipment; data collection; personnel, etc. (Be specific)	Resources (people) to establish and facilitate community-specific injury prevention programs.
9. Of the 15 components of an EMTS system used in this assessment process, which ones do you consider the <u>most important</u> for the RETAC to address?	Integration of information systems
10. What other EMTS <u>system</u> issues would you like to see the RETAC address? I.E.	



patient transport; QI; data/documentation; hospital/facility issues; inter-facility issues, etc. (Be specific)	
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**Standardized Needs Assessment Project (SNAP)
Foothills RETAC Specific Questions**

Please Complete and email to ken.riddle@abarisgroup.com

Question	Answer
Injury/Illness Prevention	
1. What injury/illness prevention activities should be occurring in your area that is not being performed?	Some way to evaluate the potential for a problem, before the injury occurs, i.e. when EMTs/Medics are in the home, they can make observations and report them
2. What are the barriers to injury prevention activities for your agency/facility?	No money to begin a program No staff to continue a program
Mass Casualty	
3. Is your agency/facility familiar with the RETAC Regional MCI Plan? (Explain)	Yes – we have taken it and had a task force adopt it to our agency, revising EOGs, etc. and creating an educational program – we’re now in the process of getting it out to the troops
4. Is your Communications Office/Dispatch Center familiar with the RETAC Regional MCI Plan? (Explain)	Don’t know, we use two dispatch centers
5. Is your Communications Office/Dispatch Center routinely included in your MCI training and exercises? (Explain)	We try to but they always have the option to opt out
Communications Systems	
6. Does your Communications Office/Dispatch Center routinely utilize EMS systems for posting incidents and requesting/monitoring capacity/capability reports from potential receiving hospitals? (Explain)	Don’t know – our troops don’t routinely access it.
Evaluation	
7. What Quality Improvement or research activities in <u>patient care</u> would you like to see the RETAC address? (Be specific)	Prospective study on value of PCR to care of medical and trauma patients – we just completed retrospective study.
RETAC/System Issues	
8. What is your agency/facility’s most critical need? I.E. education; equipment; data collection; personnel, etc. (Be specific)	Data collection – our current system is not getting us the data we need.
9. Of the 15 components of an EMTS system used in this assessment process, which ones do you consider the <u>most important</u> for the RETAC to address?	Information systems Integration of Health Services EMTS Research; Finance and Education Systems
10. What other EMTS <u>system</u> issues would you like to see the RETAC address? I.E. patient transport; QI; data/documentation;	QI; data/documentation issues



hospital/facility issues; inter-facility issues, etc. (Be specific)	
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**Standardized Needs Assessment Project (SNAP)
Foothills RETAC Specific Questions**

Please Complete and email to ken.riddle@abarisgroup.com

Question	Answer
Injury/Illness Prevention	
1. What injury/illness prevention activities should be occurring in your area that is not being performed?	Education material for medically related issues; diabetes, cardiac, respiratory emergencies.
2. What are the barriers to injury prevention activities for your agency/facility?	Buy in from Staff. Personnel already feel overwhelmed with what is expected of them.
Mass Casualty	
3. Is your agency/facility familiar with the RETAC Regional MCI Plan? (Explain)	Yes, they are active in assisting agencies in the development of a MCI plan.
4. Is your Communications Office/Dispatch Center familiar with the RETAC Regional MCI Plan? (Explain)	I don't believe so.
5. Is your Communications Office/Dispatch Center routinely included in your MCI training and exercises? (Explain)	I don't believe so.
Communications Systems	
6. Does your Communications Office/Dispatch Center routinely utilize EMS systems for posting incidents and requesting/monitoring capacity/capability reports from potential receiving hospitals? (Explain)	I know they are aware of the system and would assume that they would utilize this resource when necessary.
Evaluation	
7. What Quality Improvement or research activities in <u>patient care</u> would you like to see the RETAC address? (Be specific)	Become active in assisting agencies in the development of a QI program.
RETAC/System Issues	
8. What is your agency/facility's most critical need? I.E. education; equipment; data collection; personnel, etc. (Be specific)	Data collection. We are in the process of obtaining a new electronic reporting system that would allow us to supply data to the State. We are also in need of educational equipment such as training mannequins.
9. Of the 15 components of an EMTS system used in this assessment process, which ones do you consider the <u>most important</u> for the RETAC to address?	QI and data/documentation
10. What other EMTS <u>system</u> issues would	Injury/Illness Prevention; especially, in the area if infectious



you like to see the RETAC address? I.E. patient transport; QI; data/documentation; hospital/facility issues; inter-facility issues, etc. (Be specific)	disease.
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Standardized Needs Assessment Project (SNAP) Foothills RETAC Specific Questions

Please Complete and email to ken.riddle@abarisgroup.com

Question	Answer
Injury/Illness Prevention	
1. What injury/illness prevention activities should be occurring in your area that is not being performed?	Additional support to fall prevention and elderly home safety
2. What are the barriers to injury prevention activities for your agency/facility?	Outreach, identification of individuals requiring assistance
Mass Casualty	
3. Is your agency/facility familiar with the RETAC Regional MCI Plan? (Explain)	Yes
4. Is your Communications Office/Dispatch Center familiar with the RETAC Regional MCI Plan? (Explain)	Yes
5. Is your Communications Office/Dispatch Center routinely included in your MCI training and exercises? (Explain)	Unknown
Communications Systems	
6. Does your Communications Office/Dispatch Center routinely utilize EMS systems for posting incidents and requesting/monitoring capacity/capability reports from potential receiving hospitals? (Explain)	Yes
Evaluation	
7. What Quality Improvement or research activities in <u>patient care</u> would you like to see the RETAC address? (Be specific)	Evaluation of patient care as it relates to a systemic approach
RETAC/System Issues	
8. What is your agency/facility's most critical need? I.E. education; equipment; data collection; personnel, etc. (Be specific)	Data collection in an environment that is safe And not at risk for purposes of litigation.
9. Of the 15 components of an EMTS system used in this assessment process, which ones do you consider the <u>most important</u> for the	Evaluation and implementation of QA/QI



RETAC to address?	
10. What other EMTS <u>system</u> issues would you like to see the RETAC address? I.E. patient transport; QI; data/documentation; hospital/facility issues; inter-facility issues, etc. (Be specific)	QI at a system approach.



**Standardized Needs Assessment Project (SNAP)
Foothills RETAC Specific Questions**

Please Complete and email to ken.riddle@abarigroup.com

Question	Answer
Injury/Illness Prevention	
1. What injury/illness prevention activities should be occurring in your area that is not being performed?	Additional support to fall prevention and elderly home safety
2. What are the barriers to injury prevention activities for your agency/facility?	Outreach, identification of individuals requiring assistance
Mass Casualty	
3. Is your agency/facility familiar with the RETAC Regional MCI Plan? (Explain)	Yes
4. Is your Communications Office/Dispatch Center familiar with the RETAC Regional MCI Plan? (Explain)	Yes
5. Is your Communications Office/Dispatch Center routinely included in your MCI training and exercises? (Explain)	Unknown
Communications Systems	
6. Does your Communications Office/Dispatch Center routinely utilize EMS systems for posting incidents and requesting/monitoring capacity/capability reports from potential receiving hospitals? (Explain)	Yes
Evaluation	
7. What Quality Improvement or research activities in <u>patient care</u> would you like to see the RETAC address? (Be specific)	Evaluation of patient care as it relates to a systemic approach
RETAC/System Issues	
8. What is your agency/facility's most critical need? I.E. education; equipment; data collection; personnel, etc. (Be specific)	Data collection in an environment that is safe And not at risk for purposes of litigation.
9. Of the 15 components of an EMTS system	Evaluation and implementation of QA/QI



used in this assessment process, which ones do you consider the <u>most important</u> for the RETAC to address?	
10. What other EMTS <u>system</u> issues would you like to see the RETAC address? I.E. patient transport; QI; data/documentation; hospital/facility issues; inter-facility issues, etc. (Be specific)	QI at a system approach.



Standardized Needs Assessment Project (SNAP) Foothills RETAC Specific Questions

Please Complete and email to ken.riddle@abarisgroup.com

Question	Answer
Injury/Illness Prevention	
1. What injury/illness prevention activities should be occurring in your area that is not being performed?	Suicide Prevention
2. What are the barriers to injury prevention activities for your agency/facility?	Funding and personnel
Mass Casualty	
3. Is your agency/facility familiar with the RETAC Regional MCI Plan? (Explain)	Marginally. Our agency is aware of the plan but familiarity will only occur when all emergency services (i.e. EMS, Fire, and Law Enforcement) adopt the plan.
4. Is your Communications Office/Dispatch Center familiar with the RETAC Regional MCI Plan? (Explain)	No
5. Is your Communications Office/Dispatch Center routinely included in your MCI training and exercises? (Explain)	No
Communications Systems	
6. Does your Communications Office/Dispatch Center routinely utilize EMSystems for posting incidents and requesting/monitoring capacity/capability reports from potential receiving hospitals? (Explain)	No (Clear Creek Communications Office) Yes (West Metro Fire Communications Office)
Evaluation	
7. What Quality Improvement or research activities in <u>patient care</u> would you like to see the RETAC address? (Be specific)	Objective patient outcome data from receiving hospitals.
RETAC/System Issues	
8. What is your agency/facility's most critical need? I.E. education; equipment; data collection; personnel, etc. (Be specific)	Clear Creek EMS: <ul style="list-style-type: none"> • Operational MCI Plan • EMSystems Training for Communications Office and for receiving hospitals West Metro Fire: <ul style="list-style-type: none"> • EMSystems Training for Communications Office and for



	receiving hospitals
9. Of the 15 components of an EMTS system used in this assessment process, which ones do you consider the <u>most important</u> for the RETAC to address?	<ol style="list-style-type: none"> 1. Mass Casualty 2. Research 3. Communications Systems
10. What other EMTS <u>system</u> issues would you like to see the RETAC address? I.E. patient transport; QI; data/documentation; hospital/facility issues; inter-facility issues, etc. (Be specific)	<ol style="list-style-type: none"> 1. Medical Direction 2. Evaluation





A B A R I S G R O U P
CELEBRATING 20 YEARS OF INNOVATION

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