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

## Standardized (Regional) Needs Assessment Project

## Northwest Colorado
## Regional Emergency Medical and Trauma Advisory Council

## Final Report

**A report from:**

**The Abaris Group**
**Walnut Creek, CA**

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

## Standardized (Regional) Needs Assessment Project
## Northwest Colorado RETAC

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## Executive Summary

The Abaris Group conducted a needs assessment for the Northwest Colorado Regional Emergency and Trauma Advisory Council's (NWRETAC) Emergency Medical and Trauma Services (EMTS) system beginning in October 2009 and concluding in May 2010. The assessment included onsite visits and interviews with the NWRETAC stakeholders, 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 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 NWRETAC's consideration to enhance the EMTS system in Northwest Colorado.

The overall BIS scores revealed that the average score for the agency/facility was 2.9 and the average score for the system was a 1.7. The respondents most frequently scored their own agency or facility with threes or fours, indicating that these categories are mostly beyond the planning or discussion phase but not yet comprehensively established. However, respondents were not able to score many of the questions as they related to the overall system's efforts. Respondents answered "I don't know" to 43 percent of the questions as they related to the overall EMTS system. Respondents were most aware of overall system efforts in the areas of Integration of Health Services, EMTS Research, and Legislation and Regulation.

The hospital providers scored their facility higher on average than the pre-hospital respondents (3.2 vs. 2.8). Both hospital and pre-hospital respondents scored the overall EMTS system similarly (1.7 vs. 1.6). Overall, EMTS Research received the lowest combined score (1.4) while Integration of Health Services received the highest (3.1).

Individual questions that received the highest scores were Integration of Health Service structure (Q 1.1), System Finance outcomes (Q 4.3), Regulation and Legislation structure (Q 3.1), and Public Access structure (Q 7.1). Questions that received the lowest scores were RETAC communication systems (Q 9.4), RETAC information systems (Q 15.4), and EMTS Research outcomes (Q 2.3).

The NWRETAC developed seven RETAC specific questions; four related to System Finance (Q 4.5, 4.6, 4.7, 4.8); two related to Educations Systems (Q 6.5 and 6.6); and one question regarding the Mass Casualty component. The BIS results and scores for these questions are addressed under each specific component in this report and on the excel spreadsheets provided with this report.

From the problem ranking survey results, the issues that were identified as most challenging for the Pre-Hospital respondents were Recruitment and Retention of Personnel. For Hospital respondents, Agency Funding/Financial Viability and Billing/Accounts Receivable were their most challenging issues. Overall, both pre-hospital and hospital respondents reported that their least challenge issues were Support from RETAC, Cooperation with Other Agencies, and Medical Director Involvement.

The recommendations for the Northwest 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.

<u>July - January</u>

- Northeast Colorado RETAC
- Northwest RETAC
- Plains to Peaks RETAC
- Southeastern Colorado RETAC

<u>January – June</u>

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

## Methodology

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

- Review of documents – Several documents related to the EMTS systems in Colorado, including relevant CRS, NWRETAC Biennial Plan, NWRETAC agency profiles, NWRETAC meeting minutes, and the NWRETAC 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 NWRETAC developed seven specific questions, four related to system finance, two related to education systems and one related to mass casualty.
- Attend NWRETAC Meeting – The Abaris Group attended the NWRETAC board meeting prior to the onsite assessments, presented an overview of the SNAP and introduced the BIS instrument and problem ranking survey to the NWRETAC Board members.
- Distribution of BIS and Problem Ranking Survey – The BIS instrument and problem ranking survey were provided to the NWRETAC stakeholders electronically and in paper form.
- Onsite Assessments – In collaboration with the NWRETAC coordinator, The Abaris Group met with a sampling of the NWRETAC stakeholders. A SWOT analysis of the NWRETAC was performed with the information provided by the NWRETAC'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 NWRETAC system enhancements were identified.
- Draft Report – A draft report with conclusions and recommendations was submitted to the NWRETAC Coordinator and Chairperson for confirmation of factual data. Several comments were made and a follow-up phone call to discuss the report with the NWRETAC Chair and Coordinator was completed on June 10, 2010.
- Report Presentation – Conclusions from the draft report were presented to the NWRETAC in an open forum on May, 10, 2010. The final report will be distributed to the NWRETAC Board and interested stakeholders.

## Overview of the Northwest Colorado RETAC

The NWRETAC is a council that serves the five counties of Garfield, Mesa, Moffat, Rio Blanco, and Routt. The NWRETAC Board is composed of 15 voting members representing each of the five counties. The Board members represent primarily pre-hospital and hospital disciplines. The NWRETAC Bylaws allows for three alternate members from each county. The organizations currently represented on the RETAC Board include the following:

### Garfield County

- Carbondale and Rural Fire Protection District
- Grand River Hospital District
- Valley View Hospital

### Mesa County

- Community Hospital
- Grand Junction Fire Department
- Mesa County EMS

**Moffat County**

- Moffat County Office of Emergency Management
- The Memorial Hospital
- EMS Medical Director - Moffat County

**Rio Blanco County**

- Pioneers Medical Center
- Rangely District Hospital
- Rio Blanco Fire Protection District

**Routt County**

- Routt County Emergency Management
- Steamboat Springs Fire-Rescue
- Yampa Valley Medical Center

The Council has an elected Executive Committee consisting of a chairperson, vice-chairperson, secretary, and a treasurer. The NWRETAC has contracted with a coordinator who performs specific tasks on a part-time basis. The NWRETAC Bylaws allow for the establishment of a number of committees as needed to address specific EMTS and RETAC issues. Current active committees are the Budget and Planning Committee, Trauma Coordinators Committee and Leadership Conference Committee. Other committees that may be established by the Board include:

- Grants and Donations
- Transportation
- Facilities
- Quality Assurance and Performance Improvement
- Peer Review
- Ambulance Licensing
- Injury Prevention
- Data and Trauma Registry
- Education and Public Information
- Mass Casualty Incident Management

The NWRETAC meetings are held every other month. The meeting location is in Meeker at the offices of the Rio Blanco Fire Protection District. The NWRETAC meetings are well attended by the board members, alternate members, and other interested EMTS stakeholders.

The NWRETAC is described in its Bylaws as "the representative body" for the five counties within the NWRETAC. It is not a quasi-government agency or non-profit agency and therefore has limitations in regards to certain administrative and business activities. They recently entered into an agreement with the Western RETAC to serve as their fiscal agent in order to receive funds from the CDPHE EMTS Section.

The NWRETAC 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 NWRETAC. Currently, the NWRETAC Coordinator position is a part-time contracted position.

The Northwest Colorado RETAC EMTS system consists of a combination of paid and volunteer EMTS agencies and facilities. There are approximately 62 ambulances in the region operated by 25 licensed transport agencies and eight receiving facilities. Because of the large geographic remote areas of the NWRETAC, utilization of most ambulances in the region is low. The types of agencies and facilities include the following:

- 5 County EMTS Councils
- First-response agencies, including ski patrols and search and rescue organizations
- Paid and volunteer fire department first-responders
- 25 licensed transport agencies
- 1Level II hospitals/trauma center
- 1 Level III hospitals/trauma center
- 6 Level IV hospitals/trauma centers
- 1 Non-designated hospital
- 1 Veterans Administration (VA) hospital
- 4 state-approved EMS training centers (3 associated with community colleges) and 6 state-approved EMS training groups
- 6 Public Safety Answering Points (PSAP)
- 3 County communications centers
- 2 City communications centers (one is a consolidated center)
- 1 Regional communications center
- 5 Emergency Management offices
- 5 Search and Rescue agencies
- 1 Helicopter Ambulance

Other agencies include law enforcement, public health, nurse associations and county fire chief forums. Staffing of NWRETAC EMTS pre-hospital agencies includes a combination of paid and volunteer personnel. In the frontier and rural areas in each county, EMS is primarily provided by volunteer or part-time personnel.

**Northwest Colorado RETAC Onsite and Offsite Activities**

The Abaris Group consultant attended a special meeting of the NWRETAC on October 12, 2009 in Meeker. At that meeting, an overview of the SNAP was provided and the BIS and problem ranking survey were introduced to the council members.

Onsite assessments were conducted on October 12 - 14 and November 9, 2009. Onsite assessments consisted of traveling to a sample of the EMTS agencies and organizations' primary place of business or a mutually agreed upon location and interviewing one or more representatives. Participants were asked to provide an overview of their organization and the NWRETAC, including a SWOT assessment of both related to the 15 Colorado EMTS components. The results of the SWOT analysis are included in this report.
The following 12 agencies/organizations representatives participated in the onsite visits or telephone interviews:

- Burning Mountain Fire Protection District
- Carbondale and Rural Fire Protection District
- Clifton Fire Protection District
- Grand Junction Fire Department
- Lower Valley Fire Protection District
- Mesa County EMS
- Pioneers Medical Center
- Plateau Valley Fire Protection District
- Rio Blanco County EMTS Council
- Rio Blanco Fire Protection District
- St. Mary's Hospital
- Steamboat Springs Fire-Rescue

A Town Hall meeting was held in conjunction with the NWRETAC Board meeting November 9, 2009 in Meeker, CO. A SWOT analysis format was used to stimulate discussions related to each of the 15 Colorado trauma/EMS components. Notes were taken during the meeting and are summarized in this report.

Representatives from the following 12 agencies and organizations were in attendance at the Town Hall meeting:

- Carbondale and Rural Fire Protection District
- Grand Junction Fire Department
- Grand River Hospital District
- Moffat County Emergency Management
- Moffat County EMTS Council
- NWRETAC Coordinator
- Pioneers Medical Center
- Rio Blanco Fire Protection District

- St. Mary's Care Flight
- St. Mary's Hospital
- Steamboat Springs Fire-Rescue
- Yampa Valley Medical Center

In addition to the interviews and town hall meeting, there were representatives from 13 EMTS agencies/facilities that completed the BIS survey or the problem ranking survey, or both. They were:

- Carbondale and Rural Fire Protection District
- Clifton Fire Protection District
- Grand River Hospital District
- Mesa County EMS
- Moffat County Emergency Management
- Oak Creek Fire Protection District
- Pioneers Medical Center
- Rio Blanco County EMTS Council
- Rio Blanco Fire Protection District
- Steamboat Springs Fire-Rescue
- Valley View Hospital
- West Routt Fire Protection District
- Yampa Fire Protection District

In total, there were 22 agencies or facilities involved in this assessment process with over 25 individuals providing some form of input either through onsite or telephone interviews, town hall meetings, or the completion of the BIS or problem ranking survey.

Offsite activities included reviewing several documents and other sources related to the NWRETAC. These sources include the following:

- NWRETAC 2009 - 2011 Biennial Plan
- NWRETAC 2009/2010 budget
- NWRETAC Bylaws (2009 edition)
- Internet search on NWRETAC

The NWRETAC currently does not have a website resulting in most documents being provided by the NWRETAC Coordinator or through the CDPHE EMTS Section website.

## Onsite SWOT Analysis

There were onsite or telephone interviews with representatives of 12 NWRETAC EMTS agencies/organizations. There were 12 NWRETAC EMTS agencies/organizations represented at the Town Hall meetings. Overall, either through individual interviews or by attending the Town Hall, input was received from 22 NWRETAC EMTS agencies and organizations.

The NWRETAC is attempting to meet the needs of its EMTS stakeholders in a variety of ways. Since most RETAC Board members have full-time positions as EMTS providers and the RETAC Coordinator position is part-time, the NWRETAC has had to be selective in the activities it undertakes. The NWRETAC Biennial Plan identifies clinical care, mass casualty and prevention have been identified as the system components with the most urgent needs while improvements to clinical care, communications systems and mass casualty are considered the highest priority. The part-time RETAC Coordinator is an effective leader who is well respected and viewed as one of the strengths of the RETAC.

The NWRETAC is well integrated with participation from both pre-hospital and hospital stakeholders as well as emergency management officials. A desire for more involvement of non-traditional EMS groups such as ski patrol and search and rescue was expressed by some. EMTS research is virtually non-existent partially because of the lack of resources and low call/patient volumes. The NWRETAC Coordinator expressed to the consultant that EMTS research generally has a low return on investment and that it requires a considerable amount of resources and the end result has minimal impact on patient care or agency operations. Legislation and regulation issues are handled well by the RETAC with the Coordinator keeping the EMTS stakeholders informed. The NWRETAC was instrumental in persuading the CDPHE EMTS Section to maintain EMT-I level certifications. Advanced life support (ALS) in northwest Colorado is primarily provided by EMT-P personnel in Garfield and Mesa Counties, as well as in Steamboat Springs. In the rural and frontier areas of the region, EMT-I personnel are the primary providers of ALS. The funds available for the NWRETAC are inadequate to fund a full-time Coordinator. The NWRETAC currently authorizes the counties to use the entire state allocation of $15,000 per county to support local programs that maintain or improve the EMTS system. There have instances in the past where county funds were used for regional projects or programs through the RETAC. Human resources issues with recruitment and retention is a major concern for the NWRETAC region. Education system needs involve the need for outreach training and additional opportunities for ALS training, including continuing education. The NWRETAC conducts an annual Northwest RETAC Leadership conference that involves the regions Medical Directors as well. Public access to 9-1-1 is available throughout the region although there are dead spots for cell phones along the highways.

There is some evaluation of the EMTS system and most evaluation of patient care is agency/facility specific in each county. There is very little evaluation of the EMTS system on a regional basis because of concerns regarding discoverability and the lack of guidelines or rules from the CDPHE EMTS Section. The communication system in the NWRETAC is fragmented with 800 Digital Trunked Radio (DTR) system used sporadically and the use of UHF and VHF radio frequencies also used. The infrastructure required for the 800 DTR is being phased in over the next few years. Although medical direction is provided by multiple medical directors in the region, they actively communicate between each other and meet at least annually at the Leadership conference. There is a high level of clinical care being provided in the region with most agencies providing ALS patient care. There is a NWRETAC specific mass casualty plan in place, although it has not been updated in the past few years to reflect the current capabilities. There are a few public education and illness/injury prevention programs in place, most are agency/facility specific, although the NWRETAC received a grant to build a regional coalition to implement an occupant protection program.

The information systems used throughout the RETAC vary from pen and paper systems to high tech electronic patient care reporting (ePCR) systems.

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

**Strengths**

- NWRETAC Board Members – Diversity of Board members (small and large agencies represented); common and shared core beliefs and values; good communications; non-competitive; neighborly and strong bonds with partners; blending of frontier and urban ideas, procedures, and processes; cohesive
- RETAC Coordinator – Respected and very knowledgeable; good Board support; understands and integrates urban, rural and frontier EMTS issues; advocates for all regions of the RETAC; good liaison, attends meetings and updates stakeholders
- County EMTS Councils – All five counties have active EMTS councils that interact with the NWRETAC
- Integration/Cooperation – Hospitals and pre-hospital personnel work well together and assist each other as needed
- Medical Direction – Medical Directors meet annually at the NWRETAC Leadership conference
- Education/Training – Three colleges in region provide EMTS training and education; St. Mary's outreach training programs
- County Funding - The entire $15,000 state allotment per county goes to each county (expressed as both a strength and weakness); no funding back to RETAC unless there is county support for a regional project that benefits the entire region
- Grant Opportunities – Grants have been extremely beneficial to enhance EMTS delivery in the region

**Weaknesses**

- RETAC Boundaries – Long distances to travel for meetings or training
- RETAC Coordinator Workload – Coordinator part-time position and must prioritize RETAC activities
- EMTS Personnel/Staffing – Recruitment and retention of EMS and pre-hospital volunteer EMS agencies and some of the rural hospital personnel; lack of management depth; lack of succession planning for rural/volunteer agencies
- Communications – With non-traditional EMTS agencies, i.e. ski patrols and search and rescue agencies; between RETAC and county EMTS Councils; from CDPHE EMTS Section to RETAC
- Radio Communications - Multiple radio systems including 800, UHF, and VHF, inadequate 800 infrastructure in place
- RETAC Funding – No increase in funding since 1998; the entire $15,000 state allotment per county goes to each county (expressed as both a weakness and a strength)
- Quality Improvement – Very little pre-hospital evaluation and QI activities throughout region, better in urban areas and hospitals
- Education/Training – High cost for initial and continuing education provided through community colleges; the availability of ALS continuing education in frontier/rural areas

**Opportunities**

- Focus on Issues – Because of the non-competiveness of the NWRETAC Board members, easy to focus on specific issues
- Non-Traditional EMTS Stakeholders – Improve communications and increase involvement with these groups
- Education/Training – Continue to work closely with the three colleges and all the hospitals in the region to enhance education and training
- Technology Use – Better use of technology to reduce travel for meetings and training; enhance communications throughout RETAC; develop NWRETAC website to enhance information distribution

**Threats**

- Loss of RETAC Coordinator – Due to inadequate funding
- Funding – Inadequate or loss of funding to RETAC and counties
- EMTS Personnel/Staffing – Retention/recruitment of hospital and EMS providers in rural/frontier areas; reliance on EMS volunteers in many communities
- Time and Distance – Travel time and expense to meetings and training resulting in less participation

## 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 (Northwest Colorado 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. In addition to the 45 BIS questions (4/category), the NWRETAC added seven RETAC specific questions.

Twelve organizations from the Northwest RETAC responded to the survey, including four hospitals and eight pre-hospital providers. Although for many of the topics there was great variation between how the respondents answered, they still provided some valuable insight into how respondents view the efforts of both their agencies and the NWRETAC system.

Overall, the average score for the agency/facility was 2.9 and the average score for the system was a 1.7. The respondents most frequently scored their own agency or facility with threes or fours, indicating that these categories are mostly beyond the planning or discussion phase but not yet comprehensively established. However, respondents were not able to score many of the questions as they related to the overall system's efforts. Respondents answered "I don't know" to 43 percent of the questions as they related to the overall EMTS system. Respondents were most aware of overall system efforts in the areas of Integration of Health Services, EMTS Research, and Legislation and Regulation.

The hospital providers scored their facility higher on average than the pre-hospital respondents (3.2 vs. 2.8). Both hospital and pre-hospital respondents scored the overall EMTS system similarly (1.7 vs. 1.6). Overall, EMTS Research received the lowest combined score (1.4) while Integration of Health Services received the highest (3.1).

Individual questions that received the highest scores were Integration of Health Service structure (Q 1.1), System Finance outcomes (Q 4.3), Regulation and Legislation structure (Q 3.1), and Public Access structure (Q 7.1). Questions that received the lowest scores were RETAC communication systems (Q 9.4), RETAC information systems (Q 15.4), and EMTS Research outcomes (Q 2.3).

**Integration of Health Services**

The majority of respondents (58.3 percent) stated that their agency participates regularly in a committee to develop a system plan, with most reporting that there is a process in place for communicating changes to patient care to all stakeholders. The majority also reported that their leadership periodically reviews its activities towards system integration.

Similarly, respondents generally felt that the RETAC is involved in developing a system plan with, 36.4 percent saying that RETAC leadership and staff periodically reviews its activities related to system integration without input from various stakeholders and another 34.6 percent saying that the multidisciplinary RETAC stakeholders group reacts to issues that lack appropriate system integration.

Overall, respondents demonstrated high knowledge to all components of Q1 with < 10% answering "I don't know" to Question 1 components.

**Recommendations**

- Communicate with other non-traditional EMTS agencies and invite them to participate in RETAC meetings and activities
- Increase involvement of Public Health agencies
- Ensure all stakeholders receive RETAC EMTS information and meeting minutes

**EMTS Research**

A majority of respondents believe that their agency does not participate in, collaborates on, or publishes any research and/or has no policy to do so. Most respondents also felt that RETAC is not involved with research efforts. Many also reported they that did not know about RETAC's research efforts.

No respondents felt that their agency/or facility policies promotes system research in collaboration with physicians and research centers and uses data to analyze and improve system design, patient care and specific interventions.

Interviews with NWRETAC EMTS stakeholders revealed very little research is being done on an agency or system basis.

**Recommendations**

- Determine if there is any interest in conducting research through the RETAC
- Identify resources, both personnel and financial, to undertake research if the RETAC so desires
- Consider collaboration with hospitals and educational institutions to conduct research in areas of mutual interest

**Legislation and Regulation**

Most respondents (54.5 percent) claimed that their agency was in full compliance with laws and regulations and that their agency operates based on laws/regulations. Another 36.4 percent said that they are in compliance for most requirements. The majority also stated that the decision making and operations of the agency are in compliance with applicable policies, laws, rules, ordinances, and contracts.

The majority of respondents (54.5%) answered that they have 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.

Almost half of respondents (45.5%) did not know whether RETAC was reviewed externally, but most (54.5%) did say that 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.

**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**

Fifty-percent of respondents indicated that their agency collects data, generates reports, has a governing body produce and approve revenue and expense reports, and that progress against budget projections is monitored throughout the budget cycle. Several respondents (41.7%) indicated that 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.

Several respondents (41.7%) did not know whether or not the long-term viability of their agencies or facilities is reasonably assured because they are founded on sustainable operating and financial models, and professionally managed. Another 41.7 percent did not know if patient revenues and insurance reimbursements are maximized by timely, accurate billing and collection efforts by trained personnel.

There was a significant amount of respondents that did not know the status of most of the components of overall system finances. However, 54.5 percent of respondents did indicate that administrative, management and clinical care planning is conducted, priorities are identified and linked to the expense budget, and revenue sources are identified and allocated and 45.5 percent said 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.

There were four NWRETAC specific questions included on the BIS. The respondents overall scored the questions as "0" indicating that they did not know, specifically the results are as follows:

- Q 4.5 – Nearly 64 percent indicated that do not know if the long-term viability of agencies/facilities is based on sustainable operating or financial models that are professionally managed. Another 18.2 percent indicated that the operating plan for their agency/facility is formally reviewed on a regular basis.
- Q 4.6 – There were 45.5 percent of respondents do not know if there are stable funding sources in areas with low patient volumes. Twenty-seven percent indicated that had stable funding.
- Q 4.7 – All (100 percent) of respondents do not know if revenues and insurance reimbursements are maximized through specific processes.
- Q 4.8 – For this question regarding the adequate funding for the RETAC, 54.5 percent did not know and 36 percent indicated that RETAC has no recognized organization form and uses a fiscal agent.

**Recommendations**

- Continue to provide the NWRETAC financial data, including the annual operating budget and monitoring reports to system stakeholders on a regular basis
- Continue to assist EMTS agencies identify and apply for grants to enhance EMTS delivery
- Consider activities to assist EMTS stakeholders with enhancing revenues

**Human Resources**

Respondents generally gave favorable scores to their agency or facility's human resource components. 41.7 percent said that their agency/facility maintains optimal staffing levels through a pro-active recruitment and retention program that provide benefits and incentives to help ensure staff satisfaction and stability.

Respondents generally reported that they did not know about the human resources in the overall system. 72.7% said that they did not know if the overall system 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.

Responses varied on the extent to which the RETAC is viewed as a key resource for technical assistance and support with human resources matters and as a source of training opportunities.

**Recommendations**

- Consider a system wide focused recruitment and retention program
- Consider sharing volunteer on-call EMS personnel between EMS transport agencies where geographically appropriate (This works well in the San Luis Valley RETAC with agencies that share on-call or on-site EMS responders.)

**Education Systems**

Several respondents (41.7%) reported that their agency or facility has a structure in place to provide the educational needs of its employees and that they provide a comprehensive program of initial and continuing education for its employees consistent with state and nationally recognized levels of care.

Additionally, 41.7 percent of respondents also reported that clinical or field procedural problems are occasionally addressed in continuing education programs but there is no regular, consistent evaluation of competency. However, 50 percent indicated that there is a regular continuing education program offered by their agency/facility that includes all specialized topic areas required to maintain certification or licensure.

In general, knowledge about the overall system's educational system was limited. 72.7 percent of respondents indicated that they did not know if the overall system offered any continuing educational programs in specialty topics and 63.6 percent indicated that they did not know if the effectiveness of continuing educational programs were measured in any way.

Many respondents (45.5%) felt that the RETAC does not assess the availability of education programs within the region.

There were two NWRETAC specific questions included in this category. The first (Q 6.5) asked whether regular continuing education in specialty topics is available and locally coordinated between agencies. Seventy-two percent indicated that they did not know, another 18.2 percent felt that this type of continuing education is available as part of a regular continuing education program but in many cases at least one

day of travel is required. The second question (Q 6.6) asked about the accessibility of testing sites for initial certification, 45.5 didn't know and 36.4 percent indicated that testing sites are accessible but typically require 12 – 16 hours of travel.

**Recommendations**

- Consider an education/training needs survey of NWRETAC stakeholders regarding accessibility and availability of education and training
- Continue to conduct the Northwest RETAC Leadership conference
- Enhance and continue to share educational opportunities among EMTS agencies/facilities

**Public Access**

Respondents were relatively varied in their responses to the Public Access component of the survey. A majority of respondents (58.3%) believed that their agency or facility has accommodations for special populations that allow them to effectively access the system. However, a third of respondents (33.3%) said there is no routine or planned contact with the general public.

Respondents most frequently answered "I don't know" to the overall systems approach to public access.

**Recommendations**

- Explore the feasibility of consolidated state of the art emergency medical dispatch centers
- Provide consistent pre-arrival instructions in the frontier/rural counties, possibly by transferring calls that need pre-arrival instructions to a dispatch agency that does provide them

**Evaluation**

Two thirds of respondents (66.7%) said that a computer system is in place at their agency/facility and is used by providers to collect patient care information and that data is submitted to the state on the required submission schedule but analytical tools are not used for system monitoring.

Responses were varied as they related to the overall system's approach to evaluation. Most respondents indicated that they did not know if the computer based analytical tools for monitoring system performance were in place or if patient care data within the system was being collected and evaluated to identified trends and outliers.

Also, 36.4 percent of respondents said that the RETAC does not serve as a leader of system activities within the area of jurisdiction, although 18.2 percent believe the RETAC engages some providers and hospitals in system oversight and evaluation but it is not across the entire region and another 18.2 percent believe the REATC does serve as a leader of activities. Based on the decentralized, grass roots philosophy of the NWRETAC and the ability of the counties through their individual County EMTS Councils, leadership is provided at the county level by design.

**Recommendations**

- Determine what data is currently collected that can be used to evaluate the system
- Develop a list of data components useful for system evaluation
- Consider the development of a research and evaluation agenda with service providers, hospitals, community colleges and the medical community at large
- Assist pre-hospital agencies in developing a CQI program or facilitate their participation in another agencies CQI process

**Communications System**

Two thirds of respondents (66.7%) said that their agency or facility's needs assessments are conducted and procurement needs are coordinated with other agencies, jurisdictions, and disciplines. 58.3 percent said that their agency/facility has adopted a communications plan that was developed with multiple stakeholder groups, and endorsed by those agencies but that issues of integration and inter-operability have not been fully resolved.

A majority of respondents (54.5%) also indicated that the overall system needs assessments are conducted and procurement needs are coordinated.

A majority (63.6%) of respondents said that they "did not know" if the RETAC plan includes a description of regional communications issues as outlined in the regional communications plan.

**Recommendations**

- Continue with the phased-in process for 800 DTR infrastructure throughout the region
- Develop a NWRETAC 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**

Most respondents said that their agency/facility has a medical director and 41.7 percent said that their medical director has formal authorities and responsibilities, and that there is evidence that he/she has used this authority to adopt protocols, implement a quality improvement program, and to fully integrate the facility/agency into the health care system.

Two thirds (66.7%) also stated that protocols have been developed in close coordination with the other agencies/providers within the system and are congruent with the local resources. Every respondent said that they have at least occasional retrospective medical oversight procedure for protocols, with 50 percent saying that this oversight is timely within their agency or facility.

Responses varied as to whether or not the RETAC provides technical assistance or monitors the medical direction. 27.3 percent said the RETAC provides assistance when requested and another 27.3 percent said the RETAC provides technical assistance when necessary and makes medical direction courses and other resources available on a regularly scheduled basis throughout the region.

**Recommendations**

- Survey stakeholder agencies regarding their needs for medical direction and their level of satisfaction with the current system of medical direction
- Continue to support NWRETAC Medical Directors education track at the Northwest RETAC Leadership conference
- Enhance the feedback process from the Medical Director to the Pre-hospital agency director or chief

**Clinical Care**

In general, respondents gave high scores to their agency/facility's provision of clinical care. Many respondents (41.7%) indicated that clinical care protocols are written and followed, care is documented and data is used to drive performance improvement, and patient outcome and quality of care is monitored and corrective action takes place when deficiencies are discovered.

However, some respondents (25%) did indicate that there is no procedure for their agency/facility and local hospital to monitor patient outcome and pre-hospital quality of care.

The majority of respondents did not know the overall system's provision of clinical care. Responses were mixed over whether the RETAC establishes continuing quality improvement (CQI) plans with goals, system monitoring protocols, and periodically assess the quality of their emergency medical and trauma system.

**Recommendations**

- Consider moving towards standardized medical protocols with agency specific variations
- Consider the development of a regional Continuous Quality Improvement (CQI) plan or at least a template for a comprehensive CQI plan that can be adopted by system stakeholders

**Mass Casualty**

Respondents generally scored their own agency or facility high under the Mass Casualty components. 41.7 percent indicated that their agency/facility system and the disaster system plans are integrated and operational and that routine working relationships are present with cooperation and sharing of information to improve system readiness for "all-hazard" multiple patient events.

The majority of respondents (58.3%) also reported that a system-wide "debriefing" occurs following each mass casualty exercise or event and that reports are written but often do not lead to improvement processes.

Most respondents did not know the overall system's mass casualty plans and operations. 54.5 percent did not know if reports following mass casualty events lead to any improvement processes at the system level. Responses were varied over whether or not 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. Only 9.1 percent believed that RETAC was not involved in any way while 18.2 percent said that the RETAC takes a leadership role in local, regional and statewide disaster planning.

There was one NWRETAC specific question (Q 12.5) added to the Mass Casualty category regarding the utilization of EMTS personnel employed by more than one EMTS agency/facility in the region included in collaborative emergency operations plans. Thirty-six percent didn't know and another 27 percent indicated that agency/facility plan was prepared internally and assumes some personnel will not be available for deployment because of possible deployment by another agency/facility.

**Recommendations**

- Update the current NWRETAC Mass Casualty Plan to include agencies/facilities current capabilities
- Continue to participate in local, regional, and state mass casualty exercises and drills
- Conduct regional exercises and drills based on each counties plan
- Develop an evaluation process for mass casualty exercises and drills

**Public Education**

The level of public education programs varies greatly between each of the responding agencies. No agency or facility indicated that the general public is involved in various oversight activities such as local and regional advisory councils. Also, no agency or facility reported having a public awareness and injury/illness prevention program that uses data to assess the effectiveness of the strategies and modify the plan and programs accordingly. Some (25%) reported having strong support from the community and political constituency that includes not only an ongoing budget, but support for improvements and expansion.

Most respondents either indicated that the RETAC is involved with others in public education about EMTS systems (36.4%) or that they didn't know if the RETAC had any involvement with public education.

**Recommendations**

- Engage the Education and Public Information and Injury Prevention committees
- 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**

Overall, respondents indicated that their agency or facility is not involved in a coordinated community prevention effort. Half of the respondents said that they do not have a written plan for a coordinated injury/illness prevention program and a third reported that there are multiple injury and/or illness prevention programs that may conflict or overlap with each others with no coordination within the region. Three quarters of respondents said that there is no evidence to suggest that agency/facility data are used to determine injury/illness prevention strategies and two thirds said there is no effort to review the activities of our agency/facility in prevention efforts.

Respondents most often answered "I don't know" to the components for the overall systems involvement in community prevention. A few respondents (27.3%) believe that there is little population-based public health surveillance shared with the EMTS, and program linkages are rare.

**Recommendations**

- Engage the Education and Public Information and Injury Prevention committees
- Develop partnerships and linkages with the public health system and area hospitals to identify program goals
- Identify sources of information, including public health surveillance and emergency department data to identify the types of injuries and illness that may be prevented in the region

**Information Systems**

More than half (58.3%) of the respondents said that there is a data collection system in place, but that the use of the data is random and unfocused. Respondents reported limited information system capabilities, with only one agency reporting a fully-integrated and usable information system in place. Most respondents claimed that their information system is sometimes used to review system issues or individual performance (41.7%) or that there is no information system to review system or individual performance in use within their agency/facility (33.3%).

Most respondents are unaware of the data collection and information systems that RETAC has in place. Those with some awareness said that the RETAC does not currently utilize objective data to drive regional quality improvement (36.4%).

**Recommendations**

- Determine what information and data sources are currently available from the EMTS stakeholders
- Identify data elements necessary to monitor and evaluate the system
- Identify funding sources for hardware and software to collect data
- Integrate pre-hospital, hospital, and trauma data to assess the quality of the regional EMTS system
- Use the integrated information to drive policy and protocol decisions
- Provide feedback to management and providers on a regular basis

## 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 11completed surveys returned, eight from pre-hospital agencies and three from hospitals. The issues that were identified as most challenging for the Pre-Hospital respondents were Recruitment and Retention of Personnel. For Hospital respondents, Agency Funding/Financial Viability and Billing/Accounts Receivable were their most challenging issues.

Overall, both pre-hospital and hospital respondents reported that their least challenge issues were Support from RETAC, Cooperation with Other Agencies, and Medical Director Involvement.

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

**Table A**

| Issue | 1 | 2 | 3 | 4 | 5 | 5 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Administrative Support | 5 | 7 | 6 | 9 | 9 | 3 | 9 | 3 | 7 | 9 | 6 |
| AgencyFunding/Financial Viability | 7 | 4 | 4 | 5 | 3 | 8 | 4 | 4 | 4 | 2 | 1 |
| Aging Building/Equipment | 8 | 3 | 7 | 1 | 2 | 1 | 3 | 6 | 3 | 5 | 9 |
| Billing/Accounts Receivable | 4 | 6 | 2 | 4 | 5 | 4 | 7 | 5 | 2 | 1 | 4 |
| Cooperation with Other Agencies | 6 | 8 | 8 | 10 | 10 | 7 | 6 | 10 | 8 | 10 | 3 |
| Initial/Continuing Education | 2 | 5 | 5 | 7 | 7 | 6 | 5 | 7 | 6 | 6 | 5 |
| Medical Director Involvement | 9 | 10 | 9 | 8 | 8 | 5 | 10 | 8 | 10 | 7 | 2 |
| Recruitment of New Personnel | 3 | 1 | 3 | 2 | 1 | 9 | 1 | 2 | 1 | 4 | 8 |
| Retention of Personnel | 1 | 2 | 1 | 3 | 4 | 10 | 2 | 1 | 5 | 3 | 10 |
| Support from RETAC | 10 | 9 | 10 | 6 | 6 | 2 | 8 | 10 | 9 | 8 | 7 |
| | Pre-Hosp | | | | | | | | Hospital | | |

Table B lists the frequency of each issue by rank.

**Table B**

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

Table C lists the proportion of issue by rank.

**Table C**

| NWRETAC Problem Ranking<br>Proportion of Each Issue by Rank | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Proportion by Rank | | | | | | | | | |
| Issue | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Administrative Support | 0.0% | 0.0% | 18.2% | 0.0% | 9.1% | 18.2% | 18.2% | 0.0% | 36.4% | 0.0% |
| Agency Funding/Financial Viability | 9.1% | 9.1% | 9.1% | 45.5% | 9.1% | 0.0% | 9.1% | 9.1% | 0.0% | 0.0% |
| Aging Building/Equipment | 18.2% | 9.1% | 27.3% | 0.0% | 9.1% | 9.1% | 9.1% | 9.1% | 9.1% | 0.0% |
| Billing/Accounts Receivable | 9.1% | 18.2% | 0.0% | 36.4% | 18.2% | 9.1% | 9.1% | 0.0% | 0.0% | 0.0% |
| Cooperation with Other Agencies | 0.0% | 0.0% | 9.1% | 0.0% | 0.0% | 18.2% | 9.1% | 27.3% | 0.0% | 36.4% |
| Initial/Continuing Education | 0.0% | 9.1% | 0.0% | 0.0% | 36.4% | 27.3% | 27.3% | 0.0% | 0.0% | 0.0% |
| Medical Director Involvement | 0.0% | 9.1% | 0.0% | 0.0% | 9.1% | 0.0% | 9.1% | 27.3% | 18.2% | 27.3% |
| Recruitment of New Personnel | 36.4% | 18.2% | 18.2% | 9.1% | 0.0% | 0.0% | 0.0% | 9.1% | 9.1% | 0.0% |
| Retention of Personnel | 27.3% | 18.2% | 18.2% | 9.1% | 9.1% | 0.0% | 0.0% | 0.0% | 0.0% | 18.2% |
| Support from RETAC | 0.0% | 9.1% | 0.0% | 0.0% | 0.0% | 18.2% | 9.1% | 18.2% | 18.2% | 27.3% |

## Conclusion

The Northwest Colorado RETAC has good representation and participation from the EMTS disciplines and stakeholders in the Northwest Colorado region. The current RETAC Board members represent primarily hospital and pre-hospital providers, but Emergency Management and local government is also represented well on the Board. The RETAC meetings are well attended and there is always a quorum to carry out RETAC business. The RETAC Chairperson and Coordinator both provide the leadership necessary to improve the EMTS system in the Northwest Colorado. The RETAC Coordinator position is a part-time position resulting in the Coordinator having to prioritize RETAC activities.

The RETAC consists of a diverse geographical area, covering five counties. The NWRETAC Board uses a county-wide approach to EMTS through its five county EMTS Councils. There are very few RETAC funded regional projects, but because of the structure and relation between the county EMTS Councils and the RETAC, there is some regionalization. The NWRETAC Biennial Plan goals are focused on the EMTS system needs at a regional level and emerge from county goals. When all of the counties identify a similar goal or when an issue transcends county jurisdictions, it becomes a regional issue or goal. The RETAC Coordinator has an excellent understanding of the issues affecting urban, rural, and frontier EMTS systems. The NWRETAC has a comprehensive and aggressive biennial plan that identifies clinical care, mass casualty, and prevention as the system components with the most urgent needs while improvements to clinical care, communications systems and mass casualty are considered the highest priority.

The annual Northwest RETAC Leadership conference is supported by the RETAC and includes the involvement of the regions Medical Directors. The NWRETAC does not have a website limiting access and information available to the regions EMTS stakeholders. There are four state-approved training centers, including three community colleges in the region that provide both initial and continuing education. Additional continuing education and training is provided by the regions hospitals and through one of the six state approved training groups. The County EMTS Councils also provide significant financial support for training and education of EMTS providers. ALS level continuing education is limited in some of the frontier and rural areas of the region..

The overall BIS scores revealed that the average score for the agency/facility was 2.9 and the average score for the system was a 1.7. The respondents most frequently scored their own agency or facility with threes or fours, indicating that these categories are mostly beyond the planning or discussion phase but not yet comprehensively established. However, respondents were not able to score many of the questions as they related to the overall system's efforts. Respondents answered "I don't know" to 43 percent of the questions as they related to the overall EMTS system. Respondents were most aware of overall system efforts in the areas of Integration of Health Services, EMTS Research, and Legislation and Regulation.

The hospital providers scored their facility higher on average than the pre-hospital respondents (3.2 vs. 2.8). Both hospital and pre-hospital respondents scored the overall EMTS system similarly (1.7 vs. 1.6). Overall, EMTS Research received the lowest combined score (1.4) while Integration of Health Services received the highest (3.1).

Individual questions that received the highest scores were Integration of Health Service structure (Q 1.1), System Finance outcomes (Q 4.3), Regulation and Legislation structure (Q 3.1), and Public Access structure (Q 7.1). Questions that received the lowest scores were RETAC communication systems (Q 9.4), RETAC information systems (Q 15.4), and EMTS Research outcomes (Q 2.3).

From the problem ranking survey results, the issues that were identified as most challenging for the Pre-Hospital respondents were Recruitment and Retention of Personnel. For Hospital respondents, Agency Funding/Financial Viability and Billing/Accounts Receivable were their most challenging issues. Overall, both pre-hospital and hospital respondents reported that their least challenge issues were Support from RETAC, Cooperation with Other Agencies, and Medical Director Involvement.

Because of the diversity between urban, rural and frontier regions within the RETAC there are differences in the challenges faced by the NWRETAC stakeholders. The level of care in the region is primarily ALS provided by both paid and volunteer staffs at the paramedic and intermediate level with more intermediates in the rural and frontier communities.

The recommendations for the Northwest 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.

# Northwest 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 with you to the meeting. If you cannot attend the meeting, please fax or email the BIS answer sheet to your RETAC Coordinator or The Abaris Group at 925-946-0911.**

If you have any questions regarding this assessment or the BIS, contact your local RETAC Coordinator, **Eric Schmidt** at 719-330-1214, or by email emssvcs@aol.com or **Ken Riddle**, The Abaris Group, at 702-287-6546, or by email at kriddle@abarisgroup.com.

# Northwest 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.)

__ **Pre-Hospital Provider**
__ Volunteer __ Paid
__ BLS __ ALS
__ Fire/Rescue
__ Ambulance
__ Other

__ **Hospital Provider**
__ Trauma Center Level
__ MD
__ RN
__ Administration

__ **Other Provider**
__ Law Enforcement
__ Dispatch/Communications
__ Emergency Management
__ Public Health
__ Elected Official
__ Other

Note: The word "system" in this survey is defined as the local RETAC comprised of multiple counties.

| *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* |
| **1.1 Your agency/facility participates in multidisciplinary planning within your regional system.** | 0. Don't Know<br>1. There is no evidence of partnerships, alliances, or working together to integrate the system.<br>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.<br>3. Our agency/facility participates in a regional committee/group that meets regularly to develop and implement a comprehensive system plan.<br>4. Our agency/facility either brings together or participates in, a multidisciplinary EMTS group that is developing, implementing, and maintaining a comprehensive system plan.<br>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.<br><br>**Agency/Facility Score** \| **System Score**<br>\| |

| *Emergency Medical and Trauma System Component (EMTS): Integration of Health Services* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. There is no defined process for communicating important issues and planning efforts that affect patient care.<br>2. There is an unwritten/informal process that is used when convenient, although not regularly or consistently utilized.<br>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.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Integration of Health Services* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. There is no plan with goals and objectives pertaining to system integration.<br>2. There is a plan in place for system integration, but no method to measure progress.<br>3. Our agency/facility leadership periodically reviews its activities related to system integration without input from various stakeholders.<br>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?<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS)Component: Integration of Health Services* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. There is no process to measure progress towards goals and objectives pertaining to regional EMTS integration.<br>2. There is an informal or sporadic process that reacts to concerns regarding lack of integration with other health care and public safety assets.<br>3. RETAC leadership and staff periodically reviews its activities related to system integration without input from various stakeholders.<br>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.<br>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.<br><br>**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.** | |
| *Structure Indicator* | *Scoring* |
| **2.1 Your agency/facility and stakeholders group has sufficient policies to conduct and participate in system research efforts.**<br><br>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) | 0. Don't Know<br>1. Our agency/facility does not conduct or participate in research efforts as no policy exists.<br>2. Our agency/facility does not conduct or participate in research efforts even though policies permit participation.<br>3. Our agency/facility has policies that allow contribution of data to research efforts.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS)Component: Research* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. Our agency/facility does not conduct research.<br>2. Our agency/facility conducts limited local research but does not cooperate on research projects of broader scope.<br>3. Our agency/facility participates in or conducts cooperative research.<br>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.<br>5. Our agency/facility is actively involved in conducting cooperative research that involves internal and external stakeholders and research centers or qualified scientists.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Research* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **2.3 Your agency/facility is integrated with external stakeholders in creating, applying and publishing research projects.** | 0. Don't Know<br>1. Our agency/facility does not contribute to research projects.<br>2. Our agency/facility contributes to research projects.<br>3. Our agency/facility contributes to, evaluate and apply appropriate research results.<br>4. The efforts of system professionals, delivery systems, academic centers and public policy makers are organized to support and apply research.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Research* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. The RETAC is not involved in research planning or activities.<br>2. The RETAC plan makes research a future priority.<br>3. The RETAC has implemented a research plan that identifies and disseminates existing research findings.<br>4. The RETAC identifies, coordinates, implements and disseminates research efforts and results.<br>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.<br><br>**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.** | |
| *Structure Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>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.<br>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)<br>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.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Legislation & Regulation* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **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<br>1. The decision-making and operations of our agency/facility are routinely not in compliance with applicable policies, laws, rules, ordinances, and contracts.<br>2. The decision-making and operations of our agency/facility are sometimes not in compliance with applicable policies, laws, rules, ordinances, and contracts.<br>3. The decision-making and operations of our agency/facility are generally in compliance with applicable policies, laws, rules, ordinances and contracts.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Legislation & Regulation* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. Our agency/facility has never had an objective external review.<br>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).<br>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.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Legislation & Regulation* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. The RETAC does not review its plan, policies and conduct to ensure compliance with applicable laws, rules, by-laws, and contracts,<br>2. The RETAC sporadically reviews its plan, policies and conduct to ensure compliance.<br>3. The RETAC regularly reviews its plan, policies and conduct to ensure compliance with applicable laws, rules, by-laws, and contracts.<br>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.<br>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.<br><br>**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.** | |
| *Structure Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. Cost, charge, collection and reimbursement data are not collected.<br>2. Cost, charge, collection and reimbursement data are collected.<br>3. Cost, charge, collection and reimbursement data are collected and analyzed by internal or external finance experts.<br>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.<br>5. Cost, charge, collection and reimbursement data are collected and analyzed by internal or external finance experts and are benchmarked against industry data.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: System Finance* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **4.2 Budgets are approved and based on historic and projected cost, charge, collection, reimbursement and public/private support data.** | 0. Don't Know<br>1. There is no data that can be accessed for budgetary planning purposes.<br>2. Data is collected but reports are not routinely generated that can be used for budget planning.<br>3. Data is collected and reports generated, but there is no formal budget planning process.<br>4. Data is collected, reports generated and there is an expense budget process, but it is not linked to revenue.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: System Finance* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **4.3 Financial resources exist that support the planning, implementation and ongoing management of the administrative and clinical care components of your agency/facility.** | 0. Don't Know<br>1. Administrative, management and clinical care planning is not conducted.<br>2. Administrative, management and clinical care planning is conducted, but priorities are not identified.<br>3. Administrative, management and clinical care planning is conducted and priorities are identified, but are not linked to the budget process.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |
| *Emergency Medical and Trauma System (EMTS) Component: System Finance* | |
| *RETAC Indicator* | *Scoring* |
| **4.4 The RETAC board adopts an annual operating budget and monitors financial performance compared to the budget at least quarterly.** | 0. Don't Know<br>1. The RETAC submits an operating budget to the state but does not monitor performance compared to the budget.<br>2. The RETAC submits an operating budget annually for board approval and monitors financial performance annually.<br>3. The RETAC submits an operating budget annually for board approval and monitors performance at least twice a year.<br>4. The RETAC submits an operating budget annually for board approval and monitors financial performance compared to the budget at least quarterly.<br>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<br><br>**RETAC Score** |

| *Emergency Medical and Trauma System (EMTS) Component: System Finance* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **4.5 The long-term viability of agencies/facilities is reasonably assured because they are founded on sustainable operating and financial models, and professionally managed.** | 0. Don't Know<br>1. There is no formal basis for the operational or financial structure of my agency/facility. There are no educational or experience requirements for the executive officers or financial managers.<br>2. There was an operating plan when my agency/facility was founded, but it has not ever been reviewed or updated. Financial plans are limited to the annual operating budget. There are no educational requirements for the executive officers or financial managers.<br>3. The operating plan for my agency/facility is formally reviewed on regular basis. Financial plans include a capital budget and at least five years of projected operating performance. Executive officers and financial managers are required to have at least two years of formal training or commensurate experience.<br>4. The operating plan for my agency/facility and its major program areas are formally reviewed on regular basis. Financial plans include a capital budget, dedicated resources for capital replacement and five years or more of projected financial performance. Executive officers and financial managers are required to have a degree, at least four years of formal training or commensurate experience.<br>5. The operating plan for my agency/facility and all programs areas are assessed regularly through valid methods to ensure they meet patients expectations, fulfill a community need, are consistent with the agency/facility mission and generate revenues in excess of costs. Programs that operate at a deficit have an identified, stable source of subsidy. Financial plans include a capital budget, dedicated resources for capital replacement and five years or more of projected financial performance. Executive officers and financial managers are required to have an advanced degree, or a degree plus professional certification or licensure, and meet annual continuing education requirements.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: System Finance* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **4.6 Agencies/facilities providing essential services in areas with low patient volume have stable funding sources to make up the deficit between revenues from patient billings and expenses.** | 0. Don't Know<br>1. There is no identified source of subsidy.<br>2. Grants, donors, government subsidies and other funding sources are solicited when the agency/facility runs low on money.<br>3. Grants, donors, government subsidies and other funding sources are solicited when the agency/facility prepares an annual budget and the estimated subsidy is known.<br>4. Agencies/facilities in low volume areas create annual projections to estimate future subsidies and hold some financial resources or have secured a taxing district to fund projected deficits in the near term.<br>5. Agencies/facilities in low volume areas continually create long term financial plans to estimate future subsidies and hold reserves or have secured a taxing district, endowment or other reliable financial resources sufficient to cover projected deficits.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: System Finance* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **4.7 Patient revenues and insurance reimbursements are maximized by timely, accurate billing and collection efforts by trained personnel.** | 0. Don't Know<br>1. Billing and collections are subordinate to the primary mission of patient care. Operational or administrative personnel tend to it when they have time.<br>2. Billing and collections are performed in-house by operational or administrative personnel. Timing of bills and aging of receivables are not monitored. There are no educational or experience requirements for billing and collection personnel.<br>3. More than 95 percent of all bills are sent within 14 days of service and the average age of collectibles is 180 days or less. More than 10 percent of bills are rejected or delayed for billing errors. Billing and collections are performed by dedicated resources with some specialized training or experience.<br>4. More than 95 percent of all bills are sent within seven days of service and the average age of collectibles is 120 days or less. Fewer than 10 percent of bills are rejected or delayed for billing errors. Billing and collections are performed by dedicated resources. Billing and collection personnel are required to meet educational or experience requirements.<br>5. More than 95 percent of all bills are sent within three days of service and the average age of collectibles is 90 days or less. Fewer than five percent of bills are rejected or delayed for billing errors. Billing and collections are performed by personnel dedicated specifically to billing and collection. Billing and collection personnel are required to hold industry-recognized certifications or credentials, meet educational or experience requirements, and participate in continuing education.<br>NA. Not applicable, agency/facility does not bill for services.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: System Finance* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **4.8 The RETAC is adequately funded and has a stable organizational form that enhances its fiscal accountability, and capacity to comply with statutory requirements, provide technical assistance and contract with grantors for the benefit of EMTS agencies in the Region.** | 0. Don't Know<br>1. The RETAC has no recognized organizational form, no fiscal agent and<br>cannot accept statutory funding or grants. The RETAC has no reserves. The RETAC submits an operating budget to the state but does not monitor performance compared to budget.<br>2. The RETAC has no recognized organizational form but contracts with the state through a fiscal agent. The RETAC has no reserves and only receives the minimum statutory funding. A significant portion of the statutory funding is directed to the fiscal agent by agreement and the agreement prohibits the RETAC from accepting grants. The RETAC creates an operating budget, submits it to the state and monitors performance compared to budget at least annually.<br>3. The RETAC has no recognized organizational form but contracts with the state and grantors through a fiscal agent. The RETAC has some reserves and receives interest on deposits in addition to the minimum statutory funding. A portion of the statutory funding is directed to the fiscal agent by agreement and the agreement allows the RETAC to accept grants within reasonable limits. The RETAC submits an operating budget, submits it to the state and monitors performance compared to budget at least quarterly.<br>4. The RETAC has a recognized organizational form and contracts directly with the state and grantors. The RETAC has reserves, and manages its own finances to maximize revenues from interest on deposits, program income, statutory funding and supplemental state funding and minimize expenses. The RETAC accepts grant funding consistent with its mission and biennial plan. The RETAC creates and approves an operating budget, submits it to the state and monitoring agencies, formally appropriates funds, monitors performance compared to budget at all regular meetings and provides audited financial reports annually.<br>5. The RETAC has a recognized organizational form and contracts directly with the state and grantors. The RETAC has reserves adequate to service grants funded on a reimbursement basis, annual income sufficient to finance all aspects of operations and manages its own finances to maximize revenues from interest on deposits, program income, statutory funding and supplemental state funding and minimize expenses. The RETAC accepts grant funding consistent with its mission and biennial plan. The RETAC creates and approves an operating budget, submits it to the state and monitoring agencies, formally appropriates funds, all interested stakeholders receive monthly financial statements comparing actual results to budget and audited financial reports annually.<br>**RETAC Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Human Resources* | |
|---|---|
| **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.** | |
| *Structure Indicator* | *Scoring* |
| **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.**<br><br>**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<br>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.<br>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.<br>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.<br>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.<br>5. Our agency/facility maintains optimal staffing levels through a pro-active 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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS)Component: Human Resources* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. There are no regular opportunities for staff feedback.<br>2. Feedback is informally requested from staff on a limited and/or episodic basis with no commitment towards utilizing the results for positive change.<br>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.<br>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<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Human Resources* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. Our agency/facility is constantly under-staffed and excessive turnover is an ongoing problem.<br>2. Our agency/facility is periodically under-staffed due to turnover.<br>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.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS)Component: Human Resources* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>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.<br>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.<br>3. The RETAC provides some support to stakeholders and member organizations regarding staffing challenges, personnel policies, and access to needed agency-related training.<br>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.<br>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.<br><br>**RETAC Score** |

| *Emergency Medical and Trauma System (EMTS)Component: Education Systems* | |
|---|---|
| **6. All disciplines provide appropriate, competency based education programs to assure a competent work force.** | |
| *Structure Indicator* | *Scoring* |
| **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.** | 0. Don't know<br>1. Our agency/facility has no written policy regarding education and continuing education requirements.<br>2. Our agency/facility has written policies regarding minimum education requirements but has no structure in place to support those policies.<br>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.<br>4. Our agency/facility has a structure in place to provide the educational needs of its employees.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Education Systems* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **6.2 Your agency/facility provides initial and continuing education programs with competency testing, consistent with state and national recognized levels of care.** | 0. Don't know<br>1. Our agency/facility provides no initial or continuing education to its employees.<br>2. Our agency/facility provides some initial and continuing education for its employees.<br>3. Our agency/facility provides for a program of initial and continuing education to its employees<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Education Systems* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **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.** | 0. Don't know<br>1. There is no evaluation or measurement of the adequacy or effectiveness of initial or ongoing education programs.<br>2. Clinical or field procedural problems are occasionally addressed in continuing education programs. There is no regular, consistent evaluation of competency.<br>3. Monthly continuing education is provided and individual competency is measured at least annually.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Education Systems* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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).** | 0. Don't know<br>1. The RETAC does not assess or evaluate education programs within the region<br>2. The RETAC assesses the availability of education programs within the region.<br>3. The RETAC assesses the availability and quality of education programs within the region.<br>4. The RETAC provides some coordination to ensure education programs meet the needs of the EMTS system.<br>5. The RETAC provides coordination with local, regional and state education resources to ensure education programs meet the needs of the EMTS system.<br><br>**RETAC Score** |

<table>
<tr><th colspan="2">Emergency Medical and Trauma System (EMTS) Component: Education Systems</th></tr>
<tr><th>RETAC Indicator</th><th>Scoring</th></tr>
<tr><td>6.5 Regular continuing education in specialty topics (advanced procedures, geriatrics, pediatrics, obstetrics, orthopedics, pain management, etc.) is available locally and coordinated between agencies/facilities.</td><td>0. Don't know<br>1. There are no continuing education opportunities offered in my community.<br>2. Specialty topics are not included in the regular continuing education opportunities offered in my community. Providers must leave the area for one day or more for travel to regional, state or national conferences to acquire continuing education in specialty topics.<br>3. Continuing education in specialized topic areas is available occasionally as a part of the regular continuing education program in my community. Providers usually must leave the area for one day or more for travel to regional, state or national conferences to acquire education in specialized topic areas required to maintain certification or licensure. TNCC, PALS and other standardized specialty courses are offered about every 2-3 years.<br>4. There is a regular continuing education program offered by my agency/facility that includes all specialized topic areas required to maintain certification or licensure. State or nationally recognized instructors are used occasionally. TNCC, PALS and other standardized specialty courses are offered annually.<br>5. Specialized topic areas are fully integrated into the regular continuing education program offered by my agency/facility. The continuing education program includes all specialized topic areas to meets all agency/facility and medical director requirements for providers and surpass all regulatory requirements to maintain certification or licensure. Continuing education is linked to a system quality improvement process and coordinated between agencies/facilities. State or nationally recognized instructors are used regularly. TNCC, ACLS, PALS and other standardized courses are offered more than once each year.<br><br><table><tr><th>Agency/Facility Score</th><th>System Score</th></tr><tr><td></td><td></td></tr></table></td></tr>
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| *Emergency Medical and Trauma System (EMTS) Component: Education Systems* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **6.6 Testing sites for initial certification or licensure are easily accessible, have convenient hours of operation, and provide prompt, courteous customer service for applicants. Round trip travel and testing requires one-half day or less.** | 0. Don't know<br>1. There are no testing sites in the area. Applicants must travel four hours or more to reach a testing site. Hours of operation are limited. Testing center equipment is out of service frequently and applicants are not notified until they arrive at the testing center. Customer service problems are ignored. Applicants typically require more than 16 hours for travel and testing.<br>2. Testing sites are accessible but located further than two hours of driving time. Hours of operation are limited to 0800-1700 Monday-Friday. Testing center equipment is out of service regularly and applicants are not notified until they arrive at the testing center. Customer service problems are rarely resolved to the applicant's satisfaction. Applicants typically require 12-16 hours for travel and testing.<br>3. Testing sites are accessible and located within two hours of driving time. Operating hours are limited to 0800-1700 Monday-Friday. The testing center has occasional down time for technological problems, but tries to notify applicants before the scheduled test time. Customer service problems receive some attention and are sometimes resolved to the applicant's satisfaction. Applicants typically require 8-12 hours for travel and testing.<br>4. Testing sites are reasonably accessible and located within two hours of driving time. Operating hours include some evenings or weekends. The testing center may have occasional down time for technological problems, but applicants receive notification at least two hours before the scheduled test time so they can be diverted to another testing center or the test can be rescheduled. Customer service problems receive attention and are usually resolved to the applicant's satisfaction. Testing centers may use customer satisfaction surveys to improve quality of service. Applicants typically require eight hours or less for travel and testing.<br>5. Testing sites are easily accessible and located within one hour driving time, or have a mobile center that can provide testing on-site. Operating hours include evenings and weekends to accommodate applicant's family, work or other commitments. The testing center has a resilient system so tests are always administered as scheduled. Customer service problems receive prompt, professional attention and are resolved to the applicant's satisfaction. Testing centers use results of valid customer satisfaction surveys to continually improve quality of service. Applicants typically require four hours or less for travel and testing.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Public Access* | |
|---|---|
| **7. The public has reliable, robust and redundant access to a system that can dispatch appropriate resources promptly and accurately to the location of the patient and provide potential lifesaving services prior to their arrival. Access should be universally available regardless of incident location, socio-economic status, age, or special need and an integral part of the Regional EMTS plan.** | |
| *Structure Indicator* | *Scoring* |
| **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**<br><br>**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.** | 0. Don't Know<br>1. There is no 911 system in place.<br>2. There is a 911 system in place but it does not offer emergency medical dispatch.<br>3. There is a 911 system in place that also offers emergency medical dispatch.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Public Access* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. There is no routine or planned contact with the general public.<br>2. Contact with the public is addressed when system failures occur.<br>3. Information has been informally gathered from the general public. However, no formal process is in place to address their needs.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Public Access* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **7.3 Our community's special populations (e.g., language, socially disadvantaged, migrant/transient, remote, rural, and others) have access to the system.** | 0. Don't Know<br>1. There has been no consideration of the needs of special populations to access patient care within the system.<br>2. The system and stakeholders are beginning to consider the needs of special populations.<br>3. The system has identified the special populations that may require special accommodations to access the system.<br>4. The system has accommodations for special populations that allow them to effectively access the system.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Public Access* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. The RETAC is not involved in regional communications planning.<br>2. The RETAC is a stakeholder in regional efforts to develop efficient and effective communications and dispatch models.<br>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.<br>4. A regional communications plan, including citizen access and emergency medical dispatch is in place but is not formally monitored or evaluated.<br>5. A regional communications plan, including citizen access and emergency medical dispatch is in place and is evaluated and revised at least annually.<br><br>**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.** | |
| *Structure Indicator* | *Scoring* |
| **8.1 Our agency/facility has computer based analytical tools for monitoring system performance**<br><br>Note: In this context, Evaluation is defined as "Utilization of system data to effect continuous quality or performance improvement. | 0. Don't know<br>1. There is (are) no computer(s) to analyze or monitor system performance.<br>2. There is a basic computer program that collects the minimum state required data.<br>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.<br>4. A computer system is in place and analytical tools are in use to assess system performance.<br>5. An upgraded and technically advanced computer system and analytical tool set is available for system monitoring and individual performance review.<br><br>**Agency/Facility Score** \| **System Score** |
| *Emergency Medical and Trauma System (EMTS) Component: Evaluation* | |
| *Process Indicator* | *Scoring* |
| **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<br>1. Our agency/facility is not collecting patient care information for each episode of care.<br>2. Our agency/facility collects patient care information to use for internal decision making and billing.<br>3. Our agency/facility collects patient care data and provides the minimum data set to an approved statewide database.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Evaluation* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. Our agency/facility has no relationship with the medical community to assist in evaluating system service delivery and quality of care.<br>2. Our agency/facility is engaged in projects but the medical community is not active in these efforts.<br>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.<br>4. Our agency/facility participates with the medical community in evaluating system service to improve service delivery and patient care.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Evaluation* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. The RETAC does not serve as a leader of system activities within the area of jurisdiction.<br>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.<br>3. The RETAC engages some providers and hospitals in system oversight and evaluation but it is not across the entire region.<br>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.<br>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.<br><br>**RETAC Score** |

| *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.** | |
| *Structure Indicator* | *Scoring* |
| **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** | 0. Don't Know<br>1. There is no system communications plan, and one is not in progress.<br>2. Draft elements of a formal communication plan are in place but not formalized o are under development.<br>3. Our agency/facility has adopted a system communications plan. However, the plan has not been endorsed by multiple stakeholder organizations.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Communications Systems* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. Needs assessments are not conducted prior to communications equipment upgrades.<br>2. Needs assessments are conducted and procurement needs identified but are not coordinated with other agencies, jurisdictions, or disciplines.<br>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.<br>4. Needs assessments are conducted and procurement needs are coordinated with other agencies, jurisdictions, and disciplines.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Communications Systems* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **9.3 The communications system is routinely evaluated and tested to ensure its reliability, redundancy and interoperability during routine applications.** | 0. Don't Know<br>1. The communications system is not evaluated for its reliability, or redundancy.<br>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.<br>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.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

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

| *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.** | |
| *Structure Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. There is no agency/facility medical director.<br>2. There is an agency/facility medical director with a written job description; however, the individual has no specific time allocated for these tasks.<br>3. There is an agency/facility medical director with a written job description and whose specific authorities and responsibilities are formally granted.<br>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. .<br>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<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Medical Direction* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. There are no protocols.<br>2. Protocols have been adopted, but they are in conflict with the other agencies/providers resources.<br>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.<br>4. Protocols have been developed in close coordination with the other agencies/providers within the system and are congruent with the local resources.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Medical Direction* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. There is no retrospective medical oversight procedure for communication, treatment, and transport protocols.<br>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.<br>3. There is timely retrospective medical oversight procedure for protocols by the quality improvement processes of the agency/facility.<br>4. There is timely retrospective medical oversight of protocols that is coordinated with partners within the local healthcare system.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Medical Direction* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. The RETAC does not provide technical assistance, training or other resources to local agencies.<br>2. The RETAC provides technical assistance to establish or improve local medical direction when requested.<br>3. The RETAC monitors the provision of medical direction and provides technical assistance when necessary.<br>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.<br>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<br><br>**System Score** |

| *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.** | |
| *Structure Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. Our agency/facility has no plan that outlines roles and responsibilities of personnel. No written patient care protocols exist.<br>2. Our agency/facility has a plan that outlines roles and responsibilities of personnel, but no written patient care protocols and guidelines exist.<br>3. Our agency/facility has a plan and patient care protocols exist but are not reviewed and updated regularly.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Clinical Care* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. Clinical care is documented but documentation is not reviewed for local or regional quality monitoring or performance improvement.<br>2. Clinical care is documented and limited review is done at the local level.<br>3. Clinical care documentation is systematically reviewed at the agency/facility level but is not available electronically for quality monitoring and performance improvement.<br>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<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Clinical Care* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **11.3 Patient outcomes and quality of care are monitored. Deficiencies are recognized and corrective action is implemented.** | 0. Don't Know<br>1. There is no procedure for our agency/facility and local hospital to monitor patient outcome and prehospital quality of care.<br>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.<br>3. An ongoing agency/facility quality improvement program is in place to monitor and assure that quality of care is consistent with adopted protocols.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Clinical Care* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. The RETAC is not involved in quality assessment or protocol monitoring.<br>2. The RETAC has identified regional CQI as a goal but has not established a CQI plan.<br>3. The RETAC is in the process of establishing a protocol monitoring and CQI plan but the plan is not implemented.<br>4. The RETAC has implemented a protocol monitoring and CQI plan but has not reported results.<br>5. The RETAC has implemented a protocol monitoring and CQI plan and uses data from the plan to drive quality improvement throughout the region.<br><br>**RETAC Score** |

| *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.** | |
| *Structure Indicator* | *Scoring* |
| **12.1 Your agency/facility has an operational plan and has established an ongoing cooperative working relationship with other stakeholders.** | 0. Don't Know<br>1. There is no agency/facility plan and no system for integration between disciplines.<br>2. There have been discussions between the agency/facility and the disaster system, but no inclusive formal plans have been developed.<br>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.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Mass Casualty* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **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.** | 0. Don't Know<br>1. Disaster training and exercise is not a routine part of the system.<br>2. Disaster training and exercises are conducted haphazardly by our agency/facility alone without other stakeholders involvement.<br>3. Disaster training and exercises are conducted regularly and include agency/facility response capabilities to all hazards.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Mass Casualty* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **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**. | 0. Don't Know<br>1. No feedback or after action process results from various all-hazards exercises or events.<br>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.<br>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.<br>4. A system-wide "debriefing" occurs following each exercise or event. Reports are written but often do not lead to improvement processes.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Mass Casualty* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't know<br>1. The RETAC is not involved in providing any technical assistance or facilitation relating to disaster planning.<br>2. The RETAC provides technical assistance only upon request.<br>3. The RETAC participates in local and regional disaster planning but provides only limited assistance or facilitation.<br>4. The RETAC participates in local and regional disaster planning and provides technical assistance and facilitation to RETAC member agencies<br>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.<br><br>**RETAC Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Mass Casualty* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **12.5 Your agency/facility emergency operational plan was created in collaboration with all other stakeholders, articulates with all other emergency operational plans in the area and clearly defines how personnel employed by multiple agencies will be utilized.** | 0. Don't know<br>1. There is no agency/facility emergency operational plan.<br>2. The agency/facility emergency operational plan was prepared internally and assumes all employed personnel will be available for recall when the plan is activated.<br>3. The agency/facility emergency operational plan was prepared internally but assumes some employed personnel will not be available for recall because they are absent or deployed elsewhere when the plan is activated.<br>4. The agency/facility emergency operational plan was prepared in cooperation with some other stakeholders and identifies some employed personnel will not be available for recall because they are absent or deployed elsewhere when the plan is activated.<br>5. The agency/facility emergency operational plan was prepared in collaboration with all other stakeholders in the area and articulates directly with plans created by other stakeholders. The plan clearly identifies expected reductions in available personnel due to absence and specifies a common process for utilizing personnel employed by multiple agencies.<br><br>**Agency/Facility Score** \| **System Score** |

| *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.** | |
| *Structure Indicator* | *Scoring* |
| **13.1 Your agency/facility has a public information and education program that heightens public awareness of the preventability of injury and/or illness.** | 0. Don't know<br>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.<br>2. Our agency/facility has a public awareness and injury/illness prevention program but linkages between programs and implementation of specific objectives is sporadic.<br>3. Our agency/facility has a public awareness and injury/illness prevention program. Linkages between programs and implementation occur regularly, but are not measured<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Public Education* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **13.2 An assessment of the needs of the general public concerning Emergency Medical and Trauma Care information has been conducted.** | 0. Don't know<br>1. There is no routine or planned contact with the general public.<br>2. Plans are in place to provide information to the general public in response to a particular acute illness or traumatic event.<br>3. The general public has been formally asked about what types of information would be helpful in understanding and supporting agency/facility issues.<br>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.<br>5. In addition to routine contact, the general public is involved in various oversight activities such as local and regional advisory councils.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Public Education* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **13.3 Your local agency/facility seeks and receives strong public support.** | 0. Don't know.<br>1. Our local agency/facility has not been able to generate community and political support for systems improvements, e.g. increased mill levies.<br>2. There has been sporadic community and political support of agency/facility needs, e.g. one time budget requests for new equipment.<br>3. There is an ongoing, but inadequate level of funding and community/political support for our agency/facility.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Public Education* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't know<br>1. The RETAC is not currently involved in public education efforts.<br>2. The RETAC plan contains a public education component but there are no activities related to this component.<br>3. The RETAC is involved with others in public education about EMTS systems.<br>4. The RETAC plan drives activities that promote and raise awareness of the EMTS system within the region.<br>5. The RETAC is taking a leadership role in promoting the EMTS system and in promoting wellness and prevention within the region.<br><br>**RETAC Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Injury/Illness Prevention* | |
|---|---|
| **14. All disciplines actively support community wellness and prevention activities.** | |
| *Structure Indicator* | *Scoring* |
| **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.** | 0. Don't know<br>1. There is no written plan for a coordinated injury/illness prevention program.<br>2. There are multiple injury and/or illness prevention programs that may conflict or overlap with each others with no coordination within the region.<br>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.<br>4. The regional injury/illness prevention program is being implemented and will include established timelines.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Injury/Illness Prevention* | |
|---|---|
| *Process Indicator* | *Scoring* |
| **14.2 Injury/illness prevention programs use our agency/facility information to develop intervention strategies.** | 0. Don't know<br>1. There is no evidence to suggest that our agency/facility data are used to determine injury/illness prevention strategies.<br>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.<br>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.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Injury/Illness Prevention* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **14.3 The effect or impact of injury and/or illness prevention programs is evaluated as part of a system performance improvement process.** | 0. Don't know<br>1. There is no effort to review the activities of our agency/facility in prevention efforts.<br>2. There is no routine evaluation of prevention activities accruing within this jurisdiction.<br>3. Our agency/facility does internal monitoring and evaluations of our efforts in prevention activities.<br>4. Our agency/facility participates with other key stakeholders in our region in evaluating prevention intervention activities. The programs are regularly assessed for effectiveness.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Injury/Illness Prevention* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't know<br>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.<br>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.<br>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.<br>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.<br>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.)<br><br>**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<br>1. There is no routine collection of data or data collection system used by our agency/facility.<br>2. There is a minimal data set collected but it cannot be shared with other entities nor used for system improvements.<br>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.<br>4. A regional data collection system is in place and used routinely by providers. The integration and use by other stakeholders is not completed.<br>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.<br><br>**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<br>1. There is no information system in place within our agency/facility.<br>2. There is an information system in place but it is not used by our agency/facility.<br>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.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Information Systems* | |
|---|---|
| *Outcome Indicator* | *Scoring* |
| **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.** | 0. Don't know<br>1. There is no information system such as the one described in use within our agency/facility.<br>2. Our agency/facility information system is limited in scope and the data is generally used for billing purposes.<br>3. Our agency/facility information system is sometimes used to review system issues or individual performance.<br>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.<br>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.<br><br>**Agency/Facility Score** \| **System Score** |

| *Emergency Medical and Trauma System (EMTS) Component: Information Systems* | |
|---|---|
| *RETAC Indicator* | *Scoring* |
| **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.** | 0. Don't know<br>1. The RETAC does not currently utilize objective data to drive regional quality improvement.<br>2. The RETAC has access to state trauma register and EMS agency information but does not use the information to drive regional quality improvement.<br>3. The RETAC utilizes one or more data sources to monitor regional performance and provides feedback and assistance to local agencies<br>4. There is a formal QI program that utilizes one or more data sources to measure targeted RETAC performance.<br>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.<br><br>**RETAC Score** |

**Please printout and complete the survey answer form and send to the NCRETAC Coordinator, Eric Schmidt at emssvcs@aol.com or to Ken Riddle at fax 925-946-0911 or email at kriddle@abarisgroup.com**

# Northwest 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.)

__ Pre-**Hospital Provider**
__ Volunteer __ Paid
__ BLS __ ALS
__ Fire/Rescue
__ Ambulance
__ Other

__ Hospital **Provider**
__ Trauma Center Level
__ MD
__ RN
__ Administration

__ Other **Provider**
__ Law Enforcement
__ Dispatch/Communications
__ Emergency Management
__ Public Health
__ Elected Official
__ 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:**

____ **Agency Funding/Financial Viability**

Comments:

____ **Recruitment of New Personnel**

Comments:

____ **Retention of Personnel**

Comments:

____ **Aging Building/Equipment**

Comments:

____ **Initial/Continuing Education**

Comments:

____ **Billing/Accounts Receivable**

Comments:

____ **Medical Director Involvement**

Comments:

____ **Support form RETAC**

Comments:

____ **Administrative Support**

Comments:

____ **Cooperation with Other Agencies**

Comments:

- Please send this and the BIS tool answer sheet to: Ken Riddle – kriddle@abarisgroup.com or fax to 707-922-0211


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