

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

**Colorado Regional Emergency Medical and Trauma Advisory Councils  
Final Report**

**A report from:**

**The Abaris Group  
Walnut Creek, CA**

**December 2010**



**ABARIS GROUP**  
CELEBRATING 20 YEARS OF INNOVATION

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

**Standardized (Regional) Needs Assessment Project  
Colorado Regional Emergency Medical and Trauma Advisory Councils**

**Table of Contents**

*Executive Summary..... 3*

*Background and Project Overview ..... 4*

*SWOT Analysis Summary of All RETACs..... 7*

*Benchmarks, Indicators, and Scoring (BIS) Instrument – Summary of Results and Analysis..... 8*

*Problem Ranking Survey – Summary of Results and Analysis..... 9*

*Common EMTS Themes Across Colorado ..... 10*

*Collateral EMTS Information Not Related to BIS Scores ..... 11*

*Future RETAC Needs Assessments..... 14*

*Conclusion..... 15*

  

*Appendix A: RETAC Specific Recommendations..... 17*



## Executive Summary

The goal of the Standardized (Regional) Needs Assessment Project (SNAP) 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 addition to the specific RETAC assessment component of this project, the SNAP scope also included providing this report with EMTS data and information to the CDPHE EMTS Section identifying the future needs for the 11 RETACs. Additional information regarding common EMTS themes observed across the state over the past 22 months and collateral EMTS system information not related to the scored indicators are included in this report. Also included are recommendations for any future needs assessments or reassessments of the RETACs.

Over the past 22 months The Abaris Group has been leading the SNAP process for the state EMTS Section. Over this time 219 Colorado EMTS agencies or facilities participated in the SNAP process including 141 personal interviews, 211 participants at 14 town hall meetings held around the state, 115 BIS surveys returned and 109 problem ranking surveys completed. Seven RETACs developed RETAC specific questions and eight RETACS held one or more town hall meeting. Input was provided from all EMTS disciplines as determined in the original scope for this project.

The strengths, weaknesses, opportunities and threats (SWOT) analysis of the EMTS systems within each RETAC revealed that the primary strengths are the RETAC board members and the RETAC coordinators/executive directors. The main weaknesses are the geography and RETAC boundaries as well as recruitment and retention of qualified EMTS personnel. Opportunities include enhanced system finances and a move towards more regionalization and standardization. The primary potential threats consist of decreased system finances and lack of qualified EMTS personnel.

Analysis of the 115 returned BIS surveys resulted in the highest scored components consisting of *Integration of Health Services, Legislation and Regulation, and Medical Direction*. The lowest scores were in the areas of *EMTS Research, Injury/Illness Prevention, and Information Systems*. The problem ranking survey, 109 returned, identified the most challenging issues for EMTS stakeholders as recruitment of new personnel, retention of personnel, and agency funding and financial viability. The three least challenging issues were support from the RETAC, cooperation with other agencies, and administrative support.

There were several common EMTS themes identified during the SNAP process including a move towards more regionalization and standardization with regional patient care protocols and written regional MCI or Communications plans. In addition to the common themes identified during the SNAP process, additional collateral information of interest to the CDPHE EMTS Section not related to the BIS indicators is included in this report.



Recommendations for future needs assessments or reassessments include not using a BIS type survey instrument; conducting more town hall and focus group type meetings; limiting the scope of assessments; and, including the RETAC coordinators/executive directors as active participants in the assessment process.

## **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 CDPHE EMTS website.)

Assessments were completed on four RETACs 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. The project was extended an additional three months and concluded in October 2010. The actual completion dates for each assessment of the 11 RETACs is listed below.

- Southern Colorado – June 2009
- Central Mountains – June 2009
- San Luis Valley – July 2009
- Plains to Peaks – January 2010
- Northeast Colorado – April 2010
- Southeastern Colorado – June 2010



- Western – July 2010
- Northwest – July 2010
- Southwest – October 2010
- Foothills – October 2010
- Mile-High – October 2010

## Methodology

The methods utilized for each RETAC assessment consisted of the following:

- Review of documents – Several documents related to the EMTS systems in Colorado, including relevant CRS, RETAC Biennial Plans, RETAC agency profiles, RETAC meeting minutes, and the RETAC budgets. Additional RETAC documents were provided by the RETAC coordinators/executive directors, including each county EMS plan, a recruitment and retention assessment, and many documents related to disasters in the region.
- Development of RETAC specific questions – The BIS instrument is designed to accommodate additional RETAC specific questions related to the 15 Colorado trauma/EMS components. Seven RETACs developed RETAC specific questions.
- Attend RETAC Meetings – The Abaris Group attended the RETAC board meetings prior to the onsite assessments, presented an overview of the SNAP and introduced the BIS instrument and problem ranking survey to the RETAC Board members.
- Distribution of BIS and Problem Ranking Survey – The BIS instrument and problem ranking survey were provided to the RETAC stakeholders electronically and in paper form.
- Onsite Assessments – In collaboration with the RETAC coordinator/executive director, The Abaris Group met with a sampling of the RETAC EMTS stakeholders. There were individual interviews, group interviews, and town hall meetings for the purpose of getting input from as many of the RETAC's stakeholders as possible. A SWOT analysis of the RETAC was performed with the information provided by the RETAC's stakeholders. In addition to these onsite activities, telephone interviews or follow-up phone calls were conducted.
- 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 RETAC system enhancements were identified.



- Draft Final Report – A draft report with conclusions and recommendations was submitted to the RETAC Coordinator/Executive Director and Chairperson for confirmation of factual data.
- Presentation to RETAC Board – Conclusions from the draft report were presented to the RETAC board members, with the exception of the SWRETAC, MHRETAC and FRETAC boards.

All of the RETAC Coordinators or Executive Directors and the RETAC chairpersons actively participated in the SNAP process. There were a total of 219 Colorado EMTS agencies or facilities that participated in the SNAP process through individual interviews, town hall meetings, or by completion of the surveys. The consultants conducted 141 personal interviews of EMTS stakeholders and approximately 211 stakeholders attended the town hall meetings. There were 115 BIS surveys returned and 109 problem ranking surveys completed.

Seven of the RETACs developed RETAC specific questions, five used scored questions and two RETACs used open-ended questions. RETAC specific questions were used by the following RETACs:

- CMRETAC – Various scored questions.
- FRETAC – Ten open-ended questions; two related to Injury/Illness Prevention, three related to MCI, one related to Communications Systems, one related to Evaluation, and three regarding RETAC/System Issues.
- NCRETAC – Seven scored questions related to cardiac care in the region.
- NWRETAC – Seven scored questions; four related to System Finance, two related to Education Systems, and one on MCI.
- SCRETAC – Various scored questions
- SLVRETAC – Five open-ended questions related to Communications Systems.
- WRETAC – Five scored questions; one each related to Integration of Health Services, System Finance, Education Systems, and Communications Systems, and one question specific to cardiac care in the region.

Eight RETACs conducted one or more town halls meetings within their regions for a total of 14 town hall meetings with approximately 211 EMTS Stakeholders attending. Three RETACs did not hold any town hall meetings because they felt that adequate numbers of EMTS stakeholders had participated in individual or telephone interviews. Town hall meetings were held in the following RETACs:

- CMRETAC – One town hall meeting.
- FRETAC – Two town hall meetings.
- MHRETAC – Three town hall meetings.
- NCRETAC – Two town hall meetings.
- NWRETAC – Two town hall meetings.
- PTPRETAC – Two town hall meetings.
- SCRETAC – One town hall meeting.
- SLVRETAC – One town hall meeting.



## SWOT Analysis Summary of All RETACs

Based on the individual interviews and participation at the town hall meetings strengths, weaknesses, threats, and opportunities (SWOT) were assessed by the consultants for each RETAC. These are listed in each individual RETAC report. Overall, the top two strengths, weaknesses, threats, and opportunities statewide include the following:

### Strengths

- RETAC Board Members – Diversity; tenure; commitment; dedication; cooperative and collaborative nature; integrated health services representation; good attendance and participation; actively involved
- RETAC Coordinators – Dedicated and committed; knowledgeable; well respected; represent all disciplines and urban – frontier regions equally; tenure; work ethic; productive

### Weaknesses

- Geography/RETAC Boundaries – Urban, suburban, rural, and frontier areas; time commitment to travel to meeting and training; geographical barriers (mountains); large RETAC areas; not aligned with other regional state organizations boundaries, i.e. All Hazards Regions, Public Health, etc.
- Recruitment and Retention of EMTS Personnel – Primarily in rural and frontier areas; lack of qualified volunteers; lack of specialty medical services or physicians

### Opportunities

- System Finance – Increased DMV fees; CDPHE EMTS grants; other grants; enhanced billing and collections systems and training; group purchasing programs; economy of scale activities
- Regionalization/Standardization – Medical direction; regional programs; standardized protocols; standardized equipment and inspection process; patient care records; MCI plans and other regional plans

### Threats

- System Finance – Decreasing insurance reimbursement; lack of access to grant funds;
- Lack of EMTS Personnel (Volunteer and Paid) – Recruitment and retention issues; lack of education and training programs; rural and frontier areas quality of life issues



## **Benchmarks, Indicators, and Scoring (BIS) Instrument – Summary of Results and Analysis**

There were 115 completed BIS surveys returned – 62 from pre-hospital providers; 40 from hospital providers; 6 from emergency management officials; 4 from communications/dispatch centers; one elected official; one technical college; and, one unknown provider.

The BIS uses a weighted scoring system with 0 meaning “I don’t know” and 5 indicating a program or EMTS component that is comprehensive and well established. Scores with higher numbers indicate that the component or program is comprehensive and well established. The scores for each RETAC were entered into an Excel spreadsheet for analysis and provided to each RETAC Coordinator/Executive Director and the CDPHE EMTS Section. The BIS instrument is based on the 15 components of an EMTS system as defined by the state of Colorado. They include the following categories:

- 1. Integration of Health Services**
- 2. EMTS Research**
- 3. Legislation and Regulation**
- 4. System Finance**
- 5. Human Resources**
- 6. Education Systems**
- 7. Public Access**
- 8. Evaluation**

- 9. Communications System**
- 10. Medical Direction**
- 11. Clinical Care**
- 12. Mass Casualty**
- 13. Public Education**
- 14. Injury/Illness Prevention**
- 15. Information Systems**

From a statewide perspective the highest and lowest scored components are as follows:

### **High BIS Scores**

- Integration of Health Services
- Legislation and Regulation
- Medical Direction

### **Lowest BIS Scores**

- EMTS Research
- Injury/Illness Prevention
- Information Systems

Based on the scores from each RETAC and the information gained from interviews, town hall meetings, and a review of each RETAC’s biennial plan and other available documents, several recommendations were made for each RETAC to consider. The





recommendations for each RETAC included both short-term and long-term activities. The RETAC board members should review and prioritize the recommendations for their region. Inclusion of these recommendations into the biennial plan is highly encouraged. The complete list of recommendations for each RETAC is included in Appendix A of this report.

### **Problem Ranking Survey – Summary of Results and Analysis**

The problem ranking survey asked EMTS stakeholders 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 109 completed surveys returned – 52 from pre-hospital agencies; 48 from hospital facilities; four emergency management agencies; two from elected officials; one from a public health official; and, two from unknown providers. Overall, the three most challenging and the three least challenging issues for both pre-hospital and hospital respondents were identified as:

#### **Most Challenging Issues**

- Recruitment of New Personnel
- Retention of Personnel
- Agency Funding/Financial Viability

#### **Least Challenging Issues**

- Support from RETAC
- Cooperation with Other Agencies/Facilities
- Administrative Support



## Common EMTS Themes Across Colorado

Over the assessment period certain themes related to the EMTS system in Colorado became apparent from each RETAC SNAP process. The primary commonalities identified across the state include the following listed below in no particular order.

- Regional Medical Direction – Many of the agencies and facilities throughout Colorado share medical direction with a single medical director. Some medical directors have several agencies that they provide this service for. Many of the RETACs are looking at regionalizing medical direction within the RETAC. This includes expectations and guidelines for system medical directors as well as combining the funds necessary to pay for this service.
- Regional/Standardized Protocols – Several of the RETACs have or are in the process of developing standardized regional protocols for pre-hospital providers including destination criteria, standard operating procedures (SOPs), and patient treatment guidelines. Some of the RETACs have made printed versions of their protocols available to other RETACs. Many of these standardized regional protocols are based on the Mile High RETAC protocols and revised to reflect the regions capabilities and level of care provided.
- Regional Mass Casualty Plans – Many of the RETACs have or are in the process of developing regional mass casualty plans, field guides, MCI training, and exercises or drills. These plans and their format should be shared between RETACs to identify best practice MCI regional plans. There is some difficulty with coordination and overall responsibility for MCI events in some of the RETACs because their boundaries encompass more than one All-Hazards Region or there are multiple agencies or organizations that have responsibility for disaster planning, preparedness and response.
- CDPHE Grant Requests – All RETACs were heavily involved in the grant process during the SNAP process. There were varied perceptions regarding the CDPHE grant process including, individual agency grants versus regional grant projects, the selection and award process, and other perceptions. Many expressed concerns with the time involved in the grant process from beginning to end. Overall, everyone appreciates and values the CDPHE grants; some have questions about the process.
- CDOT/CSP Grant Requests – All RETACs have received grant funds from either the Colorado Department of Transportation (CDOT), Colorado State Patrol (CSP), or both. The grants are used for occupant traffic safety programs including seat belt usage, infant/child car seats, and DUI awareness programs. Some of the RETACs have identified specific problems in their region and developed specific programs, as an example there was one region that developed a campaign to educate teen drivers about the dangers of texting on a cell phone and driving.
- Initial and Continuing Education Needs – Although initial EMTS education, training and continuing education is available throughout the state, there were several concerns about the current state and the potential availability of this education and training in the future. In some regions there have been changes in the college systems that provide EMTS education and



training. The cost for training has increased in some areas of the state and the rural and frontier providers must travel long distances for some education or training opportunities. Most agencies/facilities throughout the state share education and training opportunities.

- Recruitment and Retention Issues – The recruitment and retention of both pre-hospital EMS volunteers and hospital specialty staff is a major issue in the frontier and rural areas of the state. Many of the RETACs support the statewide “join EMS” initiative which includes printed brochures and a website developed through a grant from the Colorado Rural Health Center. The website is updated and maintained by the Plains-to-Peaks RETAC. Many of the volunteer and combination fire and EMS agencies have had to start compensating staff to ensure availability. Many of the frontier and rural areas have staff shortages within the region’s hospitals and medical centers, especially in the areas of specialty medical practices.
- Aging Buildings and Equipment – Many of the EMTS stakeholders, in the frontier and rural areas primarily, indicated that their facilities were old, in need of major repair, doesn’t meet the agencies needs anymore, or needed to be replaced.
- 800 MHz Digital Trunked Radio System – There were several issues raised regarding the statewide 800 MHz digital trunked radio system (DTR). There were several comments regarding the lack of existing infrastructure needed to integrate the regions EMTS stakeholders. Also mentioned was the expense for equipment and maintenance to participate in the state DTR system was prohibitive for their agency/facility. In every RETAC the issue of adequate training for using the radios and the system was mentioned as an issue, especially for the infrequent DTR user. Most everyone that participated in the SNAP process expressed concerns regarding the system not being used to its full capacity.

### **Collateral EMTS Information not Related to BIS Scores**

During the assessment process the consultants were able to observe and were provided information regarding several aspects of Colorado’s EMTS system. These observations and the information provided were not necessarily related to the BIS questions or the problem ranking survey but may be useful to CDPHE EMTS Section and its EMTS stakeholders in determining short and long term activities related to enhancing EMTS delivery in the state. In no particular order, listed below is the collateral information gained during the SNAP process.

- Local Issues versus Regional Issues – It was apparent in some RETACs that the issues related to local EMTS concerns or needs is not always the same concerns or needs of the region. Most RETAC Boards work well with that issue but occasionally territorialism develops between agencies/facilities.
- RETAC and All-Hazards Regions Boundaries – The non-alignment of RETAC boundaries with the boundaries of the state’s All Hazards Regions results in some of the RETACs having to interact with multiple agencies. The question of “who is in charge” occasionally becomes an issue when dealing with multiple agencies that all have similar missions.



- Volunteer EMTS Personnel – There are hundreds of volunteer EMS and fire agencies throughout the frontier and rural areas of Colorado providing some form of pre-hospital care, many at the ALS level. Many of these volunteers are extremely dedicated with long tenures with their agency. Many volunteer for more than one agency when there is a need. They all help each other out during MCI events or when a particular service lacks adequate volunteers.
- Time Commitments – Specific to the frontier and rural regions of the state, the time commitment to participate in meetings, education and training, continuing education and other EMTS related activities is enormous. Travel time alone can take most of a day for a one or two hour meeting. Many of the RETACs move the location of meetings and education or training programs around the region to minimize the time commitment impact to EMTS stakeholders. Many expressed concerns with less participation of the EMTS stakeholders because of the time commitment required.
- RETAC’s Reliance on Volunteers – In addition to volunteer EMTS providers providing patient care, many RETAC activities, including committee meetings, other meetings, programs, and projects are accomplished by EMTS stakeholders or board members on a volunteer basis. The amount of time for these individuals to participate in RETAC activities can be overwhelming considering their full-time positions in the region. Several of these volunteers serve on multiple committees or participate in several RETAC activities. The RETAC coordinators/executive directors rely heavily on these volunteers to accomplish RETAC activities.
- Innovations – There were all kinds of innovative approaches to providing EMTS throughout the state, many in the frontier and rural regions. In one RETAC two volunteer ambulance services share EMS volunteers to meet both agencies staffing needs. In another region of the state, the ambulance personnel send a cell phone text message with a picture of the patient’s 12 lead EKG attached to the receiving hospital’s emergency department staff.
- Limited Knowledge of Regional System – Most of the stakeholders and RETAC board members were knowledgeable about local or county EMTS capabilities and programs but had limited knowledge from a regional perspective regarding the EMTS system’s capabilities or programs. This is also verified by the high number of “I don’t know” answers on the BIS related to the RETAC system questions.
- RETAC Focus – In most of the RETACs EMTS stakeholders indicated that their perception was that the RETAC was either more focused on pre-hospital issues or more focused on hospital issues. Many times when EMS was used in conversations with hospital personnel the response came in the form of a correction that in Colorado it is an EMTS system and don’t forget the “T” or trauma component. All of the RETACs have a fair balance of pre-hospital and hospital representation on their governing boards. Sometimes the perception of a particular focus is based on the RETAC coordinator/executive director’s personality or affiliation with either a pre-hospital agency or a hospital. There is a fine line to balancing the equation and some RETACs are able to achieve that balance of pre-hospital and hospital focused approach.



- RETAC Coordinators/Executive Directors – With very few exceptions, most of the EMTS stakeholders within each RETAC considered their coordinator/executive director as one of the primary strengths of the RETAC. The coordinators were described as knowledgeable, well respected, and supported by the RETAC board members. Most of the stakeholders felt they represented the needs of the frontier, rural, and urban areas equally.

It is the consultant's observation that there is no consistency between the RETACs regarding the coordinators/executive directors in the areas of:

- Job descriptions, roles and responsibilities, defined performance expectations and performance review
  - Compensation and benefits
  - Workloads
  - Ancillary staff or assistants
- RETAC Administrative Communications – The various forms of communications used to provide information and data to the RETAC's EMTS stakeholders was an issue frequently raised. Many stated that they received too many emails from the RETAC coordinator/executive director. There was frustration expressed by the RETAC coordinators/executive directors in not getting responses back on emails or messages regarding RETAC issues or attempting to get input on a specific issue.
  - RETAC Websites – Nine RETACs have websites where information is available regarding the RETAC and EMTS activities including education and training opportunities, announcements, and EMTS agency/facility information. Some of these websites are excellent sources of information. Each one is unique and there is no conformity or standardization from one website to the other.
  - Consolidation Opportunities- There are several opportunities to consolidate functions, especially between the multiple emergency communications centers and public safety answering points (PSAPs). Some counties have multiple dispatch agencies with many of them not providing pre-arrival emergency medical directions or any call prioritization screening. In some counties emergency calls are transferred to multiple agencies.
  - RETAC County Funds – There is no consistency between how CDPHE funds are distributed back to the counties within each RETAC. In some RETACS all the county funds go back to the counties in others only a portion goes back to the counties and the RETAC uses those funds for regional projects. The issue of what the counties expect from each RETAC is also based around these funds and in some instances determines the level of participation and integration with the RETAC.
  - EMTS Data – The collection of data is considered important and valuable by the majority of Colorado's EMTS stakeholders. Several RETACs have active data collection committees and all of the agencies/facilities are involved in data collection. Several comments regarding the inability to get data back in a timely meaningful fashion were made. In addition the variety of data collection systems make it difficult to avoid redundant data entry into each system. There is a desire to standardize data collection and reporting systems, but there are no dedicated funding mechanisms.



- Patient Outcome Data – Many of the RETACs are discussing ways to track patients through the healthcare system from beginning of treatment through their final discharge from the system, especially patients that may receive care by multiple pre-hospital providers and then several hospital or medical facilities. The purpose for the tracking is to obtain outcome data and provide feedback to the initial healthcare providers.

### **Future RETAC Needs Assessments**

Future needs assessments of Colorado's eleven RETACs can provide the CDPHE EMTS Section information to compare progress made with the recommendations in each RETAC SNAP report completed as part of this project. There are a few methods that were more valuable than others over the course of this assessment. There were also a few methods employed that did not yield the results desired.

The BIS instrument was viewed as too time consuming for most EMTS stakeholders to complete. Those stakeholders that did complete the BIS should be commended. An average of two-hours was required to read and complete the BIS. Many stakeholders that completed the BIS did so incorrectly by either not entering a score or indicating N/A where a score was required. Because of the diverse regions – frontier, rural and urban – the scores were inconsistent between respondents. The BIS is a good tool for developing a consensus approach to each of the 15 EMTS components. Most respondents answered with a zero, meaning “I don't know” on the RETAC system questions. Most of the RETAC board members did complete the BIS survey. The use of a BIS type survey instrument should be avoided in any future RETAC needs assessments process.

There were 14 town hall meetings that worked very well and stimulated discussion and input from EMTS stakeholders that may not have been able to have input any other way. Many times during these discussions, additional points regarding a particular EMTS component were brought forward. The town hall meetings ranged from approximately 45 participants down to ones with six participants. The small group forums with specific similar EMTS disciplines were the most productive.

The SNAP attempted to identify the needs of the EMTS stakeholders within each RETAC in all of the 15 Colorado EMTS components. The state definition for each of the 15 EMTS components consists of several sub-components further expanding the scope of this assessment. In addition to the BIS components, a problem ranking survey was used with 10 additional categories, and in some RETACs, RETAC specific questions were also posed to the respondents. In any future assessments this all encompassing approach should be avoided or at least simplified in order to obtain meaningful data. Consider conducting mini-assessments specific to one or two issues of importance to the EMTS Section on a quarterly basis.

The most valuable resource in conducting the SNAP was the RETAC coordinators/executive directors. Their knowledge of the EMTS resources, issues and history was extremely helpful in this assessment process. Most of them are experienced EMTS providers and have patient care as the primary goal within the RETAC. Some RETAC coordinator/executive directors scheduled all the appointments with the key EMTS stakeholders within the RETAC which enhanced the assessment process by maximizing the



number of opportunities to gain knowledge of the regions EMTS system. In any future needs assessments of the issues from the RETAC perspective should include the RETAC coordinators and executive directors as active participants in the process.

## **Conclusion**

Over the past 22 months The Abaris Group has been leading the SNAP process for the state EMTS Section. Over this time 219 Colorado EMTS agencies or facilities participated in the SNAP process including 141 personal interviews, 211 participants at 14 town hall meetings held around the state, 115 BIS surveys returned and 109 problem ranking surveys completed. Seven RETACs developed RETAC specific questions and eight RETACs held one or more town hall meeting. Input was provided from all EMTS disciplines as determined in the original scope for this project.

The strengths, weaknesses, opportunities and threats (SWOT) analysis of the EMTS systems within each RETAC revealed that the primary strengths are the RETAC board members and the RETAC coordinators/executive directors. The main weaknesses are the geography and RETAC boundaries as well as recruitment and retention of qualified EMTS personnel. Opportunities include enhanced system finances and a move towards more regionalization and standardization. The primary potential threats consist of decreased system finances and lack of qualified EMTS personnel.

Analysis of the 115 returned BIS surveys resulted in the highest scored components consisting of *Integration of Health Services, Legislation and Regulation, and Medical Direction*. The lowest scores were in the areas of *EMTS Research, Injury/Illness Prevention, and Information Systems*. The problem ranking survey, 109 returned, identified the most challenging issues for EMTS stakeholders as recruitment of new personnel, retention of personnel, and agency funding and financial viability. The three least challenging issues were support from the RETAC, cooperation with other agencies, and administrative support.

There were several common EMTS themes identified during the SNAP process including a move towards more regionalization and standardization with regional patient care protocols and written regional MCI or Communications plans. In addition to the common themes identified during the SNAP process, additional collateral information of interest to the CDPHE EMTS Section not related to the BIS indicators is included in this report.

Recommendations for future needs assessments or reassessments include not using a BIS type survey instrument; conducting more town hall and focus group type meetings; limiting the scope of assessments; and, including the RETAC coordinators/executive directors as active participants in the assessment process.

The SNAP process has validated many issues that were already known to the CDPHE EMTS Section leadership regarding the needs of the Colorado EMTS system. Additional information unrelated to the BIS survey instrument may also be useful in enhancing EMTS in Colorado. In some cases these issues and additional information obtained can be prioritized and a statewide approach can enhance and expedite projects or programs within each RETAC.



The recommendations for the each of the RETACs include both short-term and long-term activities. The RETAC council members should review and prioritize the recommendations for the region. Inclusion of these recommendations into the RETAC biennial plan is highly encouraged. All of the recommendations made for each RETAC are included as Appendix A.





## Appendix A: RETAC Specific Recommendations

RETAC	EMTS Component: Integration of Health Services
CMRETAC	Encourage participation of law enforcement, dispatch centers, public health, and fire departments
	Establish standing or ad-hoc committees under the CMRETAC for each of the underrepresented disciplines to address their specific issues in relation to the overall CMRETAC
	Create a method to measure the CMRETAC activities and clearly communicate the review and results to the CMRETAC stakeholders
FRETAC	Communicate with other non-traditional EMTS agencies (ski patrol and SAR) and invite them to participate in RETAC meetings and activities
	Strongly encourage participation in the RETAC from larger ground transport agency management personnel
	Ensure all stakeholders receive RETAC EMTS information and meeting minutes
MHRETAC	Communicate with other non-traditional EMTS agencies (ski patrol and SAR) and invite them to participate in RETAC meetings and activities
	Encourage the private-for-profit ground ambulance providers to increase participation and input through the MHRETAC
NCRETAC	Consider inviting other non-EMS or hospital representatives to RETAC meetings on a regular basis
	Consider enhancing small volunteer fire department involvement in RETAC activities
	Ensure all stakeholders receive RETAC EMTS information and meeting minutes
NWRETAC	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
PTPRETAC	Publish biennial plan on the Plains to Peaks RETAC website and email copies to Plains to Peaks RETAC stakeholders
	Develop a formal process for communicating with the Plains to Peaks RETAC stakeholders, including written communication back to each county represented, i.e. EMS Councils and elected officials, and underrepresented agencies
SCRETAC	Encourage participation of law enforcement, dispatch, public health and fire departments
	Establish standing or ad hoc committees under the SCRETAC for each of the under-represented disciplines to address their specific issues in relation to the overall SCRETAC
	Encourage and assist law enforcement agencies to develop AED programs
	Develop a regional public access AED program
	Develop a formal process for communicating with the SCRETAC stakeholders, including written communication back to each county represented, i.e. EMS Councils and elected officials
SECRETAC	Continue to involve EMTS stakeholders as General Members of the SECRETAC



	Ensure all stakeholders receive RETAC EMTS information and SECRETAC meeting minutes
SLVRETAC	Establish standing or ad hoc subcommittees under the SLVRETAC for the development of regional programs for education/training; medical direction; treatment protocols; injury/illness prevention; mutual-aid; communications; and, quality improvement
	Publish biennial plan on SLVRETAC website and email copies to SLVRETAC stakeholders
	Develop a formal process for communicating with the SLVRETAC stakeholders, including written communication back to each county represented, i.e. EMS Councils and elected officials
	Provide individual EMS agency capabilities to the EDs, especially for inter-facility transfers
SWRETAC	Communicate with other non-traditional EMTS agencies (ski patrol and SAR) and invite them to participate in RETAC meetings and activities
	Ensure all stakeholders receive RETAC EMTS information and meeting minutes
WRETAC	Consider inviting other non-EMS or hospital representatives to WRETAC meetings on a regular basis
	Ensure all stakeholders receive WRETAC EMTS information and meeting minutes
	Maintain focus/inclusion of hospitals within the WRETAC

<b>RETAC</b>	<b>EMTS Component: EMTS Research</b>
CMRETAC	Determine areas of interest and topics for system research
	Establish a data collection committee regarding system research topics
	Encourage system stakeholders to participate in system research
	Collaborate with hospitals and educational institutions to conduct system research in areas of mutual interest
	Publish and share the results of system research with stakeholders
FRETAC	No major recommendations, continue to address the concerns with privacy and discoverability issues with CDPHE
MHRETAC	Identify regional system research topics with input from the MHRETAC EMTS stakeholders
	Address privacy/confidentiality and HIPAA concerns to reduce barriers to EMTS system research
NCRETAC	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
	Continue the current periodic survey process used by the RETAC
	Encourage system stakeholders to participate in research conducted by the few agencies/facilities that do
	Collaborate with hospitals and educational institutions to conduct research in areas of mutual interest
NWRETAC	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
PTPRETAC	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



	Continue the current survey process used by the RETAC
	Encourage system stakeholders to participate in research conducted by the few agencies/facilities that do
	Collaborate with hospitals and educational institutions to conduct research in areas of mutual interest
SECRETAC	Determine areas of interest and topics for system research
	Provide direction to the data collection committee regarding system research topics
	Encourage system stakeholders to participate in system research
	Collaborate with hospitals and educational institutions to conduct system research in areas of mutual interest
	Publish and share with stakeholders the results of system research
SECRETAC	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
SLVRETAC	Determine areas of interest and topics for system research
	Encourage system stakeholders to participate in system research
	Collaborate with hospitals and educational institutions to conduct system research in areas of mutual interest
	Publish and share with stakeholders the results of system research
SWRETAC	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
WRETAC	Determine if there is any interest in conducting research through the WRETAC
	Identify resources, both personnel and financial, to undertake research if the WRETAC so desires
	Encourage system stakeholders to participate in research, if identified as a WRETAC priority
	Collaborate with hospitals and educational institutions to conduct research in areas of mutual interest

RETAC	EMTS Component: Legislation and Regulation
CMRETAC	Review current bylaws and ensure the board of directors is in compliance or amend as appropriate
	Develop a mechanism to communicate to system stakeholders the CMRETAC's compliance to laws and regulations
	Arrange for an expert, third-party review of its plan, policies, and conduct that ensure compliance with all laws, rules, bylaws, and contracts, possibly through the CDPHE EMTS Section
FRETAC	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
MHRETAC	Seek input from EMTS stakeholders regarding enhancing ambulance inspection process
	Review the need for an external review of the RETAC and EMTS agencies/facilities regarding compliance to legislation and



	regulations
NCRETAC	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
NWRETAC	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
PTPRETAC	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
SCRETAC	Develop a mechanism to communicate to system stakeholders the SCRETAC's compliance to laws and regulations
	Arrange for an expert, third party review of its plan, policies, and conduct to ensure compliance with all laws, rules, by-laws and contracts, possibly through the CDPHE EMTS Section
SECRETAC	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
SLVRETAC	Develop a mechanism to communicate to system stakeholders the SLVRETAC's compliance to laws and regulations
	Arrange for an expert, third-party review of its plan, policies, and conduct to ensure compliance with all laws, rules, by-laws, and contracts, possibly through the CDPHE EMTS Section
SWRETAC	No major recommendations, the RETAC Executive Director 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
WRETAC	No major recommendations, the WRETAC Executive Director shares legislative and regulatory information with the EMTS agencies/facilities
	Ensure biennial plan is in compliance with state rules

<b>RETAC</b>	<b>EMTS Component: System Finance</b>
CMRETAC	Develop a benchmarking tool through a standard template that agencies can use to collect financial and operational data, including the cost to provide services, appropriate charges, collection, and reimbursement data
	Provide the CMRETAC financial data, including the annual operating budget and monitoring reports to system stakeholders on a regular basis
FRETAC	Continue to provide the FRETAC financial data, including the annual operating budget and monitoring reports to system stakeholders on a regular basis



	Continue to identify and apply for grants to enhance EMTS delivery throughout the region
	Consider activities to assist EMTS stakeholders with enhancing revenues from insurance reimbursement
	Maintain \$25,000 Certificate of Deposit that is drawing interest
MHRETAC	Provide the MHRETAC 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 and educational opportunities to assist EMTS stakeholders with enhancing revenues from insurance reimbursement
NCRETAC	Provide the NCRETAC 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 EMS delivery
NWRETAC	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
PTPRETAC	Survey Plains to Peaks ground ambulances regarding the rates they currently charge
	Develop a standard template that stakeholders can use to collect financial data, including the cost to provide services, determine appropriate charges, enhance collections and reimbursements
	Provide the Plains to Peaks RETAC 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 EMS delivery
SCRETAC	Develop a standard template that stakeholders can use to collect financial data, including the cost to provide services, appropriate charges, collection and reimbursement data
	Provide the SCRETAC financial data, including the annual operating budget and monitoring reports to system stakeholders on a regular basis
	Provide information and assistance to system stakeholders on the availability of funding opportunities, including grants, tax districts, and fee structures
SECRETAC	Continue to provide the SECRETAC 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 EMS delivery in the region
	Consider activities to assist EMTS stakeholders with enhancing revenues
SLVRETAC	Develop a standard template that stakeholders can use to collect financial data, including the cost to provide services, appropriate charges, collection, and reimbursement data
	Provide the SLVRETAC financial data, including the annual operating budget and monitoring reports to system stakeholders on a



	regular basis
	Provide information and assistance to system stakeholders on the availability of funding opportunities, including grants, tax districts, and fee structures
SWRETAC	Continue to provide the SWRETAC 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 from insurance reimbursement
WRETAC	Continue to share the WRETAC 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 EMS delivery

RETAC	EMTS Component: Human Resources
CMRETAC	Ensure CMRETAC is seen as a resource by all stakeholders through focused communication messages and methods that best match the intended recipients
FRETAC	No major recommendations, continue to assist rural agencies with recruitment efforts
MHRETAC	Consider incentive programs to recruit specialty medical professionals that are in demand, i.e. trauma surgeons, etc.
	Enhance recruitment and retention efforts in the rural area
	Consider low cost outreach education/training programs for the rural areas
NCRETAC	Consider a system wide focused recruitment and retention program
	Consider sharing volunteer EMS personnel between EMS transport agencies
NWRETAC	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.)
PTPRETAC	Continue the recruitment and retention program initiated by the RETAC
	Explore funding sources for advertising recruitment needs and increase no fee advertising, such as public service announcements and other ways to let the communities know volunteers are needed
	Consider sharing volunteer EMS personnel between EMS transport agencies
SCRETAC	Develop an ad-hoc committee or task force to examine human resource needs on a system-wide basis
	Provide assistance to stakeholders with inadequate staff, i.e. shared personnel, regional work schedule
	Provide information and assistance to system stakeholders on the availability of funding opportunities for personnel, including grants, tax districts, and fee structures
	Apply for a regional recruitment and retention grant for emergency services personnel, i.e. Staffing for Adequate Fire and Emergency Response (SAFER) grant



SECRETAC	Consider a system wide focused recruitment and retention program
	Consider sharing volunteer EMS personnel between EMS transport agencies where feasible
SLVRETAC	Develop an ad-hoc committee or task force to examine human resource needs on a system-wide basis
	Provide assistance to stakeholders with inadequate staff, e.g. shared personnel, regional work schedule
	Provide information and assistance to system stakeholders on the availability of funding opportunities for personnel, including grants, tax districts, and fee structures
	Apply for a regional recruitment and retention grant for emergency services personnel, e.g. Staffing for Adequate Fire and Emergency Response (SAFER) grant
SWRETAC	Consider a system wide focused recruitment and retention program
	Continue recruitment efforts on SWRETAC website
	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.)
WRETAC	Support retention programs, including continuing education, as needed to maintain licensure
	Consider supporting and legislation for the addition of EMS providers to the state's firefighter retirement program

<b>RETAC</b>	<b>EMTS Component: Education Systems</b>
CMRETAC	Continue the development of the regional education and continuing education system
	Develop or formalize a standardized competency evaluation process
FRETAC	Consider an education/training needs survey of FRETAC stakeholders regarding accessibility and availability of education and training
	Enhance the share educational opportunities among EMTS agencies/facilities; consider outreach programs for rural agencies
	Consider alternative electronic services to provide education to rural EMS providers
MHRETAC	Consider an education/training needs survey of MHRETAC stakeholders regarding accessibility and availability of education and training
	Enhance and continue to share educational opportunities among EMTS agencies/facilities
	Consider rotating the location of education/training opportunities to increase participation from volunteer EMTS providers outside of Denver Metro area
NCRETAC	Continue to enhance the current regional education and continuing education system
	Continue to share educational opportunities among EMTS agencies/facilities
	Consider an education/training needs survey of NCRETAC stakeholders
NWRETAC	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



PTPRETAC	Consider enhancing the current regional education and continuing education system
	Continue to share educational opportunities among EMTS agencies/facilities
	Schedule educational programs on evenings and weekends to accommodate volunteer EMS providers
SCRETAC	Develop a standardized evaluation tool for initial education and training
	Develop a standardized evaluation tool for continuing education
	Continue the development of the regional education and continuing education system
	Develop a standardized competency evaluation process
SECRETAC	Consider an education/training needs survey of SECRETAC stakeholders
	Continue to provide scholarships and financial support for EMS education/training
	Enhance and continue to share educational opportunities among EMTS agencies/facilities
	Explore alternative education/training options for ALS personnel
SLVRETAC	Conduct a needs assessment or survey of SLVRETAC EMTS agencies to identify educational needs
	Consider the development of a regional education and continuing education system
	Encourage stakeholders to share education and training programs with all pre-hospital agencies
	Schedule educational programs on evenings and weekends to accommodate volunteer EMS providers
	Encourage hospital facilities to provide monthly continuing education on a rotating basis
SWRETAC	Consider an education/training needs survey of SWRETAC stakeholders regarding accessibility and availability of education and training
	Enhance and continue to share educational opportunities among EMTS agencies/facilities
	Consider rotating the location of education/training opportunities to increase participation from volunteer EMTS providers outside of La Plata County
WRETAC	Share successful agency education and injury prevention programs with other member agencies
	Develop regional education and Continuous Quality Improvement (CQI) to identify training opportunities
	Continue to share educational opportunities among EMTS agencies/facilities
	Consider an education/training needs survey of WRETAC stakeholders

<b>RETAC</b>	<b>EMTS Component: Public Access</b>
CMRETAC	Share system's communications plan with stakeholders and support individual agency plan development
	Ensure agency and system communications plans are comprehensive and contiguous with each other
FRETAC	Explore the feasibility of regional consolidated state of the art emergency medical dispatch/communications centers
	Provide consistent pre-arrival instructions in rural communities, possibly by transferring calls that need pre-arrival instructions from law enforcement dispatch centers to a dispatch agency that does provides EMD
MHRETAC	Provide consistent pre-arrival instructions in the rural areas, possibly by transferring calls that need pre-arrival instructions from





	law enforcement dispatch centers to a dispatch agency that does provides pre-arrival instructions
NCRETAC	Explore the feasibility of creating additional 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
NWRETAC	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
PTPRETAC	Develop emergency response guidelines for emergency response agencies to consider, including a non-red lights and siren policy for frontier/rural EMS response agencies
	Explore the feasibility of creating a consolidated state of the art emergency medical dispatch center in Cheyenne, Kit Carson, and Lincoln counties or consider joining the El Paso-Teller County 911 Authority
	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
SCRETAC	Consult with the public safety access points (PSAPs) to determine the availability of 911 access throughout the region, especially for special populations
	Establish an EMD committee composed of dispatch center personnel and pre-hospital providers
	Develop a regional communications plan
	Develop emergency response guidelines for emergency response agencies to consider, including a non-red lights and siren policy
SECRETAC	Explore the feasibility of creating a state of the art consolidated emergency medical dispatch center
	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
	Explore the feasibility of creating a state of the art consolidated emergency medical dispatch center
SLVRETAC	Consult with the Public Safety Access Points (PSAPs) to determine the availability of 9-1-1 access throughout the region, especially for special populations
	Establish an emergency medical dispatch committee composed of dispatch center personnel and pre-hospital providers
	Develop a regional communications plan
	Develop emergency response guidelines for emergency response agencies to consider, including a non-red lights and siren policy
SWRETAC	Explore the feasibility of creating a state of the art consolidated emergency medical dispatch center
	Explore the feasibility of consolidated state of the art emergency medical dispatch/communications centers
WRETAC	Provide consistent pre-arrival instructions, possibly by transferring calls that need pre-arrival instructions from law enforcement dispatch centers to a dispatch agency that does provides EMD
	Ensure the one dispatch center successfully implements emergency medical dispatch in a timely manner
	Develop public access plans for special population needs
<b>RETAC</b>	<b>EMTS Component: Evaluation</b>



CMRETAC	Ensure the medical community is integrated into agency evaluations
	Determine what data is currently collected that can also be used to evaluate the system
	Develop a list of data components useful for system evaluation
	Develop a research and evaluation agenda with service providers, hospitals, trauma centers, and the medical community
	Develop a process improvement program to improve clinical and administrative services
FRETAC	No major recommendations, FRETAC has identified this as a goal in 2009 – 2011 Biennial Plan
	Assist FRETAC EMTS agencies/organizations in developing agency/organization evaluation processes
MHRETAC	Develop a regional continuous quality improvement process
	Identify regional performance improvement indicators
	Assist MHRETAC EMTS agencies/organizations in developing agency/organization evaluation processes
NCRETAC	Address QA/QI information concerns with discoverability
	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, NPAB and the medical community at large
	Assist pre-hospital agencies in developing a CQI program or facilitate their participation in another agencies CQI process
NWRETAC	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
PTPRETAC	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 and the medical community at large
	Assist pre-hospital agencies in developing a CQI program or facilitate their participate in another agencies CQI process
SCRETAC	Determine what data is currently collected that can be used to evaluate the system
	Develop a list of data components useful for system evaluation
	Develop a research and evaluation agenda with service providers, hospitals and the medical community at large
	Develop a process improvement (PI) program to improve clinical and administrative services
SECRETAC	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
SLVRETAC	Determine what data is currently collected that can be used to evaluate the system
	Develop a list of data components useful for system evaluation
	Develop a research and evaluation agenda with service providers, hospitals and the medical community at large
	Develop a Process Improvement (PI) program to improve clinical and administrative services
SWRETAC	No major recommendations – encourage participation by all SWRETAC EMTS providers to use the System Improvement Plan and process to enhance EMTS delivery
	Assist SWRETAC EMTS agencies/organizations in developing agency/organization evaluation processes
WRETAC	Determine how the data collected for CDPHE can be used to evaluate the system on a regional basis
	Consider the development of a research and evaluation agenda with service providers, hospitals, and the medical community at large
	Develop a regional CQI program or facilitate an inter-agency CQI process that identifies training and educational needs

<b>RETAC</b>	<b>EMTS Component: Communications System</b>
CMRETAC	Ensure regional communications plan is fully integrated
	Incorporate the communications system components in annual drills and exercises to test reliability and interoperability
	Develop a system for documenting communications system problems and failures
FRETAC	Consider surveying FRETAC EMTS stakeholders regarding 800 DTR issues
	Develop a FRETAC Communications Plan for EMTS incorporating the current radio frequencies in use
	Provide routine ongoing education and training on the use of the 800 DTR system for inexperienced or infrequent users
	Incorporate the communications system components in annual drills and exercises to test reliability and interoperability
MHRETAC	Consider surveying MHRETAC EMTS stakeholders regarding 800 DTR issues
	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
NCRETAC	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
NWRETAC	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
PTPRETAC	Enhance the regional communications plan with the All Hazards Region agencies
	Conduct a comprehensive system-wide regional communications needs assessment
	Provide additional training for the 800MHz radios to agencies having difficulties



	Establish talk groups on a regional basis
	Develop a communications manual and quick reference guide to enhance communications between agencies, disciplines and counties
	Incorporate the communications system components in annual drills and exercises to test reliability and interoperability
	Develop a system for documenting communications system problems and failures in dispatch centers
SCRETAC	Develop a regional communications plan
	Conduct a comprehensive system-wide regional communications needs assessment
	Incorporate the communications system components in annual drills and exercises to test reliability and interoperability
	Develop a system for documenting communications system problems and failures
SECRETAC	Develop a SECRETAC Communications Plan for EMTS incorporating the current radio frequencies in use
	Provide routine ongoing education and training on the use of the 800 MHz DTR system for inexperienced or infrequent users
	Continue to incorporate the communications system components in annual drills and exercises to test reliability and interoperability
SLVRETAC	Develop a regional communications plan
	Conduct a comprehensive system-wide regional communications needs assessment
	Provide additional training for the 800MHz radios to agencies having difficulties
	Establish talk groups on a regional basis
	Incorporate the communications system components in annual drills and exercises to test reliability and interoperability
	Develop a system for documenting communications system problems and failures; include the CSP and other dispatch centers
SWRETAC	Consider surveying SWRETAC EMTS stakeholders regarding 800 DTR issues
	Develop a SWRETAC 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
	Address communications concerns/issues with aeromedical transport providers
WRETAC	Develop an implementation plan to standardize communication between member agencies/facilities as well as allied partners
	Incorporate the communications system components in annual drills and exercises to test reliability and interoperability

<b>RETAC</b>	<b>EMTS Component: Medical Direction</b>
CMRETAC	Develop a system/regional medical director coordinator position and identify a funding source to pay for it
	Survey stakeholder agencies regarding their needs for medical direction
	Consolidate the many individual agency and county protocols into a standardized set for CMRETAC
FRETAC	Consider a regional forum to bring all Medical Directors together at least annually
	Enhance the feedback process from the Medical Director to the pre-hospital agency director or chief



	Develop clear consistent regional guidelines and expectations for FRETAC Medical Directors
MHRETAC	Formalize the Denver Metro Physicians group
	Enhance the feedback process from the Medical Director to the pre-hospital agency director or chief
	Develop clear consistent regional guidelines and expectations for MHRETAC Medical Directors
NCRETAC	Support and encourage active participation of the Northeast Physicians Advisory Board
	Survey stakeholder agencies regarding their needs for medical direction and their level of satisfaction with the current system of medical direction
	Enhance the feedback process from the Medical Director to the pre-hospital agency director or chief
NWRETAC	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
PTPRETAC	Continue the current system for Medical Direction provided by the two primary Medical Directors
	Develop a written description of duties that a medical director should perform
	Expand the medical director duties to include system oversight or consider the use of an assistant system medical director for the system
	Survey stakeholder agencies regarding their needs for medical direction and their level of satisfaction with the current system of medical direction
	Enhance the feedback process from the Medical Director to the pre-hospital agency director or chief
SCRETAC	Identify a funding source for continuation of the system medical director
	Expand the medical director duties to include system oversight or consider the use of an assistant system medical director
	Survey stakeholder agencies regarding their needs for medical direction and their level of satisfaction with the current system of medical direction
SECRETAC	Survey stakeholder agencies regarding their needs for medical direction and their level of satisfaction with the current system of medical direction
	Enhance the feedback process from the Medical Director to the pre-hospital agency director or chief
SLVRETAC	Consider the implementation of a regional medical director program, including a funding source
	Develop a written description of duties that a medical director should perform
	Expand the medical director duties to include system oversight or consider the use of an assistant system medical director
	Survey stakeholder agencies regarding their needs for medical direction and their level of satisfaction with the current system of medical direction
SWRETAC	Consider a regional forum to bring all Medical Directors together at least annually
	Enhance the feedback process from the Medical Director to the pre-hospital agency director or chief
	Develop clear consistent regional guidelines and expectations for SWRETAC Medical Directors



WRETAC	Support and encourage the creation of and active participation in a Physicians Advisory Group to direct protocol development and standardization, where possible
--------	--

RETAC	EMTS Component: Clinical Care
CMRETAC	Finalize the regional CQI plan
	Develop a standardized, uniform clinical documentation format or template in conjunction with regional medical coordination
FRETAC	Consider moving towards standardized regional medical protocols with agency specific variations
	Assist EMTS agencies with the development of in-house Continuous Quality Improvement (CQI) activities specific to individual patient care
MHRETAC	No major recommendations, high-quality clinical care exists in the urban and suburban areas
	Assist the rural EMTS stakeholders with enhancing the level of clinical care provided
NCRETAC	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
	Expand the implementation of electronic patient care report systems, including funding assistance for the purchase of such systems for those agencies not using ePCR systems
NWRETAC	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
PTPRETAC	Continue the movement 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
	Expand the implementation of electronic patient care report systems, including funding assistance for the purchase of such systems for those agencies not using ePCR systems
SECRETAC	Develop a regional Continuous Quality Improvement (CQI) plan or at least a template for a comprehensive CQI plan that can be adopted by system stakeholders
	Develop a standardized uniform clinical documentation format or template
	Explore the implementation of electronic patient care report systems, including funding assistance for the purchase of such systems
SECRETAC	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
SLVRETAC	Establish a standing committee to develop and maintain regional patient treatment protocols



	Develop a regional Continuous Quality Improvement (CQI) plan or at least a template for a comprehensive CQI plan that can be adopted by system stakeholders
	Develop a standardized uniform clinical documentation format or template
	Explore the implementation of electronic patient care report systems, including funding assistance for the purchase of such systems
SWRETAC	Consider moving towards standardized regional medical protocols with agency specific variations
	Encourage participation of EMTS stakeholders in the SWRTEAC Regional Systems Improvement Plan
	Assist EMTS agencies with the development of in-house Continuous Quality Improvement (CQI) activities specific to individual patient care
WRETAC	Consider moving towards standardized medical protocols with agency specific variations as needed
	Consider the development of a regional CQI plan or at least a template for a comprehensive CQI plan that can be adopted by system stakeholders
	Expand the implementation of electronic patient charting systems, including funding assistance for the purchase of such systems for those agencies not using electronic patient care report systems

<b>RETAC</b>	<b>EMTS Component: Mass Casualty</b>
CMRETAC	Collect agency disaster plans and review the level of system support required for each
	Create a regional mass casualty plan in conjunction with each county's emergency managers
	Conduct regional exercises and drills based on the regional plan at least annually
	Develop an evaluation process for mass casualty exercises and drills
	Identify necessary supplies and equipment for mass casualty incidents; develop inventory, strategic placement locations, and monitoring procedures
FRETAC	No major recommendations – continue enhancing the FRETAC mass casualty incident (MCI) program and continue development of education plan for MCI training throughout the region
MHRETAC	Update current MCI Plan on a regular basis and document updates
	Clarify the responsibility for coordination, planning and exercising the MCI Plan
NCRETAC	Continue to participate in local, regional, and state mass casualty exercises and drills
	Conduct regional exercises and drills based on the RETAC MCI plan
	Develop an evaluation process for mass casualty exercises and drills
NWRETAC	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



PTPRETAC	Continue to participate in local, regional, and state mass casualty exercises and drills
	Clearly communicate that the Mass Casualty plan in the Plains to Peaks RETAC is agency specific and the responsibility of the All Hazards Region agency
	Conduct regional exercises and drills based on the specific plans of each county
	Develop an evaluation process for mass casualty exercises and drills
	Obtain surplus supplies and equipment for mass casualty incidents and an inventory and monitoring procedure
SCRETAC	Participate in local, regional, and state mass casualty exercises and drills
	Update the regional mass casualty plan in conjunction with the region’s emergency managers
	Conduct exercises and drills based on the regional plan
	Develop an evaluation process for mass casualty exercises and drills
	Obtain surplus supplies and equipment for mass casualty incidents and an inventory and monitoring procedure
SECRETAC	Continue to participate in local, regional, and state mass casualty exercises and drills
	Continue to conduct regional exercises and drills based on each counties plan
	Enhance the evaluation process for mass casualty exercises and drills
SLVRETAC	Continue to participate in local, regional, and state mass casualty exercises and drills
	Develop a regional mass casualty plan in conjunction with the region’s emergency managers
	Conduct exercises and drills based on the regional plan
	Develop an evaluation process for mass casualty exercises and drills
	Obtain surplus supplies and equipment for mass casualty incidents and an inventory and monitoring procedure
SWRETAC	No major recommendations – continue enhancing the SWRETAC mass casualty incident (MCI) program and Phase II training
WRETAC	Ensure all agencies/facilities continue to participate in local and regional mass casualty exercises and training
	Develop a WRETAC MCI plan that coordinates with the needs and resources of member agencies
	Conduct regional exercises and drills based on the WRETAC MCI plan developed

RETAC	EMTS Component: Public Education
CMRETAC	Establish a public education committee to formalize an annual regional education plan with clear objectives
	Ensure that all stakeholders have the opportunity to participate in the regional education plan and activities
	CMRETAC should assume a supportive and coordinating role in the provision of public education through collaboration with the agencies
	Develop an annual, continuous public education campaign to promote awareness of the EMTS system, including the promotion of wellness and prevention
	Explore funding sources, including pooling of funds to support the regional public education campaign
	Develop “off-the-shelf” public education programs that individual agencies can implement





FRETAC	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
MHRETAC	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
NCRETAC	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, including the promotion of wellness and prevention
	Continue to 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
NWRETAC	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
PTPRETAC	Develop “off-the-shelf” public education programs that individual agencies/facilities can implement
	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
PTPRETAC	Develop an annual, continuous public education campaign to promote awareness of the EMTS system, including the promotion of wellness and prevention



	Continue to 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
SECRETAC	Assume a leadership role in the provision of public education through collaboration with the EMTS providers
	Develop an annual, continuous public education campaign to promote awareness of the EMTS system, including the promotion of wellness and prevention
	Explore funding sources, including pooling of funds to support a regional public education campaign
	Develop “off-the-shelf” public education programs that individual agencies/facilities can implement
SECRETAC	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
SLVRETAC	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
SWRETAC	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
WRETAC	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, including the promotion of wellness and prevention
	Continue to explore funding sources and grants, including pooling of funds to support a regional public education campaign
	Share successful public education campaigns/programs with other agencies
	Develop “off-the-shelf” public education programs that individual agencies/facilities can implement



<b>RETAC</b>	<b>EMTS Component: Illness/Injury Prevention</b>
CMRETAC	Establish an injury/illness prevention committee
	Collect data from all stakeholders and review for trends to be addressed
	Develop a coordinated comprehensive regional injury/illness prevention program
FRETAC	Develop partnerships and linkages with the public health system and area hospitals to identify prevention program goals based on most recent gap analysis study
	Regionalize prevention activities
	Include illness prevention activities
MHRETAC	Assume a leadership role in the provision of illness and injury prevention through collaboration with the EMTS providers
	Develop partnerships and linkages with the public health system and area hospitals to identify prevention 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
NCRETAC	Consider having the current NCRETAC ad hoc Prevention Committee develop a coordinated comprehensive regional injury/illness prevention program
	Develop partnerships and linkages with the public health system and area hospitals to identify program
	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
NWRETAC	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
PTP RETAC	Establish an ad hoc injury/illness prevention committee through the RETAC
	Develop partnerships and linkages with the public health system and area hospitals
	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
	Develop a coordinated comprehensive regional injury/illness prevention program
SCRETAC	Establish an injury/illness prevention committee
	Develop partnerships and linkages with the public health system
	Identify sources of information, including public health surveillance and emergency department data to identify the types of injuries and illness that may be prevented
	Develop a coordinated comprehensive regional injury/illness prevention program
SECRETAC	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
SLVRETAC	Establish an injury/illness prevention committee
	Develop partnerships and linkages with the public health system and area hospitals
	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
	Develop a coordinated comprehensive regional injury/illness prevention program
SWRETAC	Provide information to the SWRETAC EMTS stakeholders regarding the RETACS injury prevention activities and programs
	Develop partnerships and linkages with the public health system and area hospitals to identify prevention 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
WRETAC	Expand regional programs beyond occupant safety program
	Consider having the current WRETAC Injury Prevention Committee develop a coordinated comprehensive regional injury/illness prevention program
	Develop partnerships and linkages with the public health system and area hospitals to identify programs
	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

RETAC	EMTS Component: Information Systems
CMRETAC	Formalize the monitoring of regional performance, related feedback, and communicate with the stakeholders regularly
	Establish an information systems committee to determine what data is of interest and its availability
	Identify the key performance indicators necessary to monitor and evaluate the system
	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 within the CQI plan
	Provide feedback to management and providers on a regular basis
FRETAC	No major recommendations, continue active regional data collection activities
	Explore options for an integrated hospital and pre-hospital data collection system and interoperability
MHRETAC	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



NCRETAC	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
	Consider a system to provide patient feedback to frontier/rural EMS providers, especially for medical patients
NWRETAC	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
PTPRETAC	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
	Consider a system to provide patient feedback to frontier/rural EMS providers, especially for medical patients
CRETAC	Have the Data Collection Committee determine what information and data sources are currently available from the EMTS stakeholders
	Identify data elements necessary to monitor and evaluate the system
	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
SECRETAC	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
SLVRETAC	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
SWRETAC	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
WRETAC	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
	Consider a system to provide patient feedback to EMTS providers, especially for medical patients





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

700 Ygnacio Valley Road, Suite 270  
Walnut Creek, CA 94596  
Tel: (925) 933-0911  
Fax: (925) 946-0911  
[abarigroup.com](http://abarigroup.com)