DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STATEWIDE EMERGENCY MEDICAL AND TRAUMA CARE SYSTEM

6 CCR 1015-4

Adopted by the Board of Health on April 15, 2020

CHAPTER FOUR – REGIONAL EMERGENCY MEDICAL AND TRAUMA SERVICES ADVISORY COUNCILS

400. Definitions. As used in this article, unless the context otherwise requires:

1. Biennial Plan – An emergency medical and trauma services system plan developed by the RETAC that details and updates the RETAC's original EMTS Plan, including any revisions pursuant to Section 25-3.5-704(2)(c), C.R.S., by describing methods for providing the appropriate services and care to persons who are ill or injured. The biennial plan shall be in a format specified by SEMTAC and the Department, and submitted to SEMTAC for a determination of adequacy every other year on July 1.

2. City and County – A city that shares the same boundaries as the county in which it resides.

3. Continuing Quality Improvement – The ongoing issue of improving the quality of the regional emergency medical and trauma services system.

4. Department – The Colorado Department of Public Health and Environment.

5. EMTS System – Pursuant to Section 25-3.5-101, C.R.S., et seq., the emergency medical and trauma services system consists of the totality of the various subsystems that, in Colorado, are designed to prevent premature mortality and to reduce the morbidity that arises from trauma and medical emergencies.

6. EMTS Plan – The original emergency medical and trauma services plan that a RETAC developed, upon formation, for its region.

7. Financial Report – A regional financial accounting in a format specified by SEMTAC and the Department that details the expenditure of money received.

8. Key Resource Facility – As defined in Section 25-3.5-703(6.5), C.R.S., means a Level I or II certified trauma facility that provides consultation and technical assistance to a RETAC, regarding education, quality, training, communication, and other trauma issues described in Title 25, Article 3.5, Part 7 of the Colorado Revised Statutes that relate to the development of the Statewide Trauma Care System.

9. Region – A distinct part of the statewide emergency medical and trauma care system that is the area to be served by the RETAC.

10. Regional Emergency Medical and Trauma Services Advisory Council (RETAC) – The representative body appointed by the governing bodies of counties or cities and counties for the purpose of providing recommendations concerning regional area emergency medical and trauma service plans for such counties or cities and counties.

11. State Emergency Medical and Trauma Services Advisory Council (SEMTAC) – Pursuant to Section 25-3.5-104(4), C.R.S., a board appointed by the governor that advises and makes recommendations to the Department on all matters relating to emergency medical and trauma services.

401. Organizational Requirements

1. The governing body of each county or city and county throughout the state shall establish a RETAC, with the governing body of four or more other counties, or with the governing body of a city and county, to form a multicounty RETAC.

2. RETACS must be comprised of counties that are contiguous.

3. The governing body from the counties and/or cities and counties comprising each RETAC shall determine how members are appointed.

4. The participating counties shall define the number of members on the RETAC.

5. Membership shall reflect, as equally as possible, representation between hospital and prehospital providers, and from each participating county and/or city and county.

6. There shall be at least one member from each participating county and/or city and county in the RETAC.

7. Each RETAC shall meet a minimum of four times per year.

8. After the appointment of members to the RETAC, the RETAC shall establish and maintain bylaws, which include responsibilities and other pertinent matters concerning the structure and operations of the organization. A chairperson shall be elected, and that person or their designee shall serve as the liaison for the region's communications with the Department.

9. At least seventy-five percent of the RETAC membership must reside in or provide health care services within the region.

10. Each RETAC must identify one or more key resource facilities for the region. The key resource facility shall provide consultation and technical assistance to the RETAC in resolving trauma care issues that arise in the region, and in coordinating patient destination and inter-facility transfer policies to assure that patients are transferred to the appropriate facility for treatment in or outside of the region.

11. Each RETAC shall utilize designated staff to manage the day-to-day business of the RETAC and provide administrative support and technical assistance to SEMTAC as it carries out its statutory obligations.

402. Minimum Operational Requirements

1. Each RETAC must establish a continuing quality improvement plan for its region with goals and system-monitoring protocols.

2. When formulating its biennial plan, each RETAC shall periodically assess the quality of its regional emergency medical and trauma system. As part of this assessment, each RETAC shall utilize its regional continuous quality improvement system plan to evaluate its effectiveness of its regional EMTS system in relation to 6 CCR 1015-4, Chapter One, the statewide emergency medical and trauma care system.

3. RETACs shall coordinate with the Department and the county or district public health agency in developing and implementing regional injury prevention, public information, and educational programs promoting the development of the regional emergency medical and trauma system. These programs should include, but not be limited to, pediatric injury prevention and public awareness components.

4. RETACs must provide technical assistance and serve as a resource, and to the extent possible, integrate the provision of emergency medical and trauma services with other local, state, and federal agency disaster plans.

5. Regional Patient Destination Protocols

RETACS shall develop prehospital destination protocols for adult and pediatric patients with trauma or suspected trauma in accordance with the algorithms contained in Exhibits A and B in 6 CCR 1015-4, Chapter One.

403. Waivers

The Department may grant waivers from one or more standards of these rules, to the extent not contrary to statute, based on a waiver review process reviewed and approved by SEMTAC and adopted by the Department.

404. Annual Financial Report

On or before October 1 of each year, the RETAC shall submit an annual financial report to SEMTAC that details the expenditure of moneys received in a format specified by SEMTAC and the Department.

If SEMTAC finds the annual financial report is inadequate, the RETAC shall resubmit the report to SEMTAC by December 1 of the same year.

405. RETAC Emergency Medical and Trauma System Biennial Plan Requirements

1. On July 1 of every odd numbered year, each RETAC, with the approval from the governing bodies for the RETAC, must prepare a Regional Emergency Medical and Trauma Services System Plan to create and maintain coordinated, integrated emergency medical and trauma system services throughout the region. The Department shall provide technical assistance to any RETAC for preparation, implementation, and modification of the plan. The plan shall be submitted to SEMTAC for evaluation. Once SEMTAC has determined the plan is adequate, it will make a recommendation to the Department for approval. The plan shall be submitted in the form and manner required by the Department, based on the advice from SEMTAC. If the RETAC fails to submit a plan, does not include a county and/or city and county within their region in the plan, or the plan is not approved through the evaluation process established by SEMTAC, the Department shall design a plan for the RETAC.

2. In developing the biennial plan, the RETAC shall review data collected from sources such as, but not limited to, county plans, SEMTAC plans, organizational profiles, financial reports, and strategic planning documents.

3. The biennial plan shall be comprised of two sections: system components and statutory requirements.

   A. One section of every biennial plan shall include the system components listed below. Each plan component, at a minimum, shall address the current level of activity within that component:

      (1) Integration of health services – Activities to improve patient care through collaborative efforts among health related agencies, facilities, and organizations within the region. The desired outcome of this component is to improve the system by encouraging groups involved in EMTS to work with other entities (e.g., health related, state, local, and private agencies and institutions); share expertise; evaluate and make recommendations; and mutually address and solve problems within the region.

      (2) EMTS research – Determines the effectiveness and efficiency of the EMTS system through scientific investigation. A continuous and comprehensive effort to validate current EMTS system practices in an effort to improve patient care, determine the appropriate allocation of resources, and prevent injury and illness and ultimately death and disability.

      (3) Legislation and regulation – Issues related to legislation, regulation, and policy that affect all components of the EMTS system. This component defines the level of authority and responsibility for system planning, implementation, and evaluation.

      (4) System finance – Defines the financial resources necessary to develop and maintain a quality EMTS system.

      (5) Human resource – The acquisition of knowledge and skills, recruitment, and retention of providers are priorities for a quality EMTS system.

      (6) Education systems – Includes the education and training of all providers within the EMTS system and includes efforts to coordinate and evaluate programs to ensure they meet the needs of the EMTS system.

      (7) Public access – Includes all means by which users can access the 911 system. This component also includes the provisions of pre-arrival instructions provided by emergency medical dispatchers.

      (8) Evaluation – A process of assessing the attributes (system integration and components) of the EMTS system to ensure that continual improvement can be designed and implemented.

      (9) Communications system – The efficient transfer of information by voice and data occurring between dispatch centers, EMTS providers, physicians, facilities, public safety agencies, and patients seeking care through emergency medical dispatch. Includes EMTS system communications interoperability within and outside the region for multicasualty incidents.

      (10) Medical direction – Supervision and direction of patient care within the EMTS system by qualified and authorized physicians, including the medical communities' involvement in maintaining quality of care through accepted standards of medical practice through innovation.

(11) Clinical care – Clinical methods, technologies, and delivery systems utilized in providing emergency medical and trauma services in and out of the hospital that includes: emerging community health services, rescue services, and mass casualty management.

(12) Mass casualty – Defines the responsibility and authority for planning, coordination, and infrastructure for all medical care during incidents where the normal capacity to respond is exceeded.

(13) Public education – Includes the public's involvement in learning experiences to promote and encourage good health and reduce morbidity and mortality.

(14) Prevention – Solutions designed through data collection and analysis, education, and intervention strategies to reduce morbidity and mortality related to intentional and unintentional injury and illness.

(15) Information systems – The collection of data and analysis as a tool to monitor and evaluate the EMTS system. Information systems are key to providing a means of improving the effectiveness and integration of healthcare delivery.

B. The other section of every biennial plan shall address the following issues, as required by statute.

(1) Those regional factors that impact the provision of minimum services and care to sick and injured patients at the most appropriate facility. Such factors include, but are not limited to, the following:

a. Interfacility transfer agreements and protocols used by facilities to move patients to higher levels of care.

b. Facility-defined triage and transport plans to be developed by all facilities within the RETAC.

c. Geographical barriers to the transportation of patients.

d. Population density challenges to providing care.

e. Out-of-hospital resources within the region for the treatment and transportation of sick and injured persons.

f. Accessibility to designated trauma facilities within and outside the region.

(2) The level of commitment of each of the member counties and/or city and counties. Commitment includes, but may not be limited to, the following:

a. Cooperation among county and local organizations in the development and implementation of the statewide emergency medical and trauma care system.

b. Participation and representation within the RETAC(s).

c. Dedicated financial and in-kind resources for regional systems development.

d. Cooperation among county and local organizations in the development and implementation of a coordinated statewide communications system.

(3) Methods for ensuring facility, agency, and county, and/or city and county adherence to the RETAC emergency medical and trauma services system plan. Methods shall include, but not be limited to, the following:

a. A compliance reporting process as defined by SEMTAC and the Department.

b. A continuing quality improvement system as defined by SEMTAC and the Department.

(4) Description of public information, education, and prevention programs used within the region to reduce illness and injury.

(5) Any function of the RETAC accomplished through contracted services.

(6) Identification of regional emergency medical and trauma system needs 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/or city and counties included in a RETAC. Approval by the counties and/or city and counties shall not be unreasonably withheld.

(7) A description of the following communications system issues:

a. Communication method in place to ensure citizen access to emergency and medical trauma services through the 911 telephone system or its local equivalent.

b. Primary communication method for dispatch of personnel who respond to provide prehospital care.

c. Communication methods used between ambulances and other responders and between ambulances and designated and nondesignated facilities.

d. Communication methods used among trauma facilities and between facilities and other medical care facilities.

e. Communication methods used among service agencies to coordinate prehospital and day-to-day requests for service during multicasualty (disaster) activities.

f. Communication methods used among counties and RETACS to coordinate prehospital and day-to-day requests for service and during multicasualty (disaster) activities.

(8) Each biennial plan shall identify the key resource facilities for the region.

Editor's Notes

History

Chapters Two and Three eff. 08/30/2007.
Chapter Three eff. 11/30/2008.
Chapter Two eff. 03/02/2011.
Chapter Three eff. 06/30/2011.
Rules 303.4.E.(1)-(3) eff. 06/14/2014.
Chapter 1 eff. 02/14/2016.
Chapter Three eff. 05/15/2017.
Rules 300, 306 eff. 12/15/2018.
Rule 306.3 eff. 06/14/2019
Entire rule eff. 06/14/2020.
Rules 200.2-200.5, 301.2.A.(1)-(2), 301.5.A.(1), 307, 307.1.C.(1)-(4), 307.O, 307.1.O.(1) eff. 07/01/2021.