

Regional Emergency Medical  
& Trauma Services  
Systems Development Biennial Plan



<b>Foothills RETAC</b>
<b>Plan Cycle</b> <b>July 1, 2023 - June 30, 2025</b>

<b>Approved:</b>	Date: June 28, 2023
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# Section 1: RETAC Structure and Function

# Foothills RETAC Mission Statement



**(FRETAC)**

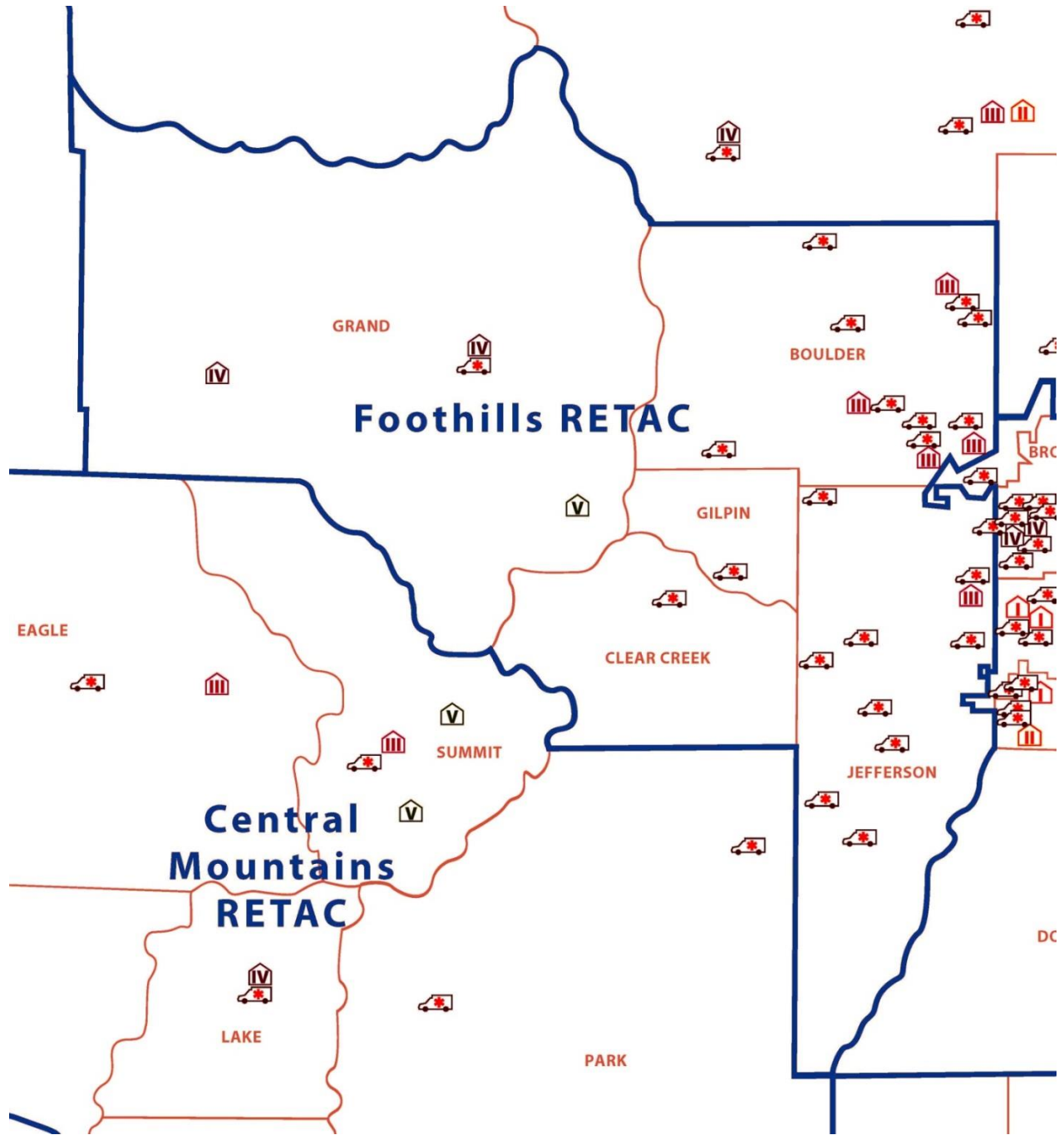
## **Foothills Regional Emergency & Trauma Advisory Council**

Serving Boulder, Clear Creek, Gilpin, Grand, & Jefferson Counties

### **Mission Statement**

To create, enhance, and promote a systematic approach to the care of the critically ill or injured through quality improvement, injury prevention, disaster planning, and coordination of partners in the healthcare continuum.

# Foothills RETAC Map



# Foothills RETAC Demographics

## A. RETAC Population Breakdowns

### 2022 Estimated Total Population

County	Estimated Population in 2022	Population in 2010
<b>Boulder</b>	327,468	294,567
<b>Clear Creek</b>	9,355	9,088
<b>Gilpin</b>	5,891	5,441
<b>Grand</b>	15,769	14,843
<b>Jefferson</b>	576,143	534,543
<b>COLORADO</b>	<b>5,839,926</b>	

<b>Total RETAC Population</b>	<b>934,626 2022</b>	<b>941,918 2019</b>
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<b>Persons per Square Mile: 2022</b>	
<b>Boulder</b>	455.3
<b>Clear Creek</b>	23.8
<b>Gilpin</b>	38.7
<b>Grand</b>	8.5
<b>Jefferson</b>	762.6
<b>Colorado</b>	<b>55.7</b>

<b>Household Median Income</b>	<b>2022</b>	<b>% in Poverty</b>
Boulder	\$92,466	10.7%
Clear Creek	\$76,313	7.4%
Gilpin	\$96,784	6.8%
Grand	\$69,353	8.1%
Jefferson	\$82,986	7.2%
It is important to note that in Clear Creek, Gilpin, and Grand Counties these numbers may be skewed because of pockets of multi-millionaires that maintain second homes or travel to work in other counties.		
<b>Colorado Average</b>	<b>\$80,184</b>	<b>9.7%</b>

<b>Median value of owner-occupied housing units</b>	<b>2022</b>	<b>2019</b>
Boulder	\$575,700	497,300
Clear Creek	\$471,400	378,300
Gilpin	\$411,500	353,400
Grand	\$374,800	308,200
Jefferson	\$279,500	397,700
<b>Colorado Average</b>	<b>\$397,500</b>	

**B. Overall RETAC Statistics/Overview**

<b>Foothills RETAC Totals</b>	
<b>Total Square Miles:</b>	
Approx. 4,000 Sq. miles	
<b>Congressional Districts:</b>	
7, 2, and 4	
<b>Senate Districts</b>	
16,19,20,21,22,26,32, 17, 18, 23	
<b>House Districts:</b>	
1,22,23,24,25,26,27,28,29,38, 57, 13, 10,	
11, 12, 13, 33	
<b>Estimated Population 2022:</b>	
934,626	



**C. Major transportation routes**

County	Transportation Routes
Boulder	<ul style="list-style-type: none"> <li>• Highway 36 from downtown Denver</li> <li>• Highway 93 from Golden</li> <li>• Highway 119 from Highway 93 to Nederland</li> <li>• Highway 7 to Lyons</li> <li>• Highway 119 or Highway 237 to Longmont</li> <li>• Urban, Suburban, and Rural</li> </ul>
Clear Creek	<ul style="list-style-type: none"> <li>• I:70 from Western Metro area</li> <li>• Guanella Pass</li> <li>• Squaw Pass</li> <li>• Eisenhower Tunnel</li> <li>• Highway 6 from Golden</li> <li>• Central City Parkway</li> <li>• Loveland Pass: US 6</li> <li>• Rural and Frontier</li> <li>• US 40 to Berthoud Pass</li> </ul>
Gilpin	<ul style="list-style-type: none"> <li>• Highway 119 from highway 6 through Black Hawk over Nederland and down to Highway 93</li> <li>• Central City Parkway</li> <li>• Rural and Frontier</li> </ul>
Grand	<ul style="list-style-type: none"> <li>• Highway 40 from I:70 through Grand County over Berthoud pass to Rabbit Ears Pass to Steamboat</li> <li>• Highway 9 from Silverthorne to Kremmling</li> <li>• Rural and Frontier</li> </ul>
Jefferson	<ul style="list-style-type: none"> <li>• I:70, Highway 285, and US 40</li> <li>• Highway 6 (6<sup>th</sup> Ave)</li> <li>• Simms</li> <li>• Kipling</li> <li>• Wadsworth</li> <li>• Sheridan</li> <li>• Urban, Suburban, and Rural</li> </ul>

**D. Number of emergency communications centers**

County	PSAPS
Boulder	5
Clear Creek	1
Gilpin	2
Grand	1
Jefferson	2
RETAC Total	11

**E. Number of ground ambulance providers**

County	Ground Ambulance Providers
Boulder	6
Clear Creek	1
Gilpin	1
Grand	1
Jefferson	15
RETAC Total	24

**F. Number of air ambulance providers**

County	Air Ambulance providers
Boulder	1 chopper staged
Clear Creek	0
Gilpin	0
Grand	0
Jefferson	1
RETAC Total	2

**G. Number of acute care (non-trauma center) and critical access hospitals**

County	Non-Trauma Center Facilities
Boulder	2

Clear Creek	0
Gilpin	0
Grand	0
Jefferson	5 & multiple Free standing EDs
RETAC Total	7+

**H. Number and levels of designated trauma centers**

County	Designated Trauma Centers and Levels
Boulder	5 Total (2) Level IIs and (3) Level IIIs
Clear Creek	0
Gilpin	0
Grand	3 Total (2) Level IVs and (1) Level V
Jefferson	2 Total (1) Level II and (1) Level I
RETAC Total	10

**I. Major EMTS patient destinations outside of your region**

County	Destinations Outside RETAC
Boulder: IFT and County Border Destinations	<ul style="list-style-type: none"> <li>• North Colorado Medical Center</li> <li>• St Anthony's North</li> <li>• High Level Trauma Centers in the Denver Metro Area</li> </ul>
Clear Creek: Primary Only (No Facilities)	<ul style="list-style-type: none"> <li>• Denver Metro Area, Summit County (West)</li> </ul>
Gilpin: Primary Only (No facilities)	<ul style="list-style-type: none"> <li>• Denver Metro Area</li> </ul>
Grand: IFT and County Border Destinations	<ul style="list-style-type: none"> <li>• Denver Metro Area</li> <li>• Summit Medical Center</li> <li>• Yampa Valley Medical Center</li> </ul>
Jefferson	<ul style="list-style-type: none"> <li>• Denver Metro Area</li> </ul>

# **Foothills RETAC Council and structure:**

## ***Foothills RETAC Participating counties:***

- Boulder
- Clear Creek
- Gilpin
- Grand
- Jefferson

### ***A. Basic structure and function of the Foothills RETAC organization.***

- a. Legal structure of the RETAC (i.e., non-profit corporation)
  - i. IRS 115 Government Instrumentality Non-Profit

### ***B. Membership of the RETAC council by position (See Appendix A)***

- a. Distribution of the council members among participating counties: (See Appendix A)

### ***C. Frequency of RETAC meetings***

- a. Full Board Meetings held on the 3<sup>rd</sup> Wednesdays of the month every other month.
- b. Committee meetings are held on the 3<sup>rd</sup> Wednesday of the month every month and additional as needed for each committee's activities.

### ***D. How the RETAC utilizes contracted services***

- a. Contracted Services are utilized per project need. We currently have:
  - i. RMD/EMS Coordinator
  - ii. An Admin. Asst. to perform meeting minutes.

### ***E. RETAC staff member(s) and staff role descriptions***

- a. One staff member acting as Executive Director
  - i. RETAC Executive Director/Exempt Employee Status

### ***F. Committees of the RETAC council***

- a. The RETAC currently has 5 "Standing Committees."
  - i. Executive/Finance Committee
  - ii. MCI Committee
  - iii. Clinical Care Committee
  - iv. Injury Prevention
  - v. EMS Whole Blood Committee
- b. Ad-Hoc Committees currently active include:
  - i. Grants Committee

### ***G. Integration with county councils***

- a. There are not county-wide “official” EMS Committees within our RETAC.
- b. The Boulder County Firefighters do have an EMS Committee.

### ***H. Ongoing Planning Process***

- a. Assessment of EMTS needs within the RETAC is accomplished mainly through the RETAC membership and our committee membership. All EMTS stakeholders are members of these committees, and all of them have input into our strategic planning and goals. With such a diverse group of members, we feel like we have a good handle on the needs and challenges of the region. We have completed topic-specific surveys and have an active Listserve of members to reach those in our RETAC.
- b. Assessment of the Biennial Plan Goals, Objectives, and Accomplishments are also used to assess needs and to analyze current priorities and activities. This is done yearly through our committees as we assess our accomplishments and list our goals for the coming year. Board members are on at least one committee, and many are on all the committees.

### ***I. Process used to develop Biennial Plan.***

- a. The process for this year’s Biennial Plan began in March. Each RETAC Committee scheduled a strategic planning session to assess current Goals and Objectives. Those are compared to accomplishments to current goals versus the current needs. New goals and objectives for each committee were developed in March and April with final approval in May.
- b. The BODs approved the recommended Goals and Objectives for the coming two years at the May BODs meeting. After this is completed, the draft Biennial Plan goes out via e-mail in June for final suggested edits and final approval. Keep in mind that MOST of the board members are also committee members, so they have been intimately involved in the development of the new plan.

### ***J. Process used to communicate, implement, and measure Biennial Plan goals.***

- a. To evaluate, implement, and communicate our goals and objectives, these will be referred to at committee meetings and a report will be given during our full board meetings for the year. At the end of the first year, a full evaluation will be done, and the goals and objectives will be revisited to ascertain their current applicability and map their progress.
- b. The quarterly RETAC reports submitted to CDPHE address the progress for our goals and objectives.

**Section 2: EMTS System Components:**

## FY:2024-25 EMTS System Components

Many of the components listed below are addressed through our committees. Those Standing Committees are:

- Injury Prevention Committee
- Clinical Care Committee
- MCI Committee
- EMS Whole Blood Committee.

- Integration of Health Services

- The RETAC could not exist or function effectively without all our healthcare partners. It is imperative that we maintain close working relationships with others. Examples of this include:
  - COVID brought home to us the true need for communication during any event and routine. The RETAC concentrated on acting as a conduit between all departments at CDPHE and all our stakeholders. Agencies, facilities, PH, and others were hungry for information in the first half of the pandemic, and CDPHE really needed organizations to pass on information. We have continued the partnerships established through COVID and built on those relationships.
  - Multi-Discipline integration is essential as we work with our facilities, EMS Agencies, All-hazards groups, Public Health, Emergency Management, CHA, Medical Directors, Mile-High RETAC, County governments, and other First Response agencies.
  - These partners are all involved on one or more of our RETAC Committees.

- EMTS Research and System Quality Improvement

- The RETAC Clinical Care Committee completed our first efforts in EMTS Research and continued our RMD program. We will continue to pursue other research and QM projects over the next two years. See Clinical Care for specifics.

- Legislation and Regulation

- We continue to be involved in the latest efforts by CDPHE, the legislators, and other efforts to reform and codify the EMTS system. We have not been officially involved this year but stay abreast of the latest news, usually through EMSAC, RETAC forums, and board members. This year we have actively been involved in proposed legislation such as HB-22-225 and 226.

- System Finance

- The Mini-Grant Competitive Grant process is complete. We have funded 7 of the 7 requests that were made through the process. We were also able to fund 8 “Stop the Bleed” kits to our hospitals and EMS agencies through this grant process. The total amount funded through the competitive process was approximately \$23,290.72.
  - For our County Grant funding, 4 of our 5 counties were funded for a total of \$20,000. Jefferson County again did not request their obligated funds. Last year, we were able to move the unused funds into our Special Projects fund, so that our agencies and stakeholders would still benefit from this program.
  - Coming out of COVID, it looks like we will be just below budget almost as a normal year for us. Any “leftover” funding is placed into our Special Projects funds and will be designated for specific activities that benefit the region.
  - The RETAC budget could only be balanced by adding funds to the additional funds granted to the RETAC again this year. We are extremely thankful to be able to continue the great work in the region.
  - This year we were granted \$10,000 from AAA insurance for Driver Education for Teens within our IP Special projects budget. We added an additional \$2,500 from that fund as a match. It was an extremely successful program and provided 18 students with funding for Driver education.
- Human Resources
    - Our RETAC is incredibly lucky to have Human Resource issues as a low priority. No activities for this year. Clear Creek, Gilpin, and Grand do have R&R programs.
- Education Systems
    - Again, our RETAC is extremely lucky to have numerous mature and effective education programs. This includes our numerous Community Colleges, CU in Boulder, the smaller satellite colleges, and our private EMS educators such as St Anthony prehospital services, AMR education, and the Boulder education groups. We will prioritize funding educational opportunities for specific classes as needed.
    - Grand County has a continually active education program within their EMS system as does Boulder County.
    - We were able to provide numerous educational opportunities this year utilizing the Zoom platform we purchased. This has been a benefit to the entire region.
- Public Access
    - No activities this year
- Evaluation
    - SYSTEM evaluation is an overall theme in our RETAC. We are extremely pleased that all our Healthcare facilities are so actively involved in the RETAC and our activities.



- Evaluation continues to be an important component in our Regional Medical Collaboration program.
- Communications Systems
  - The RETAC MCI Committee works together with numerous communication systems. This includes EMSystems and Dispatch Centers.

### Medical Direction

See also Clinical Care above.

- We have an excellent partnership with our Medical Directors. Many of the RMLs sit on our various committees and advise and communicate on our activities. We currently have Physicians on our BODs that also serve as RMLs. This ensures the interchange with the RETAC and the RMD program and activities.
- Clinical Care
  - This component is well documented under Goals and Objectives.
- Mass Casualty
  - This component is well documented under Goals and Objectives.
- Public Education
  - No activity within this component as a RETAC although many of our members are involved in their communities.
- Prevention
  - This component is well documented under Goals and Objectives.
- Information Systems
  - The Clinical Care Committee, the RMD program, RETAC Executive Director, and the Regional EMS Coordinator are working diligently on this component.
    - Numerous meetings with Docs, CDPHE, and others to try and solve the difficult problem with data and its usefulness.
  - The MCI Committee also works on this component regarding EMSystems and Resources.

## Section 3: Challenges for FY24 and FY25

Describe the significant challenges to providing care the council has identified for FY24 and FY25

**Board Members were asked what their most significant challenges are within the EMTS system in their specific communities. This is their list. We were going to elaborate on these, but coming directly from our board members that are also stakeholders and SMEs, I think this says it all.**

- Maintaining quality personnel in the rural and semi-rural areas.
- State grant process burdensome.
- Trauma programs are understaffed and under resourced (Usually is a recommendation at all designation surveys, but not much changes even with recommendation)
- Agree that the grants from the state are very burdensome for those who need the funds.
- MCI tracking system for patients
- More IFT availability and CCT availability
- As everyone's finances are being reduced, education and conference funds are being eliminated, so education support would be fantastic for hospitals and EMS.
- Volunteerism decline
- Local R&R
- Turf Battles
- No whole blood system. Need money for a whole blood program.
- Grants from the State are overly burdensome. (Too much paperwork to fill out, overly regulatory, not enough money is available) ... current issues are with the Ferno Prams
- No statewide patient tracking system for MCI or reunifications
- EMS isn't a part of resource ordering systems being developed. For instance, the WIN system.
- EMPAC and the waiver system are very slow. Could be better.
- The state protocols restrict providers' ability to care for their patients in a manner consistent with current prehospital clinical practice in other parts of the country. State protocols should be the floor, not the ceiling when it comes to scope of practice, and medical directors need the freedom to cater their agencies' protocols to the area and demographics they serve. Furthermore, protocols should not only be physician-driven but also provider-driven. The people who will be working under the protocols need the opportunity to provide input when protocols are developed and revised. While it is paramount to have the physicians' ultimate approval from a medical perspective, prehospital providers bring a more practical perspective since they have been using protocols in the field.
- While there is grant funding available, smaller organizations often have difficulty matching the funds needed to make large capital purchases. Unlike the first item, this is not unique to Colorado. The methods of funding EMS in some areas are also inconsistent, unstable, and are not given the priority they should be. This is more of a local issue than a region-or-state-wide issue.
- Regional communication is hampered by the presence of multiple dispatch centers, even within counties. A regional dispatch center would greatly improve interagency communication and enable us to better utilize resources.

# Section 4: Goals for FY-24 and FY-25

# ***Injury Prevention***

## ***Foothills RETAC Goal #1 FY 24-25***

### **Goal Statement**

***Injuries and deaths in the Foothills RETAC will be decreased throughout the Region through the establishment and utilization of effective cohesive IP programs and strategies.***

### **Background**

The FRETAC Injury Prevention (IP) Committee is a coalition of our IP Committee members, FRETAC facility representatives, FRETAC agency representatives and various IP organizations offering supportive agendas. The IP Committee goal stated above has been the foundation and motivation of this well-established, active committee for many years.

The inception of the FRETAC ThinkFirst Chapter in 2012 makes this an important addition to the FRETAC IP Committee and supports the goal of reduction in injuries and deaths in our region. Many FRETAC IP activities include ThinkFirst materials and curricula.

As a committee, we are collectively dedicated to educating the public through the utilization of our proven programs and activities, with the result of a reduction in injuries and deaths within the counties served by FRETAC.

### **Components Addressed**

Injury Prevention, Information Systems, Public Education, and Integration of Health Services.

### **Objective 1: General Prevention Objective**

All FRETAC IP Committee members and stakeholders will work together in the spirit of collaboration with the common goal of reducing fatal and non-fatal injuries in our region. We will support and align with other Injury Prevention initiatives within our communities-at local, state, and national levels.

#### **Tasks:**

- a. Address ways to improve the FRETAC IP Coalition
- b. Address ways to improve participation of EMS, Fire, SMEs, and other regional partners.
- c. Analyze regional community data and review existing programs to identify areas of need.
- d. Work collaboratively with other injury prevention groups with the common goal of decreasing injury and death within the FRETAC region.

- e. Continue to grow, develop, and optimize utilization of the FRETAC ThinkFirstChapter by educating IP Committee members on ThinkFirst curricula and updates and tracking all ThinkFirst related activities continuously.
- f. Continue collaborative efforts to implement, promote, and evaluate evidence-based fall prevention programs and activities within the FRETAC.
- g. Continue collaborative efforts to implement, promote, and evaluate traumatic brain injury prevention programs and activities within the FRETAC.
- h. Continue collaborative efforts to offer Stop the Bleed classes in our region, including expanding reach to new audiences and equipping members of the FRETAC with Stop the Bleed training supplies as needed.
- i. Track IP Committee activity and report on measures of success.

# **MCI Goals and Objectives FY-24-25**

## *Foothills RETAC Goal #2 FY 24-25*

### **Goal Statement**

#### ***Mission:***

***To improve MCI response capabilities within the region***

#### ***Goal:***

***As a collaborative effort of stakeholders within the Foothills region, we endeavor to provide communication, education, planning, and enhanced response capability to ensure operational readiness for mass casualty incidents.***

#### **Background:**

In Colorado, due to natural disasters, pandemics, active shooters, motor vehicle accidents and more we have seen a massive increase in the need for MCI response capabilities over the past few years. In some instances, the events were not MCIs themselves, yet the planning constructs and tenets of MCI response were utilized to successfully manage the incident. Some recent examples were decompression of hospitals during COVID and response to the Marshall fire and subsequent hospital evacuations. Other examples of incidents have included recent active shooter responses and motor vehicle accidents. The need for coordinated, professional MCI planning and response are growing exponentially in Colorado, and we intend to develop a program whereby we are seen as leaders and subject matter experts within the state and local region.

#### **Objective 1: Facilitate MCI readiness through education, planning, and exercises.**

##### **Tasks:**

- a. Continue educational offerings on preparedness and response.
- b. Offer mini- or full-scale exercises and classes.
- c. Illustrate the value of MCI preparedness.
- d. Keep apprised of best practices in MCI oversight and management.
  - i. Communicate these regularly.
- e. Update our MCI documents regularly, as needed, and push these out to stakeholders. This includes the Job Description handbook.
- f. Facilitate better communication and plan deconfliction between stakeholders.

#### **Objective 2: Maintain and improve lines of communication with regional agencies to be better prepared for an emergency response.**

##### **Tasks:**

- a. Maintain an awareness of agencies, facilities, and stakeholder's MCI plans within the RETAC.

- b. Make plan templates and other planning constructs available and easy to find so stakeholders can update their own plans with current information and best practices.
- c. Identify regional and local gap areas and work to close the gaps.
- d. Use identified gaps to drive educational offerings.

Objective 3: Hold yearly training and plan design offerings that are of high quality.

Tasks:

- a. Utilize high-quality offerings to drive attendance.
- b. Maintain communication with stakeholders in our region for the purpose of illustrating the value of MCI preparation and how the MCI Committee can provide a path to greater capability.
- c. Teach and test plans, concepts, and skills annually.
- d. Develop new MCI concepts for use.

# **Whole Blood Coalition/Committee**

## **Foothills RETAC Goal #3 FY-24-25**

### **Goal Statement**

***The goal of the FRETAC whole blood committee is to establish, and administer, a prehospital whole blood program based on the tenets of, and in participation with, the with the statewide whole blood coalition.***

### **Background:**

The Foothills RETAC (FRETAC) is at the very beginning of a multi-year plan to bring whole blood administration to the prehospital environment. The Foothills RETAC Clinicians and subject matter experts within the entire EMTS system are dedicated to improving patient outcomes. As such, we believe the following objectives will provide us with a means to establish and implement a whole blood program that aligns with the doctrines of the whole blood coalition, currently being built, and in which we participate at a leadership level.

### **Components Addressed:**

Clinical Care, Evaluation, Information Systems, and Education

### **Project Description:**

**Objective 1: Establish a functional whole blood committee.**

#### Tasks

- a. Design committee.
- b. Determine the leadership.
- c. Determine the members.
- d. Determine the scope and functional job of the committee.
- e. Hold regular committee meetings and begin to do the work as designed.



Objective 2: Develop an integrated, safe, and equitable plan for whole blood placement within the RETAC.

Tasks

- a. Research the best possible methods of, and placement of, blood within our region.
- b. Design systems for deployment, storage, use of, and rotation of blood that are efficient and effective for our RETAC.
- c. Design a system for the whole blood program that meets the requirements of the whole blood coalition.

Objective 3: Develop a unified data collection system to provide ongoing data as to the costs and benefits of whole blood use within the RETAC.

Tasks

- d. Develop a plan for the CQI system we will utilize when the program becomes operational.
- e. If possible, have the data collected be compatible with NEMESIS and other national and state level reporting databases.

Objective 4: Participate in the whole blood coalition at a leadership level.

# **Clinical Care**

## **Foothills RETAC Goal #4 FY-24-25**

### **Goal Statement**

***Establish and maintain Foothills RETAC specific projects, research, Regional QM Programs, and act as a resource for regional education offerings.***

### **Background:**

The Foothills RETAC Clinical Care Committee is a dedicated group of individuals representing all disciplines within an EMTS system. They represent healthcare facilities, prehospital agencies, public health, and counties. They are committed to improving patient care through evidence-based medicine.

### **Components Addressed:**

Evaluation, Information Systems, Clinical Care, and education

### **Project Description:**

**Objective 1: Evaluate EMTS educational needs within the Foothills RETAC and collaborate with all stakeholders to offer needed education.**

#### Tasks:

- a. Analyze EMTS educational needs within the Foothills RETAC via:
  - I. Surveys
  - II. Collaboration with EMS agencies
  - III. Collaboration with Facilities
  - IV. Collaboration with Medical Directors
  
- b. Maintain awareness of national and international guidelines and programs that could improve patient care and outcomes in our region.
  - I. Ongoing discussions at meetings

- II. Provide funding and information to assist with attendance at conferences and educational programs.
- III. Utilize RETAC membership that are subject matter experts within their field.

Objective 2: Maintain our Regional Medical Direction/Collaboration program with Mile-High RETAC

Tasks:

- a. Work with the DMEMSMD, Grand County Medical Directors, and the Boulder Physician Medical Directors group and other Medical Directors within the RETAC to address prehospital QM issues.
- b. Assess methods for data collection and data submission to the state for the EMS agencies within the RETAC. Work to interface with all stakeholders, the agencies, and the state to address solutions of data quality.
- c. Identify and address data integrity issues related to EMTS working with our RMD program.

Objective 3: Continue to support the state and regional efforts in cardiac related programs.

Tasks

- a. Continue our support of cardiac related programs within our region.
  - I. Gather data regarding the number of facilities now participating and others pursuing input into the CARES registry and support inclusion of non-participating facilities.
  - II. Evaluate and assess cardiac education needs within the region.
  - III. Implement best practice programs from high functioning regions across the country.

# ATTESTATION STATEMENT

By signing below, the council chair attests that the information contained in this document, to their knowledge, and completely and accurately is the most current information available to complete the council's biennial plan for the period July 1, 2023, through June 30, 2025. The challenges and goals incorporated herein have been reviewed and formally approved by the council.

Thomas Candlin III

\_\_\_\_\_  
Council Chair Signature

**Thomas Candlin III**

\_\_\_\_\_  
Council Chair Printed Name and Title

\_\_\_\_\_  
Date

# Section 5: Attachments

A: Foothills RETAC Board of Directors



(FRETAC)

## Foothills Regional Emergency Medical & Trauma Advisory Council

Serving Boulder, Clear Creek, Gilpin, Grand, & Jefferson Counties

### Foothills RETAC Board of Directors

#### Boulder

##### **Ryan Singer**

Alternate Member  
Boulder Sheriff's Office

##### **Chris Duran RN**

Member  
Centura

##### **Val Peaslee (Vice Chair)**

Member  
Longs Peak Hospital

##### **Paul Johnson**

Member  
Mountain View Fire

#### Gilpin

##### **DJ Head**

Member  
Gilpin Ambulance

##### **Cody Carroll**

Member  
Gilpin Ambulance

##### **Open**

Member

#### Clear Creek County

##### **Aaron Crawley**

Alternate Member  
CCEMS

##### **Tom Candlin EMT-P (Chair)**

Member  
Educator

##### **Bryan Monseu EMT-P**

Member  
Clear Creek EMS

##### **Don Koogle**

Member  
Clear Creek Fire

#### Grand

##### **Robert Good**

Member  
Grand County EMS

##### **Danielle Kloepper**

Member  
MP Health

##### **Darcy Selenke MD**

Member  
DH Winter Park

## Jefferson

### **Jason Roosa MD**

Member  
Exempla Lutheran Ned Ctr

### **Scott Branney**

Member  
St. Anthony's Hospital

### **William P. Dolan (Treasurer) EMT-I**

Member  
St Anthony Prehospital Services

### **Annette Cannon**

Alternate Member  
Jefferson County Coroner

## Executive Director

### **Linda Underbrink RN**

**Signature:**   
Thomas Candlin III (Jun 30, 2023 12:08 MDT)

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