

SEPTEMBER 1, 2017

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2017 UCHEALTH EMS Annual Report For NLCERA

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“We must help patients navigate a complex and irrational healthcare system so they receive patient centered care, in the most medically appropriate setting, in the right timeframe”

Chief Pat Songer



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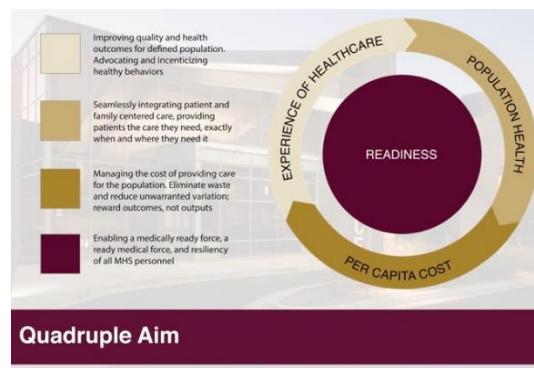


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UCHealth's mobile health paramedic service takes this motto to heart. Over the past few months, under new leadership, UCHealth EMS has focused on becoming patient centered with the Triple Aim in mind, which is now often referred to as having a quadruple aim. As a professional paramedic service, we are uniquely positioned to bring innovative practices to the community, our neighbors, before they enter the health system with the potential for significant benefits and improved outcomes.

In addition to our well-established tradition of responding to over 20,000 9-1-1 responses each year in Larimer and Weld Counties, UCHealth EMS also has served the residents and visitors to Larimer County by providing interfacility transfers and air medical transportation, including advanced life support and critical care services throughout the region.

UCHealth is investing \$2.8M in the modernization of the UCHealth EMS data collection, analysis, and reporting capabilities, we will soon optimize staff scheduling and provide dynamic deployment of resources across our operations to optimize our response time reliability by matching our supply with the demand. These systems will also enable the transformation of our service through analysis and research that will become the foundation for operational management and control.



Our health information technology enhancements are aimed at improving the effectiveness, efficiency, and safety of health care interventions. The goal is to link all relevant providers so that communication of vital patient data is smooth, and patient hand-offs are seamless. A key component of that linkage is the hand-off between first responders, UCH EMS personnel and hospital providers. This is a key benefit from Health Data Exchanges (HDEs) that improves the interface and connectivity between EMS electronic patient records and hospital electronic records, with the goal of transmitting electronic information to and from EMS and EDs in real time.

From a clinical perspective, our paramedics are trained to read 12-lead EKGs with such rapid efficiency that it allows for UCHealth's EMS To Balloon (E2B) times to be lower than the national average of hospital Door To Balloon (D2B) times. In fact, the American Heart Association's Mission Lifeline program recognized UCHealth EMS efforts to improve the quality of care for STEMI and Acute Coronary Syndrome (ACS) patients with its prestigious 2017 Gold Plus award.

Other advances in medical treatment are likely to impact the level of care UCHealth EMS is able to provide to patients. Emerging communications technologies and clinical treatments are being evaluated to determine their impact on treatment cost, quality of care, and patient outcomes.

2017 UCHealth EMS Annual Report

As a University affiliated health system, UCH EMS promotes prehospital research with the aim to guide the EMS industry with respect to clinical interventions and system designs. Evidence based research supports the application of medical treatments and raises red flags when interventions are demonstrated to cause harm to patients.

Continuous improvement and improved patient outcomes are the driving forces of UCHealth. UCH EMS benefits from these focuses through system wide and regional specific departments which include Process Improvement, Clinical Quality, Risk Management, as well as teams directly devoted to the improvement of patient care specific to cardiology, neurology, trauma and infectious diseases.

In summary, at UCHealth EMS, the boundaries of prehospital EMS are evolving to meet the needs of our communities based on local data and science from around the globe. The ideal is for all communities to be served by well-planned and highly coordinated emergency medical and trauma care systems that are accountable for performance and serve the needs of patients of all ages within the system and improve the health of the entire community. In this way, we are here for life!

On behalf of the 157 career and 65 volunteer members of the UCHealth EMS department, I am pleased to provide the following report on our activities for the 2017 fiscal year. We look forward to continued collaboration and cooperation in serving our community.

Kind regards,



Pat Songer, BS, NRP, FACPE
EMS Chief
UCHealth Emergency Medical Services



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UCHealth Mission, Vision, and Values

Our Mission

We improve lives.
In big ways through learning, healing and discovery.
In small, personal ways through human connection.
But in all ways, we improve lives.

Our Vision

From health care to health.

Our Values

Patients first
Integrity
Excellence



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2017 UCHealth EMS Highlights

Agency Collaboration

UCHealth EMS and the Poudre Fire Authority operational staff communicate on a daily basis during the PFA Administrative call-in meeting which UCHealth EMS participates to ensure multiple agencies are informed of daily operations.

Additionally, UCHealth EMS participates in a monthly NLCERA Chief's Meeting, every other month NLCERA Advisory Committee Meeting, quarterly NLCERA Rural Chief's Meeting and monthly meetings with the NLCERA Contract Coordinator, as well as quarterly meetings with the PFA Operational Battalion Chiefs.



UCHealth EMS, Poudre Fire Authority, and Fort Collins Police Department have worked together to address a growing problem in Old Town Square during the weekend night hours, 8pm-4am. The UCHealth Bicycle Emergency Response Team (BERT), PFA RAM Truck and FCPD respond to the lower acuity patients frequently found in this area. The coordination of this multiagency group enables fire engines and ALS ambulance crews to remain in service for emergency requests throughout the greater NLCERA area.

UCHealth EMS has recently deployed a unit designated as PV298 to address similar issues during the day and all are members of the Special Operations Response Team. This deployment has successfully impacted the health needs of patients without sole reliance on transportation to an emergency department by ambulance.



All large-scale events utilize command staff from UCHealth EMS in conjunction with fire and law officials to ensure the safety of responders and citizens alike. Strike teams for these events enable rapid deployment and response capabilities by members from UCHealth EMS and PFA working together.

Coordination between these agencies for sporting events, large scale gatherings, concerts, and other activities which make Northern Larimer County a unique and enjoyable region involve the resource determination and deployment of staff, equipment, and supplies.



One example of this collaboration was the 2017 eclipse event. As members of the incident pre-planning team, UCHealth was able to identify a need and deployed EMS task forces to the I-25 and Hwy 287 corridors with a mission to decrease response times due to an anticipated

influx of travelers and visitors throughout the region.

The Larimer County Rangers at Horsetooth Mountain Park have trained UCHealth EMS paramedics to work directly on the boats deployed at Horsetooth Reservoir. Having the opportunity for UCHealth EMS and PFA working on the boat with the Larimer County Rangers gives greater response capability to reach patients who are injured or suffering an acute illness while on the water.



UCHealth EMS engages in numerous joint trainings with PFA including exercises involving Extrications, Pit Crew CPR, Scene Dynamics and Medical Approaches, and Blue Card Training with PFA leadership.

Aligning practices of scene safety and safe patient handling through AVADE training has been offered to the PFA so on scene all members of the response team are viewing, interpreting, and engaging a scene with a similar approach.

Mass Casualty Incident (MCI) training is vital for interagency cooperation and success during large scale operations when resources are overwhelmed. UCHealth EMS has participated in joint training of both agencies as well as Loveland FPD.

Therapy dogs have been utilized by UCHealth EMS to assist in stress management and this has been provided to FCPD, LCSO, FC911 Dispatch and UCH EMS employees after high stress incidents. The therapy dogs have also been successfully deployed to calls involving pediatric patients to help with de-escalation so these young patients can have their health concerns addressed.



Veterinarians have trained UCHealth EMS providers to administer life saving measures to dogs and cats, including fire victims and if necessary police service dogs and Larimer County Search and Rescue dogs. Successful cases of this training include cats transported to a hyperbaric chamber after they were involved in a structure fire and immediate transportation to veterinarian trauma centers in Fort Collins

UCHealth is concerned about provider safety, health, and wellness. To ease the physical strain associated with lifting gurneys loaded with patients into the ambulance, all front-line ambulances have been outfitted with Stryker Power Load System. This system loads and unloads the gurney and patient with only the push of a button, thereby reducing the risk for back and joint injury on our providers.

With improvements in vehicle standards for ambulance construction, our vehicle replacement program is turning towards a safety oriented fleet as well as interior cab configurations and securement of components within the patient compartment area.

FY 2017 Numbers

2017 UCHealth EMS By The Numbers	
Total Contacts (Responses)	30,867
Total 9-1-1 requests for service/scene responses	23,779
Poudre Fire Authority Area	18,457
Weld County Requests for service	3,764
Wellington Fire Protection District Area	550
NLCERA Rural Area	322
Standbys	675
Fire	206
Law Enforcement	59
SORT	108
Special	302
Total Transports	20,642
Interfacility Transfers	4,092
Staffing	222
Paramedics	87
EMTs	60
Volunteers	65
Physician Advisors	3
Fleet Services	2
Administrative & Support	7

The UCHealth organization directly and indirectly supports their EMS department with substantial resources not included above through information technology, education, human resources, benefits management, business management, accounting, finance, payroll, central supplies, legal/compliance/risk management, decision support, specialized medical teams, and through supportive leadership that enables us to serve our communities with distinction.



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Clinical Excellence

UCHealth Paramedics and EMT's are highly educated and operate at a premier level. 100% of the staff in our department are certified by the National Registry of EMT's. To maintain this certification, EMT's must have 24 and paramedics 72 hours of continuing education every two years. They maintain their skills by participating in classes that prepare them for emergencies they face every day.

UCHealth paramedics participate in the Difficult Airway Course which is taught by our staff. UCHealth EMS is the only licensed training facility in the state to deliver this course. Over the course of two days, each paramedic is provided the skills, knowledge, and expertise to maintain the airway on the most difficult scenarios.

Division Chief Ted Beckman has been appointed to the Community Paramedic Scope of Practice Taskforce by the State of Colorado. Over the course of the year, this committee formulated the protocols and procedures allowed for the delivery of Mobile Integrated Healthcare. This new way of delivering healthcare to our patients will ensure they receive the right care, at the right time meeting the Triple Aim.



Clinical Area	2017 Performance Measure	
Cardiac	Cardiac Alerts	60
	On Scene to 12-Lead	6.77 mins
	Scene Time	13.0 mins
	Activation Time	13.77 mins
	Appropriate facility	100%
Stroke	Stroke Alerts	172
	Scene Time	11.92 mins
	Activation Time	10.85 mins
	Blood Glucose Check	97%
Trauma (Full/Major)	Trauma Alerts	150
	Scene Time	10.15 mins
	Activation Time	10.31
Chest Pain	Cardiac related	772
	12-Lead acquired	91%
Advanced Airways	Average/Month	14
	# Attempts per patient	1.25
	Capnography used	99%
	Undetected esophageal intubations	0%

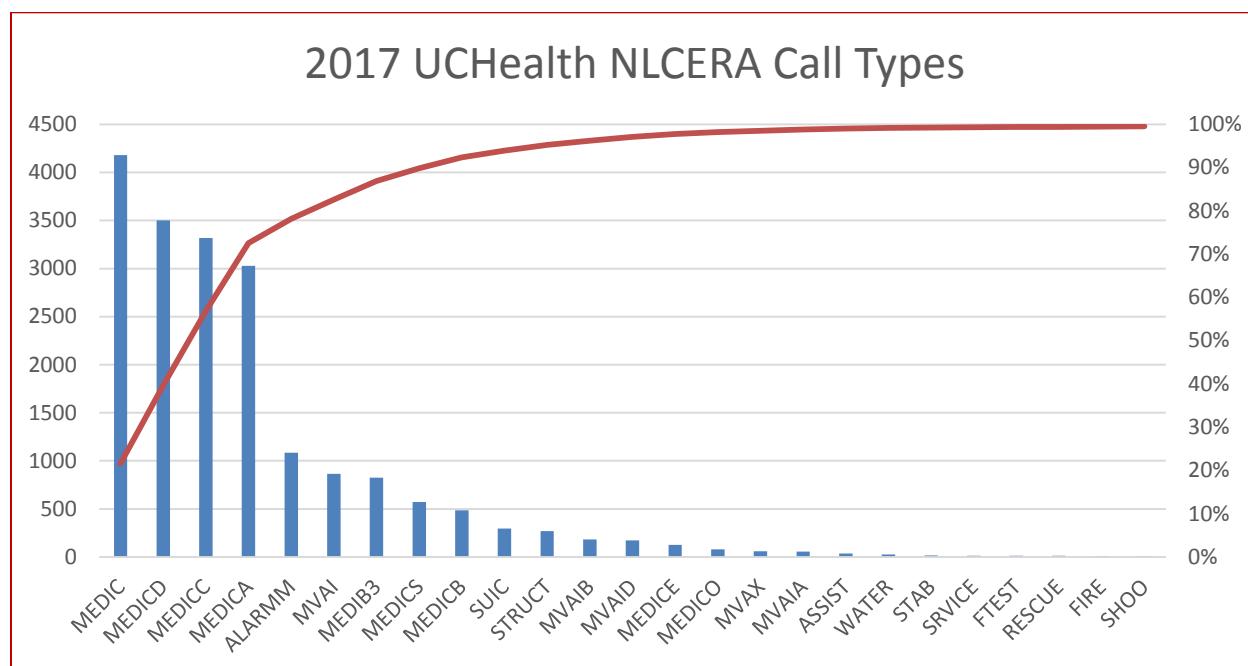
Population growth in the Region

It is no secret that the population of Larimer and Weld Counties have been growing exponentially. Following the proclamation that Fort Collins was the best place to live in America in 2006, it has remained in the top 25 ever since and it shows. Overall the county grew 113% between 2010 and 2016 but some communities have had significant more growth, such as Wellington at 135%.

Area	2010	2016	% Increase
Larimer County	299,630	339,993	113%
Fort Collins	143,986	164,207	114%
Johnstown	9,887	15,389	156%
Loveland	66,859	76,897	115%
Wellington	6,289	8,516	135%
Windsor	18,644	22,776	122%

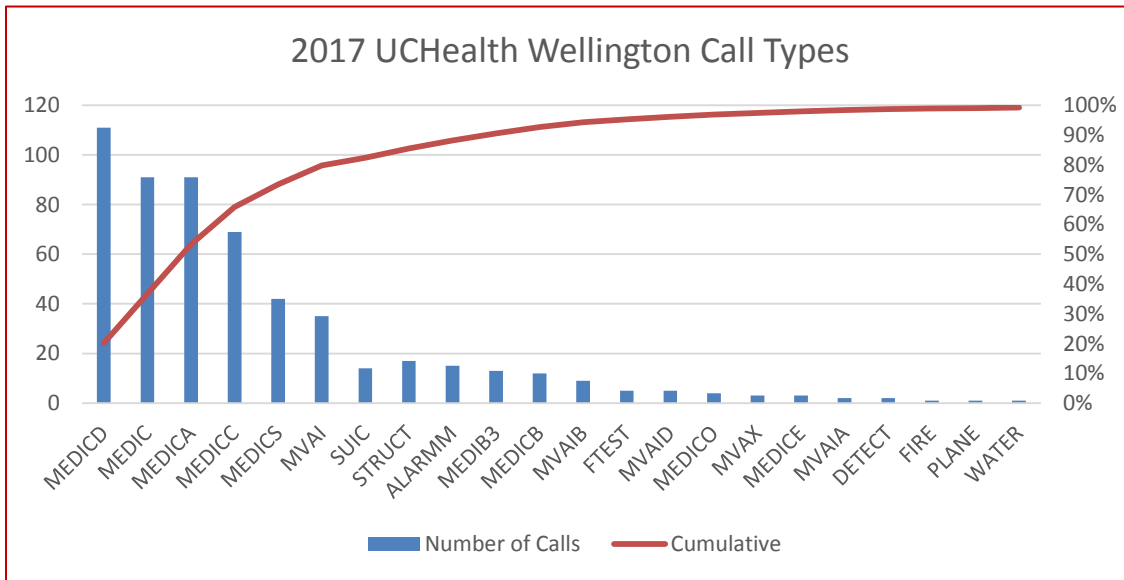
These population increases have a huge impact on EMS demands. Each 1,000 population increase comes with a predictable increase in EMS call volumes. When these increases are in an urban core they can often be absorbed by existing EMS resources slowly scaling up to meet that demand. When the increases are in rural areas or smaller towns, the challenge is much greater because scaling up often means the addition of expensive resources that may not have been affordable in previous years.

As the population increase, the demographics change along with it. These also change the types of calls and services that are needed to meet those needs. This is also true of the NLCERA. The following chart displays the call types by frequency for 2017 for all of NLCERA.



Wellington Fire Protection District

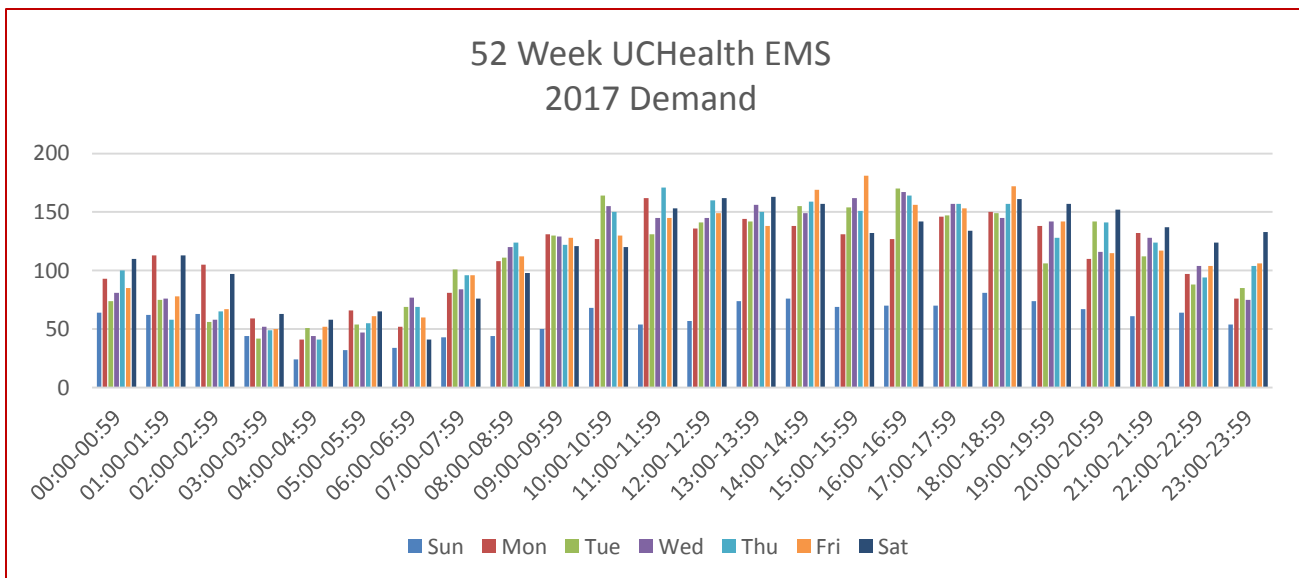
The following chart displays the call types by frequency for 2017 for the Wellington response area.



Dynamic demand for EMS in NLCERA

In addition to population changes, the living, commuting, recreating, sporting, and other activities that are prevalent in the NLCERA also effect where the people are at any point in time during the day and vary by day of the week. UCHealth EMS is adapting to this reality by adjusting its deployment of resources to meet the needs of the system.

This 52-week demand analysis for 2017 demonstrates the number of calls by hour of day and day of week for the past year. In particular, note the great variability at by day that is evident below.

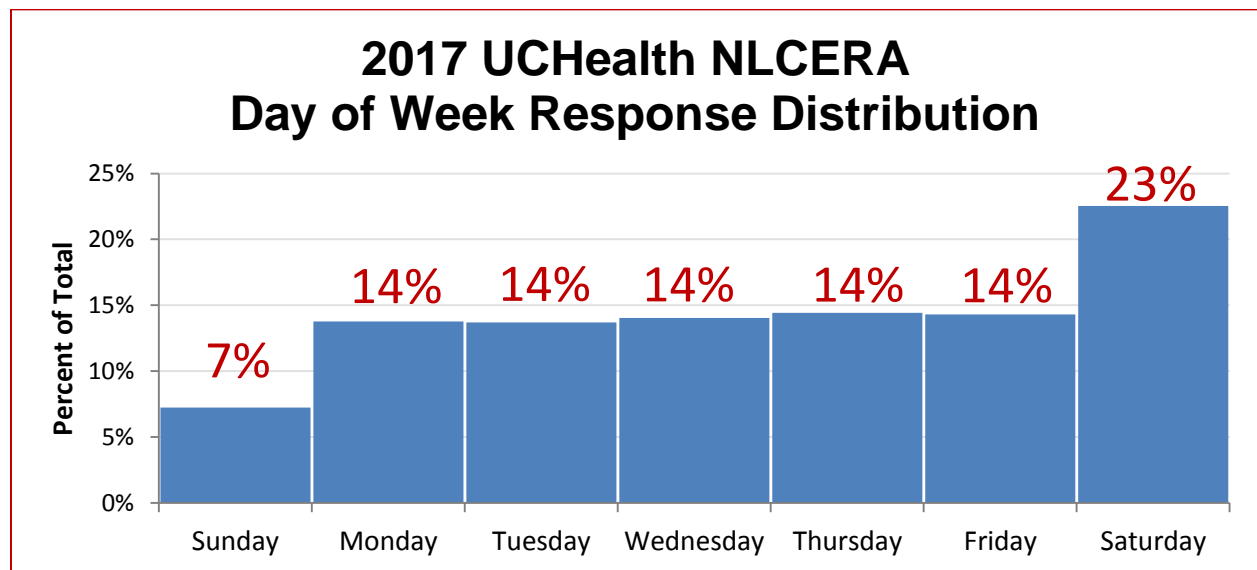


Dynamic demand for EMS in NLCERA, cont.

For a better perspective of this variability, consider this table which provides the difference between the maximum and minimum number of requests in a single day for the last year.

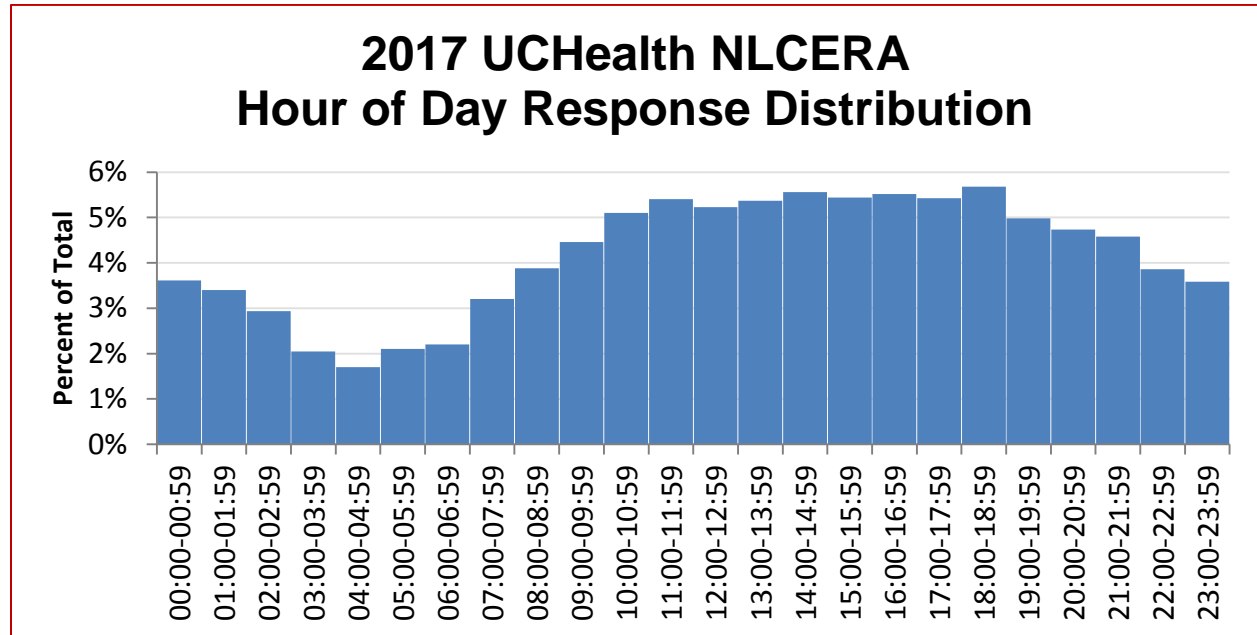
NLCERA Daily variance in response requests (maximum – minimum)	
Sunday	57
Monday	121
Tuesday	128
Wednesday	123
Thursday	130
Friday	131
Saturday	122

The distribution of calls by day of week has an interesting pattern as well with a significant increase on Saturdays and a sharp decline on Sundays.



Dynamic demand for EMS in NLCERA, cont.

Even more compelling is the variability by hour of day seen over the last year as found in the next chart.



These views are interesting but still do not provide the complete story. For that we need to look at the data from a different perspective. The following table is a heat map that combines the hour of day and day of week data from the last year to demonstrate the patterns UCHealth experiences in providing EMS services across the NLCERA.

Hour	Sun	Mon	Tue	Wed	Thu	Fri	Sat
00:00-00:59	Green	Orange	Green	Red	Red	Yellow	Red
01:00-01:59	Green	Orange	Green	Green	Green	Yellow	Red
02:00-02:59	Green	Orange	Green	Green	Green	Green	Green
03:00-03:59	Green	Yellow	Green	Green	Green	Green	Green
04:00-04:59	Green	Green	Green	Green	Green	Green	Green
05:00-05:59	Green	Yellow	Green	Green	Green	Green	Green
06:00-06:59	Green	Green	Green	Green	Green	Green	Green
07:00-07:59	Green	Red	Orange	Red	Red	Yellow	Green
08:00-08:59	Green	Orange	Yellow	Yellow	Yellow	Yellow	Yellow
09:00-09:59	Green	Orange	Yellow	Yellow	Yellow	Yellow	Yellow
10:00-10:59	Green	Orange	Orange	Red	Yellow	Yellow	Yellow
11:00-11:59	Green	Red	Orange	Red	Red	Orange	Orange
12:00-12:59	Green	Orange	Orange	Orange	Orange	Orange	Red
13:00-13:59	Yellow	Red	Orange	Red	Orange	Orange	Orange
14:00-14:59	Yellow	Orange	Orange	Red	Orange	Orange	Orange
15:00-15:59	Yellow	Orange	Orange	Red	Orange	Red	Orange
16:00-16:59	Yellow	Orange	Red	Red	Red	Orange	Orange
17:00-17:59	Yellow	Red	Orange	Orange	Orange	Orange	Orange
18:00-18:59	Yellow	Red	Orange	Orange	Orange	Orange	Orange
19:00-19:59	Yellow	Orange	Yellow	Yellow	Yellow	Orange	Orange
20:00-20:59	Green	Orange	Orange	Yellow	Orange	Yellow	Orange
21:00-21:59	Green	Orange	Green	Yellow	Yellow	Yellow	Orange
22:00-22:59	Green	Orange	Green	Yellow	Yellow	Yellow	Yellow
23:00-23:59	Green	Orange	Green	Green	Yellow	Yellow	Yellow

Commission on Accreditation of Ambulance Services (CAAS)

UCHealth EMS strives to meet or exceed industry standards in all areas. Because of this, UCHealth EMS became Commission on Accreditation of Ambulance Services (CAAS) accredited in April of 2015.

CAAS accreditation signifies that our service has met the “gold standard” determined by the ambulance industry to be essential in a modern emergency medical services provider. These standards often exceed those established by state or local regulation. The CAAS standards are designed to increase operational efficiency and clinical quality, while decreasing risk and liability to the organization.

UCHealth EMS is part of an elite group of agencies. Currently, there are only four agencies in the State of Colorado that have achieved the CAAS accreditation. UCHealth EMS will be seeking reaccreditation in April of 2018.



Community Education

UCHealth has invested in many forms of community outreach and education in addition to that provided by UCHealth EMS across the region. During 2017, UCHealth EMS attended 13 community events for 208 hours of public contact time and conducted eight community classes over 290 hours serving 145 students in such topics as “Anatomy of a 911 call”, “Fall Prevention”, and “9 Warning Signs Not to Ignore”.

Clinical Education

UCHealth EMS's Education Coordinator is part of committees that review our notifications of limited and full trauma team activations, Stroke Alerts, and Cardiac Alerts. Through this performance improvement process, we are able to guide the training and education of all prehospital providers, including fire departments and UCH EMS, to enable higher proficiencies in patient outcomes, provider safety, and the overall quality of care performed in the prehospital setting.

UCHealth EMS delivered an EMT class for the volunteer fire departments in the NLCERA that included six students from the North East RETAC, from the eastern plains. Many of these communities have limited access to education and our unique program was able to reach those communities. To date we have a 96% National Registry exam pass rate.

2017 UCHealth EMS Education	
Classes Held	221
Rural NLCERA	180
PFA	33
UCHealth	8
Students	1,871
Rural NLCERA	1,656
PFA	Unk.
UCHealth	215
Student Hours	10,682
Rural NLCERA	8,800
PFA	391
UCHealth	1,491



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Community Paramedics (CP)

The UCHealth Community Paramedic program consists of five tenured paramedics of our department who have a combined service of over 100 years. They are educated above the normal paramedic curriculum to include chronic disease management, long term health care, and patient navigation.

Through a partnership with the Aspen Club, UCHealth Community Paramedics check and monitor the blood pressure of more than 60 clients per month. UCHealth Community Paramedics provide a similar clinic at the Larimer County Community Corrections, with a focus on individuals who have required the services of the emergency department during the previous week. UCHealth Community Paramedics also discuss with clients their medical history and ensure that they understand the importance of maintaining a healthy lifestyle.

A UCHealth EMS employee was recently awarded the Larimer County Innovation Award for her work with Community Corrections.

During flu season, UCHealth Community Paramedics provided over 300 flu vaccinations to clients in their home last year.

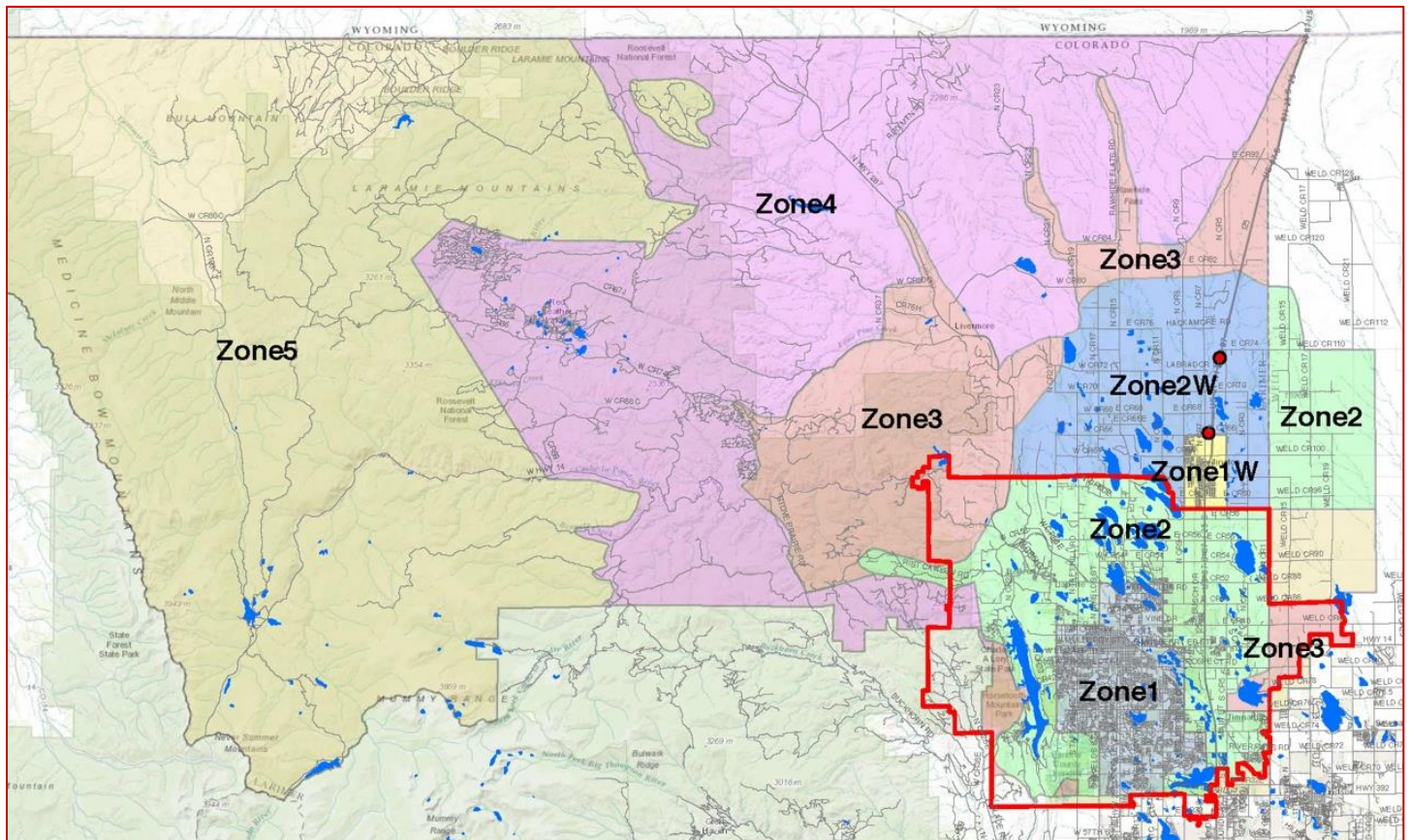
UCHealth Community Paramedics also visit several clients in their home once a month and check their vital signs. The social interaction between the UCHealth Community Paramedics and the clients has been very beneficial for their wellness and has contributed to their ability to maintain independence.

UCHealth Community Paramedics spent 780 hours making 1249 contacts throughout the year.



Summary of Response Time compliance

UCHealth EMS is contracted to provide a system of emergency medical services for the NLCERA. The NLCERA Emergency Response Zone map follows:



In the coming year, UCHealth EMS will be managing the deployment of its resources with more granularity based off the trends in the demands for its services like that has been demonstrated over the past year.

Summary of Response Time compliance, cont.

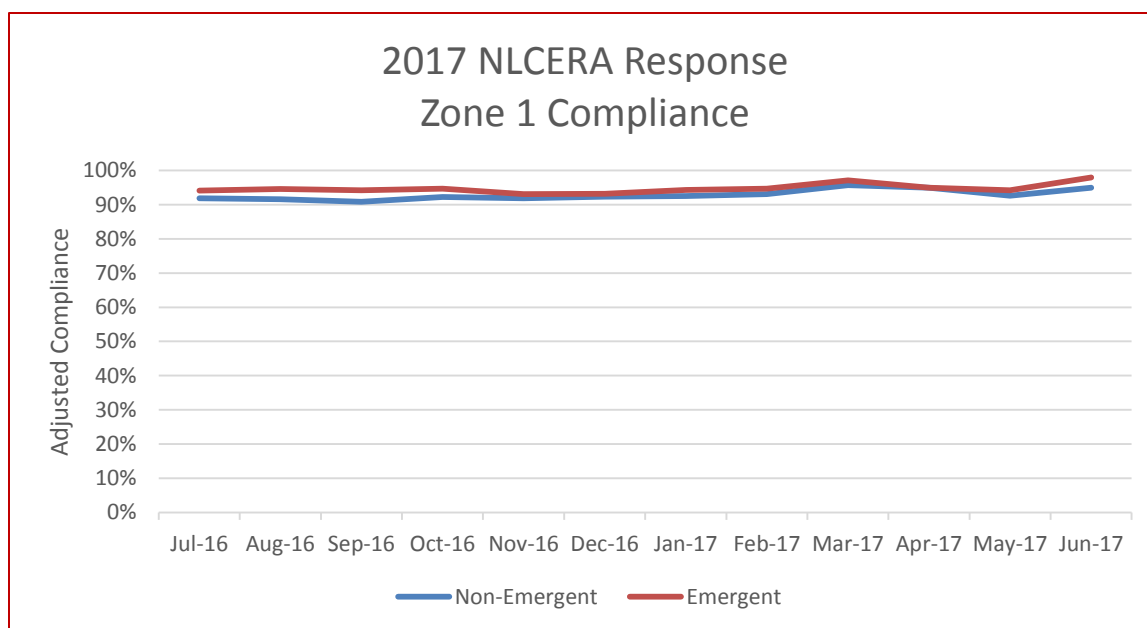
The NLCERA Medical Priority Dispatch System is based on an international standard for emergency medical dispatching to establish the levels of priority used for assigning resources to a call.

Priority	Nature	Medical Priority Dispatch System
Emergent	Life threatening emergency	Echo, Delta, Charlie & designated Bravo code 3
Non-Emergent	Non-Life threatening emergency	Bravo, Alpha, Omega & uncoded calls

The NLCERA emergency response standards vary by priority and by which emergency response zone the call is dispatched to. These vary from 8 minutes 59 seconds in the urban core to a best effort expectation for the extremely remote western area of the county. These are calculated at the 90% level for standard times with a maximum time prescribed for most zones.

Zone	Emergent Standard	Emergent Maximum	Non-Emergent Standard	Non-Emergent Maximum
Zone 1	8:59	11:59	11:59	14:59
Zone 2	None	11:59	None	30:00
Zone 3	None	23:59	None	30:00
Zone 4	None	60:00	None	120:00
Zone 5	Best Effort	Best Effort	Best Effort	Best Effort

UCHealth EMS has maintained a high level of response time reliability for Zone 1 in both the emergent and non-emergent categories. This chart shows all zone compliance by month for emergent calls in the NLCERA.

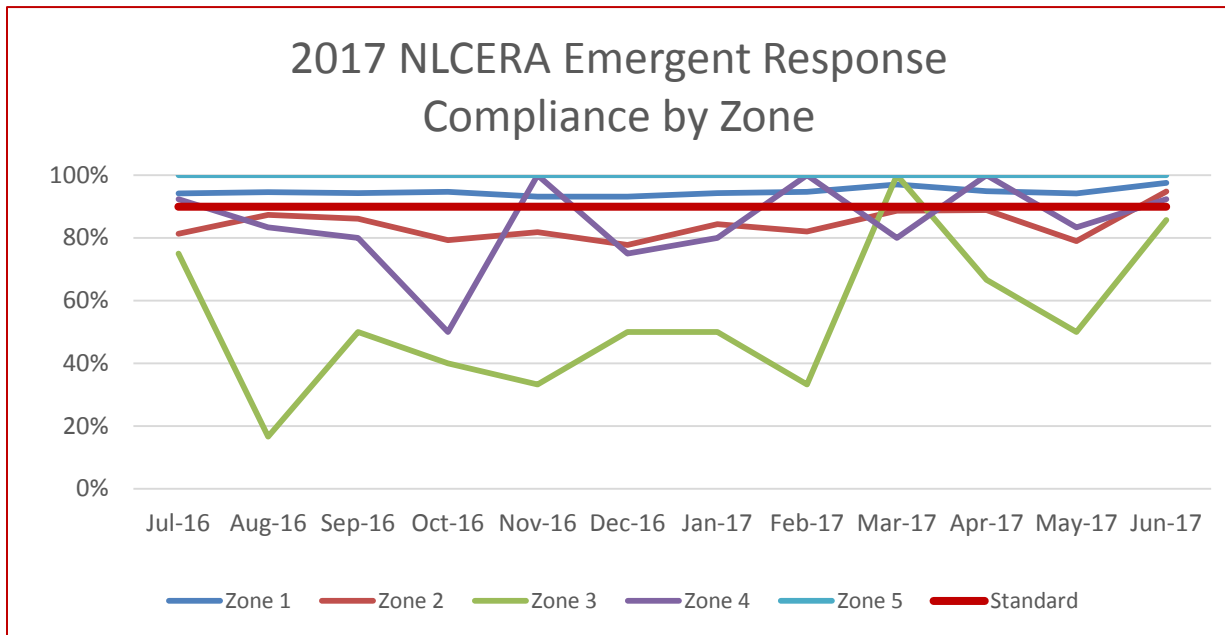


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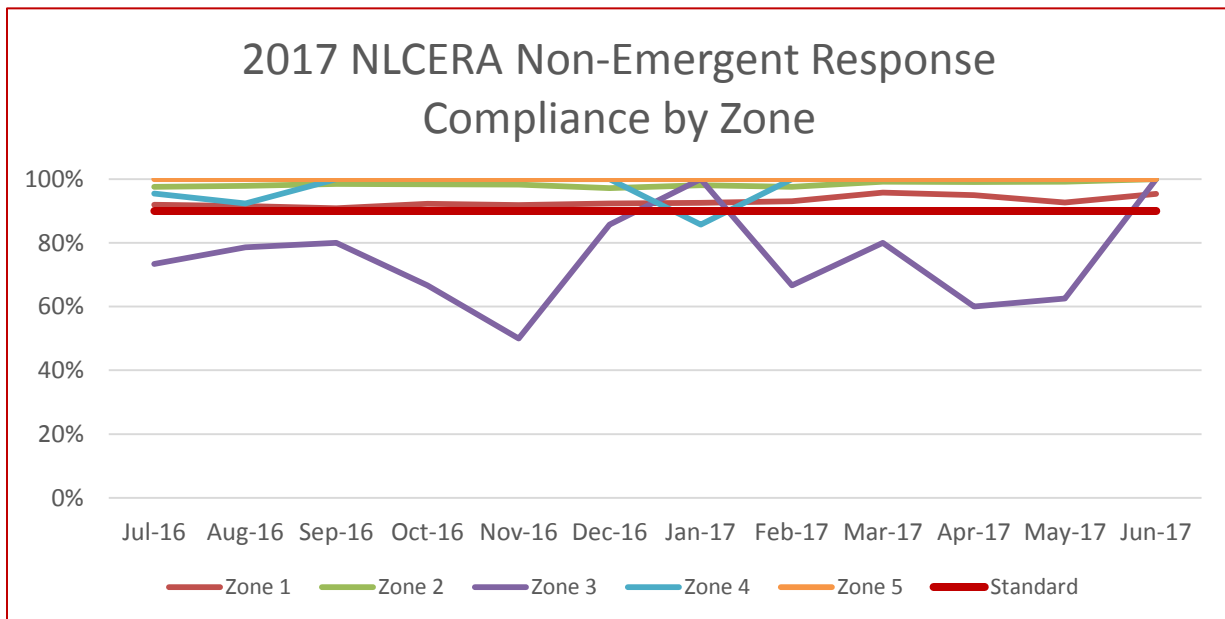


Summary of Response Time compliance, cont.

This chart shows all zone compliance by month for non-emergent calls in the NLCERA.



This chart shows all zone compliance by month for non-emergent calls in the NLCERA.



Special Operations Response Team (SORT)

The UCHealth EMS special operations response team (SORT) was developed in 1997 in response to the needs of SWAT for Larimer County Sheriff's Office (LCSO) and Fort Collins Police Department (FCPD). Over the last 17 years, the SORT has grown from six members now to 12 members, all of which are paramedics. SORT leadership is comprised of a Deputy Chief, a Team Coordinator and an Assistant Coordinator. The team has been used in a variety of austere environments including SWAT, Bomb Squad, Search and Rescue, Swift Water, Dive Team, Trench Rescue, Confined space, Urban Search and Rescue, Wildfire line medics, and High Angle rescue.

The SORT mission is to 'provide good medicine in bad places that require technical training to access patients'. The SORT members are prepared to be self-sufficient for up to 72 hours whether in the urban core or in the back country. SORT has been utilized in every Wildfire in Larimer County and every disaster within the region. UCHealth SORT is the only cooperator in the nation that is listed to support wildfires and were a critical asset in response to both the destructive High Park fire as well as the 2013 floods where the UCHealth SORT managed and designed Christman Airfield to triage and receive 1,200 flood victims.

The UCHealth SORT would not be effective without the collaboration of all the co-responding agencies that support them. The Poudre Fire Authority and Loveland Fire have trained the UCHealth SORT team in Trench Rescue, Confined Space and Urban Search and Rescue. The U.S. Forest Service provides wildland refresher courses as well as the Poudre Canyon Fire Dept. FCPD and LCSO are to be credited for training the SORT members to be effective in a tactical environment through Basic and Advance SWAT School. LCSO Search and Rescue provided Basic Search and Rescue training at no cost to the SORT. LCSO Dive continues train SORT members on Dive Medical education. Lastly, the Northern Colorado Bomb Squad sponsored the UCHealth SORT through a 3-day bomb squad academy.

The opportunities for collaboration continue on a daily basis with the many requests for service that UCHealth's SORT respond to each year.

SORT Report	Requests for Service	Hours in Service
Bomb squad	6	18
Fort Collins Police Services	1	5
Fort Collins SWAT	38	306
Larimer County SWAT	27	286
Larimer County Dive Rescue Team	25	116
Larimer County Search and Rescue	23	183
Poudre Fire Authority Support	34	144
UCHealth EMS	32	190
Weld County	2	3
Wildland Fire	3	550



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Special Events

In 2017, UCHealth EMS attended 233 special events in the community logging 2,875 volunteer hours in addition to career staff supporting these events.

2017 Special Event Activities (Only repeated events listed by dates)	
CSU Men's Basketball	20
CSU Women's Basketball	18
Poudre School District Football	14
CSU Women's Volleyball	11
Horsetooth Tri Training	11
CSU Women's Soccer	9
FOCO Roller Derby	7
CSU Football	6
CSU Commencement	6
Lory Mountain Challenge	4
Timberline Church Bible school	4
CSU Equine Polo	3
CSU Women's Volleyball	3
New West Fest	3
Skyline Stampede Rodeo	3
Taste of Ft Collins	3



2017 UCHealth EMS Fee Schedule

As a non-profit organization with no tax funding, UCHealth EMS must generate revenues to support its operations and ensure its operations will be sustainable into the future. A word of caution is in order though, as ambulance billing rates do not represent actual revenue collection.

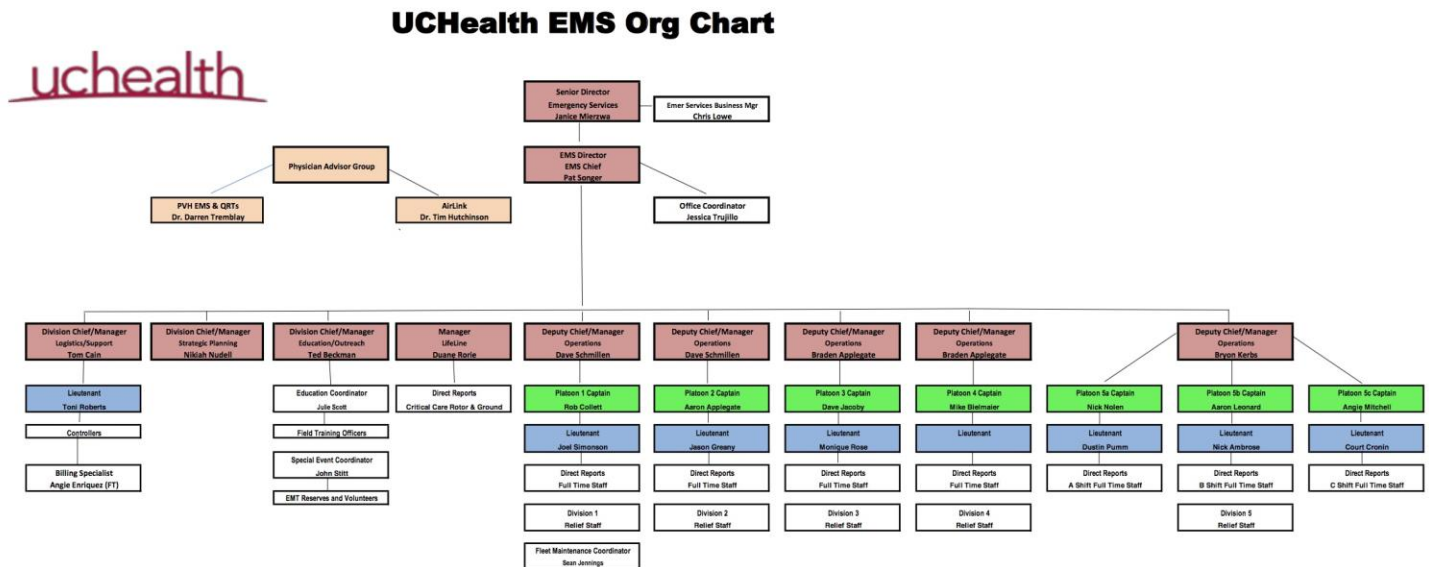
Collection rates are complicated but generally are based on volume, payer mix (commercial insurance, Medicare, Medicaid, self-pay), service mix (Emergency vs. Non-emergency, ALS1, ALS2, SCT), and process performance (dispatch data, PCR, PCS, NEMSIS data elements, billing codes, collection information).

The following fee schedule represents the reimbursement based norms of the ambulance industry.

UCHealth EMS Fee Schedule		
BLS		
	Non-Emergent	\$930.40
	Emergency	\$1,483.90
Advanced Life Support		
	ALS 1 Non-Emergent	\$1,114.90
	ALS 1 Emergency	\$1,760.60
	ALS 2	\$2,549.20
Specialty Care Transport		\$2,936.80
Ground Mileage		
	Inpatient	\$31.80
	Outpatient	\$29.30
Respond, Treat, No Transport		\$326.20



Organizational Chart



Frequently Used Acronyms

The Emergency Medical Services field makes frequent use of acronyms that may not be familiar to many persons. To reduce confusion for the purposes of this report the following acronyms are defined as:

ACS	Acute Coronary Syndrome
ALS	Advanced Life Support (i.e. EMT-I/AEMT or paramedic level agency)
BERT	Bicycle Emergency Response Team
BLS	Basic Life Support (i.e. EMT/EMR level agency)
CAAS	Commission on the Accreditation of Ambulance Services
CAMTS	Commission on the Accreditation of Medical Transport Systems
CE	Continuing Education
D2B	Door To Balloon
E2B	EMS To Balloon
ED	Emergency Department
EMD	Emergency Medical Dispatch (pre-arrival instructions for 911 calls)
EMR	Emergency Medical [First] Responder
EMS	Emergency Medical Services
EMT	Emergency Medical Technician certified by the state
FC911	Fort Collins 911 PSAP
FCPD	Fort Collins Police Department
HDE	Health Data Exchanges
IFT	Interfacility Transfer
LCSO	Larimer County Sheriff's Office
MCI	Mass Casualty Incident
NLCERA	Northern Larimer County Emergency Response Area
Paramedic	Paramedic certified by the state (ALS)
PFA	Poudre Fire Authority
PSAP	Public Safety Answering Point
RETAC	Regional Emergency & Trauma Advisory Council
SNF	Skilled Nursing Facility
SORT	Special Operations Response Team

