



← **Emergency**

← **Injury**

**Prevention**

← **Registration**



**2011-2012**

Central Ohio Trauma System // Executive Report

# A Letter From COTS President

**This biennial summary of COTS work provides an overview of the many noteworthy projects that COTS coordinated in 2011-2012.** This work is that which has been commonly requested by Central Ohio stakeholders who are involved with trauma and emergency medical services on a daily basis. COTS work is unprecedented in the region and results in improved medical care for patients experiencing sudden and acute medical crises in Central Ohio. This particular work was accomplished in light of several time-related events.

First, we are living in a time of increasing consolidation across government sectors and private industry. Mergers and shared services are ever more common as agencies seek to streamline efforts, improve services and reduce costs. COTS is a model for shared services among diverse stakeholders, with the focus on patients. COTS stakeholders engage with COTS staff and funders as a part of the COTS process that engenders the resultant success of shared services, cooperation and collaboration in emergency medical and trauma services across the region.

We are also in a time of economic strain. Non-profits can be particularly vulnerable. The COTS Board and stakeholders are engaging in a strategic planning effort to examine and rewrite COTS business model to make its core operations less susceptible to negative fluctuations in federal and state grants.

Lastly, we are in a time of transitional leadership at COTS as *Nancie Bechtel*, COTS Executive Director for the past thirteen years, moves on to new

endeavors and COTS hires a new Executive Director. The Executive Committee is poised to find the best person to fill the void she will leave. Nancie has served COTS exceptionally during her tenure. COTS has enjoyed much success due to Nancie's leadership. We thank her and wish her well in her new role.

Change is certain. COTS is no exception to change, as indicated by the events listed above. However with change, positive outcomes are always a possibility. The continued involvement of COTS stakeholders who are committed to an improved system of care will ensure that COTS will continue to evolve and succeed in its work—and lead to better emergency care for all.

Sincerely,



**Clifford L. Mason, Fire Chief, EMT-P, OFE  
COTS President**



“ The continued involvement of COTS stakeholders who are committed to an improved system of care will ensure that COTS will continue to evolve and succeed in its work—and lead to better emergency care for all. ”



## Mission & Purpose

The mission of the Central Ohio Trauma System (COTS) is to reduce injuries and save lives by improving and coordinating trauma care, emergency care, and disaster preparedness systems in Central Ohio. COTS is the regional trauma system serving Central and parts of Southeastern Ohio.

COTS addresses a need that is otherwise unmet among its stakeholders—that of coordinating system-wide improvements in emergency medical care and medical surge capabilities in Central Ohio. COTS serves as a forum, as a clearinghouse for information, as an expert resource, and as a major driver of improvements in the region.

## Goals

To sustain an inclusive system where community partners work together to resolve issues associated with trauma & emergency care;

To maintain COTS' two databases and use them to improve emergency care and injury prevention programming in Central Ohio;

To facilitate initiatives that accomplish appropriate resource utilization while reducing deaths and disabilities from trauma, strokes, heart attacks and other emergency health conditions; and,

To coordinate and improve healthcare partners' medical disaster preparedness and response.

## Core Values

- Integrity
- Inclusiveness
- Collaboration
- Transparency
- Evidence-based work
- Excellence

COTS is a voluntary, cooperative, self-regulatory organization and maintains a 501(c)(3) Internal Revenue status for charitable, educational and scientific intent. COTS is an affiliate organization of the Columbus Medical Association.

### **Board of Trustees**

The COTS Board of Trustees is comprised of health care experts from hospitals, emergency medical services (EMS) providers, physicians, and representatives from local government health agencies serving Central Ohio. The COTS Board meets quarterly. Board meetings are open to the public.

#### **The following individuals are Officers on the COTS Board of Trustees.**

**President:** **Clifford L. Mason**, Fire Chief, OFE, EMT-P, Fire Chief, Madison Township Fire Department, Groveport, Ohio; representing the Franklin County Fire Chiefs Association

**Vice-President:** **Robert A. Lowe**, MD, FACEP, Emergency Services, Doctors Hospital, Columbus, Ohio

**Secretary-Treasurer:** **Susan A. Tilgner**, MS, RD, LD, RS, Franklin County Health Commissioner, Franklin County Board of Health; representing the Franklin County Commissioners, Franklin County, Ohio

**Immediate Past-President:** **Kathryn J. Haley**, RN, BSN, Trauma Program Manager, Nationwide Children's Hospital, Columbus, Ohio

**Emeritus:** **Robert E. Falcone**, MD, FACS, Consultant, Columbus, Ohio

# The following individuals are appointed by their institutions to serve on the COTS Board of Trustees.

**Angie Allion**, RN, MBA, Manager, Emergency Services, Fairfield Medical Center, Lancaster, Ohio

**Sally E. Betz**, RN, MSN, CCRN, CEN, Trauma Program Director, The Ohio State University Medical Center, Columbus, Ohio, representing trauma program managers & directors

**Gina Birko**, MBA, Emergency Management Administrator, Mount Carmel New Albany, New Albany, Ohio

**Michael S. Blue**, MD, FACS, Chairman, Dept. of Emergency Medicine, Mount Carmel St. Ann's, Westerville, Ohio  
David C. Boehmer, DO, Medical Director, Emergency Services, Dublin Methodist Hospital, Dublin, Ohio

**Jennifer A. Bogner**, PhD, Director of Research, Department of Physical Medicine and Rehabilitation, Dodd Hall

Rehabilitation Services, The Ohio State University Medical Center, Columbus, Ohio

**Marco J. Bonta**, MD, FACS, Director Trauma Services, Riverside Methodist Hospital, Columbus, Ohio

**Kathryn Breeze**, RN, Director of Emergency Services, Knox Community Hospital, Mt. Vernon, Ohio

**Craig B. Cairns**, MD, MPH, Vice President Medical Affairs, Licking Memorial Hospital, Newark, Ohio

**Philip H. Cass**, PhD, CEO, Columbus Medical Association, Columbus Medical Association Foundation, Columbus Medical Association Physician's Free Clinic, & the Central Ohio Trauma System, Columbus, Ohio (Ex-officio)

**Lowell W. Chambers**, MD, FACS, General & Trauma Surgery, Mount Carmel Health System, Ohio; representing the Columbus Medical Association

**Stuart J. D. Chow**, MD, FACS, Director Trauma & Acute Surgical Care, Genesis Health Care System, Zanesville, Ohio

**William H. Cotton**, MD, Ambulatory Pediatrics, Nationwide Children's Hospital, Columbus, Ohio; representing the Columbus Medical Association

**Deborah L. Cramer**, RN, BSN, Emergency Department Manager, Memorial Hospital of Union County, Marysville, Ohio

**Michael R. Dick**, MD, Medical Director, Emergency Medicine, The Ohio State University Hospitals East, Columbus, Ohio

**Victor V. Dizon**, DO, FACOS, Director Trauma Services, Mount Carmel West, Columbus, Ohio

**Steven C. Gentile**, MD, FACEP, Emergency Medical Services, Mount Carmel East, Columbus, Ohio

**Jan M. Gorniak**, DO, Franklin County Coroner, Franklin County Coroner's Office, Columbus, Ohio

**Jonathan I. Groner**, MD, FACS, Interim Chief, Department of Pediatric Surgery, Trauma Medical Director, Nationwide Children's Hospital, Columbus, Ohio; representing the Columbus Medical Association

**Lucinda F. Hill**, RN, BSN, Trauma Nurse Coordinator, Southeastern Ohio Regional Medical Center, Cambridge, Ohio

**David P. Keseg**, MD, Medical Director,  
Columbus Division of Fire, Columbus,  
Ohio; EMS Advisor to the COTS Board

**Medard R. Lutmerding**, MD, FACEP,  
Department of Emergency Medicine,  
Mt. Carmel Health System, Columbus,  
Ohio; representing the Columbus  
Medical Association

**Leanne L. Manring**, RN, BSN,  
Manager, Emergency Services,  
Madison County Hospital, London, Ohio

**Douglas B. Paul**, DO, FACOS, Director  
Trauma Services, Grant Medical Center,  
Columbus, Ohio

**Tina M. Pierce**, RN, BSN, Director of  
Emergency Services, Berger Health  
System, Circleville, Ohio

**Mike Smeltzer**, MPH, Division  
Director, Planning & Peak Performance,

Columbus Public Health Department,  
Columbus, Ohio

**Steven M. Steinberg**, MD, FACS,  
Director Division of Critical Care,  
Trauma & Burn, The Ohio State  
University Medical Center,  
Columbus, Ohio

**Kimberly Thompson**, RN, BSN, Nurse  
Manager, Emergency Services, Grady  
Memorial Hospital, Delaware, Ohio

**Joseph Tulga**, Director of Safety &  
Security, Marion General Hospital,  
Marion, Ohio

**Porter R. Welch**, JD, Fire Chief, EMTP,  
Scioto Township Fire Department,  
Commercial Point, Ohio, representing  
Central Ohio Fire Chiefs Association

**Howard Werman**, MD, FACEP, Medical  
Director, MedFlight of Ohio,  
Columbus, Ohio

**David K. Whiting**, Battalion Chief, EFO,  
EMTP, MPA, Columbus Division of Fire,  
Columbus, Ohio

**Jodi Wilson**, RN, BSN, MBA, CEN,  
Site Administrator, Diley Ridge Medical  
Center, Canal Winchester, Ohio

**Donald Wood**, DO, FACEP, Assistant  
Medical Director, Emergency Services,  
Marietta Memorial Hospital,  
Marietta, Ohio

## Regional Collaboration & Support

COTS exists because of the committed involvement of multiple Central Ohio community partners. Key partners include leadership from local hospitals, emergency medical services (EMS) agencies, public health departments and other interested stakeholders. Over 300 community members from the following organizations volunteered on a COTS committee and/or related initiative this past year:

**Adena Regional Medical Center,**  
*Chillicothe, Ohio*

**Alzheimer's Association,**  
*Columbus, Ohio*

**American Heart Association,**  
*Central Ohio Chapter, Columbus, Ohio*

**American Red Cross of Greater  
Columbus,** *Columbus, Ohio*

**American Stroke Association,**  
*Central Ohio Chapter, Columbus, Ohio*

**Avita Health System/Bucyrus  
Community Hospital,** *Bucyrus, Ohio*

**Avita Health System/Galion Community  
Hospital,** *Galion, Ohio*

**Barix Clinics of Ohio,** *Groveport, Ohio*

**Berger Health System,** *Circleville, Ohio*

**Bertec Corporation,** *Columbus, Ohio*

**Central Ohio Amateur Radio  
Emergency Services,** *Columbus, Ohio*

**Central Ohio Area Agency on Aging,**  
*Columbus, Ohio*

**Central Ohio Poison Control Center,**  
*Columbus, Ohio*

**Clinton Township Fire Department,**  
*Columbus, Ohio*

**Columbus Bomb Squad, Division of  
Fire,** *Columbus, Ohio*

**Columbus Division of Fire,**  
*Columbus, Ohio*

**Columbus Division of Police,**  
*Columbus, Ohio*

**Columbus Medical Association,**  
*Columbus, Ohio*

**Columbus Medical Association  
Foundation,** *Columbus, Ohio*

**Columbus Public Health,**  
*Columbus, Ohio*

**Concord Township Fire Department,**  
*Delaware, Ohio*

**Coshocton County Memorial Hospital,**  
*Coshocton, Ohio*

**Delaware City Fire Department,**  
*Delaware, Ohio*

**Delaware County Fire Department,**  
*Delaware, Ohio*

**Delaware General Health District,**  
*Delaware, Ohio*

**Diley Ridge Medical Center, Canal  
Winchester,** *Ohio*

**Doctors Hospital,** *Columbus, Ohio*

**Dublin Methodist Hospital,** *Dublin, Ohio*

**Fairfield Medical Center,** *Lancaster, Ohio*

**Fayette County Memorial Hospital,**  
*Washington Court House, Ohio*

**Fire Chiefs Association of Central Ohio**

**Franklin County Board of Health,**  
*Columbus, Ohio*

**Franklin County Coroner's Office,**  
*Columbus, Ohio*

**Franklin County Office on Aging,**  
*Columbus, Ohio*

**Franklin County Fire Chiefs  
Association,** *Columbus, Ohio*

**Franklin County Emergency  
Management & Homeland Security  
Agency,** *Columbus, Ohio*

**Franklin County Police Chiefs  
Association,** *Worthington, Ohio*

**Franklin Township Fire Department**  
*Columbus, Ohio*

**Grandview Heights Division of Fire,**  
*Grandview Heights, Ohio*

**Genesis Healthcare System,**  
*Zanesville, Ohio*



**Genoa Township Fire Department,**  
*Galena, Ohio*

**Grady Memorial Hospital,**  
*Delaware, Ohio*

**Grant Medical Center,** *Columbus, Ohio*

**Guardian Medical Monitoring,**  
*Columbus, Ohio*

**Hamilton Township Fire Department,**  
*Columbus, Ohio*

**Hardin Memorial Hospital,** *Kenton, Ohio*

**Heartland Rehabilitation Service,**  
*Columbus, Ohio*

**Jackson Township Fire Department,**  
*Grove City, Ohio*

**Jefferson Township Fire Department,**  
*Blacklick, Ohio*

**Jerome Township Fire Department,**  
*Plain City, Ohio*

**KJ Trauma Consulting, LLC,**  
*New Albany, Ohio*

**Knox Community Hospital,**  
*Mt. Vernon, Ohio*

**Liberty Township Fire Department,**  
*Powell, Ohio*

**Licking Memorial Hospital,**  
*Newark, Ohio*

**Madison County Hospital,** *London, Ohio*

**Madison Township Fire Department,**  
*Groveport, Ohio*

**Marietta Memorial Hospital,**  
*Marietta, Ohio*

**Marion General Hospital,** *Marion, Ohio*

**Mary Rutan Hospital,** *Bellefontaine, Ohio*

**Medflight of Ohio,** *Columbus, Ohio*

**Memorial Hospital of Union County,**  
*Marysville, Ohio*

**Mifflin Township Division of Fire,**  
*Gahanna, Ohio*

**Monroe Township Fire Department,**  
*Johnstown, Ohio*

**Morrow County Hospital,**  
*Mt. Gilead, Ohio*

**Mount Carmel East,** *Columbus, Ohio*

**Mount Carmel New Albany Surgical  
Hospital,** *New Albany, Ohio*

**Mount Carmel St. Ann's,**  
*Westerville, Ohio*

**Mount Carmel West,** *Columbus, Ohio*

**Nationwide Children's Hospital,**  
*Columbus, Ohio*

**Newark Division of Fire,** *Newark, Ohio*

**Northwest Area Strike Team,**  
*Franklin County, Ohio*

**Norwich Township Fire Department,**  
*Hilliard, Ohio*

**OhioHealth,** *Columbus, Ohio*

**Ohio Department of Health,**  
*Columbus, Ohio*

**Ohio Orthopedic Surgery Institute,**  
*Upper Arlington, Ohio*

**Orange Township Fire Department,**  
*Delaware, Ohio*

**Paratus Solutions,** *Columbus, Ohio*

**Pike Community Hospital,** *Waverly, Ohio*

**Plain Township Fire Department,** *New  
Albany, Ohio*

**Pleasant Township Fire Department**

**Prairie Township Fire Department,**  
*Columbus, Ohio*

**Riverside Methodist Hospital,**  
*Columbus, Ohio*

**Select Specialty Hospital,**  
*Columbus, Ohio*

**Scioto Township Fire Department,**  
*Commercial Point, Ohio*

**Southeastern Ohio Regional Medical  
Center,** *Cambridge, Ohio*

**The Ohio State University Medical  
Center,** *Columbus, Ohio*

**The Ohio State University Hospital  
East,** *Columbus, Ohio*

**Truro Township Fire Department,**  
*Reynoldsburg, Ohio*

**Twin Valley Behavioral Health,**  
*Columbus, Ohio*

**Upper Arlington Division of Fire,**  
*Upper Arlington, Ohio*

**Violet Township Fire Department,**  
*Pickerington, Ohio*

**Washington Township Fire Department,**  
*Dublin, Ohio*

**Westerville Division of Fire,**  
*Westerville, Ohio*

**Whitehall Division of Fire,**  
*Whitehall, Ohio*

**Worthington Division of Fire,**  
*Worthington, Ohio*

**Wyandot Memorial Hospital,**  
*Upper Sandusky, Ohio*

## Funding

COTS funding base is varied. Twenty-seven hospitals, various EMS agencies, and numerous individuals contribute directly to COTS to support its basic operations. Outcome-specific grants and contracts provide additional funding, as do revenues generated through educational courses coordinated by COTS.

### ***The following agencies provided funding to support COTS operations in 2011.***

**Adena Regional Medical Center,**  
*Chillicothe, Ohio*

**Berger Health System,** *Circleville, Ohio*

**Columbus Division of Fire,**  
*Columbus, Ohio*

**Columbus Medical Association  
Foundation,** *Columbus, Ohio*

**Columbus Public Health Department,**  
*Columbus, Ohio*

**Coshocton County Memorial Hospital,**  
*Coshocton, Ohio*

**Diley Ridge Medical Center,**  
*Canal Winchester, Ohio*

**Doctors Hospital,** *Columbus, Ohio*

**Dublin Methodist Hospital,** *Dublin, Ohio*

**Fairfield Medical Center,**  
*Lancaster, Ohio*

**Fire Chiefs Association of Central Ohio**

**Franklin County Commissioners**

**Franklin County Fire Chiefs  
Association**

**Franklin County Homeland Security  
Advisory Council,** *Columbus, Ohio*

**Genesis Healthcare System,**  
*Zanesville, Ohio*

**Grady Memorial Hospital,** *Delaware,  
Ohio*

**Grant Medical Center,** *Columbus, Ohio*

**Jefferson Township Fire Department,**  
*Blacklick, Ohio*

**Knox Community Hospital,**  
*Mt. Vernon, Ohio*

**Liberty Township Fire Department,**  
*Powell, Ohio*

**Madison County Hospital,** *London, Ohio*

**Madison Township Fire Department,**  
*Groveport, Ohio*

**Marietta Memorial Hospital,**  
*Marietta, Ohio*

**Marion General Hospital,** *Marion, Ohio*

**Memorial Hospital of Union County,**  
*Marysville, Ohio*

**Mifflin Township Division of Fire,**  
*Gahanna, Ohio*

**Morrow County Hospital,**  
*Mt. Gilead, Ohio*

**Mount Carmel East,** *Columbus, Ohio*

**Mount Carmel New Albany Surgical  
Hospital,** *New Albany, Ohio*

**Mount Carmel St. Ann's,** *Westerville,  
Ohio*

**Mount Carmel West,** *Columbus, Ohio*

**Nationwide Children's Hospital,**  
*Columbus, Ohio*

**Ohio Department of Health, Bureau of  
Environmental Health,** *Columbus, Ohio*

**Orange Township Fire Department,**  
*Delaware, Ohio*

**Pike Community Hospital,** *Waverly, Ohio*

**Port Columbus International Airport  
Fire Department,** *Columbus, Ohio*

**The Ohio State University Medical  
Center,** *Columbus, Ohio*

**The Ohio State University Hospital  
East,** *Columbus, Ohio*

**Riverside Methodist Hospital,**  
*Columbus, Ohio*

**Southeastern Ohio Regional Medical  
Center,** *Cambridge, Ohio*

**Upper Arlington Division of Fire,**  
*Upper Arlington, Ohio*

**Washington Township Fire  
Department,** *Dublin, Ohio*

**Westerville Fire Department,**  
*Westerville, Ohio*

**The following individuals made a financial contribution to COTS in 2011.**

Angela Allion  
Nancie Bechtel  
Sara E. Betz  
David Boehmer, DO  
Jennifer Bogner  
Craig Cairns, MD  
Lowell Chambers, MD

Robert Coles  
William H. Cotton, MD  
Robert E. Falcone, MD  
Steven C. Gentile, MD  
Kathy Haley  
Isi Ikharebha  
Robert Lowe, MD

Medard R. Lutmerding, MD  
Clifford Mason  
Richard N. Nelson, MD  
Robert E. Newland  
Tina M. Pierce  
Ty Sanders  
Michael Smeltzer

Steven M. Steinberg, MD  
Susan Tilgner  
Porter Welch  
Howard Werman, MD  
Jodi Wilson

**Staff Support**

**The following staff supports COTS work.**

**Philip H. Cass, PhD, CEO,** *Columbus Medical Association, Columbus Medical Association Foundation, Physicians Free Clinic, and COTS*

**Nancie M. Bechtel, RN, BSN, MPH, CEN, EMTB,** *Executive Director (through October 2011)*

**Kelsey L. Blackburn, AAS,** *Disaster Preparedness Associate*

**Sharon A. Deppe, BSN,** *Process Improvement Coordinator*

**Marisa A. Gard, BA,** *Administrative Assistant*

**Janelle N. Glasgow, RNC, CPEN,** *Nurse Educator*

**Judy D'Andrea, MSW, MBA,** *Chief Operating Officer*

**Jendy A. Dunlop, MPH,** *Critical Incident Response Planner*

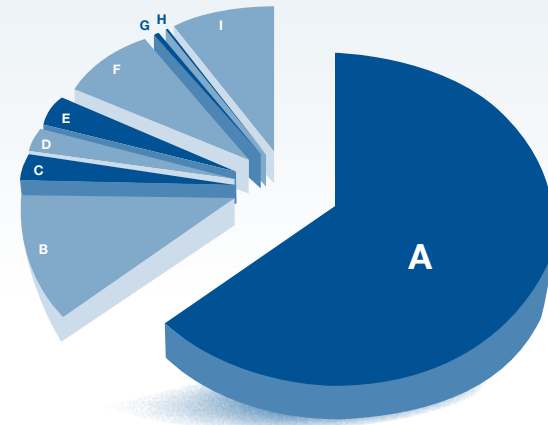
**Roxanna L. Giambri, BS, RHIA, CSTR,** *Trauma Registry Coordinator*

**Marie Robinette, RN, BSN, MPH,** *Regional Health System Emergency Preparedness Coordinator & Executive Director (as of December 2011)*

**Christine M. Sheppard, BS,** *Education Coordinator*

**COTS Funding Sources**

- 63% A: Ohio Department of Health (ASPR Grant)
- 12% B: Columbus Medical Association Foundation
- 2% C: Franklin County Homeland Security Advisory Council (UASI Grant)
- 2% D: Franklin County Commissioners
- 3% E: United Way
- 8% F: Hospitals
- <1% G: Fire & EMS
- <1% H: Personal Contributions
- 9% I: Education Classes Program Revenue



*Contributions to COTS are tax-deductible. For more information on supporting COTS general operations or contributing to the COTS Endowment Fund, contact (614) 240-7420, extension 4404. For a copy of COTS most recent 990, visit [www.guidestar.org](http://www.guidestar.org). For a copy of COTS most recent Annual Audit, contact (614) 240-7419, extension 5.*



Counties that participate in COTS

## Service Area

**COTS work impacts nearly two million Ohioans across 19 counties** who are susceptible to life-threatening conditions such as trauma, heart attack, stroke, natural and manmade disasters, as well as the 51,000

medical personnel who tend to these victims. ***The COTS service area encompasses 30 hospitals, 200-plus fire/EMS agencies and 21 public health jurisdictions.***

Franklin County is the most populated area that COTS serves. Franklin County hospitals serve as tertiary referral centers for trauma and critical care for 66 of Ohio's 88 counties.

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## Regional Infrastructure

COTS provides the infrastructure that coordinates system-wide improvements in emergency medical care and medical surge capabilities in Central Ohio. Much of this infrastructure exists through COTS committees. COTS committees serve as a neutral forum where stakeholders convene with the intention of resolving trauma and emergency healthcare service issues, including medical disaster preparedness. COTS stakeholders are primarily medical professionals from hospitals, EMS, public health, and other non-profits. Stakeholders serve as COTS committee

chairpersons on a voluntary basis. Respective committee issues are presented, discussed, strategized, and resolved via consensus and parliamentary processes.

COTS maintains core committees and multiple subcommittees which include the Executive Committee, the Aeromedical Communications Committee, the Clinical Trauma Committee, the Diversion Committee, the Pre-hospital Committee, the Registry Committee, the Regional Hospital Emergency Preparedness Committee, the Stroke Committee, and the Sudden Cardiac Arrest Committee. Each

committee has a distinct focus with Board-delineated roles and responsibilities aimed at enhancing trauma and/or emergency healthcare services for Ohioans. COTS committees meet bi-monthly, monthly or quarterly depending on the work at hand. COTS provides additional support for its committee initiatives by researching strategies, expert opinions and best practices from other communities.



# A list of COTS committees with their roles and responsibilities are as follows:

COTS committee work is patient-focused.

The result of COTS' committee work is the establishment of regional protocols, guidelines and/or standards that improve emergency care and disaster response in the region.

Stakeholder training on the initiatives is provided as needed by request. All COTS protocols, guidelines and/or standards are evaluated on a regular basis. A process improvement plan helps determine appropriate follow up with stakeholders as needed.

**Executive/Finance Committee**, Clifford Mason, Fire Chief, EMTP, OFE (Madison Township Fire Department), & Robert A. Lowe, MD, FACEP (Doctors Hospital, Columbus), Co-Chairs

- *Manages the general business of the COTS Board of Trustees and coordination of COTS committee projects/work*
- *Oversees COTS' legal activities and legal documents*
- *Assesses budgetary needs and drafts the Annual Budget; oversees the Budget and accounting*
- *Assists with grant-seeking and writing*
- *Establishes public and corporate partnerships to promote the COTS mission and goals in the community; establishes community partnerships to aid in financial support*
- *Facilitates long-term financial planning*
- *Coordinates COTS Internal Review Board to allow information sharing from COTS Registry with legitimate researchers and community agencies; oversees COTS Trauma Registry data for publication and research*
- *Publishes the Annual Report on Trauma to the Community*
- *Liaisons with State trauma-related groups (State EMS Board, State*
- *Trauma Committee, State Trauma Registry Advisory Subcommittee, Region V Regional Physicians Advisory Board)*
- *Oversees other executive-related activities as directed by the COTS Board of Trustees*

**Aeromedical Communications Committee**, Sherri Kovach, RN (Nationwide Children's Hospital), & Robert Lowe, MD, FACEP (Doctors Hospital, Columbus), Co-Chairs

- *Monitors aeromedical transport communication issues related to patient safety*
- *Conducts regional performance improvement initiatives for aeromedical transport communication issues*
- *Recommends regional protocols to improve communication and safety of aeromedical transports*
- *Undertakes other related activities as directed by the COTS Board of Trustees*

**Clinical Trauma Committee**, Sally Betz, RN, MSN, CCRN (The Ohio State University Medical Center), Victor Dizon, DO, FACOS (Mount Carmel West), Jeff Hubartt, RN (Riverside Methodist Hospital), & Doug Paul, DO, FACS, (Grant Medical Center), Co-Chairs

- *Monitors trauma care from a regional perspective as consistent with mandates of Ohio legislation related to trauma victims; assesses regional trauma care trends*
- *Conducts regional trauma care process improvement initiatives*
- *Recommends clinical trauma protocols based on data analysis from COTS' Registry*
- *Coordinates professional continuing medical and nursing education related to trauma care*
- *Establishes regional baseline standards for Level I and Level II trauma alert criteria*

# COTS committees with their roles and responsibilities continued:

- Assists regional hospitals in complying with the establishment of written protocols and transfer agreements as mandated by Ohio law
- Undertakes other clinically-related activities relevant to trauma care as directed by the COTS Board of Trustees

**Diversion Committee, Shawn Koser, Lt, EMTP (Columbus Division of Fire), & Medard Lutmerding, MD, FACEP (Mount Carmel Health System)**

- Provides a forum for hospitals, emergency departments, and emergency medical services to address issues related to regional diversion patterns
- Established, maintains and oversees the Regional Emergency Care Access Plan (RECAP) and Emergency Patient Transport Plan (EPTP)
- Provides oversight for regional performance improvement related to diversion
- Oversees the regional diversion database/Real-time Emergency Department Status System (RTASS) website
- Engages in other diversion and patient access-related activities as directed by the COTS Board

## **Ethics Committee, Ad Hoc**

- Addresses ethical issues that affect COTS and its members
- Serves as an expert resource on the issues of the ethical and moral responsibility of staff to respond to their hospital of employment in a weapons of mass destruction or natural disaster event; the ethical allocation of resources when need exceeds availability; and the discussion of other ethical and moral medical community dilemmas faced during a disaster, as directed by the COTS Board

**Fall Prevention Network, Dara Bakes, EMTP (Riverside Methodist Hospital), & Anne Goodman, MPH (Grant Medical Center), Co-Chairs**

- Provides a networking forum for injury-prevention stakeholders interested in decreasing the incidence of falls among the elderly; the forum shall provide opportunities for sharing current fall- prevention initiatives that may benefit each others' programs and especially the general public
- Provides a forum for establishing a shared initiative when feasible under COTS that will address an aspect of fall prevention

**Pre-Hospital Committee, Thomas J. Gavin, MD, FACEP (Dublin Methodist Hospital), Alan G. Gora, MD, FACEP**

**(Mount Carmel Health System), & Tim Tilton, Fire Chief, EMTP (Whitehall Division of Fire), Co-Chairs**

- Provides a forum for resolution of community-wide EMS / hospital issues (other than diversion)
- Assesses pre-hospital trauma care trends and recommends protocol changes based on need
- Coordinates pre-hospital trauma training as requested by the emergency medical services community
- Establishes and evaluates EMS field triage destination protocols of trauma victims
- Establishes regional protocols/guidelines as needed to promote emergency services care; provides oversight and ongoing assessment of existing regional protocols/guidelines
- Assists with community disaster management planning involving hospitals and EMS
- Engages in other pre-hospital-related activities as directed by the COTS Board of Trustees

**Regional Hospital Emergency Preparedness (RHEP) Committee, Medard R. Lutmerding, MD, FACEP (Mount Carmel Health System), & Jodi Keller, RN (Avita Health System/Bucyrus Community Hospital), Co-Chairs**



- Assists central Ohio hospitals with regional disaster management planning and exercises to maximize local resources in the event of a mass-casualty event
- Liaisons central Ohio hospitals with the city, region, and state in disaster/terrorism preparedness efforts
- Oversees the COTS Hospital Incident Liaison (HIL) role to assist Central Region hospitals, the Central Ohio community, and the State with healthcare response in a large-scale, mass-casualty incident
- Helps hospitals receive preparedness funding and meet deliverables of ASPR, UASI, OSHA, Joint Commission, ODH and OHA
- Determines projects, vendors and expenditures related to the ASPR and UASI grants
- Oversees other regional disaster preparedness activities as directed by the COTS Board
- Note: the RHEP Committee has several subcommittees: Long-term Care Facilities; Medical Surge; PPE & Decon; Pharmaceutical; Safety & Security; Strategic Planning
- Registry Committee, Renae Kable, CSTR, CAISS (Nationwide Children's Hospital), & Peggy Rhoades, CSTR (The Ohio State University Medical Center), Co-Chairs
- Establishes procedures for trauma registry data submission in accordance with State guidelines, regional requirements, and hospitals' needs

- Assesses COTS Registry software needs
- Provides ongoing education for hospital registry-related personnel via a COTS Registry manual and on-site one-on-one Registry data abstraction training
- Monitors data quality, reliability, and validity
- Participates in other registry-related activities as directed by the COTS Board of Trustees

**Stroke Committee, Heith Good, EMTP (Norwich Township Fire Dept.) & Duane Kusler, RN, MBA (Nationwide Children's Hospital), Co-chairs**

- Provides a forum for discussion of stroke care issues in Central Ohio
- Establishes recommendations for the uniform screening of suspected stroke patients
- Completes and disseminates to EMS an accurate assessment of Central Ohio Hospitals stroke capabilities
- Develops an educational plan for EMS colleagues inclusive of a uniform screening tool and destination guidelines
- Implements and oversees a regional process improvement plan for the emergency care of stroke patients in Central Ohio
- Engages in other activities related to the assessment and care of stroke patients as directed by the COTS Board of Trustees

**Sudden Cardiac Arrest Committee, Lyn Nofziger, Lt., EMTP (Upper Arlington Division of Fire), & Michael R. Sayre, MD (The Ohio State University Hospitals), Co-Chairs**

- Provides a forum for discussion of sudden cardiac arrest (SCA) care issues in Central Ohio
- Establishes regional recommendations and/or guidelines for the care of SCA patients
- Establishes sample EMS protocols for the care of SCA patients
- Engages in other activities related to SCA care as directed by the COTS Board of Trustees

Several of these COTS Committees have one or more active subcommittee. For information on joining any of the COTS Committees, contact (614) 240-7419. COTS committee membership is open to any interested members of the central Ohio community.

# Regional Coordination

COTS initiatives are community-based. The continued success of these initiatives relies on the dedication of the many physicians, nurses, EMTs, public health experts, registrars, program coordinators, healthcare administrators and government officials who partner with COTS. COTS successes can not be claimed by any one person, discipline or group.

## **As a result of COTS' work, Central Ohio benefits from:**

- *Improved communications among hospitals, EMS, public health agencies, and other non-profits;*
- *The establishment of regional protocols and processes that improve system responses for patients experiencing emergency medical and disastrous life events;*
- *Enhanced emergency medical training; and,*
- *The collection and trending of data to document the extent of serious injuries, emergency department activity, and disaster preparedness in Central Ohio.*

## **COTS emergency care work is focused in four main arenas:**

1. Data collection and analysis;
2. Quality emergency care, process improvement and advocacy;
3. Medical surge disaster preparedness; and
4. Trauma education.

*The ultimate outcome of COTS work is a reduction in long-term disability and death from acute medical conditions such as injury, heart attacks and strokes.*

## Focus Area #1: Data Collection & Analysis

COTS maintains two databases that are unique in the region and which “provide a picture” of the demographics of serious injuries and emergency department activities at peak times. COTS databases include the Regional Trauma Registry and the Emergency Departments’ Real-time Activity Status System.

The Regional Trauma Registry (RTR). The RTR database encompasses trauma data from 27 hospitals. COTS coordinates data submission from hospitals and works with data entry personnel to improve data reliability. COTS provides education on the community benefits of participation in the RTR. COTS forwards RTR data to

the Ohio Trauma Registry and National Trauma Data Bank (NTDB) to contribute to state and national databases. COTS works with trauma and registry experts to assess the validity of RTR data. COTS maintains data sets for community researchers and injury prevention planners who want RTR data. COTS works with statistical and epidemiological experts to publish a comprehensive community report depicting serious injuries in Central Ohio. COTS shares the report with community partners so that the extent of injury risk can be known and so that prevention programs can be targeted to areas of highest need.



Counties that Contribute Data to the RTR

Since its inception in 1999, the RTR has collected data on over 117,700 trauma patients. In recent years the RTR captures on average over 12,900 trauma patients annually. These patients were cared for at a hospital because of a serious, potentially life-threatening injury. Of the 14,126 RTR patients from 2010, 334 died in Central Ohio hospitals as a result of their trauma.

RTR data is used to publish a community injury report that highlights trends of injury victims in Central Ohio. This report is published with in-kind statistical support from the Columbus Public Health Department. Some significant trends specific to Central Ohio gleaned from the COTS RTR are:

- *“Falls” continue to be the leading cause of trauma-related hospitalization and death overall. In 2010, 6,034 patients were admitted to Central Ohio hospitals as a result of a fall.*
- *Gunshot wounds are the leading cause of “intentional” trauma deaths among those hospitalized. In 2010, 443 patients were admitted to Central Ohio hospitals as a result of a firearm injury.*
- *Motor vehicle crashes are another leading mechanism for unintentional trauma fatalities. In 2010, 3,458 patients were admitted to Central Ohio hospitals as a result of a motor vehicle crash.*

- *Falls & motor vehicle crashes together account for 2/3 (67%) of the non-fatal, trauma-related hospitalizations and 2/3 (65%) of the fatal hospitalizations in Central Ohio in 2010.*

Traumatic brain injury (TBI) is a result of a severe head trauma. Patients who sustain a TBI and survive it will face multiple long-term medical care challenges not only for themselves, but also for their families and communities. TBI injuries have long-term ramifications for those injured and the communities who support them.

- *Of the 3,458 motor vehicle crash-related hospitalizations in Central Ohio, 1,412 (41%) sustained a crash-related traumatic brain injury (TBI). Additionally, 29% (1,768) of the 6,034 fall-related hospitalizations incurred a TBI. Ninety-six percent (3,043) of the motor vehicle and fall-related TBI injuries survived.*
- *Ongoing costs of caring for patients with TBI in Central Ohio exceed \$1 billion annually. The CDC estimates that over a lifetime, it costs*

*between \$600,000 and \$1,875,000 to care for each survivor of severe TBI.*

## **The Emergency Departments’ Real-time Activity Status System (RTASS).**

The RTASS is a second registry that COTS maintains. The RTASS documents incidents of EMS diversion and how busy emergency departments are in real time. All ten Franklin County and three contiguous county hospitals participate in RTASS. Over 60 EMS agencies use this database during scene runs. The system allows hospitals to immediately notify EMS when their emergency departments are overly busy and diverting EMS patients to less busy emergency departments.

COTS uses data from the RTR and RTASS to produce a number of data reports that help drive improvements in the system. COTS publishes a community injury report that describes demographics and injury trends in Central Ohio. COTS also provides data and benchmarking reports to hospitals, EMS and public health that assists them with institutional-specific performance improvement work.

*For a copy of the COTS community injury report, contact COTS at (614) 240-7419.*



# Counties with Hospitals that Participate in RTASS

## Focus Area #2: Quality Emergency Care, Process Improvement & Advocacy.

**COTS works with hospitals, emergency service providers and public health agencies to increase inter-agency coordination and establish best-practice processes to improve care for critically ill and injured patients. COTS has established a number of initiatives that contribute to process improvement in emergency medical care in the region:**

### **For Trauma Injuries.**

COTS has a number of initiatives intended to assist emergency response personnel in caring for trauma patients.

- *Regional trauma care standards for reference by acute care hospitals for emergency stabilization of trauma victims*
- *Trauma process performance improvement (PI) guidelines for acute care hospitals seeking to establish a trauma PI program*
- *Regional performance improvement of the trauma system*
- *Pre-hospital trauma triage guidelines for adult, geriatric and pediatric victims*
- *Pre-hospital radio report guidelines*
- *A performance improvement process in which EMS providers can get patient information back from local emergency departments in order to positively affect future care rendered to the public; this process is HIPAA-compliant*

- *An annual multi-disciplinary regional trauma research symposium*
- *Participation on a number of state/regional committees including the Ohio Committee on Trauma of the American College of Surgeons, the State Trauma Committee, and the State Trauma Registry Advisory Subcommittee*

### **For Heart Attacks.**

COTS has specific initiatives in place to assist EMS and hospitals in caring for patients having heart attacks.

- ***ST-Elevation Myocardial Infarction (STEMI):*** *STEMI is one type of common “heart attack.” STEMI can be recognized by EMS through the use of electrocardiograms (EKGs) done at the scene. To help EMS become informed about which local hospitals provide optimal STEMI care on a 24/7/365 basis, COTS published the White Paper for Central Ohio EMS Agencies on the Pre-hospital Transport of STEMI Patients*

*to Local Hospitals Based on AHA/ACC STEMI Guidelines. The intent is to assist EMS in making informed decisions regarding hospital destinations for and with their STEMI patients.*

- ***Pre-hospital 12-lead EKG:*** *STEMI patients benefit from the pre-hospital transmission of EKGs by EMS to emergency departments, in that it allows the hospital more time to prepare for the emergency care that is needed immediately upon the patient’s arrival. In order to optimize pre-hospital EKG transmission in the region, COTS held a forum with EMS, hospitals and vendors to discuss equipment options and interoperability issues. As a result of that forum, the three adult hospital systems in Columbus (Mount Carmel Health System, OhioHealth, and The Ohio State University Health System) procured and gave at no cost EKG transmission equipment to EMS providers who wanted it for STEMI patients. Now all EMS in the region can have the capability to transmit EKGs from the scene to benefit patient care.*

- **Therapeutic Hypothermia:** Recent studies have shown that patients who are cooled after being resuscitated from a cardiac arrest fare better than patients who are not cooled. This cooling is done with strict criteria and is termed “therapeutic hypothermia.” COTS worked with hospitals and EMS to establish guidelines for EMS who want to begin therapeutic hypothermia in the field in the hope of optimizing patient outcomes.

## For Strokes.

COTS stroke initiative is four-fold and includes:

- A stroke assessment tool for emergency medical services providers to expedite patient triage and transfer to a stroke center capable of providing the best care possible
- Declaration of Central Ohio hospitals’ capabilities around acute stroke care so that EMS can make informed destination decisions with and/or for their patients

- A training module for EMS providers on stroke etiology, assessment, care standards and local capabilities in regards to acute management
- A process improvement guideline so that EMS and hospitals can work toward improving care given the acute stroke patients

## For Access to Emergency Care.

COTS is actively involved in a number of initiatives that address other barriers to emergency care for patients.

- **“Diversion:”** At times emergency departments are extremely busy due to higher than normal numbers of very sick people. Sometimes when this happens, emergency departments ask EMS to take patients to the next nearest hospital in the interest of the patient being served more efficiently. This is called “hospital diversion.” Hospital diversion is typically not a community issue if just one hospital needs to periodically divert a stable

medical patient. Hospital diversion becomes problematic if a hospital attempts to divert a critical or unstable patient, or if multiple hospitals in a community divert simultaneously so that EMS cannot find an emergency department willing to accept their patient. To address problems encountered with diversion in Central Ohio, COTS implemented the Regional Emergency Care Access Plan (RECAP) in 2001. RECAP has multiple components and is maintained by COTS.

- The Diversion Explanation Tool is available to EMS to help explain to stable patients why they are being diverted by a hospital. This tool is available in English, Spanish, French, Russian, and Somali.
- The Emergency Patient Transport Plan (EPTP) expedites access to emergency care when multiple local hospitals are simultaneously “on diversion.” The Columbus Division of Fire Alarm Office oversees activation of the EPTP on

## Focus Area #2: Quality Emergency Care, Process Improvement & Advocacy. (Continued)

a 24/7/365 basis. Patients with critical medical issues are exempt from the EPTP; all critical patients are transported to the closest, most-appropriate hospital regardless of a hospital's diversion status. The COTS database, RTASS (as described in a previous section of this report), monitors the number of times and reasons why the EPTP is activated.

- **EMS Destination Decisions Based on Hospital Resources:** COTS coordinated with hospitals in the creation of a guide for EMS that shows emergency department capabilities on a 24/7/365 basis, so that EMS can help make informed decisions about destinations for emergently ill or injured patients. This guide, like many of COTS initiatives, is the first of its kind in Central Ohio.
- **EMS Infectious Exposures:** These COTS guidelines promote consistency among EMS and emergency departments with regards to treatment and follow-up of EMS personnel exposed to infectious body fluids while in the line of duty.

- **Family Violence Screening Protocols for Hospitals and EMS:** This initiative assists EMS and emergency department personnel in how to screen all patients for domestic violence.
- **Newborn Safe Haven:** These COTS guidelines assist EMS and law enforcement officers if they are presented with a relinquished newborn as allowed under Ohio Law (§2151.3515 & §2151.3517).
- **Patient Calls to EMS from Transport from One Hospital to Another:** COTS established these guidelines to assist EMS and hospital personnel in communication pathways when discontented patients call from within one hospital to be transported to another hospital for care.
- **Pre-hospital Therapeutic Hypothermia:** These guidelines assist EMS in initiating therapeutic hypothermia while en route to hospitals with patients who achieve return of spontaneous circulation after cardiac arrest.

- **Pre-hospital Trauma Triage:** These COTS guidelines assist EMS with triage of trauma patients. These recommendations accommodate both the State of Ohio's legislated trauma triage criteria and trauma center resources available in Central Ohio.
- **Road Construction that Impacts Emergency Patient Transport:** COTS serves as a clearinghouse between the Ohio Department of Transportation (ODOT) and local EMS providers. COTS forwards daily ODOT road construction reports so that traffic delays and road closures are known, allowing EMS to pre-determine alternate emergency routes as necessary.

### For Overall Safety of Patients and Healthcare Providers.

In order for patients to be safely and appropriately cared for, COTS has done some regional work that addresses health and safety risks of medical responders.



- **Aeromedical Transport Communications:** COTS established regional guidelines to improve and standardize communications among EMS helicopters and hospitals in the region.
- **EMS Encounters of Patients with Increased Risk for Falls:** These COTS guidelines provide suggestions to EMS when caring for and transporting patients at high-risk for additional injury from a fall.
- **Improving EMS Care for the Next Patient:** The COTS guideline Emergency Medical Services Clinical Information for Pre-hospital Performance Improvement provides a process for local hospitals and EMS to exchange pertinent details about patient care and outcomes. EMS providers depend upon patient outcome information to validate what was seen “in the field” so that improved decisions in care are made with subsequent patients. These guidelines are HIPAA-compliant.
- **Medical Volunteers in a Disaster:** COTS established guidelines for hospitals and their

employees for when employees want to deploy to another location as volunteers in a disaster.

- **Patients with Legally Concealed Firearms:** COTS maintains care guidelines for patients with concealed firearms who require emergency care. The guidelines incorporate the use of locked gun safety boxes that are exchanged between EMS, hospitals and law enforcement personnel. The guidelines seek to minimize accidents that occur by healthcare personnel handling firearms while caring for patients; to protect the rights of citizens; and to maintain “chain of custody” documentation of weapons.
- **Smoke Alarm Giveaway Programs in Central Ohio:** This publication documents which fire agencies in Central Ohio have programs that provide smoke alarms at no cost to local citizens.



## FOCUS AREA #3: MEDICAL SURGE AND DISASTER PREPAREDNESS.

**During a disaster, no single hospital or practitioner would manage a large medical surge of patients in isolation of other health care systems in the region. COTS works with practitioners, hospitals and other healthcare facilities to enhance community-wide medical surge capabilities in a disaster.**

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COTS is formally recognized by the Ohio Department of Health and the Ohio Hospital Association as the regional coordinator for 27 Central Region hospitals' (CRHs) collective disaster planning and response. The Central Region comprises 15 Central Ohio counties as delineated by the Ohio Department of Homeland Security (ODHS). Central Region counties with hospitals who participate with COTS in disaster preparedness work are shown below.

COTS' disaster preparedness work is supported through grants from Columbus Public Health (the Columbus Metropolitan Medical Response System [CMMRS] Grant); the Franklin County Homeland Security Committee (the Urban Area Security [UASI] Grant); the Ohio Department of Health (the Assistant Secretary for Preparedness & Response [ASPR] Grant); the United Way of Central Ohio, and the Columbus Medical Association Foundation.

COTS functions as the **Hospital Incident Liaison** or **HIL** in disasters with actual or potential surge into Central Ohio hospitals. The COTS HIL is on-call around the clock, 365 days a year, to serve as a clearinghouse for information and to assist with allocation of resources to hospitals during a disaster. The COTS HIL role is written into city, county, regional and state emergency response plans. COTS maintains disaster communication systems to notify community partners of the disaster event, and to track victim numbers and available resources.



Counties with COTS HIL

## The following are some other examples of COTS disaster preparedness initiatives in 2011-12.

- **Preparedness Funding to Hospitals**

**and Other Healthcare Partners:** COTS serves as a pass-through agency for federal preparedness funds to local hospitals and other health care partners. This past year, Central Ohio hospitals received over \$375,000 through COTS from the Department of Homeland Security's Assistant Secretary for Preparedness and Response (ASPR) Grant. Central Region hospitals strategically used these dollars to purchase equipment, supplies and training necessary for chemical, biological, radiological, nuclear, explosive and environmental (CBRNEE) disaster response. An additional \$1.2 million in preparedness funding was spent through COTS' RHEP Committee on regional medical surge programs including equipment caches, planning, and staff training. In the past ten years, over 13.8 million dollars has been awarded to Central Ohio Hospitals through COTS via the ASPR grant. Non-hospital healthcare institutions who participate in COTS preparedness work include local free-standing

surgery centers, dialysis centers, acute care centers and long-term care facilities.

- **Assessment of Regional Threats and Capabilities:**

COTS works with Central Region hospitals and other healthcare partners to assess threats, gaps and capabilities. Individually and collectively, these assessments drive COTS' preparedness initiatives in the region.

- **Regional Guidelines:**

- Regional surge guidelines were established for CRHs to assist in general medical surge, trauma, burn, pediatric and mass-fatality disaster scenarios. These guidelines are drilled and modified as needed.
- Regional guidelines were established to unify critical security processes among CRHs, fire services and law enforcement during terrorist events (bomb threats, improvised explosive devices, and active shooters). COTS also participated with the Columbus Bomb Squad in a training video

that will assist healthcare facilities and schools in conducting property searches in the event of verbal bomb threats.

- A protocol was developed with the local Red Cross to assist with family reunification with patients during a disaster.
- Guidelines are in development to assist essential medical personnel and law enforcement officials in times of declared high-level weather emergencies.
- **Medical Care Caches:**
  - CRHs' pharmaceutical caches were restocked to ensure prophylaxis for staff in the event of a large-scale biologic disaster, in order to maintain a viable medical work force.
  - Additional critical care equipment was stockpiled to augment critical care capabilities among CRHs in a disaster.
  - Equipment and supplies were also stockpiled in conjunction with the Local American Red Cross Chapter and Medical

*Reserve Corps to care for minor medical patients in shelters during a medical surge event.*

- *Two portable trailers with EMS scene-evacuation equipment for up to 1,000 victims were established in Franklin County and strategically placed for response in a large-scale event.*
- **Training and Exercises:** *A variety of training and exercises for CRHs and other healthcare partners are planned to be completed from Jan 2011-June 2012. These included:*
  - *Interoperable communications and bed capacity tracking drills;*
  - *A “basics” course for CRH preparedness coordinators;*
  - *Workshops on pandemic flu, workplace violence, security access control, hospital incident command system, the National Incident Management System (NIMS), and mass patient transport;*
  - *Strategic National Stockpile (SNS) resource request training;*
  - *Hazmat & decontamination drills; and*
  - *Exercises on all-hazards disaster medical surge, pediatric surge, sheltering-in-place, facility evacuation, burn surge, disaster triage, and fatality management.*
- **Community Partnerships:** *COTS represents hospitals and healthcare partners on a number of other community committees including the following.*
  - *Central Region Medical Response System (RMRS)*
  - *Columbus Metropolitan Medical Response System (CMMRS)*
  - *Columbus Public Health’s Health Information Team*
  - *Franklin County Citizen Corps Council*
  - *Franklin County Communications Committee*
  - *Franklin County Medical Reserve Corps Steering Committee*
  - *Franklin County Pediatric Disaster Committee*
  - *Franklin County Homeland Security Advisory Council (HSAC)*

- *Franklin County Terrorist Early Warning Group (TEWG)*
- *Northwest Area Strike Team*

COTS is grateful to all the organizations that worked side-by-side with us in planning and exercising Central Ohio’s medical disaster response capabilities this year including the Central Region Hospitals, Columbus & Metropolitan Medical Response System (CMMRS), Columbus Bomb Squad, Columbus Public Health, Franklin County Board of Health, Franklin County Coroner’s Office, Emergency Medical Services, Franklin County Emergency Management and Homeland Security Agency, Ohio Department of Health (ODH), Ohio Fire Chiefs Association, Ohio Hospital Association, Paratus Solutions, Red Cross of Greater Columbus and other key players. In all, over 115 stakeholders participated in the formulation of one or more COTS-coordinated disaster preparedness initiatives in the past year.

# FOCUS AREA #4: TRAUMA EDUCATION.

**COTS coordinates select trauma education programs for healthcare professionals and the general public.**

**Trauma Education for Trauma Healthcare Professionals.** COTS serves as a coordinator/provider of trauma education to medical professionals in the region and State. This training directly impacts the medical care given to seriously ill or injured victims to save lives and reduce long-term disabilities. COTS offers on average 26 professional trauma courses annually, including the Advanced Trauma Life Support (ATLS®) Course for Physicians, the Emergency Nursing Pediatric Course (ENPC®), and the Trauma Nursing Core Curriculum (TNCC®) Course. Over the past five years, these COTS-sponsored courses provided over 28,000 professional continuing education hours to 1,079 physicians, 691 nurses and 139 course auditors. Through collaboration and with COTS as a central coordinating agency for these courses, Central Ohio healthcare stakeholders provide quality trauma education to a greater number of colleagues than if each institution held these courses independently.

## Trauma Education for the Public.

COTS public education on trauma targets specific subject matter that is not provided through other injury-prevention services offered in the region.

- **For Non-English Speaking (NES) Persons Toward Disaster Preparedness:** COTS worked with HealthInfoTranslations.com and established multiple patient-centered tools to translate disaster information for NES patients (12+ languages). These tools are accessible by free download from [www.HealthInfoTranslations.com](http://www.HealthInfoTranslations.com). Examples of these tools include:
  - Information sheets on anthrax, biological, chemical and nuclear emergencies, bombings, decontamination, pandemic flu, power outages, preventing illness during an emergency, etc.
  - A triage form to assist medical personnel in the rapid assessment of NES patients who surge into hospitals
  - Signage for hospitals and clinics to use in

*a disaster such as “Disaster Relief,” “All patients go here,” “Staff Only,” “Do Not Enter,” “No Parking,” etc.*

- **“Burn Smarts:”** Burn Smarts is an educational program offered by COTS to middle-school children who are at risk for fire play and burn injuries. Over 1,000 students have received the curriculum since its inception in 2003.
- **Written Materials:** COTS has developed the following educational resources for the general public. These are available by request and/or can be viewed on the COTS website at [www.goodhealthcolumbus.org/cots](http://www.goodhealthcolumbus.org/cots).
  - **Injury While Drinking Alcohol is No Accident.** This brochure is intended to help educate patients and/or their loved ones in the post-hospital period about injury risks associated with intoxication during physical activities.
  - **Autopsies in Injury-Related Deaths.** This brochure was published in conjunction with the Franklin County Coroner’s Office and



*helps to describe to families why a loved one who dies from a trauma event may need to have an autopsy.*

- **Emergency Department Diversion: What Does it Mean?** *This brochure describes what hospital diversion is and why hospitals sometimes divert stable medical patients to other nearby facilities.*
- **Fall Prevention Community Resource Guide.** *COTS published this resource guide in conjunction with fourteen other organizations from the business, non-profit and local government sectors. The Guide is intended to aid private practitioners, social workers, EMS and family members in the assessment of older adults who are at risk for falls and*

*fall-related injuries. The Guide provides a comprehensive listing of community-based services that are available at low or no-cost options to the elderly in the region.*

- **Motor Vehicle Traffic Crash and Assault Injuries in Central Ohio—A Public Health Assessment.** *This report is published annually or biennially with the Columbus Public Health Department and describes comprehensive demographic and outcome trends for victims of physical trauma in Central Ohio.*

## SUMMARY

COTS is the only regionalized trauma and emergency care system in Central Ohio. COTS work is not duplicated by any other agency. The COTS forum provides a neutral arena where knowledgeable and dedicated health care professionals effectively collaborate to address real issues that affect real patients. Patients are at the heart of COTS work.

