

# COTS VALUE TO MEMBERS

TRAUMA (1997)	EMERGENCY SVC (1999)	DISASTER PREP (2002)
<b>Regional Trauma Organization</b> (RTO) Coordination	Coordination	Coordination: 3 regions into Zone 2
61 hospitals, FSEDs (↑ 12 in 2020) – paid 6 hospitals and 3 FSED = non-paid	37 counties / 25 paid memberships (expansion to private service)	COHDIMS & HIL: situational awareness (prepare, response & recovery) for 36 counties
Trauma registry: regional Submission to state, used for best practice guideline development/data validation/research /quality	Built relationships with PSAPs	COVID specific coordination: joint alternate care site, joint transfer center, congregate care support (ODRC, LTC), allocation of Remdesivir.
Trauma Quality Improvement Program (TQIP) -American College of Surgeons (ACS)	Best practice guidelines: time critical and “do the right thing”	Continuity of Ops guidelines
Trauma education coordination: ATLS, TNCC, ENCP, DMEP (0.6 FTE nurse coordinator)	Reduced education fees for members	Reduced education fee for member
Quarterly case reviews	Quarterly education	Training & education, full scale & tabletop exercises, coalition surge test, COTS University
ACS verification support for trauma centers	Group purchasing organization; potential drug cost reduction program	Coordinate storage, movement, replacement of regional caches.

Opportunities to collaborate with peers through committee work; High level coordination of services at National, State, & Regional healthcare systems

RTAS / Emergency Patient Transport Plans (EPTP) – built dispatch auto-push of RTAS status 2020; including Joint Transfer Center (SOCC)

Helicopter Air Ambulance safety

Research Council

[www.centralohiotraumasystem.org](http://www.centralohiotraumasystem.org)

Diverse participation

