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Central Ohio Trauma System (COTS) 2005-06 Annual Executive Report Contents

2	3	4	5	7	10	11	15	24
Letter from COTS President	Mission, Purpose, Goals, Core Values	Membership	Board of Trustees	Community Collaboration & Support	Staff Support	Community Service & Leadership	COTS Active Community Initiatives	2007 & Beyond: COTS Future Work

Letter From COTS President

The Central Ohio Trauma System (COTS) has had a busy and effective year in central Ohio. COTS maintains a strong presence in bringing stakeholders together to solve complex issues related to trauma and emergency care issues. COTS stakeholders include physicians, nurses, trauma centers, acute care hospitals, critical access hospitals, emergency medical technicians, paramedics, public health experts, data specialists and trauma researchers.

COTS maintains an extensive trauma registry that is rich in patient data and injury trends for central Ohio. Twenty-two hospitals across fifteen counties contribute information to the COTS registry. This database is the foundation for an annual injury report. Community health partners use this information for targeted

injury-prevention programming. The COTS registry also provides invaluable benchmarking data to hospitals to make improvements in the care provided to patients.

Through the expertise of stakeholders on COTS Committees and Board of Trustees, COTS maintains a number of regional protocols that are used to advance access to and delivery of emergency care in central Ohio. These guidelines help stakeholders provide the best care with the most appropriate resources in our community.

COTS is also actively involved in trauma education and emergency preparedness to help medical professionals care for victims of disasters—large and small—in our community. Last fall after Hurricane

Katrina, COTS was pivotal in organizing a medical relief team to be deployed to the Gulf States as well as creating the plan for medical triage of evacuees being flown from New Orleans to Columbus.

We are pleased to present this 2005-2006 COTS Executive Summary in recognition of all the central Ohio stakeholders who work tirelessly to improve the care given to the seriously ill and injured in our community.

Sincerely,



Kathryn J. Haley, RN
COTS President

Mission, Purpose, Goals, Core Values

COTS' Mission

The Central Ohio Trauma System

(COTS) mission is to save and improve lives through the coordination of trauma and emergency healthcare resources.

COTS supports prevention, education, data collection and research initiatives.

COTS' purpose is to serve as the forum for addressing issues affecting the delivery of trauma/emergency healthcare services and injury prevention in central Ohio.

COTS' objectives include:

- The establishment of an inclusive system where community partners work together to resolve issues associated with trauma and emergency care
- Reliable data analysis on the region's trauma patients to improve patient care; to provide a basis for focusing initiatives on areas of highest need; and to provide benchmarks for measuring progress
- Stakeholder participation in a trusted COTS-facilitated process that accomplishes:
 - Central Ohio resources working together for a reduction in deaths and permanent disabilities from trauma and emergency health issues
 - Enhanced emergency care
 - Improved collaboration among healthcare and community services
 - Expanded public education with regards to injury prevention
 - Comprehensive preparedness and response by local healthcare partners in large scale disasters
- To be the recognized leader addressing trauma-related and emergency services issues in central Ohio

COTS' goals are to:

- Improve patient outcomes
- Enhance practice efficiency
- Save costs to patients, caregivers, institutions and the community overall from healthcare associated with medical emergencies and trauma
- Serve as a community resource/expert on trauma and emergency service issues

COTS' core values are service-oriented and include:

- Inclusiveness
- Collaboration
- Integrity
- 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.



Membership

COTS is an association of emergency healthcare stakeholders in the central Ohio community including physicians, nurses, emergency medical technicians, paramedics, fire departments, hospitals, researchers, and public health professionals. The following organizations are currently “members” of COTS.



4

- Adena Regional Medical Center, Chillicothe, Ohio
- Berger Health System, Circleville, Ohio
- Central Ohio Fire Chiefs Association, Columbus, Ohio
- Children’s Hospital, Columbus, Ohio
- Columbus Division of Fire, Columbus, Ohio
- Columbus Medical Association, Columbus, Ohio
- Columbus Public Health Department, Columbus, Ohio
- Coshocton County Memorial Hospital, Coshocton, Ohio
- Doctors Hospital, Columbus, Ohio
- Fairfield Medical Center, Lancaster, Ohio
- Franklin County Coroner’s Office, Columbus, Ohio
- Franklin County Fire Chiefs Association, Columbus, Ohio
- Genesis Healthcare System, Zanesville, Ohio
- Grady Memorial Hospital, Delaware, Ohio
- Grant Medical Center, Columbus, Ohio
- Knox Community Hospital, Mt. Vernon, Ohio
- Madison County Hospital, London, Ohio
- Marion General Hospital, Marion, Ohio
- Memorial Hospital of Union County, Marysville, Ohio
- Morrow County Hospital, Mt. Gilead, Ohio
- Mount Carmel East, Columbus, Ohio
- Mount Carmel St. Ann’s, Westerville, Ohio
- Mount Carmel West, Columbus, Ohio
- New Albany Surgical Hospital, New Albany, Ohio
- Pike Community Hospital, Waverly, Ohio
- The Ohio State University Hospitals, Columbus, Ohio
- The Ohio State University Hospital East, Columbus, Ohio
- Rehabilitation Services, Dodd Hall, The OSU Hospitals, Columbus, Ohio
- Riverside Methodist Hospital, Columbus, Ohio
- Southeastern Ohio Regional Medical Center, Cambridge, Ohio

Board of Trustees

The COTS Board of Trustees is comprised of healthcare experts from hospitals and emergency medical services (EMS) providers serving Franklin County and contiguous counties; physicians from the Columbus Medical Association; and representatives from local government health agencies. COTS Board meetings are quarterly and open to the public. The following individuals serve on the COTS Board.

Kathryn J. Haley, RN, BSN, Trauma Program Director, Children's Hospital, Columbus, Ohio; *COTS President*

Clifford L. Mason, EMTP, Fire Chief, Madison Township Fire Department, Groveport, Ohio; representing the Central Ohio Fire Chiefs Association; *COTS Vice-President*

Thomas J. Gavin, MD, FACEP, Assistant Professor, Emergency Medicine Education Director, Center for EMS, The Ohio State University Hospitals, Columbus, Ohio, representing The Ohio State University Hospital East; *COTS Secretary-Treasurer*

Jonathan I. Groner, MD, Trauma Medical Director, Children's Hospital & Associate Professor of Surgery, The Ohio State University College of Medicine and Public Health, Columbus, Ohio; representing the Columbus Medical Association; *COTS Immediate Past-President*

Robert E. Falcone, MD, FACS, Health Care Consultant, Past President Grant Medical Center, Columbus, Ohio; *Trustee Emeritus*

Jennifer A. Bogner, PhD, Director of Research, the Ohio Regional TBI Model System, Department of Physical Medicine and Rehabilitation, The Ohio State University Medical Center, Columbus, Ohio

Marco J. Bonta, MD, FACS, Medical Director, Trauma & Surgical Services, Riverside Methodist Hospital, Columbus, Ohio

Mary Jean Botos, BS, RN, Risk Management /Quality Director, New Albany Surgical Hospital, New Albany, Ohio

Edward Boudreau, DO, Chief Medical Officer, Mount Carmel St. Ann's, Westerville, Ohio

Scott R. Bryant, RN, BBA, Administrative Director, Emergency Department, Adena Regional Medical Center, Chillicothe, Ohio

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

Robert Coles, Deputy Chief, Department of Public Safety, Division of Fire, Columbus, Ohio

Susan G. Cook, RN, BSN, Manager Emergency Services, Fairfield Medical Center, Lancaster, Ohio

Rebecca K. Dillon, RN, Manager Emergency Services, Memorial Hospital of Union County, Marysville, Ohio

John Drstvensek, MD, FACEP, Chairman & Medical Director, Emergency Services, Grant Medical Center and Riverside Methodist Hospital, Columbus, Ohio

Carol J. Elliott, MSN, RN, Director, Emergency Services, Mount Carmel East, Columbus, Ohio

Charles Feicht, DO, FACEP, Medical Director, Genesis Health Care System, Zanesville, Ohio



Board of Trustees *(continued)*

Elaine L. Flowers, RN, Department Director, Emergency Services, Knox Community Hospital, Mt. Vernon, Ohio

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

Joseph T. Hooper, Vice President of Operations, Marion General Hospital, Marion, Ohio

Robert Kaufman, EMTP, Assistant Fire Chief, Norwich Township Fire Department, Hilliard, Ohio; representing the Franklin County Fire Chiefs Association

David P. Keseg, MD, FACEP, Medical Director, Columbus Division of Fire/EMS, Ohio and Chief Development Officer for Premier Health Care Services, Dayton, Ohio; Special Advisor to the Board

Bradley Lewis, MD, County Coroner, Franklin County Coroner's Office, Columbus, Ohio

Robert A. Lowe, MD, FACEP, Director Emergency Medical Services, Doctors Hospital, Columbus, Ohio

Medard R. Lutmerding, MD, FACEP, Chairman of the Department of Emergency Medicine, Mount Carmel West, Columbus, Ohio; representing the Columbus Medical Association

Larry Martin, MD, Director, Division of Trauma, The Ohio State University Hospitals, Columbus, Ohio

Richard N. Nelson, MD, FACEP, Vice Chair & Medical Director, Emergency Department, The Ohio State University Hospitals, Columbus, Ohio; representing the Columbus Medical Association

Tina Perko, MHA, Senior Administrative Officer, Pike Community Hospital, Waverly, Ohio

Jennifer A. Piccione, RN, BSN, Emergency Services Department Manager, Madison County Hospital, London, Ohio

Tracy E. Richmond, RN, BSN, Associate Director of Nursing, Coshocton County Memorial Hospital, Coshocton, Ohio

Steven A. Santanello, DO, FACEP, Medical Director, Trauma Services, Grant Medical Center, Columbus, Ohio

James M. Sinard, MD, Trauma Medical Director, Mount Carmel West, Columbus, Ohio

Mike Smeltzer, MPH, Director, Office of Public Health Standards and Violence Prevention, Columbus Health Department, Columbus, Ohio

Kimberly S. Thompson, RN, BSN, Director, Critical Care Services, Grady Memorial Hospital, Delaware, Ohio

Susan A. Tilgner, MS, RD, LD, RS, Health Commissioner, Franklin County Board of Health, Columbus, Ohio

Carla Withers, RN, Director of Emergency Services, Berger Health System, Circleville, Ohio



Community Collaboration & Support

The majority of COTS work is done through its committees. Community collaboration is demonstrated in the active participation of over 240 community members who participate in one or more of COTS committees. The following central Ohio organizations served on one or more COTS committee in 2005-06.

Adena Regional Medical Center, Chillicothe, Ohio
American Red Cross of Greater Columbus, Columbus, Ohio
Barix Clinics of Ohio, Groveport, Ohio
Battelle Memorial Institute, Columbus, Ohio
Berger Health System, Circleville, Ohio
Bucyrus Community Hospital, Bucyrus, Ohio
Central Ohio Amateur Radio Services, Columbus, Ohio
Central Ohio Poison Control Center, Columbus, Ohio
Central Ohio Fire Chiefs Association, Columbus, Ohio
Children's Hospital, Columbus, Ohio
Clinton Township Fire Department, Columbus, Ohio
Columbus Coalition Against Family Violence, Columbus, Ohio

Columbus Division of Fire, Columbus, Ohio
Columbus Division of Police, Columbus, Ohio
Columbus Medical Association, Columbus, Ohio
Columbus Public Health Department, Columbus, Ohio
Columbus State Community College, Columbus, Ohio
Coshocton County Memorial Hospital, Coshocton, Ohio
Delaware County Fire Department, Delaware, Ohio
Doctors Hospital, Columbus, Ohio
Eastland-Fairfield Career & Technical Schools, Groveport, Ohio
Fairfield Medical Center, Lancaster, Ohio
Fayette County Health Department, Washington Court House, Ohio
Fayette County Memorial Hospital, Washington Court House, Ohio
FirstLink, Columbus, Ohio
Franklin County Board of Health, Columbus, Ohio
Franklin County Coroner's Office, Columbus, Ohio
Franklin County Fire Chiefs Association, Columbus, Ohio
Franklin County Fire Fighters Association/Grant Medical Center EMS Education, Columbus, Ohio

Franklin County Emergency Management Agency, Columbus, Ohio
Franklin County Police Chiefs Association, Worthington, Ohio
Franklin Township Fire Department, Columbus, Ohio
Galion Community Hospital, Galion, 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
Hamilton Township Fire Department, Columbus, Ohio
Hardin Memorial, Kenton, Ohio
Hilliard Division of Police, Hilliard, Ohio
IndexBlue, Inc., Columbus, Ohio
Jackson Township Fire Department, Grove City, Ohio
Jefferson Township Fire Department, Blacklick, Ohio
Jerome Township Fire Department, Plain City, Ohio
Knox Community Hospital, Mt. Vernon, Ohio



Community Collaboration & Support *(continued)*

Liberty Township Fire Department, Powell, Ohio

Licking County Health Department,
Newark, Ohio

Licking Memorial Hospital, Newark, Ohio

Madison County Health Department,
London, Ohio

Madison County Hospital, London, Ohio

Madison Township Fire Department,
Groveport, Ohio

Marion County Health Department, Marion, 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 College of Nursing,
Columbus, Ohio

Mount Carmel East, Columbus, Ohio

Mount Carmel St. Ann's, Westerville, Ohio

Mount Carmel West, Columbus, Ohio

New Albany Surgical Hospital, New Albany, Ohio

Newark Division of Fire, Newark, Ohio

Northwest Area Strike Team,
Franklin County, Ohio

Norwich Township Fire Department, Hilliard, Ohio

Ohio Department of Health, Columbus, Ohio

Ohio Department of Public Safety,
EMS Division, Columbus, Ohio

Ohio Domestic Violence Network,
Columbus, Ohio

Ohio Fire Academy, Reynoldsburg, Ohio

Ohio Orthopedic Institute, Columbus, Ohio

The Ohio State University Hospitals,
Columbus, Ohio

The Ohio State University Hospital East,
Columbus, Ohio

Pike Community Hospital, Waverly, Ohio

Plain Township Fire Department,
New Albany, Ohio

Prairie Township Fire Department, Columbus, Ohio

Rehabilitation Services, Dodd Hall,
The OSU Hospitals, Columbus, Ohio

Riverside Methodist Hospital, Columbus, Ohio

Southeastern Ohio Regional Medical Center,
Cambridge, Ohio

State of Ohio Fire Marshal's Office,
Columbus, Ohio

Twin Valley Behavioral Health,
Columbus, Ohio

Truro Township Fire Department,
Reynoldsburg, Ohio

Union County Health Department,
Marysville, 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

Community Collaboration & Support *(continued)*

In addition to the active participation on COTS committees, community support for COTS is demonstrated in its funding base. The Columbus Medical Association Foundation continues to be a strong supporting partner providing 39% of COTS annual operating costs. The following agencies provided funding to sustain COTS operations in 2005-2006.

Adena Regional Medical Center,
Chillicothe, Ohio

Berger Health System, Circleville, Ohio

Children's Hospital, Columbus, Ohio

Columbus Coalition Against Family Violence,
Columbus, Ohio

Columbus Medical Association Foundation,
Columbus, Ohio

Columbus Public Health Department,
Columbus, Ohio

Coshocton County Memorial Hospital,
Coshocton, Ohio

Doctors Hospital, Columbus, Ohio

Fairfield Medical Center, Lancaster, Ohio

Genesis Healthcare System, Zanesville, Ohio

Grady Memorial Hospital, Delaware, Ohio

Grant Medical Center, Columbus, Ohio

Knox Community Hospital, Mt. Vernon, Ohio

Madison County Hospital, London, Ohio

Marion General Hospital, Marion, Ohio

Memorial Hospital of Union County,
Marysville, Ohio

Morrow County Hospital, Mt. Gilead, Ohio

Mount Carmel East, Columbus, Ohio

Mount Carmel St. Ann's, Westerville, Ohio

Mount Carmel West, Columbus, Ohio

The Nationwide Foundation, Columbus, Ohio

New Albany Surgical Hospital, New Albany, Ohio

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

Ohio Department of Public Safety,
Division of EMS, Columbus, Ohio

Ohio Hospital Association, Columbus, Ohio

The Ohio State University Hospital East,
Columbus, Ohio

The Ohio State University Medical Center,
Columbus, Ohio

Pike Community Hospital, Waverly, Ohio

Riverside Methodist Hospital, Columbus, Ohio

Southeastern Ohio Regional Medical Center,
Cambridge, Ohio

Additionally the following individuals contributed to COTS in 2005.

- Nancie M. Bechtel
- Sharon Brewer
- Robert E. Falcone, MD
- Frieda L. Gilyard
- Pat Klimek
- Medard R. Lutmerding, MD
- Harlan D. Meyer, MD
- Ohio State Bar Association
- Michael Smeltzer
- Virginia E. White

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 120. For a copy of the COTS 2005 Annual Audit, contact Nancie Bechtel at (614) 240-7419, extension 6.



Staff Support

The following staff support the activities of COTS.

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

Nancie M. Bechtel, RN, BSN, MPH, CEN, EMTB, Executive Director

Marshal A. Bickert, MPH, Hospital Associate Director of Emergency Preparedness

Barbara J. Clark, Financial Associate

Janelle Clark, RNC, Nurse Educator

Roxanna L. Giambri, RHIA, Trauma Registry Coordinator

Frieda L. Gilyard, MA, Domestic Violence Education Coordinator

Marquetta Hamler, Administrative Assistant

Christine M. Sheppard, Education Coordinator



Community Service & Leadership

COTS work is driven in one of two ways: (1) By issues and requests presented from participating stakeholders at the committee level; and/or (2) Directed to a committee by the COTS Board based on a perceived community need. COTS work is achieved via voluntary participation and a community collaboration process.

COTS provides ongoing support for its stakeholder committees. COTS committees serve as the community forums for collaboration and problem resolution. They provide the neutral “place” where community issues related to trauma and/or emergency healthcare services can be presented, openly discussed and addressed.

COTS committee membership is open to any interested members of the central Ohio community. Over 240 community volunteers including physicians, nurses, paramedics and public health experts currently serve on one or more COTS committee. COTS committees have the latitude to address community issues related to trauma or emergency services healthcare under a

community consensus process; all major initiatives must be ultimately approved by the COTS Board. Local trauma and emergency services healthcare leaders (hospital CEOs/presidents, fire chiefs, health commissioners) along with COTS leadership sign off on written community care guidelines before they are put into effect in the region.

Each COTS committee has a distinct focus with Board-delineated roles and responsibilities aimed at enhancing trauma or emergency healthcare services for central Ohioans. Local stakeholders serve as COTS Committee chairpersons. The committees meet monthly, bi-monthly or quarterly depending on their work at hand. The COTS Committees, co-chairs, roles and responsibilities are as follows.

Executive/Finance Committee, Co-chairs
Jonathan I. Groner, MD, FACS (Children's Hospital) & Kathryn J. Haley, RN, BSN (Children's Hospital)

- Manages the general business of the Board and coordination of committee projects

- Oversees COTS Trauma Registry data in order to assure risk-adjustment and reliable reporting
- Publishes the Annual Report to the Community on Trauma
- Coordinates COTS Internal Review Board to allow information sharing from COTS Registry with legitimate researchers and community agencies
- Liaisons with State trauma-related groups (State EMS Board, State Trauma Committee, State Trauma Registry Advisory Subcommittee, Region V Regional Physicians Advisory Board)
- Oversees COTS' legal activities and legal documents
- Establishes public and corporate partnerships to promote the COTS mission and goals in the community
- Assesses budgetary needs and drafts an Annual Budget
- Oversees the Budget and accounting
- Assists with grant-seeking and supporting financial partners
- Facilitates long-term financial planning
- Oversees other executive-related activities as directed by the COTS Board of Trustees



Community Service & Leadership *(continued)*

Central Ohio Burn Education Coalition (COBEC), *Co-chairs Becky Coffey, RN, MSN (The Ohio State University Hospitals) & Sheila Giles, RN (Children's Hospital)*

- Provides a forum for local hospital burn programs and fire department personnel
- Conducts fire and burn public education and prevention initiatives in conjunction with local division of fire partners
- Establishes public burn prevention initiatives concretely measurable by COTS' Registry data
- Links COTS burn prevention initiatives to existing community agencies in order to maximize resources and minimize duplication of local efforts
- Other burn prevention activities as directed by the COTS Board of Trustees

Clinical Trauma Committee, *Co-chairs Sharon Deppe, RN (Grant Medical Center) and Larry Martin, MD, FACS (The Ohio State University Medical Center)*

- Assesses regional trauma care trends
- Monitors trauma care from a regional perspective as consistent with mandates of Ohio legislation related to trauma victims

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

Diversion Committee, *Co-chairs Medard R. Lutmerding, MD, FACEP (Mount Carmel Health System) and Bob Walsh, RN, BHA (Riverside Methodist Hospital)*

- Provides a forum for hospitals, emergency departments, and emergency medical services to address issues related to regional diversion patterns, including the establishment and ongoing assessment of the city's Emergency Patient Transport Plan
- Maintains the regional Emergency Departments' Activity Webpage

- Provides oversight for regional performance improvement related to diversion
- Engages in other diversion and patient access-related activities as directed by the COTS Board of Trustees

Domestic Violence Protocols Work Group, *Co-chairs Peg Gulker, RN, BSN (Mount Carmel West) & Vince Papa, PhD, Captain, EMTP (Norwich Township Fire Department & the Central Ohio Fire Chiefs Association)*

- Establishes domestic violence uniform screening protocols for hospitals and emergency medical services in the central Ohio region
- Evaluates the effectiveness of regional uniform domestic violence screening training at emergency departments and emergency medical services agencies
- Participates in other domestic violence initiatives as directed by the COTS Board of Trustees



Community Service & Leadership *(continued)*

Pre-Hospital Committee, Co-chairs

Thomas J. Gavin, MD, FACEP (The Ohio State University Hospitals) and Alan G. Gora, MD, FACEP (Mount Carmel Health System)

- 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 as needed to promote emergency services care
- Assists with community disaster management planning involving hospitals and EMS
- Engages in other prehospital-related activities as directed by the COTS Board of Trustees

Regional Hospital Emergency Preparedness (All-Hazards) Committee,

Co-Chairs Marsha Jervas (Grady Memorial Hospital) & Medard R. Lutmerding, MD, FACEP (Mount Carmel Health System)

- Assists central Ohio hospitals with regional disaster management planning 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 other regional disaster preparedness activities as directed by the COTS Board
- Helps hospitals receive preparedness funding and meet deliverables of the Health Resources Services Administration (HRSA), the Ohio Department of Health (ODH) and the Ohio Hospital Association (OHA)

The Regional Hospital Emergency Preparedness (RHEP) Committee has multiple active subcommittees including:

- Safety and Security Subcommittee, *Co-chairs Brian S. Saul (OhioHealth for Riverside Methodist Hospital and Grant Medical Center) & Josef H. Tulga, BA (Marion General Hospital)*
- Mass Casualty Incident Surge Subcommittee, *Chair Medard R. Lutmerding, MD, FACEP (Mount Carmel Health System)*
- Laboratory Subcommittee, *Co-chairs Donna McNeely, BS (Memorial Hospital of Union County) & Megan L. McGee, MPH (Union County Health Department)*
- Strategic Planning Subcommittee, *Chair Matthew A. Vail, MD, MPH (OhioHealth)*
- PPE/Decon Subcommittee, *Chair Lori A. Schwartzkopf (Mount Carmel Health System)*



Community Service & Leadership *(continued)*

Registry Committee, Co-Chairs Sally Betz, RN, MSN, CCRN (The Ohio State University Hospitals) & Renae Kable, RHIT, CSTR (Children's Hospital)

- Establishes procedures for trauma registry data submission in accordance with State guidelines, regional requirements, and individual 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

In addition, COTS hosts a number of Task Forces related to special projects.

Basic Disaster Life Support Task Force, Co-Chairs Ellen McManus, MD (Children's Hospital) & Sally Betz, RN, MSN, CCRN (The Ohio State University Hospitals)

- Oversees the Basic Disaster Life Support® Courses offered through COTS
- Provides a BDLs instructors' pool for COTS-sponsored BDLs courses

Increasing Emergency Medical Services (EMS) Training Schools' Capacity to Train More EMS Providers Task Force, Co-chairs Christopher Bell, BA, EMTP (Columbus State Community College) & Jim O'Connor, EMTP (Eastland-Fairfield Career & Technical Schools)

- Collected and collated data about barriers to training more EMS providers in central and southeast Ohio
- Developing a plan that addresses key barriers to training more EMS providers. This plan is to be presented to the Ohio Department of Public Safety, Division of

EMS for future action aimed at increasing the number of EMS personnel especially in underserved areas of Ohio

EMS Disaster Surge Capacity Task Force, Co-chairs Assistant Chief Robert Kaufman, EMTP, (Norwich Township Fire Department) & Chief Clifford L. Mason, EMTP (Madison Township Fire Department)

- Implemented two trailers stocked with emergency triage and non-invasive stabilization equipment to be used by EMS for patient surge in a mass casualty incident. The trailers are "on-call" to state and regional EMS partners within a 15-county central Ohio district.
- The project is being repeated with one trailer in southeast Ohio

For information on meeting times or to participate on any of the COTS Committees, contact Nancie Bechtel at (614) 240-7419, extension 6.

COTS Active Community Initiatives

Regional Trauma Registry. Ohio law mandates that hospitals report trauma data to the Ohio Trauma Registry (OTR). COTS serves as the regional repository for hospitals' trauma data to the OTR. COTS uses the data regionally as a baseline to improve trauma/emergency healthcare services in central Ohio. COTS Trauma Registry has collected data on over 55,000 trauma admissions in central Ohio since its inception 1999. This trauma data is used by:

- COTS to ascertain that the best possible care is being provided to local citizens
- COTS to achieve system-wide improvements
- The public at-large via an annually published community injury report
- The Columbus Health Department in planning community prevention initiatives
- Local hospitals to improve patient care
- Community researchers

The COTS Registry captured information for approximately **11,200 trauma patients** in 2005. **Falls** continue to be the leading cause of hospitalizations from unintentional trauma in the region. In central Ohio, **gunshot wounds** are the leading cause of intentional trauma deaths, while **motor vehicle crashes** are the leading mechanism for unintentional trauma fatalities.

For more trends related to central Ohio trauma data available through the COTS Registry, contact (614) 240-7419 for a copy of the COTS 2004 community injury report. For information on how to request additional aggregate data, contact Roxanna Giambri at (614) 240-7419, extension 3 or rgiambri@goodhealthcolumbus.org.



COTS Active Community Initiatives *(continued)*

Regional Health System Preparedness Planning & Response. COTS has been involved regionally with hospital disaster preparedness since 1998. In 2005-06, COTS was active on a number of initiatives to assist the central Ohio community in disaster preparedness and response.

- COTS is the regional coordinator for 27 hospitals' collective emergency preparedness across central Ohio. COTS provides a forum where hospital experts from various departments—emergency, trauma, administration, safety, security, infectious disease and laboratory services among others—collectively address key preparedness issues in relation to local, state and federal plans.
- COTS is the Central Ohio Hospitals' Incident Liaison or HIL. The COTS HIL is on-call 24/7 to serve as a clearinghouse for information and assist with allocation of resources to hospitals during a disaster. The COTS HIL role is written into city, county, regional and state emergency preparedness and response plans. During Red, White & Boom (2006), COTS was an

active partner in Franklin County's Emergency Operations Center on behalf of the region's hospitals.

- COTS served as a pass-through agency for hospitals of over 1.4 million dollars in Health Services Resources Administration (HRSA) funding through the Ohio Department of Health during Fiscal Year 2005 (HRSA grant #8-U3RHS000055-02-04 & #25-6-055-2-hp-06). Central Ohio hospitals strategically used these dollars for equipment, supplies and training related to chemical, biological, radiological, nuclear, explosive and environmental disaster response.
- COTS worked with the Ohio Department of Public Safety, Division of Emergency Medical Services (EMS) and local EMS providers to establish and place two portable trailers filled with emergency equipment to assist EMS in the triage of large number of casualties from a disaster. The trailers are strategically placed in the region to be rapidly mobilized to the disaster site.
- COTS conducted a number of in-depth hospital surveys to assess and document regional baseline disaster health system response capabilities. Analyses include

communication capabilities, pharmaceutical caches, decontamination capabilities, personal protective equipment (PPE), equipment stockpiles and hospital surge capacity. The information from these surveys will steer future regional preparedness towards areas of highest need based on state and federal priorities. COTS is currently conducting a survey with hospitals that will identify barriers to healthcare workers reporting to work during a pandemic flu disaster. This survey will provide insights into programs and processes that need to be established in order to maintain a viable healthcare workforce in a large-scale, extended disaster.

- COTS also worked with hospitals to complete independent hazard vulnerability analyses (HVA) of their campuses and operations. These HVAs identify safety and security risks of each hospital especially during a disaster. Subsequently, COTS established several subcommittees with hospitals and other community partners to address many of these risks, especially in the areas of communication, decontamination, staff PPE, infectious sampling, patient surge, staff safety and facility security.



COTS Active Community Initiatives *(continued)*

- The PPE/Decon (Decontamination) Subcommittee investigated available and optimal PPE/Decon equipment options for hospitals as the stockpile PPE supplies and enhance their decon capabilities. Interoperability among systems is key during a disaster as equipment and human resources may be moved among systems.
- The Laboratory Subcommittee addressed standardized packaging and shipping of infectious samples to the Ohio Department of Health by central Ohio hospitals. Additionally training CDs were provided for hospitals to use in training staff on shipping of infectious samples.
- The Surge Subcommittee established a separate work group to delineate specific, additional equipment necessary in select disasters, such as ventilators in pandemic influenza. The Subcommittee wrote a grant and received Urban Area Strategic Initiative (UASI) funding through the Franklin County Homeland Security Advisory Committee to purchase additional emergency, portable ventilators for use by hospitals. The Surge Subcommittee also adopted a standardized triage system and methodology (SMART®) for all hospitals in the region which is compatible with that of local EMS agencies. In partnership with the Norwich Township Fire Department, train-the-trainer sessions were held to educate EMS and hospital partners on this triage process. The Surge Subcommittee also conducted two patient surge disaster exercises with the hospitals and other community partners to assess the region's healthcare response and disaster surge capacities. This Subcommittee also participated in the planning and enactment of Port Columbus International Airport and Rickenbacher Airport disaster exercises.
- The Safety and Security Subcommittee is establishing lock-down and security best-practices procedures for hospitals based on the level of anticipated response during various types of disasters. This Subcommittee works with the Central Ohio Amateur Radio Services as HAM antennae are integrated into hospitals' and other healthcare partners emergency communication systems. COTS guided the hospitals through installation of the State's MARCS radio system, and in conjunction with safety experts from Marion General Hospital (Marion) and Doctors Hospital (Columbus), provided train-the-trainer sessions on the MARCS radios to all local hospital partners. COTS also established a portal site for hospital partners and other responders which promotes coordination of the emergency response on a regional level, and which allows live time communication between these emergency health partners during an actual disaster event.
- COTS completed a survey and analyses for the Columbus Health Department (now the Columbus Public Health Department) on medical surge beds in the community including those at public and specialty hospitals, urgent care facilities, outpatient surgery centers, long-term care facilities and rehabilitation centers.



COTS Active Community Initiatives *(continued)*

- COTS represents hospitals and healthcare partners on a number of other community committees including the Franklin County Homeland Security Advisory Committee (previously the Terrorism Advisory Task-force), the Columbus Metropolitan Medical Response System (CMMRS), the Ohio Medical Reserve Corps, the Franklin County Citizen Corps Council, the Ohio Committee on Trauma, and the Ohio Hospital Association's Burns & Trauma Project Committee.

Additionally, the devastation of Hurricane Katrina saw COTS coordinating regional medical responses in new ways.

- In response to a national call from Secretary Leavitt of the Department of Homeland Security (DHS) on August 31 (2005), COTS worked rapidly with local hospitals and public health departments to establish a 108-person mobile medical team to be deployed to the Gulf States' region. Team composition included a variety of physician specialties including surgery,

obstetrics/gynecology, pediatrics, emergency medicine and infectious disease; registered nurses, licensed practical nurses and nurse aids; psychology; communications technicians; respiratory therapy; radiologists and radiology technicians; pharmacists; safety and security personnel; administration; finance; housekeeping; dietetics; environmental health; epidemiology; social work and chaplains. In conjunction with community partners from the Columbus Public Health Department, FirstLink and the Central Ohio Poison Center, COTS coordinated an orientation session for the volunteers that included registration and photo ID, medical screening, immunization boosters, operational guidelines, a travel briefing and a safety overview. COTS procured jet transportation for the team through corporate sponsors including The Limited, Nationwide Insurance and Worthington Industries. The COTS medical team was ultimately not called up by DHS but the exercise in establishing it is rich in details and experience for future planning and response in central Ohio.

- In response to calls from the Franklin County Emergency Management Agency and the Greater Columbus American Red Cross, COTS was asked to assist with the medical triage of evacuees being flown into Columbus from New Orleans. COTS worked with emergency medical services (EMS) agencies, hospitals emergency physicians and public health partners to establish a uniform screening and tiered triage process for flight evacuees to Columbus. Madison Township Fire Department deserves special kudos for organizing an extensive medic response to assist with the medical screening.

COTS work related to the Hurricane Katrina relief effort was highlighted in an article in *Columbus Monthly* in December 2005.

For further information on healthcare system emergency preparedness in central Ohio, contact Marshal Bickert at (614) 240-7419, extension 4 or mbickert@goodhealthcolumbus.org.

COTS Active Community Initiatives *(continued)*

Regionalization of Trauma Care. COTS provides leadership for emergency medical services providers, trauma centers and acute care hospitals seeking to improve care for their critically injured trauma patients.

- COTS serves as a clearinghouse to refer rural and acute care hospitals to local trauma centers for transfer agreements.
- COTS established regional trauma care standards for reference by acute care hospitals for emergency stabilization of trauma victims.
- COTS established trauma process performance improvement (PI) guidelines for acute care hospitals seeking to establish a trauma PI program.
- COTS delineated a Regional Performance Improvement Protocol which outlines the process by which COTS will evaluate the region's care over the coming years.
- COTS monitors regional performance improvement of the trauma system as a whole.

- COTS established regional prehospital trauma triage guidelines for EMS providers for adult and pediatric victims. Based on regional trends identified through the COTS Trauma Registry, specific ocular and geriatric trauma triage guidelines are also being established.
- COTS established 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.
- COTS serves by request on a number of state committees including the Central Ohio Regional Medical Response System Steering Committee (emergency preparedness), the Ohio Committee on Trauma of the American College of Surgeons, the Ohio Domestic Violence Network, the State Metropolitan Medical Response System, the State Trauma Committee, the State Trauma Registry Advisory Subcommittee, the State Public Records Advisory Group and the State Medical Response Corps Committee.

Patient Access to Care. The COTS initiative *Regional Emergency Care Access Plan or RECAP* has been in effect in central Ohio for over four years. RECAP addresses hospital diversion of EMS patients and the access for sick people to busy, local emergency departments. RECAP encompasses several components:

- A Memorandum of Understanding is signed by all Franklin County hospitals and states that no critical or unstable patients shall be diverted regardless of an emergency department's declared diversion status. Critical or unstable patients include trauma victims, women in active labor, and patients with cardiac chest pain or other life or limb threatening conditions.
- A Diversion Explanation Tool is carried on EMS vehicles and helps prehospital personnel explain to stable patients why they are being diverted by a hospital. This tool is available in English, Spanish, French, Russian, and Somali.



COTS Active Community Initiatives *(continued)*

- Hospitals assessing and improving their diversion protocols and patient flow processes. Central Ohio hospitals are working diligently to minimize emergency department diversion and optimize bed availability for patient admissions.
- The Emergency Department Activity Webpage operates in live time and allows local hospitals to rapidly declare how busy they are to area EMS agencies, local alarm bureaus and each other. This webpage assists EMS agencies and alarm bureaus in directing area EMS units to less-busy hospitals. It also enables other hospitals to see when neighboring institutions are busy in order to anticipate additional patients. This webpage is part of a new database that will allow hospitals to trend their diversion data with the effect of improving emergency access to the public.
- The Emergency Patient Transport Plan (EPTP) is activated when four of eight Franklin County adult hospitals simultaneously declare a diversion status. The EPTP provides a systematic process for the Columbus Alarm Bureau to expedite access to medical care for the public being transported by EMS to overly-busy emergency departments. In 2005 the EPTP was activated for 255 hours compared to over 680 hours in 2004. The Plan secured immediate emergency department destinations for about 2,280 patients in 2005 who would have been otherwise diverted by an extremely busy system, compared to 3,700 patients in 2004. EPTP activation in 2005-06 is down compared to previous years and is an indication that regional efforts at addressing diversion are effective. The EPTP has served over 38,000 patients since 2002.

For information on participating in the RECAP and/or the EPTP, contact Nancie Bechtel at (614) 240-7419, extension 6 or nbechtel@goodhealthcolumbus.org.

COTS Active Community Initiatives *(continued)*

Regional Emergency Care Guidelines.

Through a community collaboration process, COTS has several multidisciplinary regional guidelines relative to emergency care.

Guidelines for Pre-Hospital Newborn Safe Haven.

These COTS guidelines are to assist local medical service workers and peace officers who are presented with a relinquished newborn as allowed under Ohio Law (§2151.3515 & §2151.3517) since 2001. These guidelines pertain to infants who are less than 72 hours old with no indication of abuse or neglect.

EMS Hazardous Critical Infectious Exposure Guidelines.

This COTS initiative includes guidelines to promote consistency among the central Ohio prehospital and medical community with regards to treatment and follow-up of EMS personnel exposed to infectious body fluids. These guidelines expedite prompt screening and treatment for EMS colleagues who sustain a potentially hazardous exposure while in the line of duty.

Guidelines for Patients with Concealed Weapons.

These COTS guidelines provide a standardized approach for intervening with patients who are legally carrying a concealed weapon and 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.

Emergency Medical Services Clinical Information for Prehospital Performance Improvement.

These COTS guidelines create the process for local hospitals and EMS providers 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.

White Paper for Central Ohio EMS Agencies on the Prehospital Transport of STEMI Patients to Local Hospitals Based on AHA/ACC STEMI Guidelines. This COTS White Paper is a new initiative completed in 2006. It is a resource for EMS agencies about local hospitals’ abilities to care for STEMI patients. The intent is that this information assists EMS providers in making informed decisions as they create operating procedures that address treatment and destination options for their patients. This White Paper is not intended to depict ongoing quality assurance aspects of STEMI care at individual institutions. This Paper is also not meant to suggest or recommend any facility over another for the care of STEMI patients, or to mandate specific hospital destinations for EMS STEMI patients.

For further information on any of the above COTS initiatives, contact Nancie Bechtel at (614) 240-7419, extension 6 or nbechtel@goodhealthcolumbus.org.



COTS Active Community Initiatives *(continued)*

Professional Trauma Education.

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 and helps to save lives and reduce long-term disabilities. Through COTS more training is able to be provided than institutions would be able to coordinate individually and the costs of providing such training are shared among participating institutions. In the past year, COTS-coordinated courses provided over 23,400 hours of continuing medical, nursing, and/or EMT education credit hours to physicians, nurses, EMTs and other healthcare providers.

- COTS partners with the Columbus Coalition Against Family Violence to provide training to emergency department staff and EMS personnel on uniform screening for domestic violence. The goal of this program is that all emergency services patients who present for care will be screened for domestic violence and community assistance offered as appropriate. To date, over 1,600 Franklin County healthcare professionals have received this training.
- COTS offered 21 established professional trauma courses including the Advanced Trauma Life Support (ATLS®) Course for Physicians, the Emergency Nursing Pediatric Course (ENPC®), and the Trauma Nursing Core Curriculum (TNCC®). Course sizes ranged from sixteen to thirty-two participants.
- COTS offered six Basic Disaster Life Support Courses (BDLS®) in conjunction with Children's Hospital, Mount Carmel Health, OhioHealth and The Ohio State University Hospitals. Approximately 900 physicians, nurses, medics, safety and security staff received this disaster preparedness training through COTS.
- COTS partners with Norwich Township Fire Department and The Ohio State University Medical Center Trauma Services to provide a monthly lecture series for local emergency medical services (EMS) providers. An average of fifty paramedics attends on a monthly basis.
- Through a grant from the Ohio Department of Public Safety (ODPS), Division of EMS, COTS worked with EMS training schools in Central and Southeastern Ohio to increase

their capacity to train more EMS providers in response to a growing shortage of EMS providers especially in rural areas of the State. As part of this project, the EMS schools were surveyed about barriers they perceived to training more EMS providers. Additionally forums were held with frontline EMS providers about barriers they experienced as they went through their training programs. A COTS Committee comprised of representatives from the EMS training schools and local EMS providers used these two data sets to suggest funding strategies that would offset some of these barriers. COTS served as a pass-through for subsequent ODPS funding to the EMS training schools to address some of these barriers.

To schedule domestic violence screening training, contact Frieda Gilyard at phone (614) 240-7419, extension 5 or fgilyard@goodhealthcolumbus.org. For further information about ATLS®, BDLS®, ENPC® or TNCC® through COTS, contact Chris Sheppard at phone (614) 240-7419, extension 1 or csheppard@goodhealthcolumbus.org.

COTS Active Community Initiatives *(continued)*

Burn Prevention Education.

The COTS Central Ohio Burn Education Coalition (COBEC) conducted a number of fire and burn prevention activities in 2005-06.

- COBEC provides “Burn Smarts” education to local middle-school children, many of which are high-risk for fire play and burn injuries. This program on fire and burn prevention was given to approximately 600 central Ohio fifth and sixth graders in 2005-06.
- COBEC works with Columbus City Hall and the Division of Fire to conduct an annual city employee fire drill during National Fire Prevention Week. Nearly 500 Columbus city employees participate.
- COBEC members assist the State Fire Marshal with fire/burn education at their booth at the Ohio State Fair in August.
- COBEC created a public information brochure with tips on fire prevention and simple burn first-aid

For information on joining the COTS Central Ohio Burn Education Coalition or for burn prevention educational programming, contact Janelle Clark at (614) 240-7419, extension 2 or jclark@goodhealthcolumbus.org.

Public Education on Injuries.

COTS has a number of brochures aimed at better educating the public about trauma, injuries and emergency services issues. These publications are utilized by interested stakeholders and include:

- *Injury While Drinking Alcohol is No Accident*
- *Autopsies in Injury-Related Deaths*
- *Emergency Department Diversion: What Does it Mean?*
- *Motor Vehicle Traffic Crash and Assault Injuries in Central Ohio—A Public Health Assessment* (published jointly with the Columbus Public Health Department)

For a copy of any of COTS brochures or protocols, contact COTS by phone at (614) 240-7419, extension 6.

COTS received recognition for its community work in a number of ways. COTS staff received four nominations from community partners for *Business First's* inaugural *Health Care Heroes awards*: two nominations were made in the Innovation category; one in the Manager category and one in the *Community Outreach* category. COTS was also spotlighted for their post-Hurricane Katrina work in an article (*Ready for Action*) in the December 2005 issue of *Columbus Monthly*. COTS served as a community resource for healthcare system preparedness and received air time on local news by TV channels ABC, CBS, Fox and NBC, as well as on the WOSU talk show *Open Line*.



2007 & Beyond: COTS Future Work

Because COTS work is driven by issues raised throughout the year at the committee level and or by COTS Board of Trustees, it is not possible to know the full extent of COTS “new work” in 2007 and beyond. What is known is that historically there are existing community issues related to emergency healthcare, and COTS committees/Board bring them to the COTS forum for solutions. Also known is that local citizens continue to be maimed and or die from preventable traumatic injuries at epidemic rates. Trauma in central Ohio, similar to around the nation, is the leading cause of death in the 1-40 year age groups.

Some new work that COTS anticipates doing with community partners in 2007 includes the development of a tiered medical surge plan in a disaster. COTS has been contracted by the Columbus Public Health Department to convene an ethics task force around the issues related to triage, admission and care of large numbers of human casualties in a simulated pandemic influenza scenario.

If you are a healthcare stakeholder in the central Ohio region and would like to convene a forum around a trauma or emergency healthcare issue, contact any of COTS stakeholders or COTS directly at phone (614) 240-7419 or email at nbechtel@goodhealthcolumbus.org.

SUMMARY

The growth of COTS as a regional trauma system is unprecedented in the State of Ohio. Clearly COTS serves an essential role in central Ohio as evidenced by community involvement and active initiatives. The work undertaken by COTS is not duplicated elsewhere in the region or state. COTS' ability to problem-solve community issues through collaborative forums is made possible through the continued investment of trauma stakeholders and the public as well as the expert professionals serving on its Board, Committees, staff and funders.