



COTS Spotlight

A publication of the Central Ohio Trauma System
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 COTS is an affiliate of the Columbus Medical Association

Letter from COTS' President

Spring officially came on March 21st and with the official change of season, I have expectations for milder temperatures, spring flowers, and much anticipated sunshine. But temperatures recently have not felt very spring-like and sunny blue skies have been fleeting at best. It's an example of when my expectations sometimes do not meet reality!

The *Encarta World English Dictionary* defines reality as "something that exists or happens: something that has real existence and must be dealt with in real life."

Reality is inherent in COTS' work, and is an extension of the trauma and emergency services that hospitals, EMS, and other health professionals provide on a daily basis in Central Ohio. COTS' work focuses on the "something that has real existence and must be dealt with in real life."

This newsletter highlights many aspects of COTS' work including professional continuing trauma education, data collection and reporting, disaster preparedness, trauma training, regional policy development, and emergency care protocols. COTS' focus continues to be regional, and its initiatives involve healthcare experts with assorted perspectives and knowledge. These

perspectives and broad knowledge base contribute to real solutions for problems that a single stakeholder group could not effectively address on its own. "Real life" results of COTS' work include improvements in patient care and working conditions for Central Ohio's emergency healthcare professionals.



COTS has been called the "Switzerland" of trauma and emergency care issues in Central Ohio because of its neutrality, its integrity, and its ability to broker solutions to issues among diverse stakeholders. It is a comparison that the COTS Board of Trustees continues to live up to.

If you want to talk with COTS about emergency care issues in Central Ohio, feel free to contact me, any COTS Board member, or Executive Director, Nancie Bechtel, at COTS!

Sincerely
 (with warmth in my heart if not from this Ohio weather!),

Chief Clifford L. Mason, OFE, EMTP

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Staff Support	
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Nancie M. Bechtel, RN, BSN, MPH, CEN, EMTB, <i>Executive Director</i>	
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Marie Robinette, RN, BSN, MPH, <i>Regional Health System Emergency Preparedness Coordinator</i>	
Christine M. Sheppard, BS, <i>Education Coordinator</i>	

ATLS® Adds Eligible Healthcare Providers

by Chris Sheppard

Changes to the Eighth Edition of the Advanced Trauma Life Support Course for Physicians® (ATLS®) allow nurse practitioners, physician assistants, advanced practical nurses, certified registered nurse anesthetists and Special Forces medics, referred to collectively as “physician extenders,” to receive ATLS® verification. Prior to this edition, these medical professionals could only audit an ATLS® course.

When actively participating in all aspects of the course and successfully completing all testing requirements, physician extenders will receive an ATLS® Provider card and are eligible to attend a half-day refresher course every four years to remain current.

To date, fourteen nurse practitioners and two physician assistants have successfully completed ATLS® courses through COTS.

For information on central Ohio ATLS® courses, contact Chris Sheppard, Education Coordinator, at csheppard@goodhealthcolumbus.org. Course and registration information is also available on the COTS web site at www.goodhealthcolumbus.org/cots/education.

Kenneth B. Weise, MD Named to ATLS® 100 Club

by Chris Sheppard

Congratulations go to Dr. Kenneth Weise who was recently honored with membership into the new ATLS® 100 Club which recognizes faculty members who have taught, coordinated or directed 100 or more ATLS® courses. To date, Dr. Weise has participated in 118 ATLS® courses in some capacity, most often as course director, since becoming an instructor in 1981. He is currently a student course director, instructor course director and ATLS® state faculty.



Since his retirement from the Mount Carmel Health System, Dr. Weise has been instrumental in building the ATLS® program at COTS, directing all but one or two courses every year for the past eight years and training scores of instructor candidates. The Central Ohio Trauma System thanks Dr. Weise for his continued efforts in ATLS® and for all his years of service in educating physicians in trauma care.

For information on becoming ATLS® faculty or COTS' education program, contact Chris Sheppard at csheppard@goodhealthcolumbus.org or go to our website at www.goodhealthcolumbus.org/cots/education.

ENA Administrative Changes to TNCC® and ENPC® Instructor Courses

by Janelle Glasgow

Beginning March 1, 2011, a significant change went into effect pertaining to Instructor courses for the Trauma Nursing Core Course® (TNCC) and the Emergency Nursing Pediatric Course® (ENPC). Prior to this time, any nurse wishing to take an Instructor course for TNCC® or ENPC® was required to re-test at that course to verify Instructor Potential status with a minimum score of 90% on the written examination and 85% on the skills examinations. Recent changes in the Administrative Procedures for TNCC® and ENPC® have eliminated this requirement for certain attendees. As of March 21, 2011, if an Instructor course student has taken a Provider course in the previous 90 days and achieved the minimum required scores, he/she will not be required to re-test. However, any student attending an Instructor course who did not meet these required scores, or met these required scores but outside the 90-day window, will be required to re-test to achieve these scores.

When applying to take an instructor course, all appli-

cants must include a copy of their Instructor Potential letter which must contain the scores achieved at the Provider course. A copy of this letter will be sent to the Emergency Nurses Association (ENA) with the Instructor course paperwork to document that the student is not required to re-test.

Any nurse who has successfully completed TNCC® or ENPC® and has received a letter from the course director that names the student as an Instructor Potential may register to take an Instructor course. In 2011, Instructor courses for both TNCC® and ENPC® will be held at the Central Ohio Trauma System (COTS) on Wednesday,

May 18; Friday, June 10; Friday, July 22; Friday, September 16; Friday, October 28; and Friday, December 9. Courses have been added to the two originally scheduled for the year to ensure that all students who have taken a course at COTS and received an Instructor Potential letter, and who are interested in taking an Instructor course, have two opportunities to do so before 90 days have passed.



For more information, please contact COTS nurse educator, Janelle Glasgow, at jglasgow@goodhealthcolumbus.org.

National Trauma Awareness Month Focusing on Fall Prevention

by Roxanna Giambri

May is National Trauma Awareness Month. This year the American Trauma Society has designated their campaign as "Falls: Preventable at any Age!" Learning how to prevent a fall benefits people of any age --- children, adults and seniors. Falls are the most common cause of injury in the United States and continue to be a major public health concern. According to the Centers for Disease Control and Prevention, each year approximately 2.8 million children under the age of 19 are treated in U.S. emergency rooms for fall-related injuries and one out of three adults age 65 and older fall.^{1,2} In 2009 the Central Ohio Trauma System's (COTS) regional trauma registry captured 5,651 fall-related patients that were admitted, died or transferred into or out of a Central Ohio hospital. Of those falls, 124 were fatal. Regardless of age, fall-related injuries can result in moderate to severe injuries including head trauma and hip fractures.

Over half (57%) of the falls treated at a central Ohio hospital in 2009 occurred at home. Simple steps can be taken at home, to reduce the risk of falls and injury:

- **Windows:** Install window guards or stops, keep furniture away from windows, and do not assume a window screen is an adequate safety device;
- **Floors:** Secure rugs with non-skid tape, use slip resistant mats in kitchen and bathrooms, and keep floors clear of clutter;
- **Furniture:** Ensure clear paths around furniture, supervise infants while on furniture, use bed rails and highchairs and always use the harness provided;
- **Stairs:** Install handrails and extra lighting, keep stairs clear of clutter, install child safety gates at top and bottom of steps;
- **Outdoors:** Wear helmets and knee/elbow pads when skating and biking, educate children where falling hazards exist, repair uneven surfaces on sidewalks, patios, decks, and driveways, use anti-slip paint on steps and install extra lighting."³

Fall-prevention will save lives in Central Ohio. COTS also offers a Fall Prevention Community Resource Guide intended for use by Central Ohio healthcare professionals as they assist older adults in fall-risk assessment, home fall prevention planning, and securing needed resources. The guide can be accessed on the COTS website at <http://goodhealthcolumbus.org/attachments/COTSFallPreventionCommunityResources.pdf>. Hard copies can be obtained through COTS by calling (614) 240-7419 extension 1 or by contacting mgard@goodhealthcolumbus.org. Have a safe and falls-free summer!

¹ "Protect the Ones You Love: Child Injuries are Preventable." *Centers for Disease Control and Prevention*. 27 July 2009 Web. 04 April 2011 <<http://www.cdc.gov/safechild/Falls/index.html>>.

² "Falls Among Older Adults: An Overview." *Centers for Disease Control and Prevention*. 13 Sept 2010 Web. 04 April 2011 <<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>>.

³ "Falls Preventable at any Age." *American Trauma Society*. n.d. Web. 04 April 2011 <<http://www.amtrauma.org/uploads/NTM2011Brochure.pdf>>.

2011 Trauma Data Deadlines Central Ohio Trauma System

The following table illustrates upcoming 2011 due dates for COTS-member hospitals to submit their trauma data to COTS. For questions contact Roxanna Giambri, COTS Registry Coordinator, at (614) 240-7419 extension 4 or rgiambri@goodhealthcolumbus.org.

Quarter	COTS' Deadline*	State of Ohio's Deadline
1 st Quarter 2011 (Jan 1 – Mar 31, 2011)	May 29, 2011	June 29, 2011
2 nd Quarter 2011 (Apr 1 – Jun 30, 2011)	August 28, 2011	September 28, 2011
3 rd Quarter 2011 (Jul 1 – Sep 30, 2011)	November 29, 2011	December 29, 2011
4 th Quarter 2011 (Oct 1 – Dec 31, 2011)	February 28, 2012	March 31, 2012

*COTS requests that all data be submitted a month before the State of Ohio's deadline to allow time to properly prepare it for submission to the Ohio Trauma Registry.

SMART® Triage Tag Practice Program

by Kelsey Blackburn

In 2006, the Central Ohio Fire Chiefs Association (COFCA) and Central Ohio Hospitals adopted the SMART/START Triage System for regional disaster triage. The SMART®/START Triage System is a tool for first responders and emergency medical services (EMS) to use during a mass casualty incident. The “START” process walks EMS through key steps to quickly assess and intervene in reversible life threatening physiological conditions at the disaster scene. The “SMART” tags are used to sort patients by acuity. In combination, both assist healthcare workers in rapidly triaging a large number of victims so the most critically injured patients capable of surviving the disaster can receive the most appropriate care.

In 2006, the Assistant Secretary for Preparedness and Response (ASPR) and the Urban Area Security Initiative (UASI) grants allowed COTS and COFCA to partner to conduct train-the-trainer sessions on SMART®/START triage. EMS agencies in Franklin and contiguous counties and 24 central Ohio hospitals all received SMART®/START training and supplies. In 2008, COTS repeated the project to train the remaining eleven counties’ EMS agencies in Central Ohio’s Homeland Security Region IV. Since the completion of the trainings, the SMART®/START system has been used very few times in the Cen-



tral Region. With little to no usage of the system, knowledge can be lost.

In an effort to maintain system knowledge, a Columbus Metropolitan Medical Response (CMMRS) grant through Columbus Public Health has allowed COTS to expand upon the SMART® Triage System training in Central Ohio. COTS’ work under a 2011 CMMRS grant involves two deliverables: 1) establishing a practice program to increase familiarity among EMS and hospitals with the SMART®/START System; and 2) establishing a cache of SMART® tags to use in a monthly practice program. Through repeated practice, EMS agencies and hospitals will gain the experience and competency to triage and respond to a mass casualty incident.

The COTS Pre-Hospital Committee convened EMS and emergency department experts to hone out the logistics of this new program. Guidelines were completed and approved by the COTS Board of Trustees on February 22, 2011. The “practice program” will be executed on the last day of every month beginning June 30, 2011 at 0700 hours for a 24-hour period. During this timeframe, the public, hospital staff and EMS may see patients transported by EMS agencies to Central Region hospitals wearing SMART® Triage tags.

For more information or to participate in this **FREE** monthly practice program, please contact Kelsey Blackburn via email at kblackburn@goodhealthcolumbus.org or phone at 614-240-7419.

Central Ohio Trauma System Upcoming Events

by Marisa Gard

The Central Ohio Trauma System (COTS), with many community partners, has planned several educational opportunities for healthcare professionals in 2011. The first event, a Trauma Outcomes & Performance Improvement Course (TOPIC), held on April 7, 2011 was presented in conjunction with the Ohio Society of Trauma Nurse Leaders (OSTNL). TOPIC is an interactive course for the trauma system team and includes information on topics such as trauma performance improvement (PI) structure, trauma PI team roles, PI issue identification, and action plan development. The one-day course was held at The Ohio Union at The Ohio State University.

After the success of 2010’s inaugural Trauma Research Symposium, COTS’ Second Annual Trauma Research Symposium is being held on May 18, 2011. Co-sponsors include the Columbus Medical Association Foundation, Genesis Healthcare System, Grant Medical Center, Marietta Memorial Hospital, Mount Carmel West, Nationwide Children’s Hospital, Riverside Methodist Hospital, The Ohio State University Medical Center and United Way of Central Ohio. This year’s event features both poster presentations and oral presentations on multidisciplinary trauma research being conducted by local trauma centers. Oral presentations will be given during dinner. Speakers’ topics address traumatic amputations, pediatric firearm trauma, obesity in trauma patients and more. The symposium will take place at The Faculty Club on The Ohio State University campus. Visit <http://www.goodhealthcolumbus.org/cots/education> to register.

“Trade Secrets: Meeting the Challenges of Trauma Data Management” is a one-day educational conference tailored to the trauma data management professional. This event will be held in conjunction with Genesis Healthcare System, Grant Medical Center, Marietta Memorial Hospital, Mount Carmel West Hospital, Nationwide Children’s Hospital, Riverside Methodist Hospital and The Ohio State University Medical Center. Special thanks goes to the Alliance of Ohio Trauma Registrars (AOTR) for their support. “Trade Secrets” will take place on October 26 at the Riverside Methodist Hospital McConnell Heart Health Center in Columbus, Ohio. Presenter topics include forensic findings in trauma cases, injury prevention, trauma coding, orthopedic trauma and much more. Trauma data management professionals from Ohio and surrounding states are

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Trauma Centers Must Report Additional Data to Ohio Department of Health

by Roxanna Giambri

The Ohio Revised Code (ORC) 3701.072 and Ohio Administrative Code (OAC) 3701-3-16 mandate that every two years Ohio's trauma centers provide information to the Ohio Department of Health (ODH) in regards to their capacity to respond to disasters, mass casualties and bioterrorism. The Central Ohio Trauma System (COTS) serves as the repository for central Ohio hospitals' preparedness information. Trauma center leadership provided updated preparedness information from the last two years to COTS. In March (2011) COTS reported all required preparedness information on behalf of central Ohio's trauma centers to ODH. Required information reported to ODH includes:

- All COTS' and hospital-specific emergency response plans;
- Trauma center verification documents from the American College of Surgeons;
- Documentation of the trauma center's participation in exercises designed to test emergency response plans;
- Disaster-related memoranda of understanding and contracts; and
- Additional similar documents that address how each trauma center will manage patients during a catastrophic event.

Trauma centers' current capabilities to provide care and services in light of a significant patient surge are reassessed in this biennial report. Numbers of critical care beds, operating room beds, emergency department beds, burn beds, ambulatory and non-ambulatory patients able to be decontaminated per hour, mechanical ventilation devices, and negative air flow rooms are among the requirements to be counted and reported.

The next deadline to report this information to ODH is March 2013. For more information contact Roxanna Giambri at rgiambri@goodhealthcolumbus.org.

COTS Disaster Preparedness Work Under the FY2011 ASPR Grant

by Marisa Gard & Marie Robinette

The Central Ohio Trauma System (COTS) has been awarded the Assistant Secretary of Preparedness and Response (ASPR) grant for FY2011 to continue to help coordinate Central Ohio hospitals and other healthcare partners in disaster preparedness efforts with a regional focus. The FY2011 ASPR grant will incorporate regional perspectives and integrates planning and training opportunities from federal, state and local emergency response partners. Some of the projects that COTS plans to do under the ASPR Grant beginning in July 2011 include:

- Updated training & exercise plan;
- Functional exercise for level 1 sub-capabilities including medical evacuation and shelter-in-place components;
- A burn surge drill/functional exercise;
- Regional coordination with Central Region Hospitals, local public health agencies, first responders and emergency management agencies to ensure effective communications during emergencies;
- Interoperable communication/bed capacity drills;
- Functional exercise for level 1 sub-capabilities including mass fatality management that will include regional hospitals and community partners;
- A shelter-in-place 96-hour capability workshop;
- Strategic National Stockpile/medical resource request training;
- Emergency operations planning;
- Hospital Incident Command System (HICS)/National Incident Management System (NIMS) training and supplies;
- Evacuation cache training and equipment for long term care facilities;
- Emergency transport planning for evacuations and/or mass movement of patients;
- Update regional hospital pharmaceutical caches;
- Best practice guidelines for hospital pharmaceutical redistribution that will determine a system to reduce waste of medications in pharmaceutical caches;
- HAZMAT/decontamination drills that will prepare hospitals to contend with HAZMAT/ decontamination situations;
- Purchase of cardiac monitors for the central region critical care cache to reach the National Bioterrorism Hospital Preparedness Program (NBHPP) benchmark.

For more information on COTS Disaster Preparedness work contact Marie Robinette at mrobinette@goodhealthcolumbus.org or Kelsey Blackburn at kblackburn@goodhealthcolumbus.org.

Central Region to Offer Hospital Workplace Violence Threat & Risk Assessment Trainings

by Jendy Dunlop

Throughout the month of May, the Central Ohio Trauma System (COTS) will host a series of workplace violence prevention trainings for Central Region Hospitals. The trainings, made possible through 2010-2011 federal Assistant Secretary for Preparedness and Response (ASPR) grant funding, serve as a response to The Joint Commission's recent call to action on the issue.

According to The Joint Commission's Sentinel Event Alert published June 3, 2010, the incidence of assault, rape, and/or homicide at hospitals and healthcare facilities as instigated by staff, patients, visitors, and/or intruders has increased since 2004, with the highest number of reports occurring between 2007 and 2009.

COTS recognizes the importance of comprehensive workplace violence training and education. A contract has been established with Security Risk Management Consultants, Inc., a local vendor specializing in security and access control issues with a history of local, national and international clientele. Security Risk Management Consultants, Inc. is conducting three workplace violence training sessions for hospitals in the Central Region. Each session will last approximately four hours and is based upon Homeland Security's Four Phases of Emergency Management (Mitigation, Preparedness, Response and Recovery). The training sessions are designed to be interactive and to facilitate learning and collaboration among hospitals.

Security Risk Management Consultants has been working closely with the COTS' Safety and Security Subcommittee to tailor the trainings to meet the specific needs of the region. Rather than a more traditional focus on de-escalation and diffusion techniques to address violent acts that have already occurred, the trainings will emphasize prevention and preparedness-based planning through use of facility threat and risk assessments. Additionally important is a team-centered approach to violence prevention and a facility-wide adoption of a policy of personal awareness and "no-blame" reporting. For this reason, it is encouraged that personnel from each hospital attend one of the sessions together as a team. While it is up to each hospital to identify personnel best suited to attend the training, representation from Safety/Security, Human Resources, Emergency Department/Nursing, Risk Management, Case Management/Patient Relations, and Registration departments is strongly suggested.

The schedule of trainings are as follows:

- Tuesday, May 3rd- 8:00 am-12:00 pm at Doctors Hospital
- Monday, May 9th- 8:00 am-12:00 pm at Dublin Methodist Hospital
- Wednesday, May 25th- 8:00 am-12:00 pm at Mount Carmel East Hospital's Siegel Center

To learn more about the Workplace Violence Threat and Risk Assessment trainings or to register your hospital's team for a session, please contact Jendy Dunlop at jdunlop@goodhealthcolumbus.org.

Central Ohio Trauma System Regional Aeromedical Transport Guidelines

by Nancie Bechtel

The Central Ohio Trauma System serves healthcare stakeholders in many ways: as a forum, as a clearinghouse for information, and as an advocate of system improvements related to trauma and emergency services. In 2010, concerns from hospitals were shared at the COTS Prehospital Committee regarding aeromedical communications to hospitals which were associated with increased risk to patients and staff. To address the concerns raised by stakeholder institutions, the COTS Prehospital Committee convened an Aeromedical Work Group. The Work Group is co-chaired by Kathy Haley, RN from Nationwide Children's Hospital and Dr. Medard Lutmerding from Mount Carmel Health System. Work Group members include aeromedical programs from around Ohio, EMS agencies, trauma program managers, emergency department directors/managers, hospital communications technicians, nurses and physicians.



Photo courtesy of MedFlight of Ohio

Work Group members first met in January 2011 to vet the current aeromedical and hospital communication processes and concerns. The intent is to standardize communication processes between aeromedical programs and receiving hospitals in order to minimize risks associated with aeromedical transport in Central Ohio. Stakeholders present agreed that patient and staff safety is paramount. The discussion resulted in the COTS Regional Aeromedical Transport Guidelines. The Guidelines delineate communication and safety processes and expectations for Central Ohio. These regional guidelines also outline a system improvement process which will be coordinated by COTS. Additionally, the COTS

Clinical Trauma Committee will complete quarterly reviews of the number of runs and number of issues that hospitals encounter in regards to aeromedical transports. All aeromedical agencies transporting patients in and out of COTS' member hospitals are asked to review the Regional Guidelines.

For more information on the COTS Regional Aeromedical Transport Guidelines, contact Sharon Deppe at 614-255-4421 or sdeppe@goodhealthcolumbus.org.

COTS Recommends Changes to the State EMS Trauma Triage Criteria

by Nancie Bechtel

Trauma Triage Criteria for Ohio's emergency medical services (EMS) providers were established in law in the year 2000. Ohio law mandates that the state's trauma triage criteria be reviewed every three years, and this charge is relegated to the State Trauma Committee by the State EMS Board. In January (2011), the State Trauma Committee invited public comment as part of their three-year review of the State's current Trauma Triage Criteria.

Several individuals from institutions who are part of the COTS system also serve on the State Trauma Committee: Nancie Bechtel, RN, COTS Executive Director; Vicki Graymire, RN, Trauma Program Director from Grant Medical Center; Kathy Haley, RN, Trauma Program Manager from Nationwide Children's Hospital; Sidney Miller, MD, Burn Program Medical Director at The Ohio State University Medical Center; Kevin Pugh, MD, Director of Limb Reconstruction & Orthopaedic Trauma Business Development at Grant Medical Center; John Ross, EMTP, EMS Coordinator at the Westerville Fire Department; Steven Steinberg, MD, Trauma Program Medical Director from The Ohio State University Medical Center; and Howie Werman, MD, Medical Director at MedFlight of Ohio. Some of these COTS members sought feedback on the State's current Trauma Triage Criteria from a diverse group of COTS stakeholders. Review of the existing State Trauma Triage Criteria was done by an ad hoc work group of the COTS Pre-hospital Committee. The COTS Pre-hospital Committee is representative of EMS agencies from metropolitan, suburban and rural EMS departments, as well as emergency department leadership and EMS medical directors.

Several suggested changes to the current State Trauma Triage Criteria were made by the Work Group and subsequently endorsed by the COTS Prehospital Committee and Board of Trustees. The suggested changes are intended only for metropolitan areas of the state where there are co-existent trauma centers with acute care hospitals, AND where differences in transport time to one or the other are negligible. COTS is not suggesting that all trauma patients should bypass acute care hospitals initially for care at trauma centers: at times, given distance or patient extremis, it is appropriate for EMS to seek initial stabilization of trauma patients at acute care hospitals, prior to the patients being transferred for further care at trauma centers.

The changes that COTS suggested to the State's Trauma Triage Criteria were based on data gleaned from the COTS

Regional Trauma Registry.

The COTS Regional Registry collects data on approximately 13,000 trauma patients annually who arrived at COTS-member hospitals for care. In 2009, the COTS Registry revealed that 772 trauma patients with serious injuries were transported by EMS to non-trauma centers within Franklin County. Although the State's Trauma Triage Criteria allow for exceptions to transporting trauma patients to trauma centers, a question is raised *why in Franklin County, with five verified trauma centers, would EMS choose to transfer injured patients with risk to life or limb to a non-trauma center, given that a trauma center is within a few minutes' drive from anywhere in the county?*

The COTS Registry reveals that **of the 772 patients transported to non-trauma centers in Franklin County in 2009, 629 or 81% had NO physical findings consistent with the state's existing trauma triage criteria.** This

means that these 629 trauma patients were "under-triaged" as trauma patients by EMS. One major factor in under-triage is EMS trauma triage criteria that fail to delineate symptoms or conditions indicative of significant trauma injuries.

Of these 629 trauma patients who were not transported to local trauma centers by Franklin County EMS agencies, hundreds actually had critical injuries including skull fractures, rib and

other chest wall fractures, broken necks and backs, and/or bleeding internal organs. The "missing link" for EMS was that these patients did not exhibit critical symptoms initially at the scene that met State Trauma Triage Criteria. In many of these cases, EMS personnel reported that there was substantial vehicular damage at the scene. But significant damage to an automobile is not in Ohio's existing trauma triage criteria as a reason for transport to a trauma center.

COTS suggestions for change to the State Trauma Committee include aligning Ohio's Trauma Triage Criteria with the CDC trauma triage criteria, which allow EMS to make decisions to transport patients to trauma centers based on high-risk mechanisms of injury. These criteria acknowledge the expertise of EMS colleagues when their gut instinct is to transport the patient to a trauma center ("EMS provider judgment") especially when field assessment is hampered by other factors.

COTS submitted its recommended changes to the State Trauma Committee in March (2011) and is awaiting a response.



Central Ohio Trauma System Upcoming Events (cont'd from page 4)

encouraged to attend.

Lastly, on November 3 & 4, 2011 COTS will co-sponsor a Certified Emergency Nurse® (CEN) Review Course with the Ohio Emergency Nurses Association (OSCENA). This CEN® review course will be held as two identical, condensed one-day courses to benefit the time constraints of area hospitals and their staff. The course will be held at the Medical Staff Building Auditorium at Mount Carmel West Hospital. Nationally-recognized speaker, Jeff Solheim, RN-BC, MSN, CEN, CFRN, FAEN, is scheduled to teach the CEN® Review. More information is available on the Central Ohio Trauma System's website.

For more information on these events please visit COTS' website or contact Marisa Gard at mgard@goodhealthcolumbus.org.

COTS' Education Coordinator Featured

Chris Sheppard, COTS Education Coordinator, was featured in the "Coordinator's Spotlight" column in the January-February 2011 issue of *The ATLS® Advance*. She has been coordinating COTS' continuing medical education courses since January 2003. To read her interview, go to <http://facs.org/trauma/atls/pdf/advance-janfeb11.pdf>.

COTS Welcomes New Staff Member

The Central Ohio Trauma System (COTS) welcomes Sharon Deppe, RN, BSN, as the new Process Improvement Coordinator. Sharon's BSN came from Otterbein University and her years of clinical and trauma experience came from working at Nationwide Children's Hospital, Grant Medical Center, and Dublin Methodist Hospital. Sharon has a wealth of experience with trauma and emergency care process improvement. As the previous Trauma Program Director at Grant Medical Center, she was active in COTS regional work and served on the COTS Clinical Trauma Committee.

In her new role at COTS, Sharon will coordinate regional initiatives aimed at improving care for patients who are critically ill or injured. Her work will be evidence-based, driven by data and trends from the COTS Regional Trauma Registry. Sharon will also host the COTS Trauma Process Improvement Committee (TPIC) which is a forum where hospitals present cases in a peer-review, protected format for educational purposes. If your hospital has not appointed a representative to the COTS TPIC and you are interested in participating, please contact Sharon at sdeppe@goodhealthcolumbus.org.

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