REGIONAL
Committees on Trauma

RCOT Field Program
RMOCC Webinar Series

Webinar 2 – 3/25/2025

Discussion Summary – Southwest Texas Regional Advisory Council (STRAC) - one example of 25 years of RMOCC development

Session Overview

The STRAC RMOCC did not emerge overnight. This session traces the historical development of STRAC emergency and trauma care system improvements over their 25-year history. Day-to-day functionality of the STRAC RMOCC will be reviewed to include its role in environmental and trauma crises. Provide the top ten "next steps" to start your regional RMOCC development process. Understanding this historical progression prepares participants to lead future discussions and improvements within their region and advocate effectively within their regional trauma systems.

Opening Remarks

Facilitator: Dr. Warren Dorlac and Dr Elizabeth Benjamin

Guest Speaker: Eric Epley, the Executive Director of the Southwest Texas Regional Advisory Council (STRAC) in San Antonio, Texas. STRAAC serves 22 counties that stretch over 26,000 miles, including 63 hospitals, 71 EMS agencies, and 18 air medical bases. This system has been developed over the last 25 years and serves as an example and model of a mature RMOCC.

Focus: Mr. Epley is here to talk about his system as well as the early steps in building an RMOCC – tips and lessons learned.

Key Presentation Highlights:

Regional Trauma Systems, Disaster Preparedness & Regional Medical Operations Centers
Acknowledgements: Ronald Stewart, Brian Eastridge, Don Jenkins, Nim Kidd

Pillars of a Modern Trauma System – require cooperation and communication

- Prevention
- Acute care (communication systems, prehospital care, trauma centers)
- Rehabilitation

Texas Trauma System

- Divided into 22 trauma service areas that include regional advisory councils, trauma center designations, standards of care, hospital preparedness grant.
- The state has 8 different Emergency Medical Task Force (EMTF) regions with the STRAC as the state lead.

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STRAC

- STRAC has a mission to reduce death and disability related to trauma, disaster, and acute illness through implementation of well-planned and coordinated regional emergency response systems.
- The STRAC includes 22 counties, 26,000 square miles, 3 million people, 71 EMS agencies, 18 air medical bases, 63 hospitals, 2 level 1 trauma centers, 16 cardiac centers, 17 stroke centers.
- Public health authority and behavioral health.

Principles of an integrated system

- Inclusivity
- Dialogue and consensus
- Cooperation and communication
- Bias for action

MEDCOM example - Level IV RMOC

- This is the system in place for day-to-day functioning and includes trauma transfers, air medical management, trauma team paging, MCI load-balancing, and navigation of patients via law enforcement directly to psychiatric facilities. This started very simply, and the design is that it can be upsized for increasing capabilities.
- MECOM is a central answering point for multiple level 1 Trauma centers and ensures a rapid transfer process through an auto-accept process based on criteria. The transferring EM MD initiates the transfer call, MEDCOM auto-accepts, then connects the surgeon and the ED MD.
- This system can be upsized as needed to address local, regional, multi-region, and national needs.

Scalability of the RMOCC

Think of an 'upside-down wedding cake' showing the scalability of the RMOCC concept.

- IV: Local Day to Day is at the bottom – trauma transfers, heli management, other local issues
- III: Local/Regional MCI – active shooter, tornado, tour bus MVC, bridge collapse
- II: Multiple Regions or Statewide – hurricanes, earthquakes, COVID
- I: National – NDMS (ICMOP/DSCA)

- The local and regional RMOC system is involved in all levels and as the incident scales up, there becomes involvement of the State Medical Operations Center (SMOC), the Mulit-State Regional Operations Center (MS-RMOC), and other entities as appropriate.
- This system can be leveraged for a variety of programs as well. We have used it for the Regional LTO+Whole Blood program, delivering over 500 units of whole blood in the field with <1% wastage, and the Texas wristband program, allowing for a longitudinal record of patients as they are transferred through the system.
- Disaster response, the regional trauma system is the backbone of an effective response. It is well integrated and the functional communications systems that are used daily are essential.

Disaster and MCI Challenges and Principles:

- Failing to Imagine
- Failing to plan
- Failing to prepare

- It is important to create disaster plans, prioritize communication, test the plans, and have an integrated system for implementation
- Communication is critical – far more likely to fail during a disaster when getting the right information to the right people at the right time is critical.
- Texas disaster communication revolves around the local incident response and expands out to the mutual aid, regional EMTF, State EMTF, and Federal responses.

Pulsara App

- One of several commercially available options to use technology to help coordinate response and distribution efforts.
- This app allows teams members from all phases of care and across agencies to view real-time casualty load and distribution.

Texas Emergency Medical Task Force (EMTF)

- Includes 8 regions that work under an MOA. The responses are modular with cross collaboration only when needed and a mechanism in place for rapid response.
- EMTF components include an ambulance, nurse, and air medical strike team, ambulance buses, mobile medical units, infectious disease response units, and a mass fatality operations response team.
- These teams are deployed and/or work together as needed based on the needs of the disaster.
- Hurricane Harvey was an example of system activation with a total of 1855 patients treated, and 142 patients transferred.
- There was a coordinated response across the system employing hundreds of assets and personnel with coordination of multiple simultaneous coordination sites.

Biologic analogy: Acute Healthcare System (Heart) + Public Health System (Lungs) + Emergency Management System (MSK) – need the Brain!

Integrating disaster and acute care and public health systems:

MEDCOM -> Regional Medical Ops -> Local Emergency Ops (EOC) -> State EOC -> Federal Emergency Management System

RMOCC Abilities and Advantages:

- Situational awareness
- Bed capacity expansion/load balance
- Regional response teams
- Networking with other regions/states/linked RMOCs generate broader situational awareness
- Adaptability
- Complex decision making

Next Steps and Resources

- MOCC webinar and toolkit https://asprtracie.hhs.gov/MasterSearch?qt=MOCC
- Focused consultation from the ACS COT Trauma Systems Committee
- Advocacy! Visit the COT Advocacy and Trauma Systems webpage to see what you can do to help advocate for National Trauma and Emergency Preparedness Systems with RMOCC as a Foundational Element.

The First 10 Steps:

1. Identify a solid administrative support person.
2. Determine how many RMOCCs you think you need.
3. Identify your State Health Departments Public Health Emergency Preparedness (PHEP) Director. This is a critical connection point (you might consider contacting your state commissioner of health first, MD to MD)
4. Ask the PHEP Director how they do the Hospital Preparedness Program (HPP) in your state and who runs it.
5. Identify leaders of the Hospital Preparedness Program efforts.
6. Identify State Hospital Association preparedness person (if they have one).
7. Ask the State PHEP or Health Care Coalition (HCC) person who your State Emergency Management Agency Director is – seek to brief this person directly, if possible, as they are critical to success.
8. Ask the state Emergency Management Center (EMC) who the Emergency Support Function ESF-8 Leader agency is for your state and the POC for them.
9. Identify Senior Leaders from Major Health systems and EMS agencies.
10. Identify colleagues from at least ACEP, NAEMSP, ENA that are interested in participating.

Conclusion

- Regional trauma systems are the backbone
- Consistent funding of regional trauma systems
- Level IV to I regional medical operations centers are essential for both every day and disaster response success.