## **COTS VALUE TO MEMBERS**

59 hospitals & FSEDs (143% growth since 2015)

Trauma Quality Improvement Program (TQIP)

ACS verification support for trauma centers

-American College of Surgeons (ACS)

Quarterly case reviews & education

reduced education fees for members

Research Council

Trauma registry: regional; submission of member trauma data to

Data used for best practice guideline development / data

The following initiatives impact all three service lines:

12 publications, 4 national presentations, and >75 media opportunities since 2015

Diverse participation supporting our journey to inclusion, diversity, equity, and access

\*4 hospitals and 1 FSED = non-paid

the state of Ohio per ORC 4765

validation / research /quality

As a single entity, COTS brings together a neutral collaborative with participation from healthcare, first responders, public health, and government and private agencies
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TRAUMA (1997)	EMERGENCY SVC (1999)	EMG PREP & RESPONSE(2002)
Regional Trauma Organization (RTO) Coordination	Collaborative: Coordination	Healthcare Coalition (HCC): 3 regions into Zone 2

COHDIMS, EMResource, & healthcare incident liaison (HIL):

Coordinating coalitions for real-world, no-notice events and

Development/coordination of surge operation's call center

Received a Proclamation from the Franklin County Board of

Training & education; full scale, functional, & tabletop exercises;

Coordinate storage, movement, replacement of regional caches

www.cotshealth.org

Commissioners for COVID coordination

quarterly communication drills; COTS University

situational awareness (prepare, respond, recover) for 36

counties

(SOCC)

large-scale events.

37 counties (340% growth membership since 2015)

Built relationships with Public Safety Answering Points

Quarterly education with continuing education credit

Centralized education coordination for ATLS®, TNCC™, ENPC™, DMEP™, Trauma in the 1st 48 hours© (0.6 FTE COTS nurse coordinator saves members ~ \$5,000 - \$60,000 annually on staffing);

Group purchasing organization for cost savings

Best practice guidelines: time critical and "do the right thing"

Built relationships with sports medicine providers

(911, HAA/MICU, private service)

Regional Trauma Organization (RTO) Coordination **Collaborative**: Coordination

(PSAPs)

Opportunities to collaborate with peers through committee work; high level coordination of services at national, state, regional, & local healthcare systems

RTAS / Emergency Patient Transport Plans (EPTP) - built APIs from RTAS for situational awareness; continuous quality improvement