

REGIONAL

Committees on Trauma

RCOT Field Program:

Building a National Trauma and Emergency Preparedness System

The Role of Regional Medical Operations
Coordinating Centers (RMOCC)



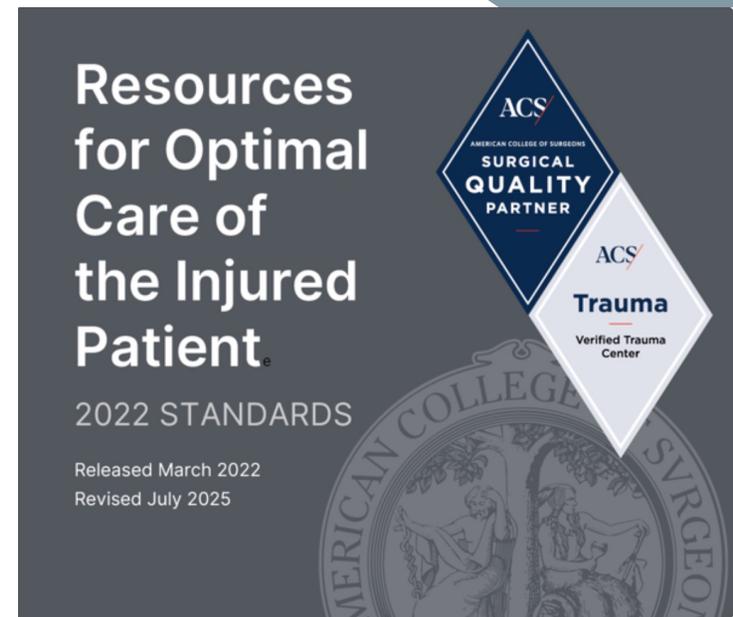
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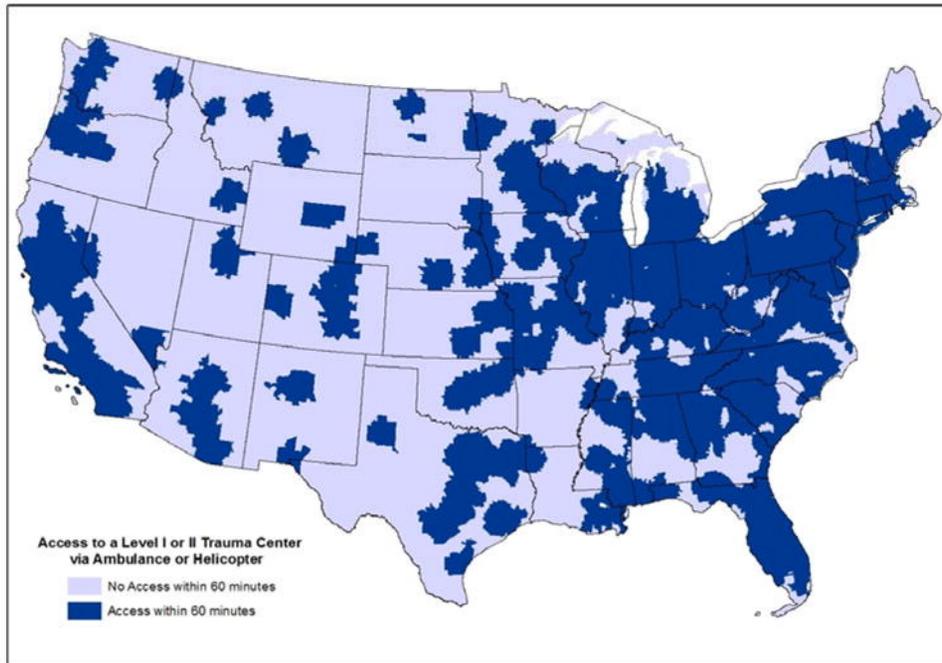
Trauma Care in the US

State and Regional Level

- **Trauma Center Level of Care**
 - ACS and State Verified Centers
 - Classified as Level I-V
- **State and Regional Trauma Systems**
 - Revolve around Level I & II Centers
 - Support Urban and Rural Trauma Needs
 - Presence of smaller Level III & IV Centers
- **Regional EMS Systems/Air Transport**
- **Emergency Care Coordination/Disaster Plans**



The US Does Not Have a Trauma System



Islands of excellence
in a sea of chaos

Where you live determines
if you live!

Carr et al, "Disparities in Access to Trauma Care in the US"
Injury 48(2):332 - 338, 2017



The US Does Not Have a Trauma System

What we DO have

- **Trauma Centers**
 - Committed hospitals
 - Committed healthcare professionals
- **Committed Organizations**
- **Some Committed Regions/States**

Challenges

- **Uneven Access to Timely Care**
 - Trauma care deserts
 - Limited capability
 - EMS resources
- **Financial Challenges**
- **Difficulties with System Collaboration**



RMOCC

Regional Medical Operations Coordinating Center

“A construct for regional patient distribution to avoid or mitigate crisis conditions by equitably deploying health care resources across a state, territory, or region”



RMOCC

Regional Medical Operations Coordinating Center

Centralized command center that coordinates real-time communication and resource management across a region

- Situational awareness of healthcare resources
- Coordination of patient tracking and distribution
- Real-time evaluation of capacity and capability
- Workforce and supply sharing



RMOCC

Regional Medical Operations Coordinating Center

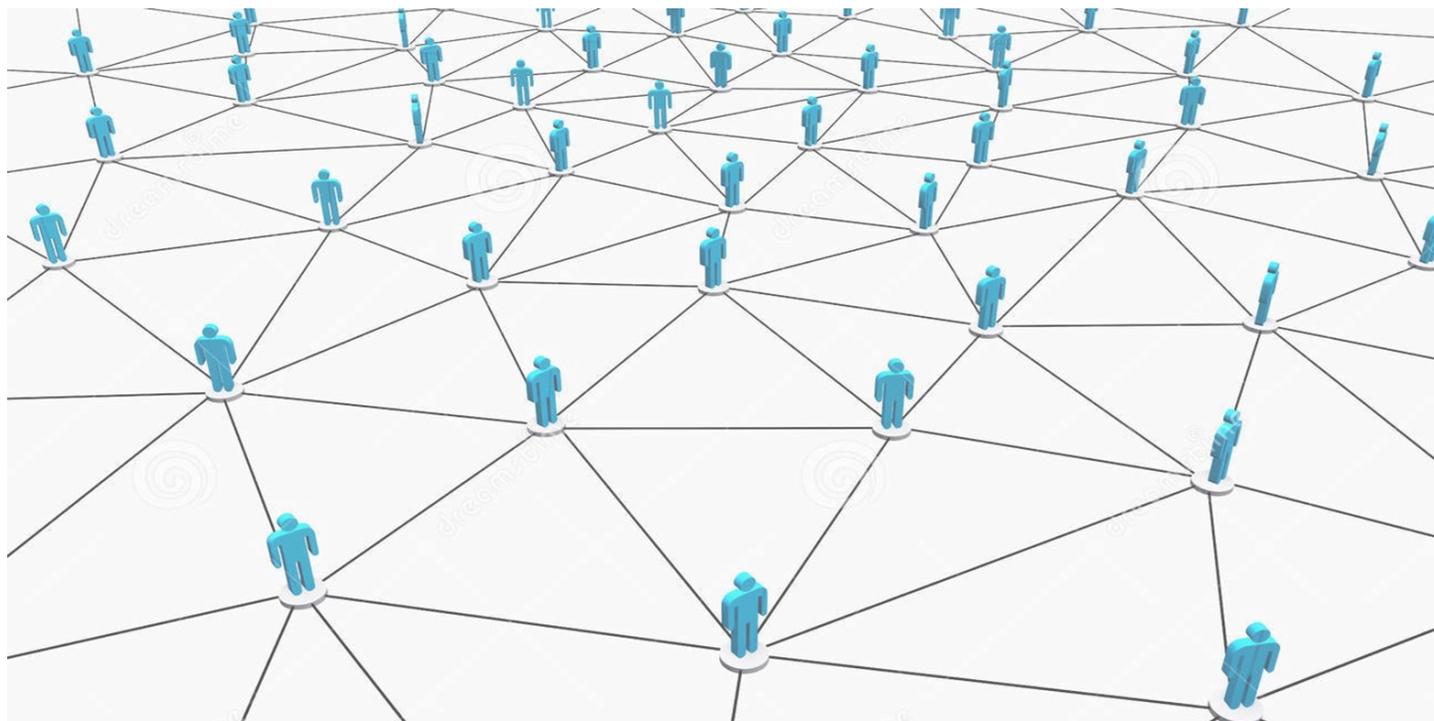
Key Functions

- Multi-disciplinary collaboration between hospitals, EMS, public health departments, emergency management agencies, and military
- Supports access to healthcare assets consistently across a region
- Coordinates patient movement day-to-day with surge capability
- Acts as an adjunct and does not affect patient movement and process within existing hospital systems



Network of RMOCCs

Basis for National Trauma and Emergency Preparedness System



National Trauma and Emergency Preparedness System (NTEPS)

Based on network of Regional Medical Operations Coordinating Centers (RMOCCs)

• Vision

- Timely & high-quality trauma care
- Equitable access for all injured
- Focus on entire continuum of care, from prevention to long-term outcomes
- ***Coordinated care for individual injuries to mass population events***

• Mission

- ***Oversee coordination of resource & patient/casualty distribution in daily and mass population events***
- Develop system standards & benchmark regional system performance
- Synthesize & disseminate knowledge
- Promote uniform community outreach for prevention & resiliency

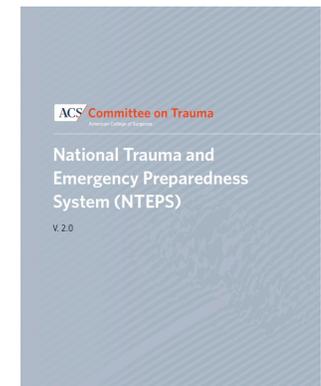
“Daily coordination of trauma care keeps the engine of disaster response warm and running....”



National Trauma and Emergency Preparedness System (NTEPS)

RMOCCs as “Unit of Action”

- Rapid movement of patients across facilities
- Response for daily time sensitive conditions
- Readiness to scale for mass population events
- Builds on existing strengths of regional trauma systems
- Coordination of trauma care across military and civilian systems



COVID-19 Pandemic

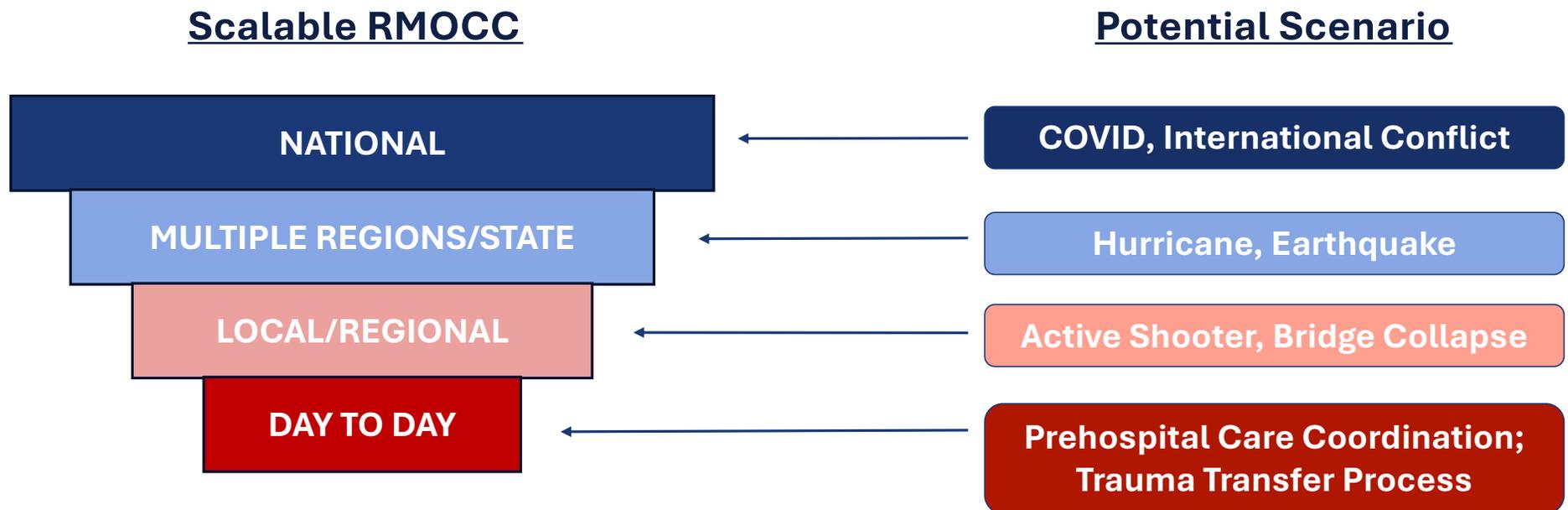
State and Regional Care Coordination



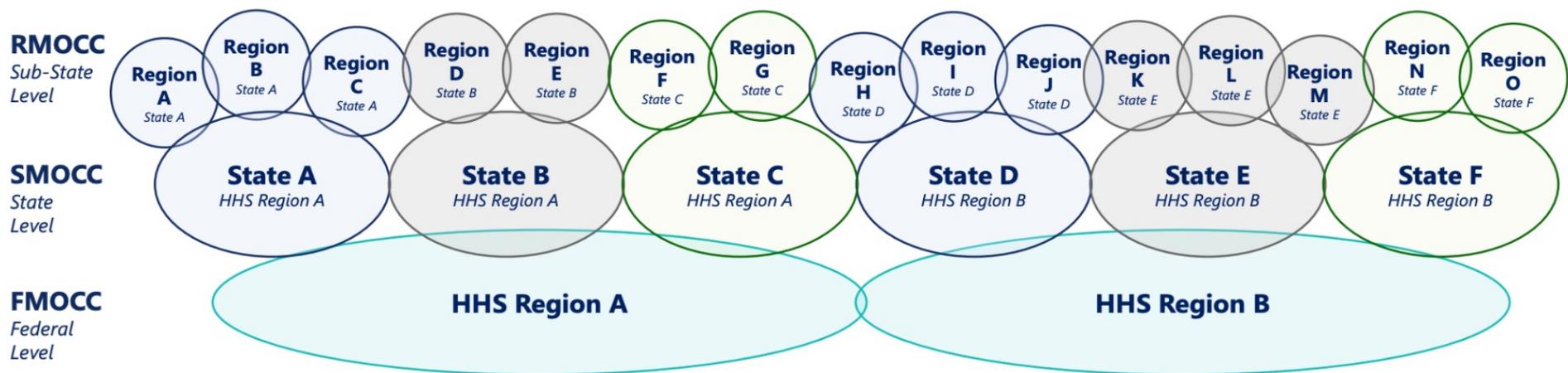
- **Nationwide Hospital Surge**
 - Lack of coordinated effort to load balance critically ill patients
 - Estimated 1 in 4 early COVID deaths were potentially preventable
- **Lessons Learned**
 - Development of regional coordinating centers saved lives
 - Flow-sizing of critical care resources
 - Load balancing strategies to offload rural hospitals
 - A need for collaboration and communication across hospitals, emergency care providers, and healthcare systems



Scalability of the RMOCC Concept



Integration of RMOCCs into a National System



Why the push now?

How RMOCCs would support a National Trauma System

- Improve access to higher level and specialty trauma care across rural regions
- Coordinate regional/national mass disaster surge response
- Patient load balance in the event of a Large-Scale Combat Operation (LSCO)



Large Scale Combat Operations

Peer-Near Peer Conflict

- **Massive casualties anticipated**
- **Imminent threat to North America**
- **Sustained offensive action**
 - Military capability overwhelmed
 - Repatriation to North American civilian trauma centers
 - While maintaining ongoing civilian trauma needs



LSCO: Stateside Response

Questions to Address

- How many beds?
- What about post-acute care?
- Who will be here to take care of the patients?
- What are the training needs?
- How will this be financed?
- How do we make sure quality care has primacy?
- How will military – civilian trauma needs be coordinated?



National Disaster Medical System (NDMS)

Pilot Program

Potential Scenario: Overseas military contingency resulting in 1,000 combat casualties returning daily to the United States for 100 days or longer.

- **Pilot sites (current):**

- Capital Region
- San Antonio, TX
- Denver, CO
- Omaha, NE
- Sacramento, CA
- Puget Sound, WA
- Shreveport, LA
- Oahu, HI



National Disaster Medical System (NDMS)

Established 1984

- **Federal Agency Partnership**
 - Health and Human Services (HHS)
 - Department of War (DoW)
 - Homeland Security (DHS)
 - Veterans Affairs (VA)
- **Areas of Focus**
 - NDMS Response Teams
 - Patient Movement
 - NDMS Definitive Care Hospitals
- **Federal Coordinating Centers**
 - Hub and Spoke Model



NDMS Pilot Project

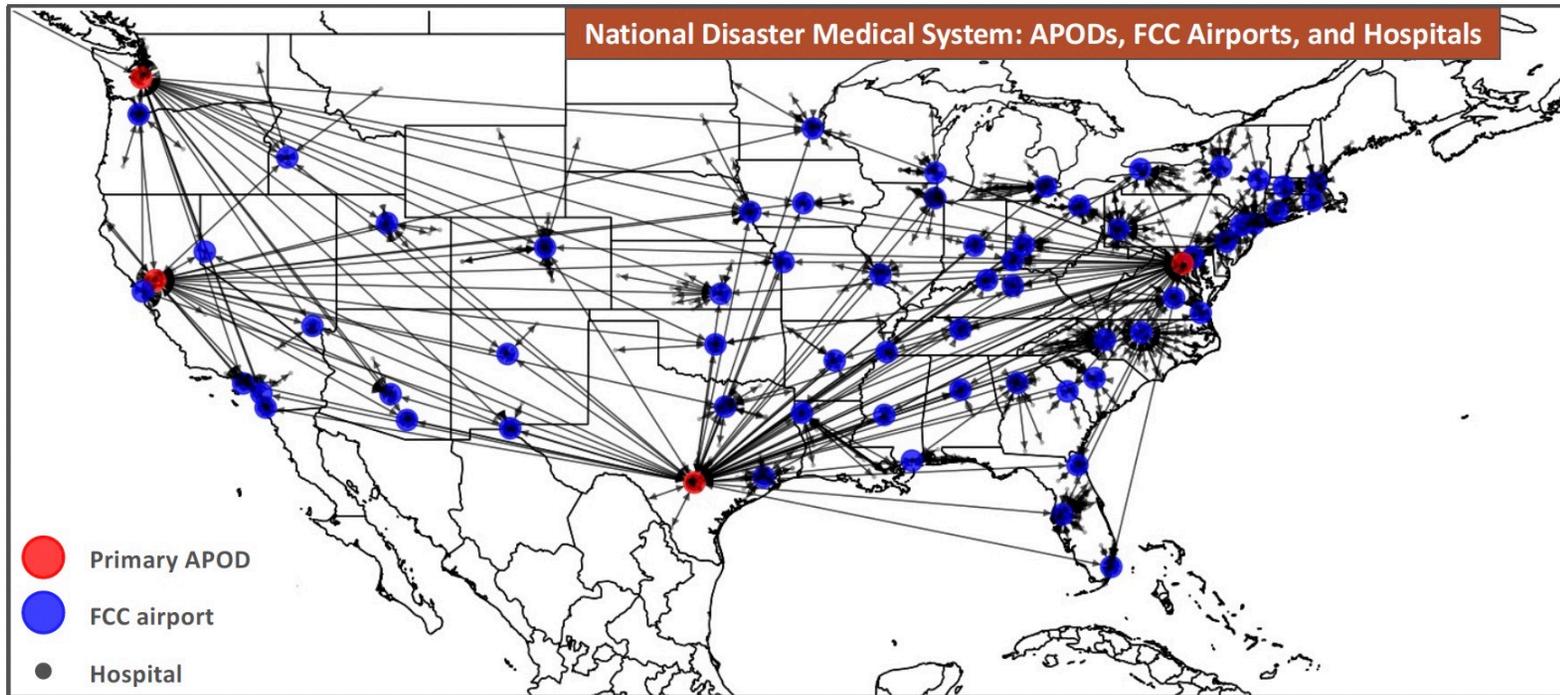
- Authorized under the first Trump Administration to assess and strengthen the NDMS
- Address requirements of a LSCO or catastrophic event
- Establish partnerships with public and private healthcare organizations
- Implement NORTHCOM Integrated Continental US Medical Operations Plan



NDMS Pilot Project



The National Disaster Medical System is a highly complex CIV-MIL network of partners



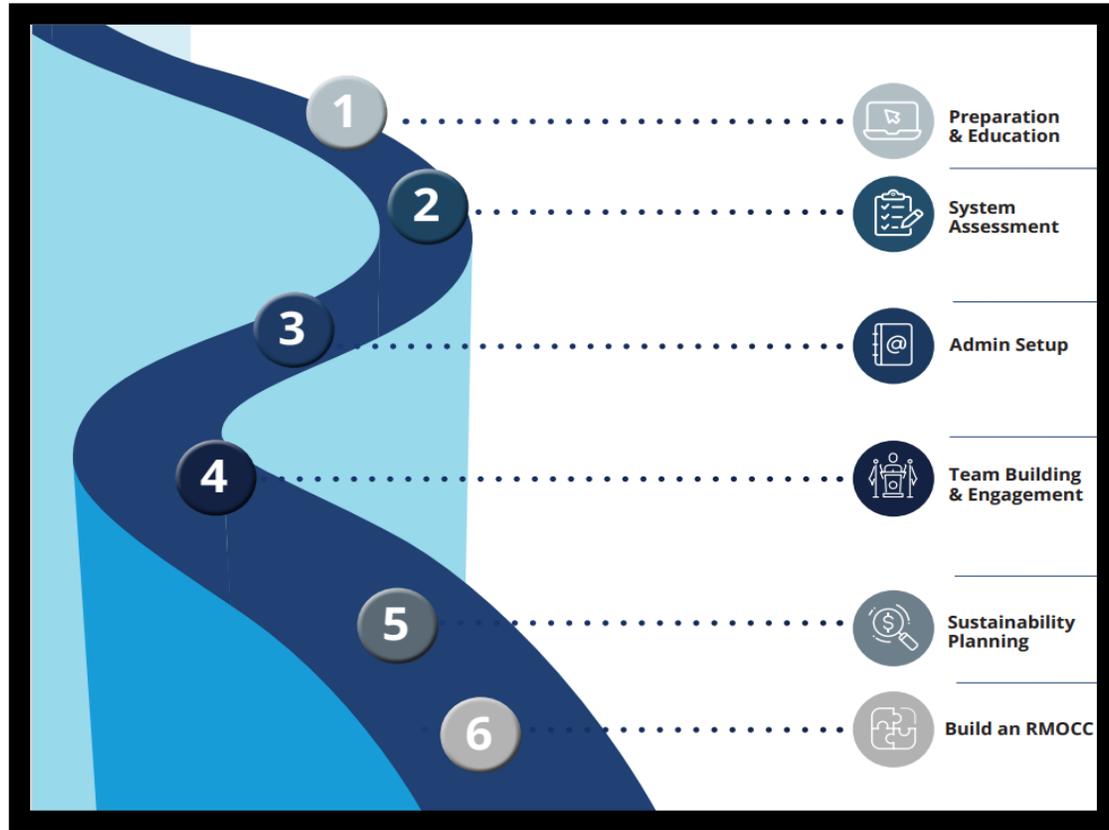
How do we do this?

Build a National Trauma and Emergency Preparedness System (NTEPS) plan and link existing efforts

- National Disaster Medical Systems (NDMS) Pilot
- NASEM Action Collaborative
- Military- Civilian Partnerships
- Regional Disaster Health Response System (RDHRS)
- Hospital Preparedness Program (HPP) Healthcare Coalitions
- Build a Network of RMOCCs



Getting Started



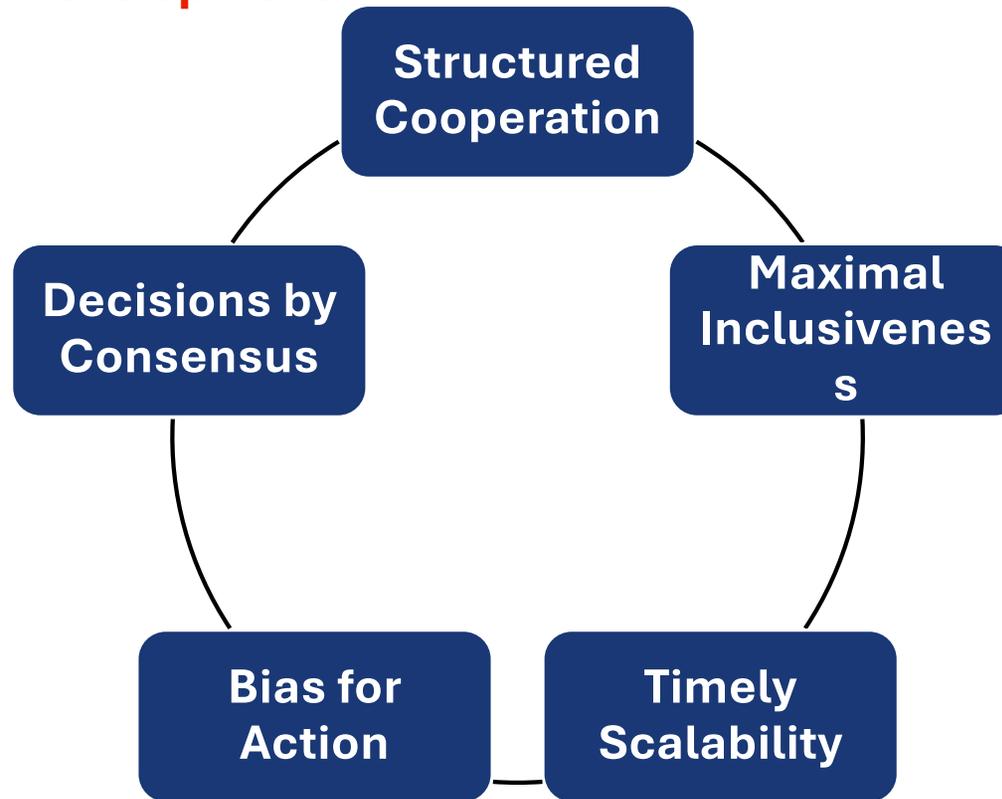
Getting Started

- **Coordinate with State COT Chair**
- **RMOCC COT Checklist**
- **MOC Toolkit 3rd Ed (ASPR TRACIE)**
- **Regional COT RMOCC Website**
www.facs.org/rmoccs



Principles Behind RMOCCs

Guiding Standard Development



RMOCC Standards

Standards provide a clear framework for delivering ***high-quality, consistent care*** across diverse settings.

They serve as a foundation for evaluation, improvement, and accountability, ensuring patients receive safe, effective, and coordinated treatment.



Goals in Establishing an RMOCC

RMOCC Standards

1. Ensure Consistency Across Regions

Define a common framework so RMOCCs function reliably regardless of geography or organizational structure.

2. Support Scalable Disaster Response

Enable rapid expansion from daily coordination to mass casualty incident management without building from scratch.

3. Facilitate Interoperability and Cross-State Coordination

Align protocols and data systems to support coordination across jurisdictions, especially during large-scale events.



Goals in Establishing an RMOCC

RMOCC Standards

4. Guide Implementation and Maturity

Provide a roadmap for developing and evolving RMOCC capabilities, from basic coordination to fully integrated operations.

5. Build Trust Through Transparency and Governance

Set clear expectations around authority, data use, and decision-making to encourage hospital participation and collaboration.

6. Enable Data-Driven Performance Improvement

Standardize what data is collected and how it's used to improve transfer efficiency, patient outcomes, and system learning.



Goals in Establishing an RMOCC

RMOCC Standards

7. Justify and Align Funding

Allow state, federal, and local funders to allocate resources based on demonstrable capacity, performance, and need.

8. Protect Legal and Ethical Integrity

Ensure triage and transfer decisions made during crisis conditions are supported by clear, defensible, and ethical guidelines.

9. Institutionalize the RMOCC Function

Shift coordination from a temporary workaround to a permanent system function that strengthens routine and emergency care alike.



Building an RMOCC Network

Supporting a National Trauma System

- A National Trauma and Emergency Preparedness System is critical for the optimal care of patients and ongoing advancement of the US healthcare system
- Federal support is needed for full integration; however, the building blocks of the national system must address the day-to-day needs of the individual regions
- The basic building block to accomplish this is the RMOCC
- Creating this system will require regional coordination and leadership



Thank You.

