REGIONAL
Committees on Trauma

RCOT Field Program
RMOCC Webinar Series

Webinar 1 – 2/11/2025

Discussion Summary: Advancing the RMOCC and NTEPS Framework

Opening Remarks and Historical Context

Presenter: Dr. Jeffrey Kerby

- The regional Committee on Trauma (COT) structure has been foundational to national success, especially through the early expansion of Advanced Trauma Life Support (ATLS).
- ATLS originated in 1980, driven by regional leaders who trained locally and spread the program globally.
- The regional structure also played a vital role in newer initiatives like Stop the Bleed, which has gained national legislative traction due to local and state advocacy.

Call to Action: National Trauma and Emergency Preparedness System (NTEPS)

- Historical Vision: Inspired by trauma pioneers like Dr. Trunkey in the early 1980s.
- True disaster readiness requires a trauma care network that functions daily and can scale in emergencies.
- The RMOCC Framework: RMOCCs are the operational unit for NTEPS and must coordinate daily trauma and time-sensitive care, scale for mass casualty incidents, maintain readiness infrastructure, and integrate local/regional/national responses.
- Visual Metaphor: The 'Upside Down Wedding Cake' represents a scalable system from everyday care to national crisis response.

NTEPS Version 2.0 – Key Components

Presenter: Dr. John Armstrong

- NTEPS addresses injury as the leading cause of death for people under 45 and greatest contributor to potential years of life lost under 75.
- Goals include injury prevention, access to high-quality care, mass casualty readiness, minimizing disability, and fostering performance improvement and research.
- Core Elements: Public health, standards, benchmarking, research, public outreach.
- Functions: Coordinate resources, set SMART objectives, support best practices, and integrate trauma system improvements.

RMOCC: Unit of Action

- Structure & Operations: Not just a call center—includes governance, IT, staffing, physical space, data integration, and partnerships.
- Finance: Estimated cost $1M–$4.5M. Funding via HPP grants, state initiatives, and 501(c)(3) pathways.

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Steps for Grassroots Activation

- Action Items: Download and read NTEPS v2.0 blueprint, explore ASPR TRACIE MOCC Toolkit v3.0, visit local health departments and EOCs.
- Promote eDMEP training, engage State Medical Associations, and advocate using SurgeonsVoice.
- Use trauma system tours and media to educate elected officials.

Key Comments and Q&A Highlights

- Civil-Military Integration: Strategies for bridging civilian and military planning from Alexis Moren and others.
- Regional Collaboration: Region 7 pilot underway (Charity Evans), exploring pediatric-first RMOCC model and regional funding.
- Territorial Boundaries: Start with trauma to build trust; expand to stroke and cardiac later.
- Use Case Examples: Washington's rural coordination, Alabama's trauma-first model, and San Antonio's STRAC success.

Advocacy and Federal Legislation

- PAHPA: Reauthorization overdue since Oct 2023.
- Surgeons are urged to use SurgeonsVoice to advocate for its passage.
- PAHPA is being used as a legislative vehicle to fund and guide RMOCC development.

Key Takeaways

- NTEPS and RMOCCs must start locally; daily trauma coordination is the engine for scalable disaster response.

Next Steps

- Upcoming webinar with Eric Epley on STRAC.
- Follow-up email to include NTEPS v2.0, ASPR toolkit, and advocacy materials.

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