Policy #: 001

TRAC V

TRAUMA REGIONAL ADVISORY COUNCIL-V

CAMERON HIDALGO STARR WILLACY

# TRAC-V REGIONAL MEDICAL OPERATIONS COORDINATION CENTER (RMOCC) OPERATIONAL POLICY

March 2026

## PURPOSE

The purpose of this policy is to establish the framework, authority, and operational guidelines for the TRAC-V Regional Medical Operations Coordination Center (RMOCC) within Trauma Service Area V (TSA-V) to include Cameron, Hidalgo, Starr, and Willacy counties of Texas.

The RMOCC is designed to improve regional coordination of patient movement, optimize healthcare resource utilization, and support timely access to appropriate levels of care by facilitating communication between hospitals, EMS providers, and system partners.

This is a living document and will be evaluated at least annually.

## BACKGROUND

Regional Medical Operations Coordination Centers (RMOCCs) are nationally recognized coordination structures designed to manage patient movement, optimize healthcare resource utilization, and support system-wide response during both routine operations and disasters.

The American College of Surgeons, through its National Trauma and Emergency Preparedness System (NTEPS), identifies RMOCCs as regional hubs that connect trauma systems, EMS, hospitals, and public health partners to ensure patients are delivered to the right place at the right time.

Similarly, ASPR TRACIE (Technical Resources, Assistance Center, and Information Exchange), a federal resource supporting the Hospital Preparedness Program, recognizes MOCCs as critical tools for patient load balancing, transfer coordination, and healthcare system resilience, particularly during surge events such as pandemics and mass casualty incidents.

National guidance further emphasizes that RMOCC structures are not limited to disaster response but may be used in day-to-day operations to coordinate EMS traffic, hospital referrals, and interfacility transfers, while playing a critical role during disasters requiring coordinated patient distribution and specialty care access.

The establishment of the TRAC-V RMOCC aligns with these nationally recognized frameworks and reflects best practices supported by federal preparedness programs and trauma system leadership.

## AUTHORITY

The TRAC-V RMOCC policy operates under the authority and oversight of the TRAC-V Board of Directors and is consistent with applicable rules and regulations outlined in the Texas Administrative Code, Title 25, Part 1, Chapter 157, and guidance from DSHS which recognizes and supports the role of Regional Advisory Councils (RACs) in coordinating trauma and

emergency healthcare systems. This policy further aligns with the TRAC-V Bylaws and may be amended and/or repealed at any time by a majority vote of the Directors.

## SCOPE

This policy applies to:

- All TRAC-V Staff supporting RMOCC operations
- Participating hospitals within TSA-V
- EMS agencies interacting with the RMOCC
- Regional partners engaged in patient movement or emergency response operations

## OBJECTIVES

The TRAC-V RMOCC is established to:

- Reduce delays in interfacility transfer coordination
- Minimize unnecessary out-of-region patient transfers
- Enhance regional situational awareness of healthcare capacity
- Support coordinated patient distribution during surge or mass casualty events
- Improve overall system efficiency and patient outcomes

## OPERATIONAL MODEL

The TRAC-V RMOCC operates as a centralized coordination hub utilizing:

- A single regional communication line **(e.g. Zoom Phone, Alert Media)**
- Real-time patient coordination platforms **(e.g. Pulsara)**
- Regional hospital status systems **(e.g. EmResource)**

The RMOCC functions as a facilitator of communication and coordination, supporting sending and receiving facilities in identifying appropriate patient placement.

## ACTIVATION LEVELS

### Level I – Out of Region Transfer Support

Purpose:

To assist facilities in securing in-region placement for patients when standard transfer processes are unsuccessful.

Activation Criteria:

- Sending facility has attempted and been unable to secure acceptance at another facility within the TSA-V region after:
  - Contacting multiple facilities (recommended ≥ 2-3), or
  - Experiencing delays exceeding reasonable timeframe
- Patient requires emergent or urgent transfer
- Out of region transfer is being considered

RMOCC Functions:

- Collect standardized patient information
- Identify appropriate in-region facilities (if applicable)
- Facilitate communication between sending and receiving facilities
- Document coordination efforts

**Level II – Surge / Mass Casualty Incident (MCI) Coordination**

Purpose:

To coordinate patient distribution, hospital load balancing, and provide situational awareness during high-impact events.

Activation Criteria:

- Declaration or recognition of a Mass Casualty Incident or Regional surge impacting hospital capacity, and
- Activation request from EMS, hospital(s), or regional partners

RMOCC Functions:

- Establish and/or participate in incident coordination **(via Pulsara)**
- Assess hospital capacity and capabilities
- Facilitate balances patient distribution across the region
- Alert and notify pertinent stakeholders and ESF-8 partners
- Maintain real-time communication with EMS, Hospitals, and other agencies

**ROLES AND RESPONSIBILITIES**

TRAC-V RMOCC Staff:

- Serve as the central point of contact for:
  - Out of the region transfer support
  - Interfacility transfer support
  - Regional surge and MCI coordination

- Facilitate communication between:
  - Sending facility
  - Receiving facility
  - EMS providers
  - External agencies and ESF-8 partners
- Collect, verify, and document minimum required data sets for:
  - Patient transfers
  - EMS incidents
  - Hospital capacity and capabilities
- Maintain real-time situational awareness utilizing:
  - Pulsara, EmResource, AlertMedia, WhatsApp, etc.
- Identify appropriate receiving facilities based on:
  - Clinical needs
  - Specialty capability
  - Bed / resource capability
  - Geographical considerations
  - Prioritize the closest, most appropriate facilities and in-region placement when clinically appropriate
- Establish and maintain incident coordination
- Conduct rapid hospital polling for:
  - Bed availability (ED, ICU, Specialties)
  - Staffing and surge capacity
  - Diversion status
- Document and track information regarding:
  - Transfer timelines
  - Facility responses
  - Transport coordination
- Maintain quality records and information for:
  - Performance Improvement (PI)
  - After Action Reviews (AARs)

TRAC-V RMOCC staff shall not:

- Override clinical decision making
- Mandate patient acceptance
- Direct EMS transport outside established medical control protocols

**LIMITATIONS**

- The TRAC-V RMOCC does not have authority to mandate patient acceptance
- Final acceptance decisions remain with receiving physicians and facilities

- Clinical decision making remains the responsibility of licensed providers
- RMOCC support is dependent on the accuracy and timeliness of information provided and when requested

## PERFORMANCE MONITORING

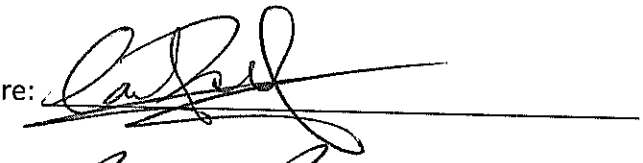
TRAC-V will monitor RMOCC effectiveness through:

- RMOCC utilization rate and involvement in out of region transfers, MCIs, etc
- Sending facility transfer decision time
- Receiving facility time to acceptance
- EMS response time to sending facility
- Percentage of patients scheduled for out-of-region transfer retained in TSA-V

## TRAC-V BOARD APPROVAL

This policy shall be reviewed periodically and updated as needed to reflect changes in regional needs, technology, and regulatory requirements.

Approved by the TRAC-V Board of Directors on March 27, 2026.

TRAC-V Board Chair Signature: 

TRAC-V Executive Director: 

# TRAC-V RMOCC PATIENT DESTINATION ALGORITHM

**RMOCC activation request received from EMS and/or sending facility**

## Out of Region Transfer Support

**Sending facility requests RMOCC transfer support prior to out of region transfer**

**Is minimum patient dataset complete?**

- **NO** → **STOP and complete patient dataset**
- **YES** → **Determine clinical priority:**
  - CRITICAL / EMERGENT
  - URGENT
  - NON-URGENT

**1. Identify required capability:**
- Trauma Level I / II / III / IV
- Specialty (Neuro, Cardiac, Stroke, ICU, etc)

**2. Check facility and/or system status**
- Capacity
- Capability
- Diversion status

**3. Rank receiving facilities based on:**
- Closest appropriate facility
- Available bed capacity
- Specialty resources available

**4. Contact Facilities in Order**

**5. Patient accepted?**

- **YES**
  1. Assign destination and notify sending facility
  2. Initiate transfer via Pulsara
- **NO** → **Move to next in-region facility**

**Are all regional options exhausted?**

- **YES** → **Approve and/or Escalate to Out-of-Region transfer**
- **NO** → **Continue contacting in-region facilities**

## MCI / Surge Event Coordination

**Incident identified and RMOCC notified**

**Has Pulsara Incident been created?**

- **NO** → **STOP and create Pulsara Incident**
- **YES** → **Collect EMS Scene Data:**
  - Patient Count
  - Patient Acuity
  - Transport & Mutual Aid Needs

**1. Contact hospitals to collect:**
- ED Bed availability
- ICU Bed availability
- Specialty capabilities

**2. Match patients to facilities based on:**
- Patient acuity + capacity

**3. Relay patient destinations to Incident Commander and/or Transport Coordinator**

**4. Distribute patients to closest, most appropriate facilities**

**Have all patients been transported?**

- **YES** → **STOP Pulsara Incident and follow up with hospital staff on unmet needs**
- **NO** → **Continue monitoring patient transports**

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