

**Massachusetts Department of Public Health
Minutes of the Trauma Systems Committee
Meeting of Wednesday, September 25th, 2024
WebEX**

Date of Meeting: Wednesday, September 25th, 2024

Beginning Time: 11:04 AM

Ending Time: 11:44 AM

Committee Members Present: The following (8) appointed members of the Trauma Systems Committee attended on September 25th, 2024, establishing the required simple majority quorum pursuant to Massachusetts Open Meeting Law (OML): Bureau of Health Care Safety and Quality Acting Director Tony Sousa (Chair), Dr. Michael Murphy, Dr Mark Pearlmuter, Dr. Ali Salim, Dr. Reginald Alouidor, Sandra Mackey, Jacquelyn Miller, Sara Burgess.

1. Routine Items

Tony called the meeting to order at 11:05 am. Tony noted that members of the Trauma Systems Committee should make sure cameras are turned on, name is visible, and on mute unless speaking.

2. Department Update:

Tony provided the following Department of Public Health updates: Tony Sousa is Acting Bureau Director for the Bureau of Health Care Safety and Quality. Pooja Phaltankar left the Bureau in April, please reach out to Marita and Montana for any questions or concerns. The Department recently launched a Health Care Capacity Interactive Dashboard.

3. Presentation

Tony introduced Kate Saunders, Director of Quality Improvement, to present an update on Massachusetts Trauma Registry.

Kate Saunders thanked Tony and mentioned that the data being presented in this presentation and the Pediatric Trauma presentation was put together in a group effort with colleagues Jiankun Kuang and Leah Pickney.

Kate provided an update on Trauma Registry Submissions and then presented Trend Analysis of Pediatric Trauma Admissions Before and During the COVID-19 Pandemic in Massachusetts, 2018-2021.

Kate Saunders asked if the Committee had follow up questions.

Tony read a question in the chat regarding if the State Trauma Registry is ready for AIS 2025 as of January 1st. Kate Saunders responded, yes following AIS guidance. Leah mentioned that they are currently working with Trauma Registry Vendor, ESL, for these 2025 updates.

Dr. Murphy commented Tufts is no longer a Pediatric Trauma Center in chat.

Dr. Murphy noted that Dr. Masiakos asked him to make the following comment, Pediatric Trauma Centers are overwhelmed and there are no spaces at Pediatric Trauma Centers to receive Trauma Patients. Dr. Masiakos requested to see if possible, to find out how many children are sent to Connecticut and Rhode Island from the Western/Southern Massachusetts, respectively, to find out about missing those patients. Tony noted it would be taken back to discuss.

Tony asked if there are other questions from the Committee.

Dr. Salim asked if there is data analyzed post COVID and whether some of these numbers are persisting. Kate Saunders answered that we have not started analyzing the data as it's still coming in. We don't want to start the analysis before all of the centers have completed reporting. We do want to track post COVID and moving forward to track whether trends persist or resolve to post COVID times.

Tony asked if there are other questions from the Committee.

With no further questions, Tony turned the presentation over to Dr. Jon Burstein, EMS Medical Director and Chair for Medical Service Committee. The Medical Service Committee is seeking recommendations from the Trauma Systems Committee on certain clinical questions that Dr. Burstein will detail.

Dr. Burstein presents issues from the Medical Service Committee which are field blood transfusion as a medical director option, new hemostatic gel and use of automatic CPR devices in traumatic arrest. Dr. Burstein noted that Committee members can email him about the topics presented.

Dr. Murphy asked if it is possible to follow outcome numbers and the second question is what happens when blood supply runs short. Dr. Burstein informed the Committee that 8 patients have been transfused in the field, south of Metro Boston. Dr. Burstein noted that they will be continuing to track these. Dr. Burstein mentioned that every service that will do this, will need to plan with a blood bank and the blood bank will report adverse events to the Department that monitors adverse events for blood transfusions.

Dr. Burstein asked if there were more questions and noted they can also email him individually.

Dr. Salim asked about implementation and mentioned the consideration of transportation times. Dr. Burstein noted the special projects are in regions that have transport times of 20-30 minutes.

Dr. Pearlmutter mentioned to get the opinion of Massachusetts Association of Blood Bank Directors. Dr. Burstein noted that blood banks are in discussion of the topics.

Dr. Burstein discussed a new hemostatic gel.

Dr. Murphy asked where it is being used around the country. Dr. Burstein informed that it's being used in Nevada and California. Dr. Burstein noted this is newly FDA approved.

Dr. Salim asked that trauma centers around the state be educated on this and know complications associated with its use. Dr. Burstein asked if it would be fair to say if an EMS agency asked to carry this the organization must get approval from a trauma center where they bring patents to. Dr. Salim agreed.

Dr. Aloudor noted they do not have this product in Western Massachusetts. Dr. Reginald asked if there are any reported complications. Dr. Burstein noted that institutions have not reported any complications.

Dr. Burstein presented the third topic of automatic CPR devices in traumatic arrest.

Dr. Murphy commented there might be more efficiently bleed out with automatic CPR and might be a higher mortality rate for mechanical CPR.

Dr. Salim noted that in Texas they have abandoned the mechanical CPR because they found manual CPR is more effective. In Los Angeles, they use the mechanical and would defer to other colleagues. Dr. Salim mentioned, in Boston, it makes sense to take a patient to closest the trauma center but longer transport time if needed to use it then it would be fine.

Dr. Aloudor commented it frees up EMS hands to do other things.

Dr. Murphy commented there needs to be a degree of clarity.

Dr. Burstein noted that the answer that would be provided based on this discussion is, it's not likely to work, no data that shows it helps, if you happen to need to use it to replace a human hand to do something else to benefit the patient, go ahead but otherwise not the answer.

Dr. Salim added to also get the patient to the Trauma Center as soon as possible.

Tony thanked Dr. Burstein and asked if there were any more questions or comments from the Committee.

4. Discussion

Tony thanked the Committee members for their time and noted the next meeting will be determined at a later date.

Tony asked for motion to adjourn.

Motion: Dr. Salim

Second: Dr. Aloudor

All in favor: Unanimous

The meeting was adjourned at 11:44am.