The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

250 Washington Street, Boston, MA 02108-4619



MARYLOU SUDDERS

Secretary

MONICA BHAREL, MD, MPH Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

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**Massachusetts Department of Public Health**

**Minutes of the Trauma Systems Committee**

**Meeting of Wednesday, February 27, 2019**

Massachusetts Emergency Management Agency, 400 Worcester Rd

Framingham, MA

**Date of Meeting:** **Wednesday, February 27, 2019**

**Beginning Time:** 10:10 AM

**Ending Time:** 11:23 AM

**Committee Members Present:** The following (10) appointed members of the Trauma Systems Committee attended on February 27, 2019, establishing the required simple majority quorum (9) pursuant to Massachusetts Open Meeting Law (OML): DPH Assistant Commissioner Dr. Elizabeth Chen (Chair); Dr. Reginald Alouidor, Sara Burgess; Erin Daley, Brendan Hayden, Dr. Timothy Emhoff; Lisa McNamara, Lorraine Willett, Dr. Mark Pearlmutter and Dr. Brian Patel.

1. **Routine Items**

Dr. Chen called the meeting to order at 10:02. Dr. Chen asked if there were any changes to the minutes from May 29, 2018. Dr. Chen recommended tabling minutes until the next meeting of the Trauma Systems Committee as there was confusion among members about receiving minutes.

Dr. Chen stated that she will commit to sending out minutes to the group one week before a meeting so there is time to review the minutes.

1. **Department Updates**

Dr. Chen reviewed the Department update regarding the Merrimack Valley fires and the Department’s ongoing recovery efforts. The Department met with directors from the affected areas to discuss the recovery efforts. The health directors requested technical assistance, particularly around behavioral health and planning for future triggering events, such as the one year anniversary so the Department will be helping the area on that.

Dr. Chen addressed the question about increases in carbon monoxide poisoning or burns from after the fire and informed the committee that there was an increase to both carbon monoxide related injuries and to burn injuries in the region after the explosions.

Dr. Chen asked Dr. Fillo to elaborate on why there might be more burns during those times. Dr. Fillo mentioned it is likely that the burns were from people in the region using alternative heat sources. Dr. Fillo pointed out that there is a peak at the exact time of the explosions, which is when many patients were being transported to local hospitals with burn related injuries. Dr. Fillo added that by the time this time period ends, all the homes in the affected communities have had their heating source restored and the data cover the time frame in which people were using alternative heating sources.

Dr. Chen updated the Committee on the regional grant awarded to Dr. Biddinger and MGH to review a regional disaster system. She stated that Mark Miller from the Department will be participating, and the goal of the grant is to create an effective disaster health response system for Massachusetts.

Dr .Chen updated the Committee on Governor Baker’s plan to strengthen age-friendly efforts to be inclusive of all populations.

Dr. Chen turned to the agenda for the year. She informed the members that for 2019 the Committee will examine the trauma systems within each region with supplemental data from the Department.

Dr. Chen introduced Marita Callahan, Director of Policy and Communications who will be attending Committee meetings.

Dr. Chen asked Dr. Fillo to review the trauma specific data for Region 1. Dr. Fillo first updated the Committee on data submissions to the trauma registry. She stated that there was an increase in submissions in 2018 due to the work of the Department and trauma centers and that 10 trauma centers have submitted data to the Department through the end of Federal Fiscal Year 2018. Dr. Fillo announced that 30 out of the 50 hospitals have submitted data for 2018 and the Department is actively working with all the Community Hospitals and those hospitals are getting closer to submitting their data in the near future.

Dr. Fillo presented region specific data for Region 1, including response time. She clarified that the data are ALS and BLS data combined and the data are not just for trauma, but for all ambulance trips.

Dr. Fillo presented on the data from the Massachusetts Trauma Registry. She reported that in Massachusetts there are 9.3 traumas per 10,000 residents, in Region 1 there were 10.9 traumas per 10,000 residents.

Dr. Alouidor asked if Dr. Fillo had any more information about the increase in response time between 2014 and 2015. Dr. Fillo confirmed that she will review the 2014 and 2015 data and follow up for the next meeting.

Dr. Fillo completed the Region 1 data presentation including by age grouping, by gender, method of transportation to trauma centers, and transfer traumas.

Dr. Fillo completed the presentation and reviewed fall types, fall types by gender, motor vehicles traumas, and off road vehicle traumas.

Dr. Chen reviewed the framework for the Committee members and turned the meeting over to Region 1 members to continue the discussion.

Dr. Alouidor began the region 1 discussion and stated that at BayState Medical Center, trauma patients are either listed as category 1 or 2. The field provides contact information, time of arrival, any injuries identified by the field, basic vital signs. When the patient is identified as a category 1 approximately 106 people in the hospital are activated. Generally, there is minimal communications between EMS and trauma resources.

Dr. Alouidor indicated that they are looking to upgrade to an app based system which will give them more time to prepare for the patient’s arrival and additional information on the patient’s condition.

Dr. Alouidor continued that there are 10 hospitals in Western Massachusetts, and BayState Medical Center is a level 1 trauma center. The Berkshire Medical Center is a level 3 trauma center. Region 1 extends from around Palmer, MA or Sturbridge, MA out to the natural borders of the state, but they often get patients from southern Vermont, southern New Hampshire, northern Connecticut, from New York.

Dr. Alouidor stated that follow up communications or feedback is provided to EMS personnel, and EMS sometimes are invited to participate in the trauma morbidity and mortality conference, and there is education provided to EMS and trauma will also participate in EMS educational activities and case reviews.

Ms. Daley added that her hospital is also looking at an app based communication, and while Mercy does not have a trauma designation, they do receive a lot of trauma patients. She stated that Mercy usually transfers STEMI and pediatric patients if they require admission. The primary transfer sites are BayState Medical Center or St. Francis.

Ms. Burgess stated that their EMTs have a point of entry protocol they use but her hospital does not usually get life threatening trauma.

Dr .Chen asked if committee members have any questions.

Dr. Emhoff asked if there is a protocol for transfer.

Ms. Daley stated that it is based on providers and what specialties are available.

Dr. Emhoff asked the members of region 1 what their protocol is if the patient does not meet field criteria.

Ms. Daley stated that if the patients were coming from EMS, her hospital would not receive them, but the ones that are driven in; it is usually based on provider judgment.

Dr. Emhoff stated that it is similar in region 2: provider driven judgment.

Dr. Alouidor continued with the framework discussion. Dr. Alouidor spoke a little about which specialties they do not service such as burns. Patients with clear burn criteria have to be transferred to a burn center. Dr. Alouidor provided an example where a child that comes in with a hand burn has to be transferred to a different hospital but that can provide problems for the patient, as the follow up is now 90 miles away. BayState Medical Center is looking at communicating with burn centers to determine if patients can be treated locally rather than being transferred out.

Dr. Alouidor stated that often patients who need to be transferred have long travel times home, and can make follow up difficult. He added that a lot of transfer decisions are determined by the clinicians and their level of comfort.

Dr. Patel added that MGH has a burn center transfer app so some of that discussion can happen before transfer if necessary.

Dr. Chen asked the committee if we should finish region 1 or start with region 2 on a few items. The committee decided to finish region 1 and start region 2 discussions for the May meeting.

Ms. Daley stated that orthopedics has been challenging for her hospital. Last spring, the hospital went to a model which reduced the transfers that went out of the hospital. They have had an increase in surgery and consults after changing to the other model.

Dr. Emhoff stated that tertiary care hospitals are having trouble with the numbers of patients in the Emergency Department. He added that he thinks it would be useful to have a policies and procedures on when to transfer patients.

Dr. Chen asked if there are ways to address the transfer issue.

Dr. Emhoff said his hospital is looking at yearly transfers and looking specifically at patients who are discharged on the same day or within one day and with low severity level of trauma and then see why they may have been transferred from the initial hospital.

Ms. Burgess added that her hospital has a transfer committee that looks at every transfer that leaves that facility broken down by specialty.

Dr. Alouidor added that going back to the topic of comfort level, there is often more at play than if the surgeon has the skills. He offered an example that a consideration is if that person is the person on call all weekend and do they have the capacity to care for that specific patient as well as the others that are in the hospital, or if the operating room has the ability to provide anesthesia 24/7.

Dr. Emhoff stated that some of these are systems problems.

Ms. Willett stated that community hospitals specifically need to look at their own patient populations.

Dr. Pearlmutter stated that it has to be viewed from both sides: patients that are inappropriately transferred and patients incorrectly not transferred. He suggested that there be additional guidelines provided, and perhaps that is something DPH can do.

The Committee lost quorum at 11:10 when Dr. Pearlmutter stepped out of the room. He returned at 11:12 and the Committee continued deliberations.

Dr. Emhoff stated that his hospital did develop a plan for transfer, and that plan might be different for every hospital.

Dr. Patel stated that non-designated hospitals have different challenges than trauma centers and stressed the difficulties that hospitals have to transfer patients once admitted to the hospital. He suggested that DPH may want to consider guidance on how to improve that process.

Dr. Chen asked to transition to the post trauma prevention and access part of the framework.

Dr. Alouidor stated that he wanted to highlight barriers to post trauma prevention and access, which include having adequate insurance, neuro rehab, not enough psychiatric services, and not enough outpatient follow up.

Dr. Alouidor went through some prevention access programs including child car seat program, “Stop the Bleed”, regional gun buy-back program, brains at risk program, which is an education program at BayState Medical Center and covers dangerous driving and brain injury prevention. There is also a youth advisory board for teens to research effective prevention and education techniques.

Dr. Rosenblatt from Lahey Medical Center commented that it is up to the non-designated centers to obtain their own information on the patients they are keeping and the outcomes of those patients.

Dr. Chen requested a motion to adjourn.

Motion to Adjourn: Brenden Hayden

2nd: Sara Burgess

Yay: 10; Nay: 0, Abstain: 0

Dr. Chen adjourned the meeting at 11:23AM.