

**Massachusetts Department of Public Health**  
**Minutes of the Trauma Systems Committee**  
**Meeting of June 9, 2025**  
ZOOM

**Date of Meeting:** June 9, 2025  
**Beginning Time:** 2:36 PM  
**Ending Time:** 3:43 PM

**Committee Members Present:** The following 9 appointed members of the Trauma Systems Committee attended on June 9, 2025, establishing the required simple majority quorum pursuant to Massachusetts Open Meeting Law (OML): Bureau of Health Care Safety and Quality Director Teryl Smith (Chair), Michael Murphy, Ali Salim, Sandra Burgess, Sandra Mackey, Jacquelyn Miller, Lisa McNamara, Mohhamed Bawazeer, Elizabeth Hednerson and Abigail Wertz.

**1. Routine Items**

Teryl Smith called the meeting to order at 2:36PM. Teryl noted that the members of the Trauma Systems Committee are to make sure member's cameras are turned on, their name is visible, and on mute unless speaking.

**2. Department Update:**

Teryl Smith reviewed the agenda for the meeting:

- Department Reminder – Open Meeting Law
- Trauma Registry Update
- Prehospital Blood Transfusion Discussion and Vote
- Discussion about future Trauma Systems Committee Meetings
- Public comment (if time allows)

**3. Department Reminders**

Teryl Smith introduced Marita Callahan, Director of Policy and Health Communications for the Bureau of Health Care Safety and Quality, who provided members with reminders about Open Meeting Law requirements.

Teryl Smith then asked members if there were any changes to the January 2025 meeting minutes. There were no changes. Teryl asked for a motion to approve the minutes. Michael Murphy motioned to approve meeting minutes and Ali Salm second motioned to approve. Teryl conducted roll call vote of members for approval of the minutes. The minutes were approved.

**4. Trauma Registry Update**

Teryl Smith introduced Kate Saunders, Director of Quality Improvement for the Bureau of Health Care Safety and Quality, to provide a presentation on updates to the Massachusetts Trauma Registry. Kate Saunders presented on the Massachusetts Trauma Registry Updates.

Teryl Smith thanked Kate for presentation and asked if the Committee Members had any follow up questions or comments. There were no questions or comments.

## **5. Prehospital Blood Transfusion Discussion and Vote**

Teryl Smith introduced Jon Burstein, State EMS Medical Director, to provide an overview of the proposed EMS Prehospital Blood Transfusion protocol. Jon Burstein gave an overview to members of the proposed protocol and then asked if there were any questions or comments.

Michael Murphy asked who from the federal government is pushing for this type of protocol. Jon Burstein informed him that it is NHTSA.

Michael Murphy asked about the state plans for the summary data, and it does not appear that the state will be collecting data on the RH issue. Jon Burstein answered that there are multiple data collecting databases involved. The data from this protocol will be manually collected for now, but ultimately the goal is to link all data from the various databases. Jon Burstein then discussed the policies required under the protocol related to RhoGAM.

Teryl Smith asked if there were any other questions from Committee members.

Ali Salim asked about the process for the prehospital blood transfusion protocol. Jon Burstein clarified that the protocol requires an application to OEMS and there is a regionalization component that is required. Ali Salim asked if OEMS has talked to other cities that have done this. Jon asked if he meant other states, then yes, OEMS has talked with other states and large cities that have implemented similar protocols. The two services that do it now in Massachusetts, Lowell General and Canton Fire, both support regionalization.

Teryl Smith asked if there were additional thoughts or comments. Jon Burstein added that if there are any suggestions from Committee members, they can also email them to Jon.

Mohammed Bawazeer asked if it would be whole blood or packed cells that would be used. Jon discussed the process and said it would be packed cells and whole blood. The two services that do it now are generally using whole blood. Jon mentioned that it is hard to know what blood banks will have available, so either whole blood or packed cells could be used.

Teryl Smith asked if there were other questions.

Sara Burgess asked if the protocol would impact point of entry or would it still follow the same trauma point of entry protocol. Jon stated that it would still be the trauma point of entry plan.

Teryl Smith asked if there were other comments or questions

Michael Murphy had a comment on clinical indications and altered mental status with life-threatening hemorrhage.

Jon Burstein asked for Committee members' thoughts on changing the protocol and eliminating the altered mental status line. Michael Murphy stated that hemodynamics should be mandatory.

Ali Salim discussed significant hemorrhage and patients' guidelines. Ali Salim asked what are the criteria from other cities/states that have this in place already? Jon Burstein said that generally others seem to be using hemodynamics and adding in the notion of if there is other evidence of hypoperfusion.

Michael Murphy asked if there was input from the blood banks in the state. Jon noted that they have talked to some blood banks and have been discussing with the blood bank regulators.

Jon Burstein noted that some of the Committee members work for the two current programs. Abigail Wertz noted she is happy to take comments or answer questions on the program since it has been implemented at Lawrence Hospital starting in December 2024. Abigail discussed the program data and how the program is currently operating.

Michael Murphy and Jon Burstein discussed urban EMS systems and the 20-minute field time.

Ali Salim asked if data would be shared with the Trauma Systems Committee. Jon Burstein that de-identified data would be shared with Trauma Systems Committee and Medical Services Committee.

Teryl Smith asked the Committee members if there were any other requests or comments. There were no additional questions or comments. Teryl Smith thanked Jon Burstein for his presentation and the Committee Members for their input and participation.

Teryl Smith noted the next step would be to vote on the protocol. Michael Murphy asked for a future discussion about application criteria.

Teryl Smith conducted a roll call vote of members. Eight Committee members voted yes.

## **6. Discussion about future Trauma Systems Committee Meetings**

Teryl Smith continued with the Committee meeting by discussing the future of Trauma System Committee meetings. She presented three questions for the Committee members to discuss. The three questions were:

- What are the two biggest problems you see for trauma care in Massachusetts over the next two years?

- What are the two best ways you can think of to improve trauma care in Massachusetts over the next two years?
- Keeping in mind that Trauma Systems Committee is an advisory committee, what do you envision as the potentially biggest contributions of the Committee over the next two years?

Teryl Smith asked Committee members for their thoughts on “What are the two biggest problems you see for trauma care in Massachusetts over the next two years?”

Ali Salim noted capacity challenges and the inability to get patients to appropriate rehab facilities, so disposition status has been challenging.

Lisa Mackey agreed with Ali Salim’s comments and noted it is a very challenging issue in Central Massachusetts because there is not enough appropriate post-acute care for patients with multiple traumas and so the patients languish in the hospital.

Michael Murphy commented that transport issues for interfacility transfers, cannot get patients to appropriate facilities because of lack of ambulances. Regional communications with respect to CMED and certain parts of the state are having issues with communications.

Jacquelyn Miller noted that integration of post-acute rehabs leads to prolonged length of stays and additionally, support for social services. There is a struggle for these services because the services have slimmed down in the community. There are significant delays to those specific referrals that are needed post discharge.

Abigail Wertz added that overall community hospitals are struggling financially and wanted to echo what Michael Murphy said about EMS CMED because the region are looking to close in area due to funding changes.

Sandra Mackey added to Abigail’s point the American Surgeons requires a trauma data base and the charge for that database has significantly increased. She is concerned that smaller trauma centers might not be able to manage that cost. All of the costs are increasing for trauma services.

Teryl Smith then asked Committee members “What are the two best ways you can think of to improve trauma care in MA over the next two years?”

Ali Salim suggested opening more rehab beds and having more EMS providers for inter-hospital transport.

Sara Burgess suggested specialized transport trucks and higher level critical care trucks.

Ali Salim added state funding for trauma centers.

Sara Burgess added making EMS an essential service in the state.

Teryl Smith then asked Committee members “Keeping in mind that Trauma Systems Committee is an advisory committee, what do you envision as the potentially biggest contributions of the Committee over the next two years?”

Ali Salim noted that attending the meeting is informational only, and Committee members would like to be involved before decisions are made and to help in making decisions.

Sandra Mackey noted it would be helpful to have access to the data they have been submitting.

Elizabeth Henderson noted that it would be nice to have more participation developing statewide protocols.

Michael Murphy noted his goal is to get something accomplished and the Committee members should come out of this with moving things forward. Other members have dropped off from feeling a lack of accomplishment.

Jacquelyn Miller suggested looking at the structure of the Committee to make sure there is a member from each trauma center in Massachusetts.

Teryl noted to Committee members to continue to give feedback on the three questions. Additionally, noted on the CMED concern that there are multiple ways to make sure coverage continues and avenues.

Teryl pivoted the meeting to any public comments. There were no public comments.

Teryl thanked the Committee members for their time and noted the next meeting date will be determined.

Teryl asked for motion to adjourn. Elizabeth Henderson motioned to adjourn the meeting and Michael Murphy seconded the motion. All members voted in favor of adjourning. The meeting adjourned at 3:43PM.