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**Massachusetts Department of Public Health**

**Minutes of the Trauma Systems Committee**

**Meeting of Wednesday, August 29th, 2018**

Massachusetts Emergency Management Agency, 400 Worcester Rd

Framingham, MA

**Date of Meeting:** **Wednesday, August 29, 2018**

**Beginning Time:** 10:03 AM

**Ending Time:** 11:26 AM

**Committee Members Present:** The following (15) appointed members of the Trauma Systems Committee attended on May 23, 2018, establishing the required simple majority quorum (9) pursuant to Massachusetts Open Meeting Law (OML): DPH Assistant Commissioner and Interim Bureau of Health Care Safety and Quality Director Dr. Elizabeth Chen (Chair); Dr. Reginald Alouidor, Denise Buckley; Sara Burgess; Todd Correia; Erin Daley, Dr. Jonathan Drake; Brendan Hayden, Dr. Peter Masiakos; Dr. Timothy Emhoff; Lisa McNamara; Lynne Rivard; Dr. Michael Murphy; Dr. Brian Patel; and Lorraine Willett.

1. **Routine Items**

Dr. Chen called the meeting to order at 10:01AM and thanked everyone for coming. Dr. Chen asked if anyone else was recording the meeting, there was no one recording. Dr. Chen reminded the members of the open meeting law, and confirmed quorum.

Dr. Chen introduced Erin Daley who will be replacing Joan d’Ambrosia on the board and thanked her for joining the Trauma Committee.

Dr. Chen asked if there are changes to the minutes from May 23rd. Dr. Emhoff stated that he had a few changes. Dr. Emhoff suggested that we revise the minutes to state that hospitals using all three vendors have successfully uploaded data but others are still having difficulty. He also expressed that there should be a mention about a letter that was sent out to Trauma Centers that the committee found unacceptable. After discussion, Dr. Chen informed the members that the Department will review the changes suggested and the vote on the minutes will take place in November.

Dr. Chen then moved on to a Department update and updated the Committee with the work of MIH. Dr. Emhoff asked how this is relevant to trauma. Dr. Chen informed Dr. Emhoff that it is a department update and it is a relevant update to many who are in the room as the program is crucial for trauma prevention and involves the EMS and Hospital community.

Dr. Chen then turned the meeting over to the Kerin Milesky, the director of the Office of Preparedness and Emergency Management. Ms. Milesky presented her slides on the role DPH plays in Emergency Management.

Dr. Chen thanked Ms. Milesky for her presentation and turned the meeting over to an update on the subcommittee. Dr. Chen reviewed the history of the subcommittee, stating that in May, the Trauma Committee voted to create a Data subcommittee under a proposal presented by Dr. Masiakos and chaired by Dr. Millham. Dr. Chen then asked Dr. Masiakos to provide an update on the subcommittee.

Dr. Masiakos stated that the group had a spirited discussion at the last meeting about the need to operationalize the trauma registry. He requested that Dr. Millham outline the organization of that group.

Dr. Millham stated that he and Dr. Masiakos had a conference call with Department leadership and understood that open meeting law makes it difficult to do this work in a committee structure. Therefore, they elected to go in a different direction.

So the data structure for the trauma registry is complicated and was recently changed in 2016.  It is a lot of data, has not been successfully put together.  The task of the committee is to assemble the data, and to research public health questions that can be answered from that data.

Dr. Millham stated that the best way to go about getting the data is to do this as an IRB submission. The goal will be to have a data set together sometime in the winter to gather a data set to answer some of the unanswered questions that have been discussed by the larger group.

Dr. Chen called on Dr. Emhoff who had a question. Dr. Emhoff asked if the intent was to add to the data set henceforth?

Dr. Millham responded that was the intent, but would first start to find where the weaknesses are and why some hospitals can submit data and some cannot. Dr. Millham stated that the research group does not want to take on the issue of uploading problems, but rather issues within the data that need to be worked out and that is where the focus is supposed to be.

Dr. Chen thanked Drs. Millham and Masiakos. Dr. Chen stated that over the summer the Department provided technical support individually to hospitals, and seven hospitals took the Department up on the offer. She presented the slide on how many hospitals have completed the data submission. Dr. Chen stated that by August, 16 out of the 17 hospitals had submitted the data.

Dr. Emhoff asked how effective the data support has been.

Dr. Chen responded that she can’t speak to that, but that the data states that the numbers went from 6 to 16 hospitals uploading the data.

Dr. Patel stated that they did use the support, it was hard to say if it was helpful but the data was successfully uploaded.

Dr. Chen suggested providing Dr. Emhoff’s organization more direct support.

Dr. Chen then turned to Dr. Fillo to finish the data analysis.

Dr. Fillo presented on the data set, looking specifically at out of state trauma data, a concern of members from the last trauma committee meeting.

Dr. Fillo reviewed MATRIS data. Specifically, Dr. Fillo stated that the Department specifically looked at FY2008-2015. Looked at trauma runs from October 1st 2014,-September 30, 2015. During that time 710 trip records were reported. Of cases that were trauma runs, 10% were transferred to Massachusetts facilities. The largest out of state transfers were to Rhode Island where there were 504 traumatic injuries transferred to Rhode Island, or about 0.5%.

Dr. Fillo continued to data breakdowns by hospitals, by designating trauma center versus community hospitals, and injury type by intent.

Dr. Masiakos commented that there are 76,000 ambulance runs per year related to trauma, but we only see about 28,000 admissions for trauma per year. He asked if there is a better understanding of that data?

Dr. Fillo stated that in MATRIS it is based on first impression, so it is possible that they are the types of injury where the patient isn’t admitted, but rather the patient is treated in the ED and released.

Dr. Masiakos suggested that this is an opportunity for this committee to investigate further.

Dr. Fillo suggested that this can relate back to ED avoidance protocol with MIH.

There was further discussion about data.

Dr. Chen turned back to the next topic. Dr. Chen wanted to share with the Trauma Committee how the Department looks at Trauma: Looking at primary, secondary and tertiary prevention.

She added that she recognizes that everyone on the Committee is an expert and wants them to provide feedback on this framework.

She then asked if there were any other questions. Seeing none, she reminded the group that the next meeting is November 28th and February 27th. She requested a motion to adjourn.

Dr. Masiakos asked if there was an implied public comment section under Open Meeting law.

Dr. Chen responded that there is not.

Motion to Adjourn:

Drake: Motion

Hayden: 2nd the motion

Dr. Chen concluded the meeting at 11:26.