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**Massachusetts Department of Public Health**

**Minutes of the Trauma Systems Committee**

**Meeting of Wednesday, August 28, 2019**

Massachusetts Emergency Management Agency, 400 Worcester Rd

Framingham, MA

**Date of Meeting:** **Wednesday, August 28, 2019**

**Beginning Time:** 10:01 AM

**Ending Time:** 11:25 AM

**Committee Members Present:** The following (10) appointed members of the Trauma Systems Committee attended on August 28, 2019, establishing the required simple majority quorum (9) pursuant to Massachusetts Open Meeting Law (OML): Elizabeth Kelley (Chair); Dr. Brian Patel, Sara Burgess; Dr. Ali Salim, Dr. Michael Murphy, Todd Correia, Dr. Jonathan Drake, Erin Daley, Brendan Hayden, Denise Buckley, Lisa McNamara, Stephanie Raby, Erin Markt

1. **Routine Items**

Ms. Kelley called the meeting to order at 10:01. Ms. Kelley introduced Erin Markt and Stephanie Raby as two new members of the Committee. Ms. Kelley reminded the Committee about open meeting law requirements and stated that the meeting was being recorded. She asked the members to please speak into the microphones so that the meeting can be captured.

Ms. Kelley asked if there were any changes to the May 29th meeting. Brenden Hayden motioned to approve the minutes, Dr. Murphy seconded the motion.

All in favor: All

Abstentions: Burgess

1. **Department Updates**

Ms., Kelley introduced Scott as the new Director of the Office of Emergency Medical Services.

She also announced that the Bureau of Healthcare Safety and Quality has relocated to Marlborough. She announced that the Department is looking to relocate the meeting to that site in the near future.

Ms. Kelley gave an update on the Department’s work on the Fourth of July celebrations.

Ms. Kelley congratulated Lahey Health on its Trauma Level I designation.

Ms. Kelley noted that the Trauma Committee has been listening to presentations on Regional Trauma Systems. She added that the Committee will hear Region 3 and Region 5 presentations today.

Ms. Kelley then turned it over to Kate Fillo to update the Committee on data related to hospital stays through 2018, which is the first time this data has been available.

Dr. Fillo updated the Committee on the Trauma Registry. She added that the Department has undertaken a 2 year task to update the Trauma Registry, and have identified a vendor to update the Registry. She added that she will continue to keep the Trauma Systems Committee updated as more information is available.

Dr. Fillo presented the Trauma Data submissions on slide 8 and 9. She added that the 2019 trauma data submissions process is underway and hospitals are able to submit data for 2019.

Dr. Fillo announced that there has been enough data submitted that the Department can begin to share preliminary data from calendar year 2016-2018. Dr. Fillo presented the preliminary data from slides 10-15.

Dr. Fillo continued to present Region 3 data and presented slides 16-27.

Ms. Kelley acknowledged Dr. Drake and Ms. Buckley from Region 3 to give their presentation on Region 3.

Dr. Drake presented on Region 3 trauma systems. Region II consists of Essex and Middlesex Counties with approximately 2.4 million people. Dr. Drake presented data demonstrating that between 2016-2018, the majority of trauma patients were admitted for falls, then for motor vehicle accidents and then for other injuries such as burns, fractures, upper extremity and tendon injuries.

Dr. Drake then described the Region 3 interface with EMS. He noted that one of the challenges here is that some Trauma hospitals provide medical direction to EMS agencies, and other do not, which can result in problems with quality feedback for both entities.

Dr. Drake noted that about 76% of the patients who fall from ground level are above the age of 70 and that is a large proportion of their trauma patients.

Dr. Drake further noted that the mortality rates in the 5 Level III trauma centers have held steady around 2% but that 45% of all mortalities occurred in patients ages 70 and above.

Dr. Drake stated that there are five points of entry for Region 3 trauma patients. He stated that it has not been a problem with EMS or a point of confusion with the five different trauma hospitals.

Each Level III trauma center has their own formal transfer guidelines, and may vary depending on availability of specialties at each individual trauma center.

Dr. Drake stated that about 28% of patients in Level III centers are transferred to a higher trauma center in the surrounding areas.

Dr. Drake reviewed the injury prevention efforts across Region 3.He noted that no Level III trauma center has a dedicated full time position for injury prevention, but noted other injury prevention programs across the Region including Stop the Bleed Training, Swim and Pool Safety, Car Seat Checks, Concussion Education, and Driving Safety.

Ms. Kelley asked the Committee if there were any questions on Region 3. Dr. Murphy asked Dr. Fillo a question about the RFP for the Trauma Registry.

Dr. Murphy asked if out of state transfers would be captured in the new Trauma Registry. Dr. Fillo answered that it is in the procurement information and are hoping there is a way to capture the transfer question.

Ms. Kelley then opened the meeting up for a Public Comment period on Region 3.

Dr. Rosenblatt commented that the numbers on the presentation didn’t seem to add up.

Dr. Fillo noted that this data was preliminary data and mentioned that there is no data from the fourth quarter from 2018 from Trauma Hospitals and there are other missing quarters of data. She agreed that it is not a complete data set, but wanted to share what was available with the Trauma Committee.

Ms. Kelley then turned to the Region 5 data and asked Dr. Fillo to present the Region 5 data.

Dr. Fillo presented her Region 5 data in slides \_\_\_\_ to \_\_\_\_\_

Dr. Fillo then turned it over to the Region 5 members. Mr. Hayden, Dr. Patel and Ms. Raby.

Mr. Hayden stated that Good Samaritan is the only designated Trauma Center in Region 5.

Mr. Hayden gave a brief overview on the hospitals in Region 5: Sturdy Memorial, Cape Cod HealthCare, Southcoast Health, Good Samaritan, St. Anne’s Hospital, and Morton Hospital.

Ms. Raby presented on the Southcoast Hospitals, and stated that many of the trauma patients from these hospitals are transferred to Rhode Island Hospital which presents a challenge for follow up care.

Chief Correia stated that there is an additional challenge in Region 5 with the prison population because while EMS treatment protocols require transfer to the nearest trauma center, the nearest trauma center in this case is across state lines.

Dr. Patel presented on Study Memorial Hospital and noted that the challenges were similar to other hospitals and issues with MassHealth patients who were transferred to Rhode Island can be an issue. Other issues were clarity of communication and getting updates were challenging.

Ms. Kelley thanked the presenters and asked if there were any public comments.

Jane Johnson from Cape Cod hospital commented that she thought the number that Dr. Fillo mentioned in her presentation for EMS runs was quite short.

Dr. Fillo clarified that the number is an average and that she hopes in the future they can look at even more specific geographic locations, understanding that parts of the Cape will have longer EMS response times.

David Faunce, EMS Director for Region 5, echoed comments about issues with Rhode Island Hospital and MassHealth.

Ms. Kelley thanked everyone for their time and stated that the next meeting will be November 20, 2019. She asked for a motion to adjourn.

Dr. Drake motioned to adjourn. Dr. Patel seconded.

All in favor: All

All opposed: None

Meeting adjourned at 11;25AM.