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**Massachusetts Department of Public Health**

**Minutes of the Trauma Systems Committee**

**Meeting of Wednesday, February 28, 2018**

Massachusetts Emergency Management Agency, 400 Worcester Rd

Framingham, MA

**Date of Meeting:** **Wednesday, February 28, 2018**

**Beginning Time:** 10:01 AM

**Ending Time:** 11:32 AM

**Committee Members Present:** The following (15) appointed members of the Trauma Systems Committee attended on February 28, 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; Joan D’Ambrosia; Dr. Jonathan Drake; Brenden Hayden; Dr. Peter Masiakos; Michelle Mastin; Lisa McNamara; Dr. Michael Murphy; Dr. Brian Patel; Dr. Ali Salim; and Lorraine Willett.

**1. Routine Items**

Dr. Elizabeth Chen called the meeting to order at 10:01AM and provided introductory remarks. Dr. Chen stated that she was representing Department of Public Health Commissioner Dr. Monica Bharel and will serve as her representative as Chair of the Trauma Systems Committee.

Dr. Chen thanked everyone for being here today, and reminded everyone that the meeting was being recorded. She then asked if anyone else was recording, receiving no affirmative response.

Dr. Chen acknowledged that the issues facing the Committee are important and that the Committee has not met for several years. The Committee’s mission is a significant undertaking and will require a lot of work by all of the Trauma Systems Committee members; Dr. Chen thanked them for agreeing to participate. Dr. Chen also acknowledged the members of the public in attendance stating that the Committee would look forward to hearing from members of the public in the future. She also encouraged any interested parties to follow the Committee’s website closely for meeting dates and materials. The Department’s contact information is also available on this site.

Next, Ms. Chen called for approval of the minutes from the last Trauma Systems Committee meeting on December 9, 2014. None of the current members of the Committee were appointed at that time and therefore, abstained from the vote. The minutes will be kept on record.

**2. Office of the General Counsel**

Dr. Chen introduced Rebecca Rodman, from the Office of General Counsel, who joined her in a discussion of Conflict of Interest, Training and Open Meeting Law requirements for the Committee. These laws govern how Trauma Systems Committee members may participate and engage with outside parties and other Committee members.

Following an overview of Remote Participation, a vote was conducted to accept the use of it by the Committee.

Dr. Chen asked if there was a motion to accept the use of remote participation by the Trauma Systems Committee.

* Motion: Mr. Hayden
* Second: Dr. Masiakos
* All in favor: 15; Opposed: 0; Abstentions: 0

**3. Overview of the Bureau of Health Care Safety and Quality and the Trauma Systems Committee**

Dr. Chen provided an overview of the Bureau of Health Care Safety and Quality and how different areas of the Bureau touch upon the trauma system. She also reviewed the mission of the Trauma Systems Committee.

**4. Trauma Registry**

Dr. Chen introduced the next agenda item by stating that the Trauma Systems Committee is responsible for advising the Department on issues such as data collection through the Trauma Registry. She acknowledged that this has been an evolving area for the Bureau and we are committed to working with the Committee and all reporting hospitals to have the strongest possible Trauma Registry.

Dr. Chen stated that the Bureau has heard from many stakeholders that the Department has not publicly reported out any of the data submitted to the Registry and today’s presentation would share some descriptive analysis of the data. She introduced Katherine Fillo, Director of Clinical Quality Improvement, at the Bureau to do an overview of the Registry and its data.

Following Dr. Fillo’s presentation, there was a discussion of the data and what the members would like to see publicly reported from the Registry.

Dr. Murphy asked if the data associated with accidental falls has been impacted by the ICD transition. Dr. Fillo responded stating that the way it is reported is different so will need to look at it to see trends over time. The volume of reported data also decreased by half from 2008 to 2015 so there are a number of factors that come into play that need to be considered.

Dr. Salim asked how the Bureau is accounting for cases treated in Massachusetts and transferred out of state. Dr. Fillo stated that we do not see those cases. The National Trauma Data Bank does not provide individual state data but there may be potential for requesting regional data. It is also possible tolook at data from the Massachusetts Ambulance Trip Record Information System (MATRIS).

Dr. Patel stated that the transfer organization is listed as an element but an out of state transfer is not a possibility. Dr. Fillo replied that she would review and get back to the Committee.

Dr. Masiakos stated that he has concerns about the registry that is beyond what we are discussing. The Registry is an important resource to advise DPH and our constituents and there is a lot of missing things in the data base. He proposed a subcommittee for the purposes of evaluating the Registry. Dr. Chen responded by stating that this was the first meeting for this group and that they had not an opportunity to review this proposal. She asked for input from the Committee on this proposal.

Dr. Salim stated that he was new to the Committee and the state but has heard that the data is problematic and hard to determine what is happening. The most important thing is the data and having a dedicated group to look at data validity and assessing how the state is doing is a good idea.

Mr. Hayden asked about the status of the Trauma Outcomes Committee. Dr. Masiakos noted that it was in the minutes and there were restrictions on how the data could be reviewed.

Ms. Willett expressed support to have a dedicated group to look at the process and data elements. She has always submitted data but never received feedback on the data. In addition, the data that did come back to us didn’t seem to be accurate.

Dr. Chen stated that it would be beneficial for a proposed charter to be developed outlining the subcommittee composition and responsibilities. She would like to respect the request but wants to ensure that the Committee works together and suggested that the subcommittee proposal be on the agenda for the next meeting.

Dr. Drake supported holding off to establish a subcommittee until the next meeting as he wants to be clear on what we are looking to accomplish. Dr. Masiakos agreed to draft a proposal.

Dr. Fillo and Dr. Chen requested for the Committee to provide feedback on the data elements and analysis that may be most helpful to the members.

Ms. Burgess asked if there is a way to find out who should have gone to a community hospital that went to a trauma center. Mark Miller, Director of the Office of Emergency Medical Services (OEMS) stated that there are Point of Entry plans in effect and we can look at MATRIS data. Ms. D’Ambrosia also asked to see trauma transfers from community hospitals.

Ms. Willett asked what represented an initial emergency visit. Dr. Fillo explained that the data demonstrates where the patient ended up being transferred from—which goes back to the transfer ID and the need for it to be completed.

Dr. Masiakos asked if we look at all age falls with population based data? He would like it broken down by EMS region and look at mortality rates. Dr. Fillo noted that for the short-term, we can look at falls and assign a rate. The Registry does not have outcomes for the individual so we are unable to look at mortality. Dr. Fillo stated that matching to the CHIA database is a long term project.

Dr. Chen summarized that the Committee is interested in seeing system performance over time, outcomes and the ability to link an event to an outcome. The Committee wants to see data that may help to determine if it is appropriate to take trauma cases to a community hospital versus a trauma center. The goal is to get feedback to the hospitals so they can determine if they are making the right decisions. Mr. Hayden noted that EMS also wants to make sure they are taking the right action. Dr. Masiakos also requested data specific to pediatric cases and if they have been over-transferred.

Dr. Chen asked if there is anything that we know is being documented and analyzed at the federal/national level that we would want to look into.

Dr. Drake noted that he would like to see the percentages of types of data that require admission at trauma centers, outcomes data and the types of traumas that are most often seen.

Dr. Fillo spoke to the upcoming action step of releasing guidance for the next reporting year. While there were large changes in previous years to account for ICD transition, there are small changes in this year related to alcohol and drug cases. Dr. Masiakos asked if it is appropriate to ask trauma submitters to hold until we figure out what we want to submit. Dr. Fillo responded that we consider alignment with the National Trauma Data Bank and the feasibility of requesting hospitals to retrospectively analyze clinical charts and abstract new data elements.. There is an opportunity to consider new data elements in the future using possible amendments to the 2019 guide.

Dr. Masiakos noted that New York and California’s databases include outcomes and allow for the continuum to be tracked. The National Trauma Data Bnk lacks this information and he suggested looking at other states that are going beyond the national data elements. Dr. Salim noted that it may be hard to have the hospitals change their reporting now and need to stick to the national data elements.

Dr. Chen noted that we will have discussion on the state specific data elements for FFY 2019 at the next meeting.

**5. Next Steps**

Dr. Chen thanked the Committee members for attending this meeting. Today’s meeting was engaging and thoughtful and we made a lot of progress. We will continue this work at our next meeting.

Quarterly meetings have been set up for the Committee and all future meetings are noted in the presentation and will be available on the website.

Dr. Chen asked for any final discussion or questions, then called for a motion to adjourn.

* Motion to Adjourn: Dr. Drake
* Second: Mr. Hayden
* All in favor: 15; Opposed: 0; Abstentions: 0