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**Agenda**

* Welcome
* Approval of Minutes from May 23, 2018
* Department Update
* Office of Preparedness and Emergency Management Presentation
* Subcommittee Update
* Data Presentation
* Next Steps

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**Welcome**

Welcome to new member of the Trauma Systems Committee:

Erin Daley, RN, BSN, MBA, Director of Emergency Services at Mercy Hospital

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**Open Meeting Law (OML)**

The Massachusetts OML is designed to ensure transparency in the ***deliberations*** of public bodies.

A ***deliberation*** is:

* an oral or written communication, through any medium, ***including electronic mail*,**
* between or among a ***quorum*** of a public body,
* on any public business within its jurisdiction.

**If a quorum of a public body wants to discuss public business within that body’s jurisdiction, they must do so during a properly posted meeting.**

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**What is a Quorun?**

A Quorum is defined as:

* A **simple majority** of the members of a public body, unless otherwise provided in a general or special law, executive order, or other authorizing provision.  G.L. c. 30A, § 18.
* **As applied to the Trauma Systems Committee—a quorum equals 10 members (½ of 19 members + 1)**

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**Meeting Minutes Approval**

Approval of Minutes from the May 23, 2018 Meeting

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**Department Updates**

Department Updates

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**Mobile Integrated Health**

Defining the MIH Spectrum

Image depicting the EMS, Community EMS, MIH, and ED Avoidance spectrum

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**OPEM**

Office of Preparedness and Emergency Management Presentation

Kerin Milesky, Director

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**Office of Preparedness and Emergency Management**

Preparedness

* Healthcare system preparedness
* Local public health preparedness
* Planning oversight and support
* Training, exercises, evaluation, and education
* Liaison with state agencies on preparedness, response, recovery, and mitigation activities

Response

* Incident management
* Department Operations Center
* 24/7 duty officer team
* ESF-8 desk
* HHAN
* Strategic National Stockpile
* MA Responds

Funding: ~17M/yr federal; ~1.5M/yr state appropriation

Staffing: 23 full-time equivalent staff

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**Office of Preparedness and Emergency Management**

* Coordinates overall planning and preparedness efforts for the Department.
* Collaborates to ensure that all public health and healthcare partners, as well as local community members, have the knowledge, plans and tools to prepare for, respond to and recover from threats to public health.
* Coordinates with MA Emergency Management Agency (MEMA), MA Department of Transportation, Office of the Chief Medical Examiner, and other state agencies on health-related issues in preparedness and response.

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**Office of Preparedness and Emergency Management**

* Develops emergency operations plans and procedures for DPH.
* Supports continuity of operations planning within DPH and at Executive Office of Health and Human Services.
* Coordinates cross-bureau and inter-agency health and medical planning for events such as the Boston Marathon.
* Oversees emergency preparedness training and exercises for public health and healthcare system partners.

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**Preparedness Funding**

Cooperative Agreement

* CDC – Public Health
* Assistant Secretary for Preparedness and Response – Healthcare Systems

Funding for DPH

* OPEM
* Bureau of Infectious Disease and Laboratory Sciences
* Bureau of Environmental Health
* Office of Emergency Medical Services

Funding for local health and hospital preparedness activities

Crisis Funding

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**Public Health and Healthcare Planning**

Image depicting Plan, Train, Exercise, Evaluate, Improve

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**Public Health and Healthcare Response**

* Staffing the ESF8 (health and medical) desk at the state emergency operations center.
* Overseeing the Department Operations Centers (primary at 250 Washington and back-up at the State Lab).
* Providing incident management and support for emergent issues involving the Department.
* Managing a team of Duty Officers who respond to alerts and notifications of emergencies 24/7/365.

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**Public Health & Healthcare Incidents**

Disease outbreaks

* H1N1
* Ebola Virus Disease
* Zika Virus

Weather events

* Ice storms
* Blizzards
* Tornadoes
* Nor’easters

Terrorism

* 2013 Boston Marathon Bombings

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**2018 March Nor’easter Storms**

March 2, 2018

>450,000 outages

86 hr activation

Impacts to:

* 6 Hospitals
* 5 Assisted living facilities
* 1 Outpatient clinic
* 2 Rest homes
* 47 Nursing homes

March 7-8, 2018

>350,000 outages

54 hr activation

Impacts to:

* 6 Hospitals
* 20 Assisted living facilities
* 1 Outpatient clinic
* 1 Rest homes
* 39 Nursing homes

March 13, 2018

>243,000 outages

36 hr activation

Impacts to:

* 6 Hospitals
* 13 Assisted living facilities
* 1 Outpatient clinic
* 2 Rest homes
* 27 Nursing homes

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**Boston Marathon**

* Largest Planned Event
* Planning Priorities
* Coordination with Route Hospitals
* Staffing Plan
* Situational Awareness

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**Public Health & Healthcare Partners Health and Medical Coordinating Coalitions (HMCCs)**

6 HMCCs

* Acute Care Hospitals
* Community Health Centers
* Emergency Medical Services
* Local Public Health (351 municipalities)
* Long Term Care Facilities

24/7 capacity

Information sharing

Resource coordination

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**HMCC Regions**

Massachusetts map of HMCC Regions

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**HMCCs**

* Plan for, respond to, recover from and mitigate the impact of emergencies affecting public health
* Conducts capabilities-based planning to advance local and regional health and medical capacity
* Establishes strong connections with emergency management and public safety/first responder organizations within the region, as well as other public and private organizations

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**Health and Homeland Alert Network**

OPEM manages the Health and Homeland Alert Network (HHAN) used by public health, public safety, and emergency management to send alerts and notifications to specific groups during emergencies

* Semi-automated alerting compatible with telephones, email, and soon texts
* Web-based collaboration on documents and other files

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**Mass Casualty Patient Tracking and Family Reunification**

* Commissioner activation in the event of an MCI that results in the transport of injured individuals to multiple hospitals within or outside the Commonwealth
* DPH has the authority to collect and maintain a central listing of personal health information (PHI) about individuals injured in collaboration with the Red Cross
* Support family reunification
* Transitioning to electronic tool

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**Patient Placement Coordination Plan**

Plan to support a multi-facility evacuation

Establish a framework to support facilities

* Coordination for patient placement
* Support for appropriate patient transport
* Tracking of patients throughout the process

Supported by a multi-disciplinary planning team

April/May regional tabletop exercises

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**National Preparedness Month**

National initiative

Statewide campaign since 2013

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**Looking Ahead**

Extreme Heat

2018 Hurricane Season

Winter Weather Preparation

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**Questions**

Kerin Milesky

Director

Preparedness and Emergency Management

Kerin.milesky@state.ma.us

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**Trauma Registry**

Data Submission Update

Out of State Transfers

Hospital Level All Cause Trauma Counts

Trauma by Intent

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**Hospital Data Submission Update**

Table of reporting from FFYs 2016, 2017, and Q1 & Q2 of 2018

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**Trauma Registry**

Data Presentation

Katherine T. Fillo, Ph.D., RN-BC

Director, Division of Quality Improvement

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**Out of State Transfers**

Massachusetts Ambulance Trip Record Information System (MATRIS) is the tool used to collect and maintain standardized EMS patient data and information from licensed EMS services, based on the trip records their EMS personnel complete for each call to which they respond.

These data elements and MATRIS are fully compliant with the National EMS Information System (NEMSIS).

EMS Regions

* Number of Active Services : 339
Percentage of Services Reporting: 98.2%
Total Runs Collected: 10,501,124

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**Out of State Transfers**

Massachusetts Ambulance Trip Record Information System (MATRIS)

Table with out of state transfer data from MATRIS

Total number of ambulance trips: 710,645

Data includes emergency runs only (no Interfacility transfers)

Data includes transported runs only (no cancelled, refusals, treated and released)

Destinations state is based on cleaning of destination name

Trauma Runs are where Primary impression = Traumatic Injury or Cause of Injury is populated

Data abstracted on June

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**Out of State Transfers**

Table with Rhode Island Hospital Trauma Patients Identified as Injury Occurring in MA

Total number of patients: 706

Data shared from Rhode Island Hospital

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**Hospital Level All Cause Trauma Counts**

Graph with Preliminary Count of All Cause Trauma by Massachusetts Hospital, 2011-2015

Data Source: MA Trauma Registry

Median= 1,885

N=143,576 traumas

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**Hospital Level All Cause Trauma Counts**

Graph with Preliminary Count of All Cause Trauma by Massachusetts Hospital and Teaching Status, 2011-2015

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**Hospital Level All Cause Trauma Counts**

Graph with Preliminary Count of All Cause Trauma by Massachusetts Hospital and Designated Trauma Status, 2011-2015

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**Trauma by Injury Type and Intent**

Reported traumas from both trauma and non trauma designated centers

Reported injury code categorized by CDC Injury Prevention and Control WISCARS

Intent of trauma separated into unintended, self-inflicted, assault, and undetermined

Falls (n= 114,695) and motor vehicle traffic injuries (n=24,555) were the most commonly reported injury types

Initial patient encounter only, no transfers are included in these counts, all counts less than five are suppressed.

Data Source: MA Trauma Registry

\*CDC Injury Prevention and Control: <https://www.cdc.gov/injury/wisqars/ecode_matrix.html>

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**Trauma by Injury Intent**

Graph with Preliminary Trauma Count by Injury Intent, Massachusetts 2011-2015

Data Source: MA Trauma Registry

N= 215,734

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**Unintentional Trauma by Type-Burns**

Graph with Preliminary Counts for Burn Traumas by Injury Intent, Massachusetts 2011-2015

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**Burn Trauma by Type**

Graph with Preliminary Percentage of Burn Traumas by Injury Intent and Trauma Designation, Massachusetts 2011-2015

Data Source: MA Trauma Registry

N= 4,152

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**Burn Trauma by Type**

Graph with Preliminary Percentage of Burn Traumas by Injury Intent and Teaching Status, Massachusetts 2011-2015

Data Source: MA Trauma Registry

N= 4,161

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**Unintentional Trauma by Type-Vehicle and Pedestrian Related**

Graph with Preliminary Counts for Vehicle and Pedestrian Related Reported Trauma, Massachusetts 2011-2015

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**Unintentional Trauma by Type**

Graph with Preliminary Count for Unintentional Vehicle and Pedestrian Related Reported Trauma by Trauma Designation, Massachusetts 2011-2015

Data Source: MA Trauma Registry

N= 53,818

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**Unintentional Trauma by Type**

Graph with Preliminary Count for Unintentional Vehicle and Pedestrian Related Reported Trauma by Teaching Status, Massachusetts 2011-2015

Data Source: MA Trauma Registry

N= 53,818

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**Unintentional Trauma by Type-Firearm**

Graph with Preliminary Firearm Trauma Count by Intent, Massachusetts 2011-2015

Data Source: MA Trauma Registry

N= 2,390

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**Firearm Trauma by Type**

Graph with Preliminary Firearm Trauma Count by Intent and Trauma Designation, Massachusetts 2011-2015

Data Source: MA Trauma Registry

N= 2,304

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**Firearm Trauma by Type**

Graph with Preliminary Firearm Trauma Count by Intent and Teaching Status, Massachusetts 2011-2015

Data Source: MA Trauma Registry

N= 2,304

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**Unintentional Trauma by Type-Unintentional Bite**

Graph with Preliminary Trauma Count by Unintentional Bite, Massachusetts 2011-2015

Data Source: MA Trauma Registry

N= 1,346

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**Unintentional Trauma by Type**

Graph with Preliminary Trauma Count by Unintentional Bite, Trauma Designation, and Teaching Status, Massachusetts 2011-2015

Data Source: MA Trauma Registry

N= 1,295

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**Framework for Public Health Approach to Trauma**

Primary Prevention: Preventing Traumas from Occurring

* Education
* Regulation
* Built/structured Environment

Secondary Prevention: Preparedness Once Event Has Occurred

* Preparedness and Emergency management
* Emergency Transport
* Hospitals
* Family Reunification

Tertiary Prevention: Management and Prevention of negative Sequelae Post Event

* Capacity to Address Resulting Chronic Physical and Behavioral Health Conditions

Seeking Trauma Systems Committee Input on its Preferred Role in this Framework

Met with Michael Rosenblatt, MD

* Providing Update Today with OPEM Presentation (Secondary/Tertiary Prevention)

Will explore opportunities for sharing surveillance and programmatic information focusing on Primary Prevention

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**Future Meetings**

Meeting Schedule:

Wednesday, November 28, 2018

Wednesday, February 27, 2019

All meetings will be held from 10:00am-12:00pm and are expected to be held at MEMA.

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**Additional Information**

For more information, please visit:

https://www.mass.gov/service-details/trauma-systems-committee