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**Trauma Systems Committee**

Bureau of Health Care Safety and Quality
Department of Public Health
Wednesday, November 28, 2018

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**Agenda**

* Approval of Minutes from August 29, 2018
* Approval of Minutes from May 23, 2018
* Department Update
* Injury Prevention and Surveillance Presentation
* Subcommittee Update
* Data Presentation
* Discussion of future agenda items
* Next Steps

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**Open Meeting Law G.L. c. 30A, §§18-25**

* The purpose of open meeting law (OML) is to ensure transparency in the deliberations on which public policy is based.
	+ This requires that meetings of public bodies be open to the public.
* All meetings of a public body must be open to the public.
	+ A meeting is any deliberation by a public body with respect to any matter within the body’s jurisdiction.
	+ A deliberation is a communication between members among members of a public body.
* A public body is any multi-member board, commission, committee or subcommittee within the executive or legislative branches (except the Legislature) of state government
	+ This includes any body created to advise or make recommendations
* Under OML the public is permitted to attend meetings.
	+ Individuals in meetings may not address the public body without the permission of the chair.
	+ Public participation is allowed at the discretion of the chair.
* For more information on Open Meeting Law, please visit:
	+ https://www.mass.gov/the-open-meeting-law

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**What is a Quorum?**

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 August 29, 2018 Meeting**

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**Meeting Minutes Approval**

**Approval of Minutes from the May 23, 2018 Meeting**

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**Department Updates**

* Public Health Response to Gas Leak in Andover, Lawrence and North Andover
* Competitive Grant Awarded to MA for Disaster Response
* Mobile Integrated Health
* Prevention Model Framework

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**Public Health Response to Gas Leak and Fires in Andover, Lawrence and North Andover**

Map of public health response to the gas leak and fires in Andover, Lawrence and North Andover.

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**Gas Leak: Response Activities**

* Data Operations Command Activation
* Senior Management HHAN Alert
* Monitored Impacts
	+ EMS transports
	+ Patient distribution
	+ Long term care facility status
	+ Healthcare facility status
	+ Service delivery programs/group home
* Alerts & Notifications
	+ Long term care facility bed reporting
	+ Alternate destination waiver
	+ Hospital pharmacy dispensing

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**Gas Leak: Recovery Activities**

* Establishing an incident management team
	+ Team is still reporting on recovery
* Public health & health care recovery activities
* Gas service interruption
* Monitoring impacted service delivery programs/group homes
* Guidance to local health regarding housing
* Retail food inspections
* Vaccine replacement
* Work Groups
* Resource Recovery Centers
* Routine Inspections

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**Competitive Federal Grant Awarded to MA**

* The U.S. Department of Health and Human Services’ Office of the Assistant Secretary for Preparedness and Response (ASPR) awarded one of two $3 million grants nationally to Massachusetts General Hospital Center for Disaster Medicine.
	+ Paul Biddinger, M.D. is serving as the Primary Investigator; and
	+ DPH leaders, the Director of the Office of Preparedness and Emergency Management and the Director of the Office of Emergency Medical Services, are participating on the executive committee.
* The purpose of the grant is to demonstrate how a new Regional Disaster Health Response System can meet the regional needs, including trauma, burn or other specialty care, during a national emergency and leading to more lives saved.
* In demonstrating a Regional Disaster Health Response System, each pilot project must:
	+ build a partnership for disaster health response to support clinical specialty care;
	+ align plans, policies, and procedures for clinical excellence in disasters;
	+ increase state-wide and regional medical surge capacity;
	+ improve state-wide and regional situational awareness, such as the availability of hospital beds; and
	+ develop metrics and test the regional system’s capabilities.

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**Mobile Integrated Health**

* Community Emergency Medical Services
	+ Program launched on October 1, 2018
	+ Received applications for innovative programs to meet community needs
	+ Vaccinations for high risk populations
	+ Sharps Awareness of safe disposal
* Mobile Integrated Health (MIH) and Mobile Integrated Health with ED Avoidance
	+ Applications posted publicly on Monday, November 26, 2018
	+ DPH will begin reviewing applications on December 10, 2018

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**Framework for Public Health Approach to Trauma**

**Table with information related to prevention framework for public health approach to trauma**

* Seeking Trauma Systems Committee Input on its Preferred Role in this Framework
* Will explore opportunities for sharing surveillance and programmatic information focusing on Primary Prevention

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**Injury Prevention And the Trauma Systems Committee**

Bekah Thomas, MPA, Director of Injury Prevention and Control

Jeanne Hathaway, MD MPH, Epidemiologist, Injury Surveillance Program

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**Overview**

* Introduction to Injury Prevention
* Injury Data Sources and Findings
* Programs and Partnerships

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**Introduction to Injury Prevention:**

Definitions, Levels of Prevention, and the Injury Prevention and Control Program

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**Trauma Versus Injury:**

Injury includes poisoning

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**Prevention Frameworks**

Levels of Prevention

The Four E’s

The Spectrum of Prevention

Socio-Ecological Model

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**Levels of Prevention**

Image with information related to prevention framework for public health approach to trauma

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**Prevention Frameworks: The Four E’s**

Image with information related to the four E’s prevention framework

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**Prevention Frameworks: The Spectrum of Prevention**

Image with information related to the spectrum of prevention framework

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**Prevention Frameworks: Socio-Ecological Model**

Image with information related to the socio-ecological model prevention framework

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Image with organization chart of Bureau of Community Health and Prevention

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**Key Injury Mechanisms Covered by Injury Prevention and Control Program (IPCP)**

Image with information related to key injury mechanisms: falls, transportation, youth sports concussion, sleep-related infant deaths, and poison

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**Injury Data Sources and Findings**

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**Injury Data Sources**

* **Primary data sources**
	+ MA Violent Death Reporting System (MAVDRS)
	+ Hospital Case-mix data
	+ Vital Records and Statistics (death files)
	+ State Health Surveys (BRFSS, YRBS, YHS)
* **Diverse secondary/emerging injury data sources**
	+ MA Ambulance Trip Record Information System (MATRIS)
	+ ED Syndromic Surveillance
	+ Linked Crash – Hospital Case-mix data
	+ Trauma Registry

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**Suicide and Homicide**

Graph of Suicides, Homicides and Motor Vehicle Fatalities, MA Occurrent, 2005 - 2015

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**Suicide Circumstance**

Graph of Circumstances associated with suicide, Massachusetts, 2015

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**Traumatic Brain Injury**

Graphs of TBI-Related Deaths, Hospitalizations and ED Visits, by Injury Mechanism, MA Residents, 2015

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**Falls Among Older Adults**

Graphs of Fall Death Rate by Sex, Ages 65 and Older, MA Residents, 2006 - 2014

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**Motor Vehicle Injuries**

Graphs of Hospital stays for MV injuries to young drivers

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**Motor Vehicle Injuries**

Graphs of Hospital stays for MV driver injuries

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**Programs and Partnerships**

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**Statutes and Statutory Bodies**

Image with information related statutes and statutory bodies: falls prevention commission, spinal cord injury cure research fund, youth sports concussions, child fatality review, off-highway vehicle advisory committee, executive traffic records collection committee

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**Coalitions, Advisory Groups, and Committees**

Image with information related coalitions, advisory groups, and committees.

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**Sponsored Programs**

Image with information related to sponsored programs.

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**Sample Materials**

Images of sample materials

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**Exciting New Opportunity**

* $10 Million budget allocation for a gun and violent crime prevention program addressing out-of-school youth and young adults aged 17-24
* Currently gathering input from multi-sector stakeholders

**Questions?**

Contact Babanina James, Director of Child and Youth Violence Prevention Babanina.James@MassMail.State.MA.US

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**Trauma Designated and Community Hospital Roles in Prevention**

* Waiting room education
* Hospital-led safety device distribution and installation programs
* Hospital-based safe sleep modeling and education
* Social worker connections
* Screening, Brief Interventions, and Referral to Treatment (SBIRT)
* Physician reporting/referrals

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**Trauma Registry**

Data Presentation

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

Director, Division of Quality Improvement

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**Trauma Registry**

* Data Submission Update
* Firearms Follow Up from Previous Meeting
* Hospital Level All Cause Trauma Rates
* Preliminary 2016 Trauma Data

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**Trauma Data Submissions: Designated Trauma Centers**

* 2016 submissions for designated trauma centers is nearly complete
* All programs have submitted a year or more of data from 2017-2018, though the quarters aren’t necessarily consecutive
* Ten trauma designated hospitals have completed data entry through FFY Q3-2018

Table with status of data submissions 2016-18 for trauma centers

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**Trauma Data Submissions: Community Hospitals**

* Additional outreach continues with community hospitals to increase response rate
* Eight community hospitals have complete data through FFYQ3-2018
* 23 community hospitals have submitted no data between 2016 and 2018

Table with status of data submissions 2016-18 for community hospitals

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**Gun Shot Wound Follow Up Response**

* At the August 2018 meeting, members had questions about the low count of self-inflicted gunshot wounds in the Massachusetts Trauma Registry
	+ For 2011-2015 number of incidents reported: 130
* Attempted to validate Trauma Registry using MA Ambulance Trip Record Information System (MATRIS) Data
	+ Like the Trauma Registry, MATRIS doesn’t capture many self-inflicted gunshot wounds
* Cases had to meet both requirements:
	+ Gun Shot Wound (firearm, rifle, shotgun, pistol, handgun included)
	+ Self Inflicted/Suicidal Intention\*

Table with self inflicted intentional gsw data from 2015

Footnote: \*Accidental/firearm cleaning injuries were excluded as suicidal ideation was necessary

^6 unconfirmed cases where GSW was likely fatal but death was not called on scene

Data extracted from MATRIS on 6/7/2018

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**Trauma Rate, 2011-2015**

Graph of MA overall trauma rate, 2011-2015

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**Trauma Rate and Count, 2011-2015**

Graph of MA overall trauma count and rate, 2011-2015

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**Trauma Rate by Trauma Hospital Status, 2011-2015**

Graph of MA trauma rate by trauma designation, 2011-2015

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**Trauma Rate by Teaching Status, 2011-2015**

Graph of MA trauma rate by hospital teaching status, 2011-2015

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**Trauma Rate by Age, 2011-2015**

Graph of MA trauma rate by age

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**Unintentional Trauma by Type-Firearm**

Graph of preliminary firearm trauma count by intent, MA 2011-2015

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**Firearm Trauma by Type**

Graph of preliminary firearm trauma count by intent and trauma designation, MA 2011-2015

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**CY2016 Trauma Registry First Look**

* 2016 submissions are still ongoing, these data are preliminary and subject to change
* Additional data collection, review, cleaning, and validation of the data will be completed
* 43,096 unique traumas with an inpatient observation date in CY2016 have been reported to the registry

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**CY2016 Trauma Registry First Look**

Graph of preliminary count of all cause trauma by MA hospital

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**CY2016 Trauma Registry First Look**

Graph of MA overall trauma count, 2011-2016

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**CY2016 Trauma Registry First Look**

Graph of Alcohol Testing Among Massachusetts Traumas with Motor Vehicle Restraints Reported

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**CY2016 Trauma Registry First Look**

Graph of Preliminary Percentage of Work-Related All Cause Trauma

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**Future Meetings**

Meeting Schedule:

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>