Slide 1 **Trauma Systems Committee**Bureau of Health Care Safety and Quality
Department of Public Health

Wednesday, February 27, 2019

Slide 2

**Agenda**

* Approval of Minutes from November 28, 2018
* Department Update
* Region 1 Discussion
	+ Public Comment on Region 1
* Region 2 Discussion
	+ Public Comment on Region 2

Slide 3

**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

Slide 4

**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)**

Slide 5

**Meeting Minutes Approval**

**Approval of Minutes from the November 28, 2018 Meeting**

Slide 6

**Department Updates**

* Public Health Response to Gas Leaks in Andover, Lawrence and North Andover
* MGH Emergency Preparedness Grant
* Age-Friendly Massachusetts Initiative

Slide 7

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

Map of Gas Leaks and Fires in Andover, Lawrence and North Andover

Slide 8

**Gas Leaks: Response update**

* In January, DPH met with the local health directors from Andover, Lawrence and North Andover to discuss response and recovery efforts from the explosion.
	+ The health directors requested technical assistance from the state around planning for the on-going behavioral health needs of their residents, particularly anticipating needs for triggering events, such as the one year anniversary.
	+ DPH convened a follow up meeting with them and DMH to support the request.
* Using Syndromic Surveillance, a monitoring system for emergency department visits, DPH explored carbon monoxide poisoning and burn-related ED visits in the affected areas.

Slide 9

**Carbon Monoxide Poisoning in Communities Affected by the Gas Explosion**

Graph of Carbon Monoxide Poisoning, Weekly ED Visits Trends ED Visits 2018/2019

Slide 10

**Burn Injuries in Communities Affected by Gas Explosion**

Graph of burn injuries, weekly ED visit trends for 2018/2019 for all of Massachusetts, in Essex County, and in the communities affected by the gas explosion.

Data Source: DPH Syndromic Surveillance

Slide 11

**MGH Emergency Preparedness Grant**

* 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.
* 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.

Slide 12

**MGH Emergency Preparedness Grant Update**

* Mark Miller, the Director of DPH’s Office of Emergency Medical Services, is participating to provide a Department perspective on the current state of EMS and disaster response capabilities.
* Other participants include hospitals, regional emergency medical services, fire services and other community partners.
* The goal is to create an effective disaster health response system for Massachusetts using local and regional resources, and to provide a model for other states to follow.
* The first meeting was held in January.
* The Department will keep you updated as the group continues to meet.

Slide 13

**Age-Friendly Massachusetts**

* Governor Baker announced an Age-Friendly Action Plan to serve as the state’s multiyear plan to make the Commonwealth, as a whole, more age- and dementia-friendly.
* The statewide age-friendly initiative will amplify and strengthen local and regional efforts through enhanced coordination and collaboration with stakeholders in housing, transportation, business, healthcare, education, local government and aging services.
* The Age-Friendly Action Plan has identified 6 goals:
	+ Strengthen age-friendly efforts to be inclusive of all populations and communities;
	+ Communicate information in an accessible and user-friendly manner;
	+ Reframe the conversation about aging from a “challenge” to an “asset”;
	+ Encourage the adoption of age-friendly policies and practices in all sectors;
	+ Improve economic security of older adults and caregivers; and
	+ Leverage existing structures to support the work of the age-friendly initiative.

Slide 14

**Trauma Registry**

**Framing the Regional Conversation**

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

**Director, Division of Quality Improvement**

Slide 15

**Trauma Registry**

* Data Submission Update
* Ambulance Response and Transport Times
* Trauma Rates by Region

Slide 16

**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 are not necessarily consecutive.
* Ten trauma designated hospitals have completed data entry through FFY 2018.
* As of February 17, 2019

Table with status of 2016, 2017, and 2018 trauma data submission as of August 2018, November 2018, and February 2019.

Slide 17

**Trauma Data Submissions Community Hospitals**

* Ongoing, individual outreach continues with community hospitals to increase response rate.
* Eight community hospitals have complete data through FFY-2018.
* 18 community hospitals have submitted no data between 2016 and 2018.
* As of February 17, 2019
Chart of Status Dates for 2016-2018 reporting

Slide 18

**EMS Response Time**

Graph of EMS Response Time

* Data Time Frame includes: 1/1/2013-9/30/2018
* Response time = Unit Notified by Dispatch Date/Time (or Unit En Route Date/Time if the previous is missing) until Unit Arrived on Scene Date/Time (or Arrived at Patient Date/Time if the previous is missing)
* Transport time = Unit Left Scene Date/Time until Patient Arrived at Destination Date/Time (if something is missing here, we cannot calculate a transport time)
* All incidents identified were emergency calls.
* Only includes incident dispositions indicating transport (e.g does not include cancelled, no patient found, standby only, or refusals)
* Ambulance services are required to enter data into MATRIS per A/R 5-403 Statewide EMS Minimum Dataset. Data are required to be submitted within 14 days; however, actual submission timeframes vary by ambulance service.

Slide 19

**EMS Transport Time**

Graph of EMS Transport Time

* Data Time Frame includes: 1/1/2013-9/30/2018
* Response time = Unit Notified by Dispatch Date/Time (or Unit En Route Date/Time if the previous is missing) until Unit Arrived on Scene Date/Time (or Arrived at Patient Date/Time if the previous is missing)
* Transport time = Unit Left Scene Date/Time until Patient Arrived at Destination Date/Time (if something is missing here, we cannot calculate a transport time)
* All incidents identified were emergency calls.
* Only includes incident dispositions indicating transport (e.g does not include cancelled, no patient found, standby only, or refusals)
* Ambulance services are required to enter data into MATRIS per A/R 5-403 Statewide EMS Minimum Dataset. Data are required to be submitted within 14 days; however, actual submission timeframes vary by ambulance service.

Slide 20

**Traumas per 10,000 Residents, 2011-2015**

Graph of Traumas per 10,000 Residents, 2011-2015

Data Source: MA Trauma Registry

Slide 21

**Traumas per 10,000 Residents by Age, 2011-2015**

Graph of Traumas per 10,000 Residents by Age, 2011-2015

Data Source: MA Trauma Registry

Slide 22

**Traumas per 10,000 Residents by Gender, 2011-2015**

Graph of Traumas per 10,000 Residents by Gender, 2011-2015

Data Source: MA Trauma Registry

Slide 23

**Mode of Transit for Traumas, 2011-2015**

Graph of Mode of Transit for Traumas, 2011-2015

Data Source: MA Trauma Registry

Slide 24

**Transferred Traumas, 2011-2015**

Graph of Transferred Traumas, 2011-2015

Data Source: MA Trauma Registry

Slide 25

**Traumas per 10,000 Residents by Fall Type, 2011-2015**

Graph of Traumas per 10,000 Residents by Fall Type, 2011-2015

Data Source: MA Trauma Registry

Slide 26

**Traumas per 10,000 Residents by Fall Type and Gender, 2011-2015**

Graph of Traumas per 10,000 Residents by Fall Type and Gender, 2011-2015

Data Source: MA Trauma Registry

Slide 27

**Motor Vehicle Traumas per 10,000 Residents, 2011-2015**

Graph of Motor Vehicle Traumas per 10,000 Residents, 2011-2015

Data Source: MA Trauma Registry

Slide 28

**Off-Road Vehicle Traumas per 10,000 Residents, 2011-2015**

Graph of Off-Road Vehicle Traumas per 10,000 Residents, 2011-2015

Slide 29

**Regional Discussion Framework**

**Pre-Hospital:**

What is the process used at regional hospitals with designated trauma services for receiving notification from EMS of an incoming trauma?

What follow-up communication or feedback is provided to EMS personnel?

**In-Hospital:**

When do your local hospitals transfer patients to a trauma center?

Are there any specialties that are particularly difficult for you to access for your patients?

**Post-Trauma:**

What post trauma resources are available to your hospitals?

What barriers do you encounter when trying to place patients in an appropriate facility?

**Prevention and Access**:

What role do the hospitals with designated trauma services play in trauma prevention in your region?

Is there equitable access to trauma care in your region, and is current trauma care meeting the needs of the region’s patient population?

Slide 30

**Region 1 Public Comment**

Public Comment on Region 1

Slide 31

**Future Meetings**

Meeting Schedule:

Wednesday May 29, 2019

Wednesday, August 28, 2019

Wednesday, November 20, 2019

All meetings will be held from 10:00am-12:00pm.

Slide 32

**Additional Information**

For more information, please visit:

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