Slide 1

**State Trauma Committee Region II Report**

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Slide 2

**State Trauma Committee: Region II Report**

* Region overview
* Demographics and Trends in Trauma Care: Last 5 years
* Pre-Hospital: notification and EMS feedback
* Transferring Hospitals: criteria, pre-notification, feedback
* Post Trauma Care: resources and barriers
* Prevention and Access

Slide 3

**Trauma Centers in MA**

Image of map of trauma centers in Massachusetts

Slide 4

**Falls: Central Massachusetts 1989 – 2010**

Chart of falls in Central Massachusetts, with 1998-2006 pictured in the chart. Two arrows point to 2002 and 2003.

Slide 5

**Region II: Trauma Activations**

Chart of Trauma Activations in Region II from 2013-2018

Slide 6

**Region II: Mechanisms of Injury**

Chart of Trauma Mechanisms of Injury in Region II from 2013-2017

Slide 7

**Region II: Age Ranges**

Chart of Trauma Age Ranges in Region II from 2013-2017

Slide 8

**Region II: Mortality Rate**

Chart of Trauma Outcomes in Region II from 2013-2017

Slide 9

**Trauma Deaths: Impact of the Elderly (> 70 years)**

Chart of Proportion of Trauma Deaths for individuals who are 70 years old or older in Region II from 2013-2017

Slide 10

**Region II: Transfers vs Scene Activations**

Chart of Trauma Transfers, Scenes, and Total Actives in Region II from 2013-2017

Slide 11

**Region II: Prevention and Access**

As Region II’s only Level I Trauma Center:

* Hospital (UMass University): NEVER on Trauma Diversion
* During “high census”:
	+ Transfers reviewed by on-call trauma surgeon to insure the need for tertiary care
	+ List of approximately 180 transfer “refusals” reviewed monthly by TPM and TMD to insure those patients with traumatic injuries were not refused
* Transfers out:
	+ Patient request: receive care at other tertiary care centers
	+ >50% BSA burns

Slide 12

**Notifications and Feedback to EMS Services**

* *Notification*: CMED and through our “TrACs” system (Transfer and Access)
* Worcester EMS: 80% of *scene transfers*: “Levels” patients (1 or 2), calls TrACS or Lifeflight or CMED, paged out as a “template” (Level, mechanism, VS, Airway, etc, ETA)
* *Hospital transfers* (40% of activations): called to and paged out through the “TrACs” system (calls are recorded).
* *Feedback*:
	+ Weekly Trauma M&M: over/under triage, prolonged scene times, significant change in Ps from pre-hospital to hospital
	+ Monthly Trauma ED/EMS meeting: over/under triage; issues with care, transport, triage
	+ All transfers (from ER’s, hospitals) receive a letter enumerating injuries and outcome
	+ Weekly Monthly, Quarterly, Yearly: conferences, grand rounds, bedside rounds with EMS

Slide 13

**Region II: Transferring Hospital: Criteria for Transfer; Process for Notification**

* No other ACS designated Trauma Centers (any level): all are “points of entry”
* No hospital has a formal “plan” of decision tree as to what stays and what is transferred
* One hospital actually HAS a plan: but not followed
* Decision –to-transfer largely driven by:
	+ Admitting physicians (Hospitalists, etc) “not comfortable” with trauma (however minor)
	+ Admitting specialist: no “back up” if something goes wrong
	+ Specialist is available to care for the injury, but “doesn’t do trauma”

Slide 14

**Region II: Resources for Post – Trauma Care; Barriers**

* TBI patients with underlying psychiatric illness
* Transfers from OOS with no insurance: difficult to “refer back”
* Elderly with minor injuries requiring “3 midnights”
* Nights, weekends, holidays:
	+ awaiting insurance approval
	+ Facilities not willing to “use up days” with weekend/holiday transfers
* Patients requiring staged surgical procedures with no home to go to
* No “UMass” rehab capabilities
	+ Two local inpatient rehab facilities
	+ No local pediatric rehab capability

Slide 15

**Region II: Prevention and Access**

Injury Prevention Initiatives:

* Teen DRIVE: Driving simulator to > 15 high schools/year
* Teen RIDE: full day of education (hospital) for first time offenders < 18 years
* Car Passenger safety (Car Seats): provides car seats > 300 families/year
* Population Health Clerkship: 2nd year MS: two weeks of PH/IP immersion
* Goods for Guns: Local, Regional, National
* Stop the Bleed Campaign
* Geriatric Falls
* 5-10 health/safety fairs or public events each year

All with ONE FTE!!! (a program weakness recognized by the ACS)