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**State Trauma Committee
Region III Report**

Jonathan Drake, MD, Lowell General Hospital

Lorrie Willett, RN, North Shore Medical Center

Cynthia Paolillo, RN, Lowell General Hospital

Christina Jahl, RN, Anna Jacques Hospital

Beth Pahigian, RN, Lawrence General Hospital

Denise Buckley, RN, Beverly Hospital

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**State Trauma Committee: Region II Report**

Region overview

Demographics and Trends in Trauma Care: Last 3 years

Pre-Hospital: notification and EMS feedback

Transferring Hospitals: criteria, pre-notification, feedback

Post Trauma Care: resources and barriers

Prevention and Access

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**Trauma Centers in MA**

Map of Trauma Centers by region

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**NEEMS Region III Trauma Centers**

Distribution of Injured Patients that are admitted, transferred or die in the ED from our Trauma Registries for 2016-2018 for each Level III in NEEMS Region III

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**Trauma Activations**

Level I Activations

All 5 Level III TCs utilize the minimum ACS criteria for Level I Activations but most add additional criteria (e.g. fall > 20 ft, ED physician discretion)

Level II Activations

Each TC looks at their patient population, ISS scores and over/undertriage rates

This data along with multidisciplinary chart review each TC determines which injuries require a Level II activation

Enhances better use of resources and decreases the overtriage rate considerably

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**Trauma Activations and Interface with EMS**

***Notification:***

CMED or recorded Land-line (consistent throughout all TCs)

Each TC interacts with different EMS services

Some TCs provide Medical Direction for EMS and some do not– this makes a difference for QA/QI

EMS agencies call in a Trauma Alert for appropriate patients

Some TCs will activate a level I or II response based on the EMS report and others do not until the patient arrives to the ED

No Level III TC goes on diversion for trauma UNLESS of a Code Black

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**Percent of Trauma Patient Population that meet criteria for a trauma activation
2016-2018 data all 5 trauma centers
N = 13,173 patients**

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**NEEMS Region III Trauma Centers:
Percentage of Mechanisms of Injury
N= 13,133 injured pts**

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**Age Distribution of Injured Patients in
NEEMS Region III Trauma Centers
n=13,231 injured pts from 5 Level III TCs**

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**Percentage of Ground Level Falls w/ Age > 70**

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**Mortality Rate in 5 Level III Trauma Centers in NEEMS Region III**

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**NEEMS Region III:
Transfer of Patients to Higher Level of Care**

5 Points of Entry for trauma patients

Does this confuse EMS?--Each hospital is responsible for working closely with their EMS providers to ensure that injured patients are brought to the trauma center best suited to treat the patient

Level IIIs are often looked at as a place to stabilize a patient and then transfer

However, some Level IIIs keep critical trauma patients after damage control surgery and others transfer them to higher level of care

Each Level III TC has formal transfer guidelines

Guidelines are developed individually by each trauma center (ACS requirement)

Transfer guidelines vary depending on the available specialties at each individual TC

ACS trauma verification assists with keeping more patients in the community

Each transfer is reviewed via the trauma PI process for appropriateness and timeliness of the transfer

Every Level III TC has an affiliation agreement and a formal PI process with a Level I TC

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**NEEMS Region III:**
Transfer of Patients to Higher Level of Care

Level III trauma affiliations

Anna Jacques Hospital – Beth Israel Lahey Health

Beverly Hospital – Beth Israel Lahey Health

North Shore Medical Center – Massachusetts General Hospital/Brigham & Women’s Hospital

Lawrence General Hospital – Beth Israel Hospital/Tufts Medical Center

Lowell General Hospital – Tufts Medical Center

Trauma transfers from a Level III to a Level I TC

Aeromedical

Critical care ground

ALS

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**Injured Patients Transferred to Higher Levels of Care in Region III
data is taken from 4 of the 5 Level IIIs in Region III**

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**What types of trauma are usually transferred?
Data from 3 Level III TCs in Region III
N= 2409 transfers**

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**Injury Prevention Efforts Across NEEMS Region III**

No Level III trauma center has a dedicated 1FTE position for injury prevention

The Trauma Program Managers must perform the IP themselves or set up volunteer teams to help them

ACS requirement to provide IP (criterion deficiency if not provided)

The following are IP programs offered in Region III:

 STOP THE BLEED programs Matter of Balance Program

 Bike Rodeos Other Fall Prevention Programa

 Tiny Tots/Teddy Bear Clinic Swimming and Pool Safety

 Concussion Education Driving Safety

 Care Seat Safety Checks Fatal Vision Stations

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**Additional facts about Region III TCs**

While most of the Level III Trauma Centers in Region III enter between 900 to 1500 patients per year into their registries:

Some Level III TCs do not have a full time TPM

Not all Level IIIs have a full time trauma registrar for every 500-750 trauma patients entered into the trauma registry each year.

No Level III TC has help with Injury Prevention

No Level III TC has a PI Coordinator