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**Trauma Systems Committee**Bureau of Health Care Safety and Quality  
Department of Public Health  
  
Wednesday, February 28, 2018

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**Agenda**

* Welcome
* Overview of Conflict of Interest, Training, and Open Meeting Law Requirements
* Overview of the Bureau of Health Care Safety and Quality (BHCSQ) and the Trauma Systems Committee
* Trauma Registry
* Next Steps

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**Conflict of Interest, Training, & Open Meeting Law Requirements**

* Conflict of Interest  
  *Elizabeth Chen, Assistant Commissioner*
* Performance and Care Enhancement  (PACE) Learning Management System Training  
  *Elizabeth Chen, Assistant Commissioner*
* Open Meeting Law  
  *Rebecca Rodman, Deputy General Counsel*

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**Conflict of Interest Law**

* The Conflict of Interest (COI) law, M.G.L. c. 268A, is meant to prevent conflicts (and appearances of conflict) between a state employee’s private interests and his or her public duties.
* As statutory public body members, you are considered to be “special state employees” subject to the COI law.
* The COI law is complex; State Ethics Commission attorneys are available, through the “Attorney of the Day” program, to provide confidential advice/guidance on how the COI law applies to you in a particular situation.
  + *Contact Attorney of the Day @ (617) 371-9500*

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**Conflict of Interest Law-Training Requirements**

* All state employees subject to the COI law are required to:
  + Certify they received and reviewed the annual Summary of Conflict of Interest Law, and
  + Complete the biannual online training program through DPH’s PACE (Performance and Care Enhancement Learning Management System).

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**Training Requirements**

Required Conflict of Interest Law PACE Online Trainings

Conflict of Interest Law Online Training Program

Conflict of Interest Law Summary

PACE Contact

Kathy Creed, [Kathy.creed@state.ma.us](mailto:Kathy.creed@state.ma.us)

State Ethics Commission

For information regarding the Education & Training requirements, refer to the State Ethics Commission website: <http://www.mass.gov/ethics/revised-implementation-procedures.html>

Phone: (617) 371-9500

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**PACE Trainings**

* An account will be created for each Committee member in PACE. This will give you access to the trainings.
* You will soon receive an automated email from the PACE system with instructions on how to access the system.
  + If you do not receive an email this week, please email Kathy Creed.
* You must complete the training within 30 days.

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**Open Meeting Law (OML)**

* The 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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**Deliberation**

A *deliberation* does not include:

* distribution of a meeting agenda, scheduling or *procedural* information, or
* reports or documents that may be discussed at a meeting, provided that no member of the public body expresses an opinion on matters within the body’s jurisdiction.  
  + *NOTE: If a public body member sends an email to a quorum of the public body expressing an opinion on any matter that could come before that body, the communication violates the OML, even if no recipient responds.*

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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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**Avoiding OML Violation-Best Practice Recommendations**

* Public body members must not engage in “serial deliberations”—a series of separate, independent conversations outside of a meeting among a quorum of the members regarding a topic within its jurisdiction.
* In order to avoid even the appearance of a potential OML violation, the AGO advises public body members to refrain from communications over email except for distributing meeting agenda, scheduling meetings and distributing documents created by nonmembers.

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**Remote Participation**

* The Attorney General’s Regulations, 940 CMR 29.10, permit members to participate remotely in future public meetings if the public body specifically votes to allow remote participation.
* The AGO strongly encourages all members to be physically present at public meetings, when possible.

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**Reasons/Minimum Requirements for Remote Participation**

* Public body members may participate remotely in a meeting “only if physical attendance would be unreasonably difficult.”
* A quorum of the body, including the chair, must be *physically present* at the meeting location.
* Members of a public body who participate remotely and all persons present must be clearly audible to each other.
* All votes taken during a meeting in which a member participates remotely must be by roll call vote.

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**Procedures for Remote Participation**

* A member who wishes to participate remotely should notify the chair (or, in the chair’s absence, the person chairing the meeting) of his/her desire to do so, with the reason and factual support for the request.
* At the start of the meeting, the chair must announce members participating remotely; the meeting minutes must contain this information as well. (No detail as to the reason is required).
* Members participating remotely may vote; roll call vote is required.

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**Additional References**

Conflict of Interest Law:

* https://www.mass.gov/laws-regulations-rulings-opinions-and-advisories
* https://www.mass.gov/learn-more-about-conflicts-of-interest

Office of Attorney General, Open Meeting Law Website and Guide:

* https://www.mass.gov/files/documents/2017/09/25/2017%20Guide%20only.pdf
* http://www.mass.gov/ago/government-resources/open-meeting-law/

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**Overview of the Bureau of Health Care Safety and Quality and the Trauma Systems Committee**

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**BHCSQ Overview**

* The Bureau of Health Care Safety and Quality’s (BHCSQ) mission is to promote, preserve, and protect the health of everyone in the Commonwealth and to strive to achieve an optimal health care delivery system that ensures safe, effective, high-quality care for all.
* The Bureau serves as the primary regulator of health care facilities (including hospitals) and ambulance services in the Commonwealth.

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**BHCSQ Overview**

* The Trauma System touches three main areas of the Bureau:
  + Licensure and Trauma Center Designation: The Division of Health Care Facility Licensure and Certification assures the delivery of safe health care services through the licensing, registration, inspection and regulation of approximately 1,300 health care facilities and programs and is responsible for the designation of trauma centers.
  + Data and Analysis: The Division of Quality Improvement is responsible for developing and leading the performance, accountability and Quality Improvement (QI) and data initiatives, including the Trauma Registry.
  + Care Delivery Systems: The Office of Emergency Medical Services ensures the licensure and regulation of ambulance services and specialty care delivery systems including, trauma and cardiovascular care, and total quality management, including oversight of training, testing, certification and recertification of approximately 24,000 EMTs in Massachusetts.

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**Trauma Systems Committee Overview**

* Under MGL c. 111C, §11, DPH is tasked with developing a trauma system, including designating trauma centers, and establishing a trauma registry data collection system.
* The Trauma Systems Committee (Committee) is established as an advisory board to the Department of Public Health under the EMS statute, MGL c. 111C, §13(b).
* The Committee is responsible for advising the Department on issues such as data collection, quality assurance, and interoperability among the EMS and trauma systems.
* In accordance with the statute, the Committee shall be chaired by the Commissioner (or her designee) and shall be composed of an equal balance of individuals appointed by the Commissioner representing:
  + Regional EMS Councils
  + Trauma Centers
  + Hospitals

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**Trauma Registry**

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**Trauma Registry Background**

* The Trauma Registry data system (Trauma Registry) is comprised of reported hospital data, as submitted by hospital trauma registrars.
* The Trauma Registry collects information in accordance with the National Trauma Data Bank as well as some minimal state specific data points that allow linkages with other State systems.
* The data element categories are organization and personal identifiers, demographics, clinical information, injury information, pre-hospital information, emergency department information, diagnosis information, injury severity information, and quality assurance information**.**

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**Trauma Registry Reporting Requirements**

* As required by 105 CMR 130.851 (C): a hospital providing trauma services as a designated trauma center must provide:

*to the Center for Health Information Analysis (CHIA) the designated trauma center data set specified in Department guidelines;*

* As required by 105 CMR 130.852 (A), a hospital that is not a designated trauma center may be licensed to provide Emergency Services only if the hospital provides to CHIA the trauma service hospital data set to be specified in 105 CMR 130.851(C)*.*
* Uses SENDS/INET software application for data submission; this application is also used by MassHealth.
* Chloen Systems functions as Commonwealth’s vendor.

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**Massachusetts Emergency Medical Service Regions (EMS) and American College of Surgeons (ACS) Verified Trauma Centers**

Map of Massachusetts EMS and ACS verified trauma centers.

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**Trauma Registry Data**

There are three categories of Trauma Registry Data:

1) Legacy Data (Federal Fiscal Year (FFY)2008-FFY2015):

* Starting in 2008, Massachusetts collected 41 data elements.
* Includes traumas reported with Admission dates of October 1, 2007-September 30, 2015.
* Uses International Classification of Diseases 9th edition (ICD-9-CM) for inclusion criteria, diagnosis and injury codes.

2) Transition Data (FFY2016):

* Transition to ICD-10-CM from ICD-9-CM.

3) Current Data (FFY2017-present):

* In alignment with the National Trauma Data Bank, there are now 96 data elements.

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**Trauma Registry Data Approach**

* The Department understands that stakeholders are interested in accessing and understanding the Trauma Registry data and with your assistance, we are committed to improving transparency and access.
* Today’s meeting will introduce descriptive statistics analyzed using the Legacy Data.
* As we review the data, please consider what additional data sets would be helpful and how we may work together to continue to improve the data submission process.

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**Legacy Data: Submitted Cases by Year**Cases Submitted to the Trauma Registry by YearGraph of Legacy Data: Submitted Cases by Year

|  |  |
| --- | --- |
| Federal Fiscal Year | # of Cases |
| 2008 | 122129 |
| 2009 | 94280 |
| 2010 | 72954 |
| 2011 | 84794 |
| 2012 | 67380 |
| 2013 | 73043 |
| 2014 | 70110 |
| 2015 | 95499 |

Data Source: MA Trauma Registry

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**Legacy Data: Hospitals Submitting Data**

# of Hospitals with No Trauma Observations Submitted

Graph of **Legacy Data: Hospitals Submitting Data**

|  |  |
| --- | --- |
| Federal Fiscal Year | # of Hospitals |
| 2008 | 1 |
| 2009 | 2 |
| 2010 | 2 |
| 2011 | 4 |
| 2012 | 6 |
| 2013 | 7 |
| 2014 | 10 |
| 2015 | 16 |

Data Source: MA Trauma Registry

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**All Reporting Entities: Required Variables Grouped by Percent of Observations with Valid Values**

75-100%

* Date Of Birth
* Gender
* Patient Zipcode
* Work Related
* Pulse Rate
* BloodPressure
* RespirationRate
* Primary E-Code
* Diagnosis Code

50-74%

* Location E-Code
* Injury Incident Date
* Incident City

Less than 50%

* Transfer Organization ID

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**Trauma Center Only: Required Variables Grouped by Percent of Observations with Valid Values**

75-100%

* Airbag Deployment

50-74%

* Child Specific Restraint
* Abbreviated Injury Scale

Less than 50%

* Glasgow Coma Scale Score and Detail
* Injury Incident Time
* Alcohol Use Indicator
* Drug Use Indicator
* Complications
* Protective Devices
* Co-morbid Conditions
* Complications

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**Legacy Data: Injury Type-Terrorism**

Terrorism (E979) by Year and EMS Region  
Graph of **Legacy Data: Injury Type-Terrorism**

|  |  |
| --- | --- |
| Federal Fiscal Year | # of Traumas Reported |
| 2008 |  |
| 2009 |  |
| 2010 |  |
| 2011 |  |
| 2012 |  |
| 2013 | Missing: 24  4: 180 |
| 2014 |  |
| 2015 |  |

Data Source: MA Trauma Registry

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**Legacy Data: Injury Type-Suicide and Self-Inflicted Injury**

Suicide and Self-Inflicted Injury (E950-E959) by EMS Region and Year  
Graph of **Legacy Data: Injury Type-Suicide and Self-Inflicted Injury**

|  |  |
| --- | --- |
| Region | # of Traumas Reported |
| Missing | 2008: 8  2009: 6  2010: 27  2011: 21  2012: 30  2013: 32  2014: 42  2015: 13 |
| 1 | 2008: 175  2009: 153  2010: 115  2011: 104  2012: 99  2013: 95  2014: 53  2015: 83 |
| 2 | 2008: 229  2009: 222  2010: 119  2011: 134  2012: 65  2013: 82  2014: 75  2015: 65 |
| 3 | 2008: 104  2009: 118  2010: 59  2011: 69  2012: 108  2013: 62  2014: 55  2015: 66 |
| 4 | 2008: 509  2009: 393  2010: 313  2011: 276  2012: 266  2013: 266  2014: 419  2015: 249 |
| 5 | 2008: 126  2009: 114  2010: 76  2011: 124  2012: 80  2013: 88  2014: 71  2015: 389 |

Data Source: MA Trauma Registry

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**Legacy Data: Injury Type-Homicide and Intentionally-Inflicted Injury**

Homicide and Injury Purposely Inflicted by Another Person (E960-969) by Year and EMS Region  
Graph of **Legacy Data: Injury Type-Homicide and Intentionally-Inflicted Injury**

|  |  |
| --- | --- |
| Region | # of Traumas Reported |
| Missing | 2008: 256  2009: 140  2010: 261  2011: 338  2012: 415  2013: 242  2014: 335  2015: 113 |
| 1 | 2008: 833  2009: 931  2010: 586  2011: 639  2012: 597  2013: 478  2014: 451  2015: 395 |
| 2 | 2008: 712  2009: 655  2010: 353  2011: 382  2012: 224  2013: 224  2014: 240  2015: 274 |
| 3 | 2008: 778  2009: 594  2010: 562  2011: 500  2012: 445  2013: 377  2014: 276  2015: 266 |
| 4 | 2008: 5718  2009: 3261  2010: 2147  2011: 2159  2012: 1838  2013: 1844  2014: 2740  2015: 1762 |
| 5 | 2008: 549  2009: 491  2010: 577  2011: 664  2012: 419  2013: 433  2014: 271  2015: 128 |

Data Source: MA Trauma Registry

Slide 33 **Legacy Data: Injury Type-Accidental Falls**

Accidental Falls (E880-E889) by Hospital Type and Year  
Graph of **Legacy Data: Injury Type-Accidental Falls**

|  |  |
| --- | --- |
| Federal Fiscal Year | # of Falls Reported |
| 2008 | Community: 24293  Trauma Center: 38211 |
| 2009 | Community: 20357  Trauma Center: 31647 |
| 2010 | Community: 17650  Trauma Center: 21480 |
| 2011 | Community: 22947  Trauma Center: 26157 |
| 2012 | Community: 17802  Trauma Center: 18392 |
| 2013 | Community: 17119  Trauma Center: 19860 |
| 2014 | Community: 15394  Trauma Center: 23453 |
| 2015 | Community: 9736  Trauma Center: 20130 |

Data Source: MA Trauma Registry

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**Legacy Data: Injury Type-Motor Vehicle Crashes**

Motor Vehicle Crashes (E810-825) by Traffic Involvement and Year  
Graph of **Legacy Data: Injury Type-Motor Vehicle Crashes**

|  |  |
| --- | --- |
| Federal Fiscal Year | # of Traumas Reported |
| 2008 | Traffic Crashes: 22607  Non-traffic Crashes: 19270 |
| 2009 | Traffic Crashes: 1900  Non-traffic Crashes: 13982 |
| 2010 | Traffic Crashes: 1510  Non-traffic Crashes: 10734 |
| 2011 | Traffic Crashes: 1338  Non-traffic Crashes: 10999 |
| 2012 | Traffic Crashes: 1276  Non-traffic Crashes: 9454 |
| 2013 | Traffic Crashes: 1225  Non-traffic Crashes: 8793 |
| 2014 | Traffic Crashes: 1164  Non-traffic Crashes: 9161 |
| 2015 | Traffic Crashes: 2525  Non-traffic Crashes: 7014 |

Data Source: MA Trauma Registry

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**Roadmap for Current and Future Data Sharing**

Legacy Data (FFY2008-FFY2015)

* Descriptive statistics
* Severity of trauma and types of trauma by age
* Seasonality of traumas
* Trends over time

Transition Data (FFY2016)

* Partnering with hospitals to ensure all trauma cases have been submitted and the completeness of data

Current Data (FFY2017-present)

* Data Collection Specification File to be released in March 2018
* Data submissions to begin by May 1, 2018

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**Discussion**

* What do you want to see reported from the Legacy Data?
* What do you want to see reported from the Transition Data?
* What do you want to see reported from the Current Data?

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**Anticipated Next Meeting Deliverables**

* Discussion of state-specific data elements of the Trauma Data Collection File Specification Guide for FFY 2019.
* Summary of Trauma Registry data for FFY2016 reported using ICD-10-CM.
* Based on Committee feedback, sharing and discussion of more in-depth analysis of Legacy Data.

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**Future Meetings**

Meeting Schedule:

* Wednesday, May 30, 2018
* Wednesday, August 29, 2018
* Wednesday, November 28, 2018

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

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**Appendix: Transition to ICD-10-CM in FFY2016**

Differences between ICD-9-CM and ICD-10-CM code sets

|  |  |
| --- | --- |
| **ICD-9-CM** | **ICD-10-CM** |
| 3 to 5 characters in length | 3 to 7 characters in length |
| Approximately 13,000 codes | Approximately 68,000 current codes |
| First character may be alpha (E or V) or numeric; characters 2–5 are numeric | Character 1 is alpha; characters 2 and 3 are numeric; characters 4–7 are alpha or numeric |
| Limited space for new codes | New codes can be added |
| Limited code detail | Specific code detail |
| No laterality | Includes laterality |

Adapted from NTDB website