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**Massachusetts Department of Public Health**

**Trauma Systems Committee**

**Meeting Minutes of March 16, 2022**

WebEX

**Date of Meeting:** **Wednesday March 16, 2022**

**Beginning Time:** 10:05 AM

**Ending Time:** 11:32 AM

**Committee Members Present:** The following (10) appointed members of the Trauma Systems Committee attended on March 16, 2022, establishing the required simple majority quorum (7 pursuant to Massachusetts Open Meeting Law (OML)): Elizabeth Kelley, Dr. Peter Masiakos, Dr. Reginald Alouidor, Dr. Mark Pearlmutter, Dr. Ali Salim, Brenden Hayden, Dr. Jonathan Drake, Dr. Michael Murphy, Sara Burgess, Sandra Mackey.

The March 16th meeting of the Trauma Systems Committee was called to order by Elizabeth Kelley at 10:05AM.

Ms. Kelley stated that the agenda would be to provide an update to the Trauma Registry and an update on trauma interfacility transfers.

Ms. Kelley noted staffing changes at the Department of Public Health, including that Margret Cooke, J.D has been named Commissioner, and Dr. Estevan Garcia has been named Chief Medical Officer.

**Trauma Data Update**

Ms. Kelley turned over the presentation to Dr. Kate Fillo who presented slides 7-16 on the hospitalizations and the bed occupancy data from the COVID-19 dashboard.

Dr. Fillo then asked Nora McElroy to present data on the Trauma Data Registry. Ms. McElroy presented slides 9-10.

Dr. Fillo then presented slides 11-20 on the Trauma Interfacility Transfer Data.

Dr. Masiakos asked Brenden Hayden a question about patient requests to go to a certain hospital and if that was for interfacility transfers or from the field.

Mr. Hayden noted that it was both and some patients do request Rhode Island Hospital and often EMS will do that. Other patients who know they will be transferred to a trauma facility will request Rhode Island Hospital.

Dr. Murphy asked if Rhode Island has the same bed shortage as the Boston area hospitals, and Mr. Hayden confirmed that they do, but they do notalways go on trauma divert.

Dr. Fillo noted that other parts of the state get traumas into their hospitals, such as Bay State Hospital.

Dr. Alouidor confirmed that to be the case and for some patients in Connecticut, it is faster to get to Bay State Hospital than to Hartford.

Dr. Salim stated that once data is available from St. Luke’s Hospital and if the newly designated trauma center there will reduce the number of out of state transfers.

Dr. Pearlmutter stated that the data provided is limited to interfacility transfers and also noted that low acuity to low acuity transfers were fairly high. He asked how EMS classifies low acuity trauma patients.

Dr. Burstein answered that it is based on the number of interventions according to the Statewide Treatment Protocols. He gave an example of a hip fracture where the surgeon at one trauma center did not want to operate on the patient, may be classified as low acuity for the purposes of interfacility transfers.

Dr. Fillo asked if there were any additional questions. After noting there were not, Ms. Kelley asked if there were additional questions.

Dr. Murphy asked about the health of the EMS system.

Dr. Fillo and Dr. Burstein noted that we are tracking it and that OEMS has been heavily involved.

Mr. Hayden stated the ability to move a patient has gotten better, but the bigger issues that effect EMS are national issues, not just Massachusetts issues, both with getting providers and how to keep providers.

Ms. Kelley asked for a motion to adjourn. Dr. Pearlmutter made a motion to adjourn. Mr. Hayden seconded the motion. The meeting was adjourned at 10:58AM.