TRAUMA SYSTEM COMMITTEE

# March 15, 2023

*Bureau of Health Care Safety and Quality Massachusetts Department of Public Health*

Meeting Agenda

* Department update and Secretariat Update
	+ Secretary Kate Walsh
* ACS Updated National Guidelines for the Field Triage of Injured Patients
* Trauma Registry submissions update
	+ Data quality assurance update
* Trauma Registry FFY 2021 & 2022 year-to-date data update
* Emergency Medical Services response update
	+ MATRIS Region 5 inter-facility transfer update

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](http://www.mass.gov/the-open-meeting-law)
* Kathleen Walsh is the new Secretary of the Executive Office of Health and Human Services.
* Susan Lewis is the new Director of Office of Emergency Medical Services
* Jacquelyn Miller is joining the Trauma Committee. She is the Trauma Program Manager at St. Luke’s Hospital.
* The American College of Surgeons updated the National Guideline for the Field Triage of Injured Patients
* The Medical Services Committee reviewed the changes and recommend updating the state Trauma Triage and Point of Entry Plan.

New Publications

* Injury Publication Updates
	+ MMWR: [Motor Vehicle Crash Deaths — United States and 28 Other](https://www.cdc.gov/mmwr/volumes/71/wr/mm7126a1.htm) [High-Income Countries, 2015 and 2019](https://www.cdc.gov/mmwr/volumes/71/wr/mm7126a1.htm)
* [Massachusetts Child Fatality Review](https://www.mass.gov/doc/fy21-child-fatality-review-annual-report/download)
	+ "Driving recklessly, speeding,

and drug and alcohol use contributed to at least half of these crashes." - page 21

# [Child Passenger Safety Pre-Hospital Provider toolkit](https://www.mass.gov/doc/child-passenger-safety-toolkit-for-pre-hospital-providers/download?_ga=2.119844367.620396787.1662986435-1837244022.1621449568)

* + based on the most current best practices as of 2021

Massachusetts Trauma Registry Updates

## The new Massachusetts Trauma Registry launched in December 2021

* + The Trauma Registry vendor is ESO, using the Gen6 registry product

## FFY 2021 submissions were due on May 1, 2022

* All submission deadlines are now on the routine submission schedule available at [https://www.mass.gov/service-details/state-trauma-registry-data-](https://www.mass.gov/service-details/state-trauma-registry-data-submission) [submission](https://www.mass.gov/service-details/state-trauma-registry-data-submission)
	+ Currently all data through FFY 2022 Quarter 4, or September 2022 are due

## Quality improvement activities are ongoing on these data to ensure high quality data for analysis

* + This includes a review of individual facility responses to specific fields to ensure high quality data

Proposed Trauma Registry 2023 Changes

* 2023 Massachusetts Trauma Registry Changes:
	+ Extend FFY 2022 specifications through December 31, 2022
	+ As of January 1, 2023, specifications and submissions will run on the calendar year
	+ Remove ICD-10 codes T75.1 and T71 from registry inclusion criteria
	+ Remove select EMS and interfacility transfer fields, specifically dispatch and scene times and field vitals
	+ Remove Patient and Injury Postal Code, ZIP code will continue to be collected
	+ Apply American College of Surgeons changes to Pre-Existing Conditions variable
* Community Hospitals continue to receive support from DPH and the vendor ESO to improve reporting
	+ This includes reviewing specifications, feedback on submission files and data quality reporting
* Nearly all community hospitals that have submitted data have completed submissions
* Nine community hospitals have not made successful Trauma Registry submissions

|  |
| --- |
| Count of Community Hospital Trauma Registry Submissions by Year |
| Federal Fiscal Year | Number of Facilities | # Community Hospitals Reporting some Quarters | # Up to Date through Sept 2022 |
| 2021 | 44 | 4 | 30 |
| 2022 | 44 | 5 | 30 |

Data Source: Massachusetts Trauma Registry, extracted 3/13/2023

* All Massachusetts Trauma Centers have successfully submitted data to Trauma Registry
* One facility has outstanding federal fiscal year 2022 quarters to submit
* Submissions are being reviewed for data quality

|  |
| --- |
| Count of Trauma Center Registry Submissions by Year |
| Federal Fiscal Year | Number of Facilities | # Trauma Centers reporting some Quarters | # Up to Date through Sept 2022 |
| 2021 | 17 | n/a | 17 |
| 2022 | 17 | 1 | 16 |

Data Source: Massachusetts Trauma Registry, extracted 3/13/2023

Methods

* + Analytic methods
		- Includes data from the Massachusetts Trauma Registry with data of admission from 10/1/2020 to 6/30/2022, some analyses were limited to 10/1/2020-9/30/2021
		- Frequencies and rates calculated using SAS Studio
		- Interfacility transfers excluded from these analyses
		- Facilities with complete years of data submission included
		- Traumatic injury external cause codes were categorized using the CDC Injury Matrix1
			1. National Center of Health Statistics. Tools and Frameworks: Tools for Categorizing Injuries using ICD-10 Codes accessed at

<https://ftp.cdc.gov/pub/Health_Statistics/NCHS/injury/tools/> on 12/5/2022

160

140

120

100

80

60

40

20

0

Figure 1. Massachusetts All Cause Trauma Count, 10/1/2020-3/31/2022

* FFY 2021 overall trauma patterns were consistent with historic trauma patterns, with higher traumatic injury counts in the summer months
* There is an outlier on December 25, 2021 requiring additional investigation
* Further comparisons with pre-pandemic and FFY 2020 data will be performed

Massachusetts Traumatic Injury, 2021 and 2022 Year-to-Date

  

Massachusetts Traumatic Injury Quarterly and Annual Rates, FFY 2021 and 2022 Year-to-Date

* + Traumatic injury rates were highest from April to September 2022, it is expected that trauma rates are higher in warmer weather months

|  |  |  |  |
| --- | --- | --- | --- |
| **Federal Fiscal Year** | **Date Range** | **All Cause Trauma****Count** | **All Cause Trauma Rate/100,000****Residents** |
| **FFY 2021 Total** |  | 34,711 | 493.8 |
| Quarter 1 | 10/1-12/21 | 8,181 | 115.6 |
| Quarter 2 | 1/1-3/21 | 7,955 | 111.1 |
| Quarter 3 | 4/1-6/30 | 9,273 | 129.9 |
| Quarter 4 | 7/1-9/30 | 9,302 | 130.2 |
| **2022 Year-to-****Date Total** |  | 25,544 |  |
| Quarter 1 | 10/1-12/21 | 7,975 |  |
| Quarter 2 | 1/1-3/21 | 7,032 |  |
| Quarter 3\* | 4/21-6/21 | 7,826 |  |

* + Of patients admitted to the ICU, the median length of stay was 3 days. In 2020 through 2022 length of stay may be affected by the COVID-19 pandemic and challenges transferring patients between facilities

Data Source: Massachusetts Trauma Registry, extracted 11/30/2022 Excludes interfacility transfers2022 YTD includes FFY Q1-Q3, through 6/30/2022

Some FFY 2022 Quarter 3 data are outstanding

* + - In FFY 2021, male Massachusetts residents had a higher rate of traumatic injury than female residents

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FFY 2021 All Cause****Trauma Count** | **FFY 2021 All Cause Trauma****Rate/100,000 Residents** | **FFY 2022 YTD\*\* All****Cause Trauma Count** |
| **Sex** |  |  |  |
| Female | 17,510 | 483.8 | 12,975 |
| Male | 17,193 | 504.0 | 12,557 |
| Missing\* | 8 |  | 12 |
| **Ethnicity** |  |  |  |
| Hispanic or Latino | 2,841 | 323.2 | 2,021 |
| Not Hispanic orLatino | 31,101 | 505.6 | 22,668 |
| Not Recorded | 642 |  | 600 |
| Missing\* | 127 |  | 253 |

* + - During the same time period, Hispanic Massachusetts residents had a higher rate of traumatic injury than non- Hispanic residents
		- The volume of records with ethnicity not recorded will be reviewed and determine if data should be resubmitted

Data Source: Massachusetts Trauma Registry, extracted 11/30/2022

Excludes interfacility transfers 2022 YTD includes FFY Q1-Q3, through 6/30/2022, some FFY 2022 Quarter 3 data are outstanding

\*Missing includes missing, not recorded, and not applicable \*\*As FFY 2022 is not complete, rates are not presented

* + - * In FFY 2021, Native Hawaiian and other Pacific Islander Massachusetts residents had the highest rate of traumatic injury, followed by White residents

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FFY 2021 All Cause****Trauma Count** | **FFY 2021 All Cause Trauma****Rate/100,000 Residents** | **FFY 2022 YTD\*\* All****Cause Trauma Count** |
| **Race** |  |  |  |
| American Indian | 37 | 98.0 | 34 |
| Asian | 730 | 140.7 | 570 |
| Black or African American | 2,469 | 425.6 | 1,187 |
| Native Hawaiian or OtherPacific Islander | 22 | 518.1 | 14 |
| Two or more races | 1,725 | 280.2 | 1,478 |
| White | 24,453 | 454.9 | 18,286 |
| Other Race | 2,529 |  | 1,646 |
| Missing\* | 647 |  | 787 |
| Not Recorded | 2,099 |  | 1,542 |

* + - * Missing and not recorded race information may represent mis-mapped data elements and will be followed up on by trauma registry staff

Data Source: Massachusetts Trauma Registry, extracted 11/30/2022

Excludes interfacility transfers 2022 YTD includes FFY Q1-Q3, through 6/30/2022, some FFY 2022 Quarter 3 data are outstanding

\*Missing includes missing and not applicable \*\*As FFY 2022 is not complete, rates are not presented

Massachusetts Traumatic Injury Demographics, Age Category FFY 2021

3,500

3,000

2,500

2,000

1,500

1,000

500

0

Figure 2. All Cause Trauma Rate/100,000 Residents, by Age Category, 10/1/2020-9/30/2021



* Traumatic injury rates are highest among Massachusetts residents 75 and older, which is consistent with MA historic data and national trends
* The all cause trauma rate was 1,637 traumas/100,000 residents among those aged 80-84 and 2,956/100,000 among those 85+
* Most of the traumatic injury in this group are falls
* This is similar to pre-pandemic injury patterns



Massachusetts Traumatic Injury by Type, FFY2021

300

250

200

150

100

50

0

Figure 3. Federal Fiscal Year 2021 Traumatic Injury Rate/100,000 Resident, by Injury Type

 ~~283.7~~

63.3

20.5

14.0

9.4

8.7

6.9

6.7

* Massachusetts Traumatic Injury in FFY2021
	+ Falls accounted for 65% of all traumatic injury admissions in FFY 2021, at a rate of 283.7 injuries/100,000 Massachusetts residents
	+ Falls, motor vehicle traffic crashes, blunt injuries, piercing or stabbing injuries and injuries with no specified cause were the top 5 injury categories
	+ There were 488 reported firearm injuries
	+ Cycling injuries accounted for 474 (2%) of all injuries
	+ There were 131 reported pedestrian injuries (< 1%)

500

400

300

200

100

0

Figure 4. Massachusetts Traumatic Injury Caused by MVCs\*, 10/1/2020-6/30/2022

Figure 5. Massachusetts Traumatic Injury Caused by Other Crash Type, 10/1/2020-6/30/2022

80

60

40

20

0

* Motor vehicle traffic and non-traffic crashes and bicycles and pedestrian accidents are more common in the warmer months

MVC Non-Traffic

Cyclist

Pedestrian

* Non-traffic motor vehicle crashes were particularly high in April

Data Source: Massachusetts Trauma Registry, extracted 11/30/2022

Excludes interfacility transfers

2021

Massachusetts Traumatic Crash Related Injuries, FFY 2021 and FFY 2022 Year-to-Date

2022 YTD includes FFY Q1-Q3, through 6/30/2022, some FFY 2022 Quarter 3 data are outstanding

\*Motor Vehicle Crash

Massachusetts Traumatic Firearm Related Injuries

* Massachusetts has low rates of gun violence compared to the rest of the United States
* Nationwide firearm fatalities are at a 28 year high
* Income equality, housing, education, and previous trauma are some of the root causes of gun violence
* At the Massachusetts Department of Public Health, the Bureau of Community Health and Prevention established a statewide Gun Violence Program, which works with out of school youths and young adults
	+ The program focuses on those most at risk of being affected by gun violence

Figure 6. Massachusetts Traumatic Injury Caused by Firearms, 10/1/2020-6/30/2022

70

60

50

40

30

20

10

0

Oct-20

Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22

* Firearm related traumatic injuries tend to be highest in the summer months
* These counts include all injury intents including accidental, assault, and self-harm
* In 2021, firearm related traumatic injury peaked in July but was highest from April to September
* In Federal Fiscal Year 2021, 83.5% of all firearms related traumatic injuries were attributed to homicide or assault

Massachusetts Traumatic Firearm Related Injuries, FFY 2021 and FFY 2022 Year-to-Date

Data Source: Massachusetts Trauma Registry, extracted 11/30/2022

Excludes interfacility transfers 2022 YTD includes FFY Q1-Q3, through 6/30/2022, some FFY 2022 Quarter 3 data are outstanding

Figure 7. Massachusetts Firearms Injuries/100,000 Residents, by Age, 10/1/2020-9/30/2021 (N=475)

25

20

\*

15

10

5

* + The victims with firearm related traumatic injury are primarily 15 to 30, which is consistent with state and nationwide gun violence data
	+ Counts of gun violence are lower in middle age and elder adults
	+ The 55-59 year old age group is suppressed because the count is less that five

0

15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69

Figure 8. Massachusetts Firearms Injuries/100,00 Residents, by Race, 10/1/2021-9/30/2022

45 42.2

40

2.1

35

30

25

20

15

10

5

Figure 9. Massachusetts Firearms Injuries/100,000 Residents, by Race, 10/1/2020-9/30/2021

16

14 13.7

 5.7

12

10

8

6

4

2

0

Black or African American White

0

Hispanic or Latino Not Hispanic or Latino

* + - Black and African American Massachusetts residents experienced firearm-related traumatic injuries at 20 times the rate of White Massachusetts residents
		- Hispanic or Latino Massachusetts residents experienced firearms related traumatic injuries at 2.4 time the rate of White Massachusetts residents
* The Massachusetts Trauma Registry includes hospital observation stays and admissions, this will not capture all instances of gun violence
	+ Does not include all mortality, ED visits, or residents treated only by emergency medial services
* These findings are consistent with state and national findings
* Firearm-related incidents were identified in MATRIS V2 where reported cause of injury involved a firearm. Incidents were identified in V3 using ICD-10 codes in the reported cause of injury. Data only includes emergency response runs.
* Firearm intent categories were determined based on ICD-

10 codes in cause of injury and manual narrative review.

Table 1. Firearm-Related EMS Incidents for MA (1/01/2021-12/31/2022)

|  |  |
| --- | --- |
| Year | Month |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
| 2021 | 34 | 35 | 41 | 40 | 65 | 55 | 57 | 57 | 45 | 41 | 53 | 55 | 578 |
| 2022 | 41 | 32 | 57 | 58 | 36 | 44 | 64 | 59 | 47 | 56 | 33 | 36 | 563 |

Figure 1. Patient Dispositions for Firearm- Related Incidents for MA, 2022

Dead on Arrival Patient Refusal Other

* In 2022, July had the highest count of firearm-related EMS incidents, with 64 incidents, followed by August with 59 incidents
* As was seen in the Massachusetts Trauma data, incidents are most common in the warm weather months

*Source: MA Department of Public Health MATRIS V2 & V3, downloaded 3/6/2023*

Counts are number of runs, not patients

Table 2. Firearm-Related EMS Incidents by Intent Category in MA (1/1/2022- 12/31/2022)

|  |  |
| --- | --- |
|  | Firearm Intent Categories |
| CY 2022 | Assault | IntentionalSelf-Harm | Undetermined | Unintentional |
| Quarter 1 | 61 | 17 | 37 | 15 |
| Quarter 2 | 59 | 15 | 49 | 15 |
| Quarter 3 | 65 | 22 | 64 | 19 |
| Quarter 4 | 56 | 19 | 41 | 9 |
| Total | 241 | 73 | 191 | 58 |

* + EMS providers prioritize patient care; therefore, providers are less likely to be collect full patient narratives including firearm intent. This may explain the higher counts for the “Undetermined” category
	+ There were no firearm-related EMS runs categorized as related to Legal Intervention or War
	+ A majority of incidents were assaults

Table 3. Firearm-Related Incidents by Gender for MA (1/1/2022-12/31/2022)

|  |  |  |
| --- | --- | --- |
|  | CY 2022 All count | CY 2022 Rate per 100,000 residents\* |
| Patient Gender |  |  |
| Female | 77 | 2.1 |
| Male | 485 | 14.2 |
| Unknown | 1-4 |  |

\*Denominators are estimated from 2020 UMASS Donahue Institute

* Firearms related traumas were 86.1% male, with a rate of 14.2 traumas/100,000 residents. This trend is consistent with historical data

Table 4. Firearm-Related Incidents by Patient Race for MA (1/01/2022-12/31/2022)

|  |  |  |
| --- | --- | --- |
|  | CY 2022 (YTD) All count | CY 2022 Rate per 100,000 residents\* |
| Patient Race |  |  |
| Asian, Native Hawaiian, or Other Pacific Islander | 8 | 1.6 |
| American Indian or Alaskan Native | 0 |  |
| Black or African American | 113 | 23.7 |
| Hispanic or Latino | 110 | 12.5 |
| Not Applicable / Not Recorded | 213 |  |
| White | 119 | 2.5 |

\*Denominators are estimated from 2020 UMASS Donahue Institute

* The rate of trauma related to firearms was highest in Black and African American and Hispanic or Latino residents
* Gun violence is the leading cause of death for Black males under the age of 55, and the second leading cause of death for Hispanic males under the age of 35 (CDC, 2014-2018).

*Source: MA Department of Public Health MATRIS V2 & V3, downloaded 3/6/2023*

Counts are number of runs, not patients Includes runs where cause of injury was firearm-related

Table 5. Patient Demographics of Firearm-Related Incidents for MA (Continued) (1/01/2022-12/31/2022)

|  |  |  |
| --- | --- | --- |
|  | CY 2022 All Count | CY 2022 Rate per 100,000 residents |
| Patient Age (Years) |  |  |
| 9 and under | 1-4 |  |
| 10-14 | CS |  |
| 15-24 | 174 | 18.3 |
| 25-34 | 184 | 18.1 |
| 35-44 | 86 | 9.9 |
| 45-54 | 37 | 4.0 |
| 55-64 | 35 | 3.6 |
| 65+ | 31 | 2.6 |
| Unknown | 6 |  |

\*Denominators are estimated from 2020 UMASS Donahue Institute CS indicates complementary suppression of next

smallest value if only one count was between 1 and 4

* In 2022, the most common age group to experience gun violence is 15-24, rates are also elevated in the 25-34 and 35-44 age groups

*Source: MA Department of Public Health MATRIS V2 & V3, downloaded 3/6/2023*

Counts are number of runs, not patients Includes runs where cause of injury was firearm-related

Includes all patient dispositions Data includes only runs where type of service requested is an emergency response

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.

Massachusetts Region 5 Interfacility Transfer Update

* + Interfacility transfers (IFTs) are recorded in the Massachusetts Ambulance Trip Record Information System (MATRIS)
	+ IFTs were identified by incident and destination location type both being a hospital.
		- Values differ from previous figures presented at TSC meetings. Old analyses more broadly defined IFTs where incident and location type were both a healthcare facility
	+ Trauma IFTs were identified in V2 where primary impression is recorded as “Traumatic Injury”. Trauma in V3 were identified as primary impression coded as trauma according to ICD-10 code
	+ DPH identified that the transition from one version of the reporting software, MATRIS to an upgraded version led several large services to report runs that were not previously captured

Table 1. Traumatic Injury Interfacility Transfers by Incident Region (1/1/2020 – 12/31/2022)

|  |  |  |  |
| --- | --- | --- | --- |
| Incident Region | CY 2020 | CY 2021 | CY 2022 |
| Region 1 | 640 | 613 | 464 |
| Region 2 | 575 | 571 | 598 |
| Region 3 | 656 | 783 | 796 |
| Region 4 | 577 | 1173 | 1297 |
| Region 5 | 313 | 965 | 1133 |
| Out of State | 13 | 13 | 13 |

* + - MATRIS went through a rolling migration from V2 to V3 which led to improved

reporting of IFT data by EMS

services. This likely explains the trend of increasing of IFTs

Table 2. Traumatic Injury Interfacility Transfers Originating in Region 5 by Destination Region (1/1/2020 – 12/31/2022)

|  |  |  |  |
| --- | --- | --- | --- |
| Destination Region | CY 2020 | CY 2021 | CY 2022 |
| Region 1 | 1-4 | 0 | 1-4 |
| Region 2 | 1-4 | 1-4 | 5 |
| Region 3 | 0 | 0 | 0 |
| Region 4 | 152 | 582 | 669 |
| Region 5 | 63 | 191 | 216 |
| Out of State | 95 | 189 | 241 |

* + - * Most interfacility transfers originating from Region 5 were within Region 5, to

Region 4, or sent out of

state

* + - * In calendar year 2022, there were 216 traumatic

injury related ongoing

transfers originating in Region 5 and transferring within Region 5

Table 3. Top 10 Occurring Incident Facilities for Traumatic Injury Interfacility Transfers Originating in Region 5 (1/1/2022 – 12/31/2022)

* Most Region 5 trauma IFTs originate at Good Samaritan Medical Center and Sturdy Memorial Hospital, accounting for 31% of all outgoing Region 5 traumatic injury related inter-facility transfers from the top 10 incident facilities

|  |  |
| --- | --- |
| Incident Facility | N |
| GOOD SAMARITAN MEDICAL CENTER | 181 |
| STURDY MEMORIAL HOSPITAL | 134 |
| CHARLTON MEMORIAL HOSPITAL | 121 |
| BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH | 118 |
| SIGNATURE HEALTHCARE BROCKTON HOSPITAL | 100 |
| SOUTHCOAST HOSPS GRP INC/ST LUKES | 94 |
| MORTON HOSPITAL | 71 |
| SOUTHCOAST HOSPS GRP INC/TOBEY | 55 |
| SAINT ANNE'S HOSPITAL | 48 |
| FALMOUTH HOSPITAL | 38 |

* Most the listed facilities are community hospitals

Table 4. Top 10 Occurring Destination Facilities for Traumatic Injury Interfacility Transfers Originating in Region 5 (1/1/2022 – 12/31/2022)

* The most common destination facility was Rhode Island Hospital in Providence, RI

|  |  |
| --- | --- |
| Destination Facility | N |
| RHODE ISLAND HOSPITAL | 171 |
| BETH ISRAEL DEACONESS MED CTR/WEST | 154 |
| SOUTHCOAST HOSPS GRP INC/ST LUKES | 121 |
| BOSTON MED CTR CORP NEWTON PAVILION | 114 |
| BRIGHAM AND WOMEN'S HOSPITAL | 90 |
| BOSTON CHILDREN'S HOSPITAL | 76 |
| ST ELIZABETH'S MEDICAL CENTER | 72 |
| HASBRO CHILDREN’S HOSPITAL | 68 |
| MASSACHUSETTS EYE AND EAR INFIRMARY | 40 |
| MASSACHUSETTS GENERAL HOSPITAL | 36 |
| GOOD SAMARITAN MEDICAL CENTER | 20 |

* St. Luke Hospital was designated as a trauma center in 2021 and received 121 transfers from other Region 5 facilities from 1/1/2022-12/31/2022
* Rhode Island Hospital and Hasbro Children’s Hospital are located out of state in Rhode Island.

Table 5. Top 5 Trauma Categories of Interfacility Transfer Patients Originating in Region 5 (01/01/2022-12/31/2022)

|  |  |
| --- | --- |
| Trauma Category | N |
| Head Injury | 429 |
| Knee and lower leg injury | 120 |
| Hip and thigh injury | 116 |
| Injury of unspecified body region | 106 |
| Abdomen, lower back, pelvis and external genital injury | 79 |

* The most common trauma category for transported patients is patients with head injury, followed by lower extremity trauma
* Interfacility transfers after head injury accounted for 38% of all injuries in the top 5 interfacility transfer trauma categories in Region 5

Source: MA Department of Public Health MATRIS V2 & V3, downloaded 3/6/2022

Counts are number of runs, not patients Data includes only those runs where patient disposition = “Patient Treated, Transported by This EMS Unit” and incident location is in MA Data includes only those runs where incident location and destination location type are recorded as a Hospital

Data includes only those runs where primary impression is recorded as “traumatic injury” or is coded as trauma as per the International Classification of Diseases, 10th Edition-Clinical

Modification Ambulance services are required to enter data into MATIRS per A/R 5-403 Statewide EMS Minimum Dataset

Data is required to be submitted within 14 days; however, actual submission timeframes vary by ambulance service

Future Meetings

Meeting Schedule:

* June 21st, 2023 from 10:00am – 12:00pm
* Location is TBD

Additional Information

For more information, please visit:

* [https://www.mass.gov/service-details/trauma-systems-committee](https://www.facs.org/quality-programs/trauma/tqip)
* [Hospital essential service closures | Mass.gov](https://www.mass.gov/info-details/hospital-essential-service-closures)

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