BOSTON MEDICAL CENTER
DEPARTMENT OF SURGERY
DIVISION OF TRAUMA

2011 ANNUAL REPORT

BOSTON MEDICAL CENTER

EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Boston Medical Center
Department of Surgery
Division of Trauma
2011 Annual Report

Executive Summary

It is our pleasure to present the 2011 Fiscal Year Trauma Program annual report. This is a companion document to the 2012 Trauma and Emergency Services wall calendar. This effort has been part of our comprehensive Outreach Program that has allowed us to grow relationships with professional entities in Eastern Massachusetts and Southern New Hampshire.

Our Outreach Program for 2011 has included site visits to 8 Emergency Departments, 7 Municipal Fire Departments, 4 Community Health Centers and 3 Private Ambulance companies. In addition, we provided CME content for an educational dinner meeting for EM physicians and trauma presentations for Boston EMS and a regional educational program for Region V pre-hospital providers in Brockton.

We continue to provide a personalized follow up letter for every patient referral from a community hospital or scene call from outside the city Last year over 400 letters were sent out to almost 50 professional entities. This is a commitment we have made and has been recognized as one of the most important considerations when we close the loop with our referral sources. Our "One Call – One Time – One Doc" 24 hour No Refusal ease of access has been cited as equally important.

Peter A. Burke, MD, Chief of Trauma and Suresh H. Agarwal, MD, Chief of Surgical Critical Care were named Top Docs in Boston Magazine's annual listing of renowned physicians. Kate Mandell, MD joined the team as a trauma, acute care surgery and critical care attending. Kathleen Hirsch, NP and Darlene Kamel, NP joined the Surgical ICU staff as acute care nurse practitioners. And we wished a fond farewell and thank you to Marie Yacubovich after 37 years of service to us.

The Injury Prevention Program has grown as well. In collaboration with the Department of Emergency Medicine, an Injury Prevention Center was created. Lisa Allee secured a federal Victims Of Crime Act (VOCA) grant administered through the Massachusetts Office of Victims Assistance that allowed 2 FTEs to be hired to assist with counseling of victims and families of homicide or attempted homicide.

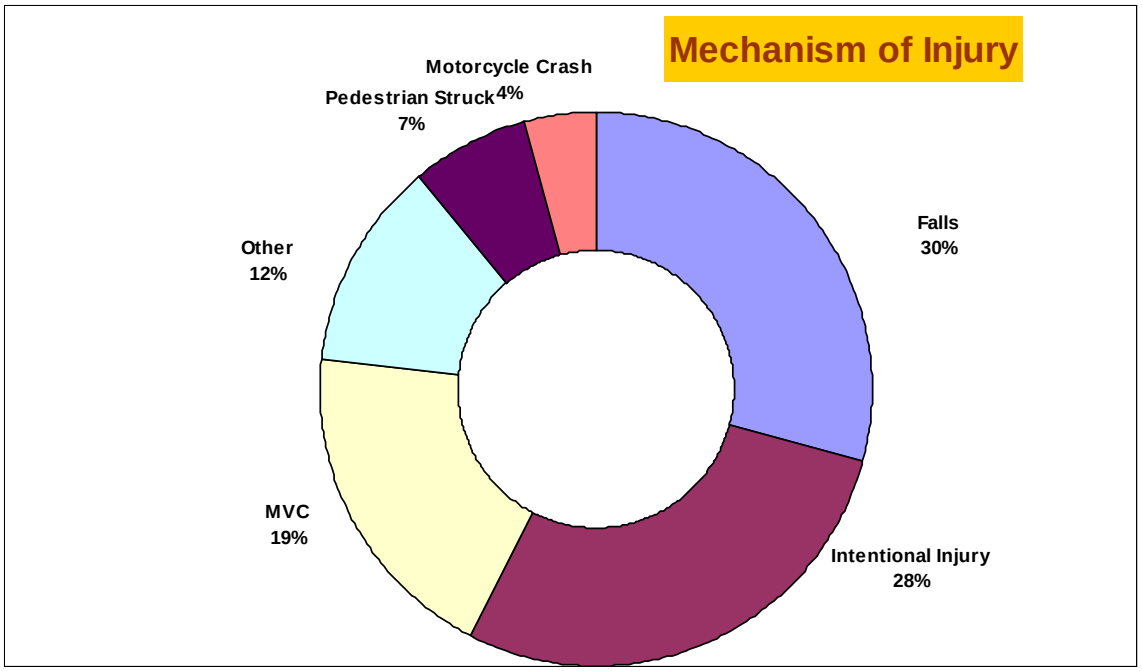
This coming year promises to be exciting as well as we welcome our new Chairman of Surgery, Dr. Gerard Doherty. We also anticipate the opportunity to participate in a Massachusetts Department of Public Health sponsored American College of Surgeons statewide consultation visit as we begin preparations for our own re-verification visit shortly after that.

Highlights from the Trauma Registry Data

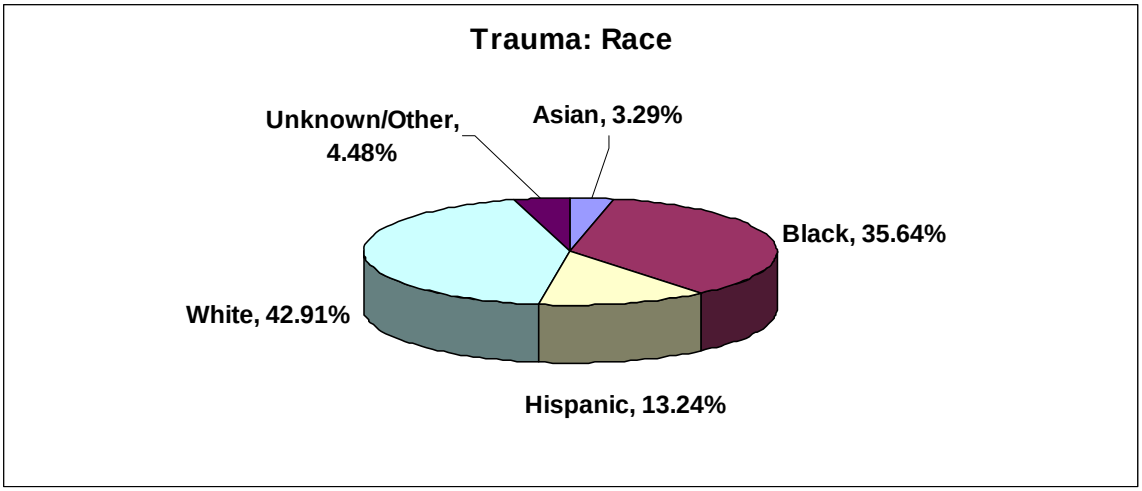
Our overall volume was down 97 pts compared to last year which is a reduction of 4%. Nested in that is Pediatric volume which has decreased 20 pts from 153 to 133 this year. We feel we are maintaining our position as a volume leader in the context of other centers in Boston that have increased efforts to bring in referrals and can account for this small decrease by the increase use of safety devices (helmets, safety belts) and law enforcement measures (drunk driving arrests) in Boston, the Commonwealth and the nation. Independent measures by the NHTSA Fatal Accident Reporting System, and OSHA Workers Compensation Claims have shown a decrease in death and injury steadily for the last 5 years.

Although our volume is flat, our acuity has increased, meaning we are admitting more seriously ill and injured patients than before. The average Injury Severity Score (ISS) has gone up from 8 to 10 to 11 in the last two years and our Mortality Rate has decreased from 2.6% to 2.5% last year, which is below the National Trauma Data Bank national average of 4% for equivalent facilities to BMC.

Falls remain the most common mechanism of injury this year and has been for the last two years. This reflects the same experience nationally. Our incidence of falls is up 2% while our rate of intentional injury (assault, stabbings or gunshot wounds) remained the same. Motor vehicle collisions remain our third most common reason for admission to the hospital.



The ethnicity distribution of our admitted trauma patients also remains unchanged and that is displayed below. In decreasing order: White, Black, Hispanic, Unknown/Other, Asian.



A noteworthy initiative during this past year is our reduction in trauma imaging studies. The Division of Trauma, led by Eric Mahoney, MD developed a series of evidence based trauma algorithms for the trauma patient based on recognized best practice. Once implemented and audited, the number of images obtained during the initial assessment and resuscitation phase in trauma care were reduced by half. This represents a cost savings through better resource utilization and improved patient safety by less exposure to diagnostic radiation.

The success of the trauma program is apparent by the everyday commitment of all the BMC staff who participate in the care of the critically ill and injured across their health care continuum. This truly exemplifies that trauma care is a “team sport”. We thank you for all that you do.

For any questions or comments, feel free to contact us.

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