2015 has been a busy year for the Divisions of Trauma & Acute Care Surgery and Surgical Critical Care. A short list of activities that have transpired this past year include the addition of two faculty members; Tejal Brahmbhatt, MD and Chaitan Narsule, MD, which brings our faculty group up to nine. The trauma registry office was brought up to full staffing with the addition of Amy Humber and the creation of an additional trauma registrar position filled by Kathryn Holm. Collen Curry joined as Chief Administrative Director in the Department of Surgery and Brittany Hammond joined the department as Operations Manager.

The medical center has undergone vast physical changes with the demolition of the Dowling Amphitheater to make way for an addition to the Menino Pavilion. The Moakley Building got an addition that abuts E. Concord St. and the Yawkey Building is undergoing major renovations on the first and third floors. This campus wide renovation will continue for the next two years changing the look of Boston Medical Center (BMC) while improving efficiency in delivering world class patient care.

Hospital wide we adopted a new, single platform to document and deliver care through what is considered the best Electronic Health Record available. We began using EPIC and named it EMERGE in its BMC application back in May and now have it in all clinical settings throughout the institution.

The trauma registry has upgraded to the latest database available, called Version 5 which is a hybrid of NATIONAL TRACS® (NTRACS) and Collector. BMC along with one other center, was the first in Massachusetts to beta test and fully implement this new software. We also adopted a new benchmarking capability which comes from the American College of Surgeons (ACS). The Trauma Quality Improvement Project (TQIP) is a nationwide benchmarking tool which measures the quality of our care against similar programs across the country. Reports from the first two quarters so far have us as good as and mostly better than our counterparts in important metrics such as mortality and permanent disability.

**Highlights from the Trauma Registry and Emergency General Surgery Database**

Our volume has remained consistent despite the loss of some our referral sources to formal partnerships with large healthcare organizations. Formal affiliations between community hospitals and tertiary medical centers continue to make Boston a very competitive environment. Our robust marketing program through social media and our outreach initiatives to private EMS companies and municipal fire services has helped measurably make up the difference.

We expanded our volume capture to include all trauma activations instead of just admissions at the suggestion of a previous ACS trauma surveyor. This gives a better representation of our program’s workload and if our activations are appropriate use of resources once they are reviewed through our Performance Improvement process and Over/Under Triage review.
Based on this newer metric, our trauma volume is up 8%. The emergency general surgery (EGS) volume is up 6% from last year.

The gender distribution is relatively unchanged from previous years for both the trauma and EGS categories with males being the predominant group for trauma.

The racial demographic also remains relatively unchanged from our previous report. White and Black patients make up an almost equal percentage, while the EGS patients have a slightly higher minority representation. One can surmise this may be because our EGS patients come primarily from our surrounding neighborhoods and the trauma patient population includes referrals and transports from the larger metropolitan area.
The most predominant mechanism of injury this past year was regrettably interpersonal violence, followed very closely by falls. Interpersonal violence includes patients that have sustained injury from gunshot or stab wounds and intentional assaults. Falls remain the most common mechanism of injury in Massachusetts and the nation and includes falls from standing as well as falls from various heights. Motor vehicle collisions came in third which include drivers, passengers as well as motorcycles. Appendicitis and gall bladder disease were the most common admission diagnoses for the EGS population which is not surprising to anyone involved in this program.

Other highlights and observations from the data of this past year are that our Blunt/Penetrating ratio is still approximately 80/20 which ranks among the highest in the city and region. Transfers from referral facilities are down slightly but transports from point of injury from the scene outside of the city of Boston are up which nicely offsets the referral decrease.

Examining the EGS data reveals that on average half the surgical consults generate an admission to the General Surgery Service and about one-fourth get admitted to a non-surgical service with the largest group going to Medicine. The remaining quarter are able to be safely discharged but have follow up scheduled within the BMC system as an outpatient. It is also notable that approximately 60% of these patients receive an operative procedure during their stay and two-thirds require a monitored setting.

The BOSTON TRAUMA℠ social media program continues to be very successful and currently has over 2000 followers on Facebook and has featured patient testimonials, tributes, “Throwback Thursdays” and spotlights on specific departments.

The continued productivity of our Trauma and Emergency General Surgery program is a direct reflection of the people involved with it. Thank you all for your support in caring for the most vulnerable ill and injured patients in our community.
For any questions or comments, please feel free to contact us.

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