DEPARTMENT OF SURGERY
SECTION OF ACUTE CARE & TRAUMA SURGERY
2015 ANNUAL REPORT

Boston University School of Medicine

BOSTON TRAUMA

BOSTON MEDICAL CENTER

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Boston Medical Center

Department of Surgery

Sections of Acute Care & Trauma Surgery and Surgical Critical Care

2015 Annual Report

This past year has been one of relative stability and focus for our Trauma Program. It has involved some review, reflection and incorporation of new ideas as well as continued reinforcement of the things we feel comfortable that we do reasonably well. We are happy to report that there was hardly any turnover of personnel in our program. Dr. Kofi Abbensetts was planning a departure and re-location closer to his family at the end of the year and we are happy to announce that Dr. Sabrina Sanchez accepted a faculty position and will be starting this summer. A major focus of the year is the preparation for our American College of Surgeons (ACS) re-verification as a Level 1 Trauma Center and Level 2 Pediatric Trauma Center. This will be our first under the recently released updated *Resources for the Optimal Care of the Injured Patient* that went into effect July 2015.

Another noteworthy event that has been ongoing for the past year and will continue into the next is the major campus renovation that is occurring in all facets of the medical center. The Dowling Amphitheatre was razed to make way for a new inpatient Menino addition that will include an expanded Emergency Department, radiology and operative areas among others. A sky bridge over Albany Street to connect the helicopter landing zone to the Menino Building was built and installed and is getting ready for operation. The fourth floor of Yawkey was completely renovated to accommodate a brand new Women and Infants Center. Major changes to the Adult and Pediatric Emergency Departments have been taking place all year long. The most remarkable accomplishment in all of this is that we have been able to continue a full operational workload and maintain the high standard of care for our patients as the practice environment constantly changes around us. This is a true testament to the spirit of all BMC personnel. Soon we will have a modern medical campus that matches the exceptional quality of care that is provided within it.

We would be remiss if we didn't mention the ongoing evolution of our Epic/eMERGE electronic health record. This year the outpatient areas were included in the Epic/eMERGE platform and now we have a complete unified record for all patient care in one place. We also incorporated a Patient Safety Taxonomy into our Trauma Morbidity and Mortality Review that is directly connected to our Trauma Registry. This provides a more robust methodology to capture and trend any patient safety event in close to real time and we are looking to do similar things with our Emergency General Surgery population. We plan to enter (but sequester) these patients into our trauma registry and use the abilities of the trauma registry for all our acute care surgery patients.

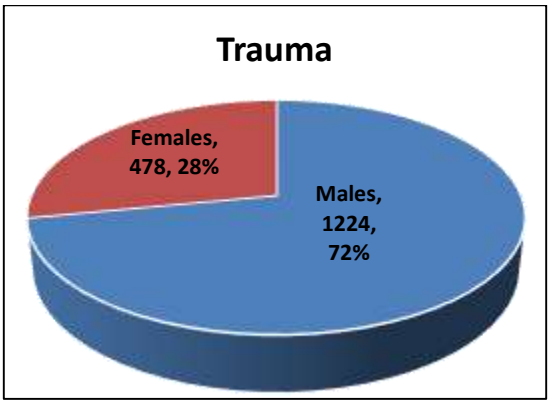
The BOSTON TRAUMA℠ social media program continues to be very robust and currently has over 2,600 followers on Facebook up by 25% from last year. We have featured patient testimonials, tributes and spotlights on specific departments. Over 10 videos have been created spotlighting various staff members and departments that play an integral role in the care of our trauma patients. One of our most popular videos was a tribute to Dr. Erwin Hirsch for his 80th birthday which received over 5,000 views. Approximately 25 staff members from BMC, Boston EMS and Boston MedFlight were interviewed on

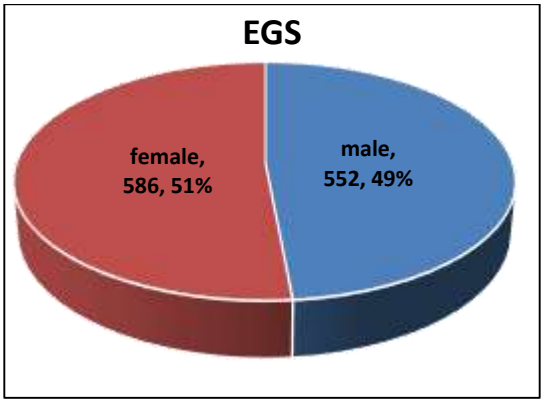
their recollections or to offer a comment or “Hirschism” for this tribute. Throughout the year, we continue to photograph and post many milestones and events that have taken place within our campus and program.

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

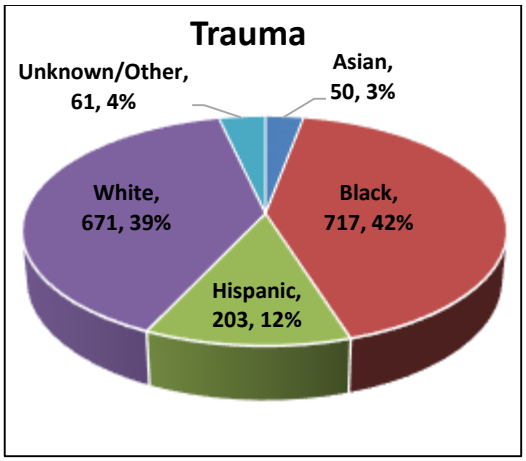
It is interesting to report that our trauma volume is down 6.7%. Although this is not ideal, it is difficult to determine a precise reason. We know that many hospital systems have joined with tertiary centers to provide trauma and acute care surgery services for their constituent group of patients and although we maintain good relationships with our community hospital referral friends, the referral patterns have certainly been impacted. We have maintained very good working relationships with our EMS partners and look to keep that discrepancy to a minimum. We also believe anecdotally that overall trauma volume across the region and state is down as well. This is difficult to quantify as data is not easily available from the state trauma registry but it is a trend also reported out by Boston MedFlight. Emergency General Surgery volume is up 3% from last year and continues to be a substantial part of our practice. We have focused more attention of this area and hope to derive more meaningful data from this area in the coming months.

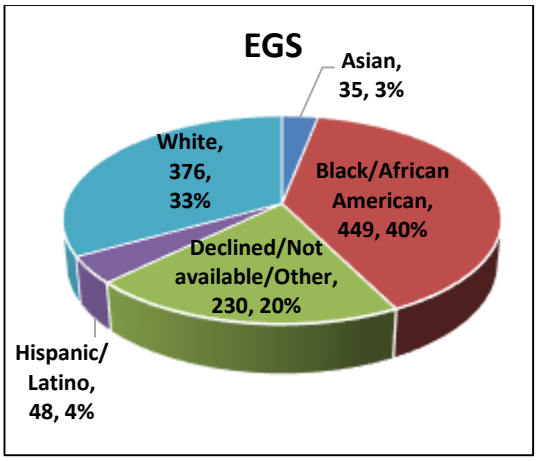
The gender breakdown for the trauma and emergency general surgery populations continues to be as we have seen in the past. Males are far more likely to become injured and require admission than women. The male/female split for Emergency General Surgery is about even.





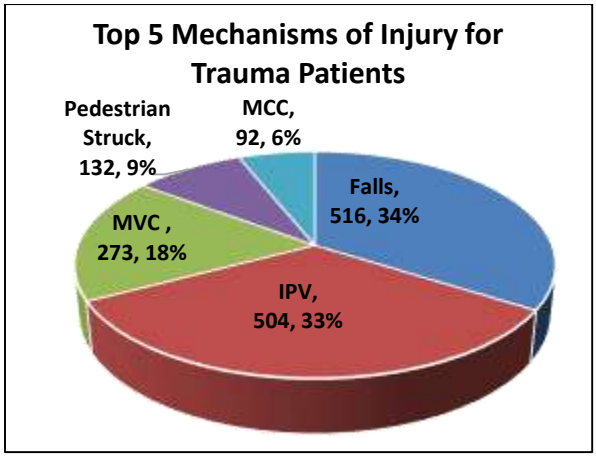
Racial demographics have shown a slow and gradual evolution where White and Black/African American patients were essentially equivalent and now it appears that Black/African American has just moved into a majority position in both trauma and emergency general surgery categories.

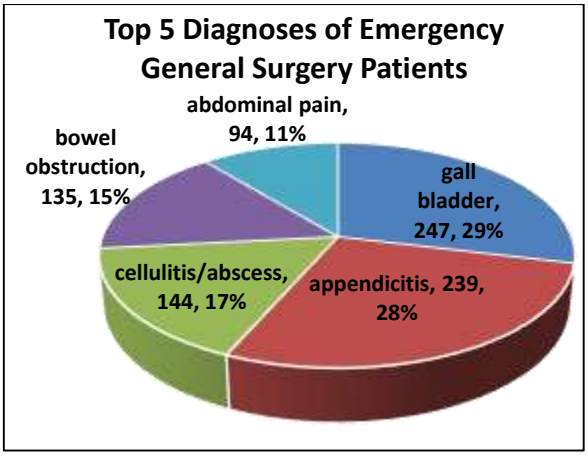




Falls and interpersonal violence have been our most common mechanisms of injury over the past several years often trading places for the number one spot. Last year it was interpersonal violence (stabbings, firearm injuries and assaults) but this year falls takes the top position by less than 1%. Emergency General Surgery has a similar one-two position with gall bladder disease and appendicitis leading the most common admitting diagnoses for that group of patients.

A few other data points that we have reported in the past that are also consistent this year are the Blunt and Penetrating ratios. We are still at 80% Blunt and 20% Penetrating injury in our patient population. Our mortality rate for inpatient deaths (excluding DOAs and ED Deaths) is at 2.17% which is lower than the national average for all Level 1 trauma centers. Our mortality rate for our Emergency General Surgery is at 2% all of which was peer reviewed.





It is common knowledge that a successful and long lasting trauma and emergency general surgery program is a function of many people, departments and systems working together to complement each other and ours is a great example of this collaboration. We are grateful for everyone's support and look forward to adding to our legacy together as we go forward.

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

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