DEPARTMENT OF SURGERY
SECTION OF ACUTE CARE & TRAUMA SURGERY
2016 ANNUAL REPORT

Trauma Care

Emergency General Surgery

Surgical Critical Care

Boston University School of Medicine

BOSTON TRAUMA

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BOSTON MEDICAL CENTER

Department of Surgery

Sections of Acute Care & Trauma Surgery and Surgical Critical Care

2016 Annual Report

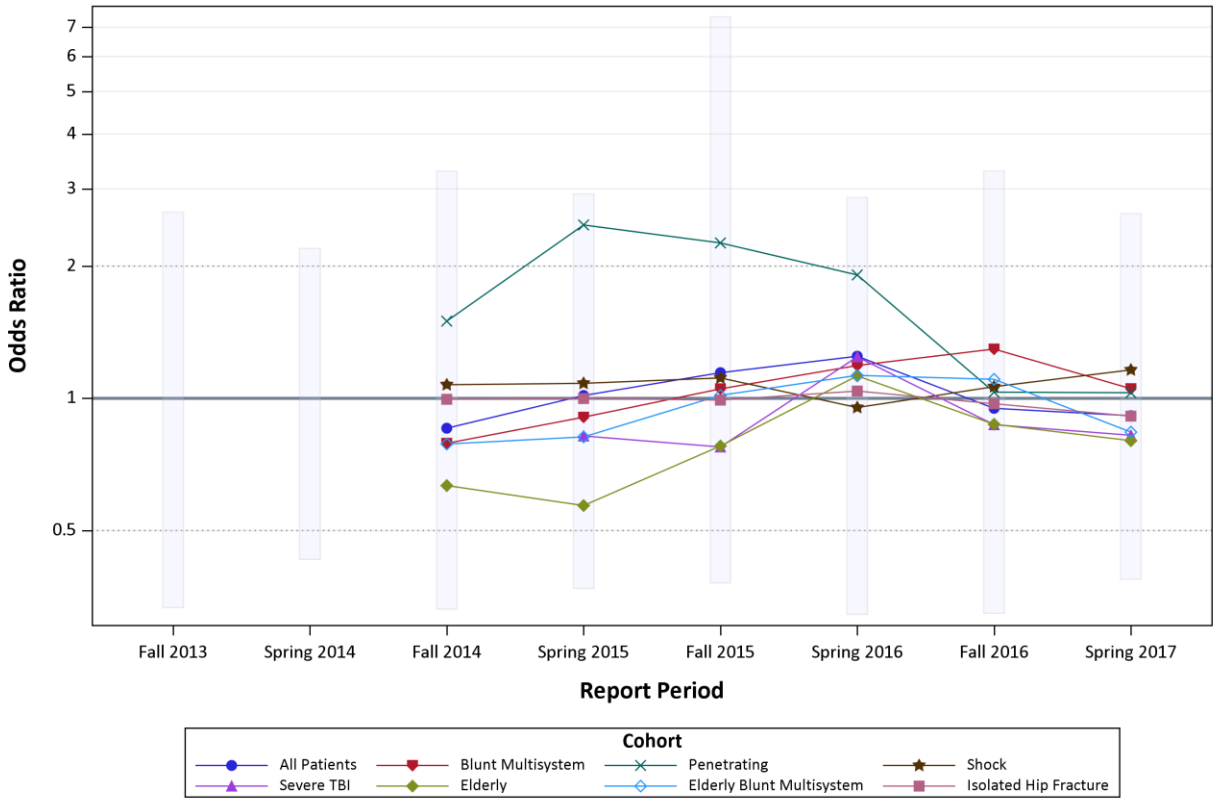
Two Thousand and Sixteen has been an eventful year for the trauma and acute care surgery program and our medical center. We started the year in January with a successful re-verification as a Level 1 Trauma Program by the American College of Surgeons Committee on Trauma Verification Review Committee. This represents a major accomplishment for our program, department and institution. We received the full three year re-verification and had no deficiencies cited. This is a large undertaking that is coordinated and managed by the trauma service but needs the support and contribution from every clinical and administrative service or program that cares for the critically ill and injured. We are grateful that Boston Medical Center values our role as leaders in trauma care in our city and throughout the professional community.

This year was also very busy with our ongoing Campus Redesign. The major structural changes along with incorporating practice enhancements and technological improvements continue to change the way we practice and allow us to stay current and provide state of the art care to our patients. Much has been accomplished and there is much more to do, but Boston Medical Center is well on its way to establishing a leadership position in an environmentally conscious physical facility design to match the cutting edge care delivered within its walls.

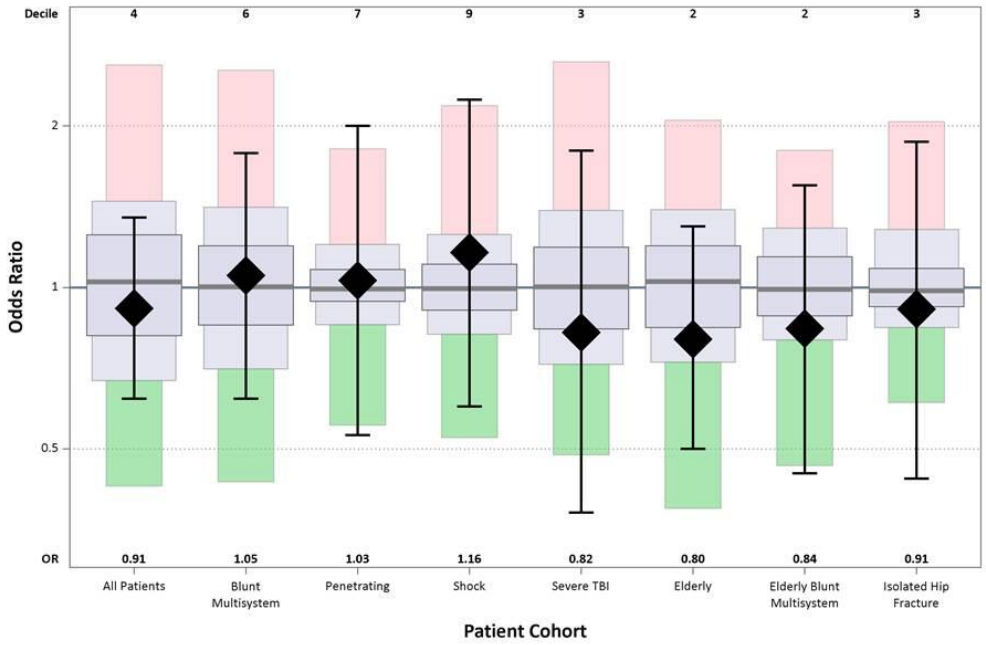
Our faculty and staff have not experienced much turnover this year which gives the team an opportunity to focus on methodologies and strategies that improve patient care and increase productivity. We have our full complement of eight trauma/acute care surgeons along with ten advanced practitioners and two surgical critical care fellows dedicated to our program. Along with the general surgery resident physicians and our colleagues from other specialties, there has been a great deal of clinical and scientific research, publication and presentations on a local, national and international scale.

We have been a participating TQIP (Trauma Quality Improvement Program) hospital for several years and have learned a great deal from this process. Our trauma data is submitted through the National Trauma Data Bank and benchmarked and risk-adjusted against trauma programs similar to ours. We initially found ourselves to be high outliers in categories that we believed we had experience and some expertise. Our Penetrating Mortality was unusually high for an urban inner city trauma center that sees more stabbings and gunshot wounds than our counterparts. With careful review, we were able to analyze our data and correct omissions or misinterpretations and bring our data back into the expected decile and maintain it there consistently.

Risk-Adjusted Mortality by Reporting Period and Cohort
TQIP Report ID: 208



Risk-Adjusted Mortality by Cohort - Spring 2017
TQIP Report ID: 208



We were also able to reconcile disparities in our data collection and reporting structure between the trauma registry and our Injury Prevention program. This led to more accurate capture of patients needing the important alcohol screening and brief intervention and referral to treatment services that are available to our patients.

Our results were favorably received and presented at the 2016 National TQIP conference as examples of Best Practices.

One group within our department that has grown substantially is the Community Violence Response Team (CVRT). They have added two additional FTEs to aid our patients that have been victims of violence as well as providing support and assistance to families that have experienced a homicide.

The BOSTON TRAUMA℠ social media program continues to be very successful and currently has over 3000 followers on Facebook which is a 13% increase from last year. We have featured patient testimonials, tributes and spotlights on specific departments. Some highlights include the ten-year anniversary celebration of the Violence Injury Prevention Program (VIAP), the many milestones emerging from the campus redesign and the CollegeHype donation of clothing to patients who come through the Emergency Department.

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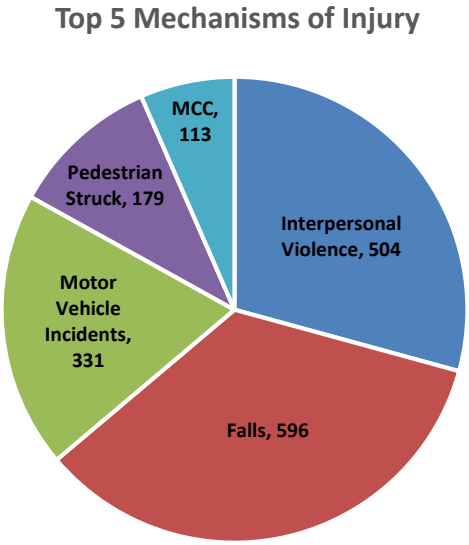
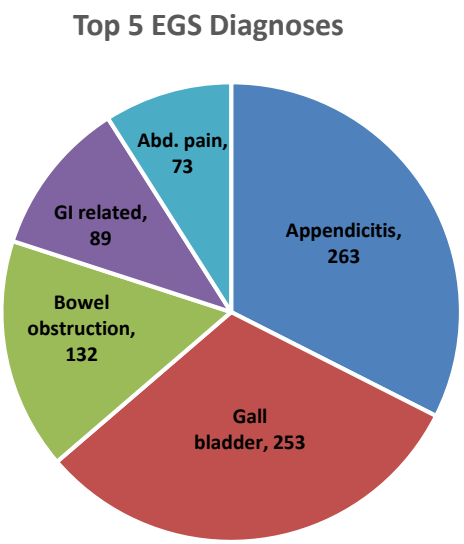
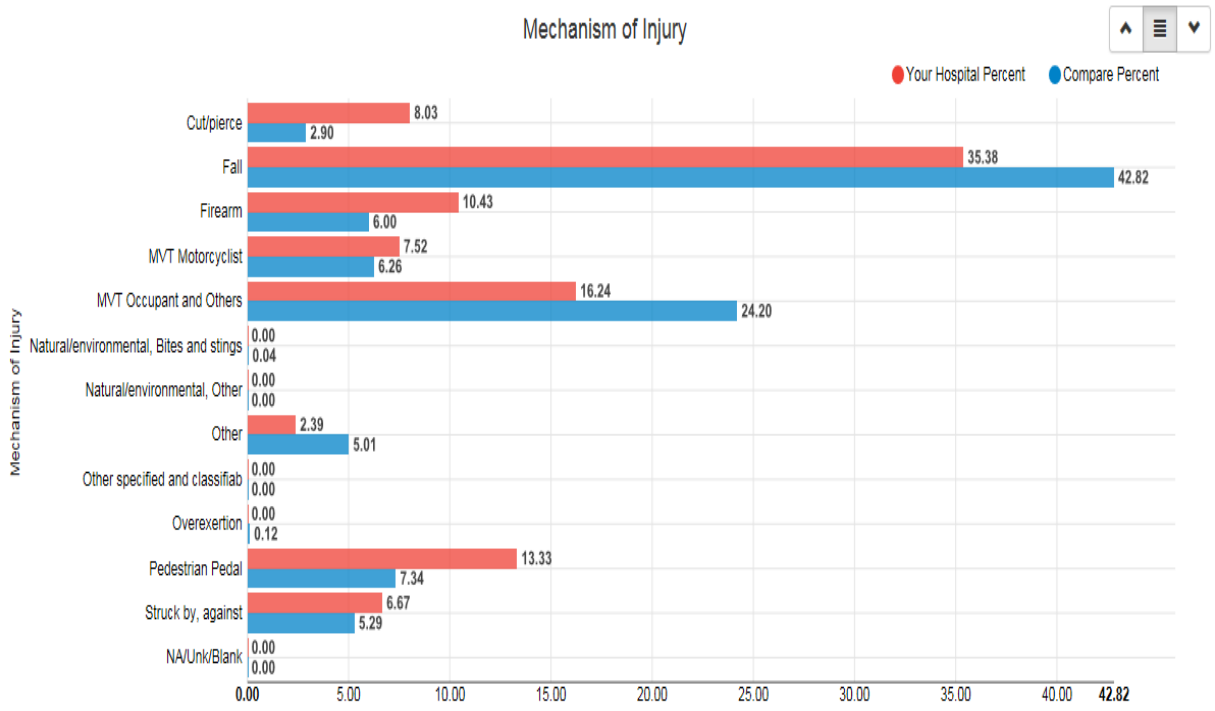
<u>Highlights and Comparisons from the Trauma Registry and Emergency General Surgery Database</u>

We are happy to report that our overall trauma volume is up 9% compared to last year. The EGS volume has been consistent with previous years and is approximately two-thirds of the trauma volume but accounts for more operative procedures. Most EGS patients present with a relatively defined diagnosis that may lead to an operative procedure while trauma patients (specifically blunt injury) often require more involved diagnostic work up and monitoring.

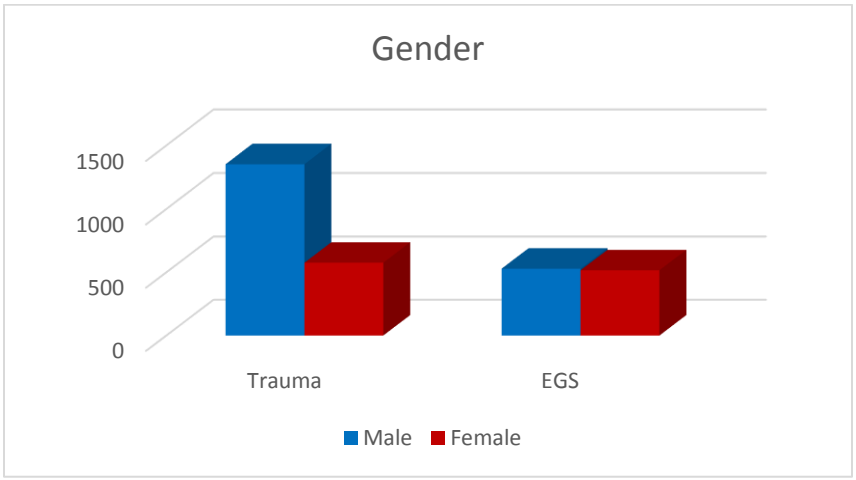
Our leading Mechanism of Injury is still Falls followed by Interpersonal Violence while our top EGS diagnoses are Appendicitis and Gall Bladder Disease. Looking at our Mechanisms of Injury data, there are a few interesting observations. Falls remains the most common mechanism for us but we see fewer than the national experience. Our Interpersonal Violence (cut/pierce, firearm, struck by) is higher than the national average but still collectively lower than our falls percentage. Our pedestrian injuries are almost double those of others which is an area of concern.



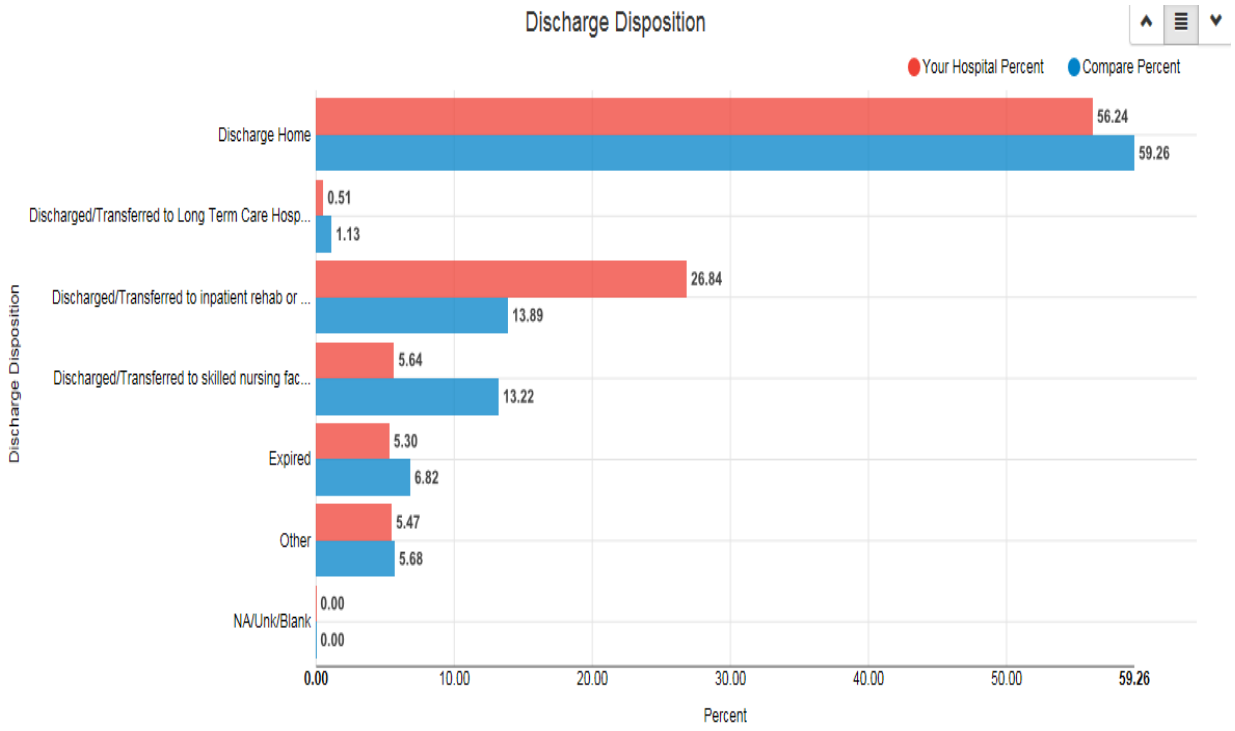




The gender breakdown continues to be more than two to one for males vs. females sustaining injury requiring a trauma activation or admission while the male/female split is essentially even for emergency general surgery.



When reviewing our Discharge Dispositions, we send about the same percentage of people home as everyone else. Our Mortality Rate is slightly lower than the national average and our Discharge/Transfer to Inpatient Rehab is higher and these two data groups may be related to one another. It has been suggested that our lower mortality rate may result in transferring out more complex patients with increased rehabilitation needs.



The success of our trauma and acute care surgery service is the result of everyone that cares for our patients and those that work within the program to collect, analyze, report and research the data. It is no small undertaking and a source of pride for us that we are continuing a long legacy of caring for the ill and injured in our community and doing it consistently at an exceptional level.

Thank you for your support.

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