Boston Medical Center
Division of Trauma
Department of Surgery
2010 Annual Report

The end of Fiscal Year 2010 culminates with our trauma annual report and we are pleased to bring you this year's version.

The beginning of the year was marked by a successful Re-Verification of the Trauma Center for a full three years by the American College of Surgeons Committee on Trauma, Verification Review Committee. The Adult Program is re-verified as a Level I Trauma Center and the Pediatric Program as a Level II Trauma Center, which represents a change and is related to overall pediatric volume and required separate reporting practices.

This year the 2010 Trauma Annual Report is accompanied by a 2011 wall calendar which in collaboration with the Development/Marketing office represents a major companion piece to our Community Outreach initiatives. These calendars have gone out to all community hospitals in our catchment area, all municipal fire services, all EMS Ambulance agencies and all Community Health Centers as well as many selected individuals who are friends or supporters of the trauma service at BMC.

Our Outreach and Follow up program was re-invigorated this year with the help of the Development and Marketing staff. It has consisted of developing a tiered approach to our referral facilities and traveling to visit them to build on a personal relationship, remove any obstacles to transfer and learn about the referral and transfer patterns from the community. By the end of the year we will have visited ten community hospitals, spoken to several more, and connected with municipal fire/EMS services and Ambulance companies. We are hopeful this effort pays dividends in goodwill and increased volume in the new year.

During this past fiscal year, we have made substantial efforts to re-organize and look for ways to contribute and grow while maintaining a cost-effective footprint. One administrative assistant and one data coordinator position were eliminated and jobs were redefined. Our volume and acuity supported the hiring of a new Trauma/Critical Care Attending and we are pleased to welcome Tracey Dechert, MD to the staff. Also, Lauren McNamara and David Steger joined us as Project Coordinators to support the Trauma and Acute Care Surgery programs.

Highlights from the Trauma Registry Data
Analysis from the accompanying data reveals the following trends as compared to last year.

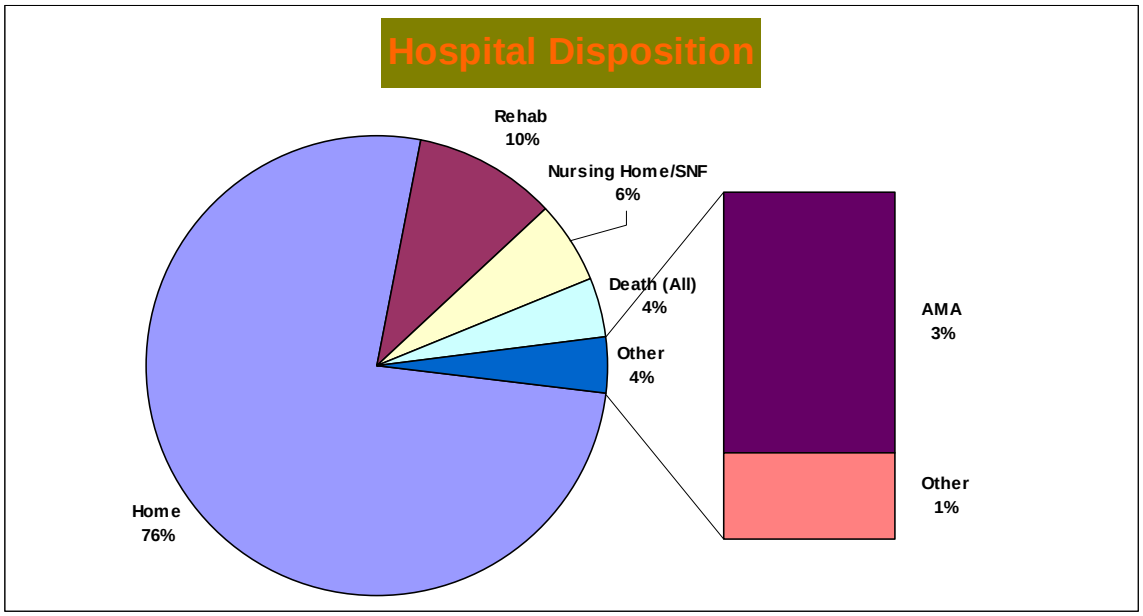
Our volume is essentially unchanged, which is noteworthy as Tufts Medical Center and Massachusetts General Hospital have ambitious trauma programs very interested in increasing their volume and have actively been working on their outreach.

The average Injury Severity Score of our trauma admissions has increased from 8 to 10 which is a measure of how ill and injured our patients are on presentation. We have admitted 10% more patients directly to a critical care setting (i.e. ICU, OR, Stepdown) directly from the ED; up from 35% to 45%, which is also a measure of acuity and the increased resources required to care for these patients.

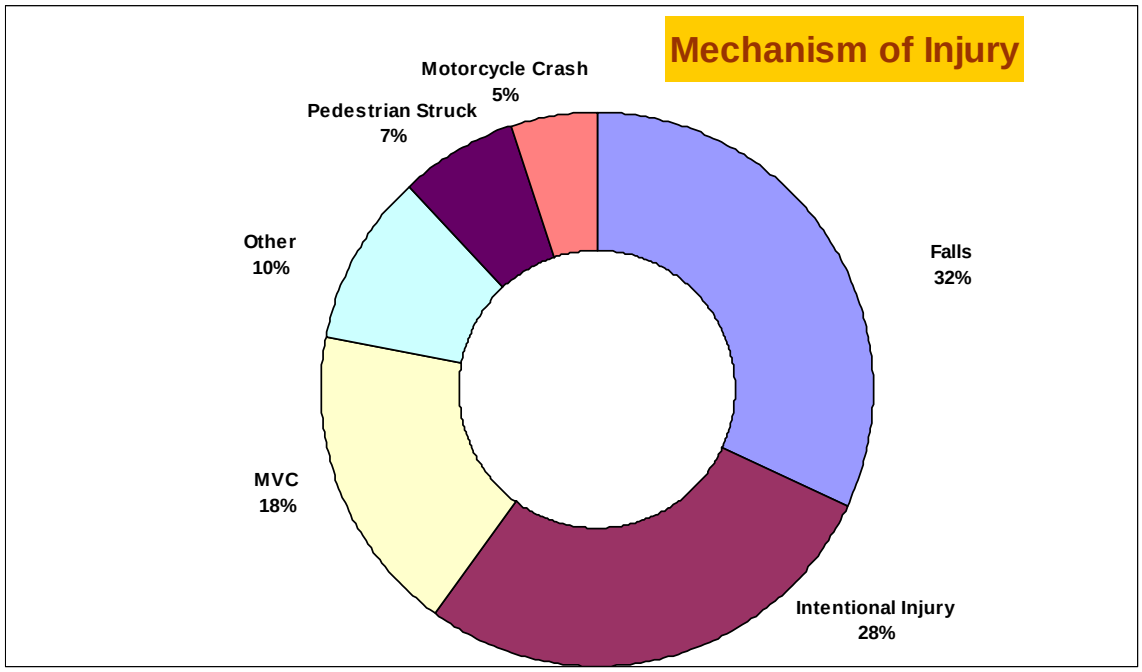
Peri-operative services has been busier this year as well, with more patients going to the OR for more operative procedures.

Even though our patients have a higher acuity and have needed more resources, we have been successful in moving them through the acute phase of their hospitalization more expeditiously. Our short term ICU length of stay (1-3 days) is up as is our short term ventilator days (1-2 days) reflecting a more efficient use of resources in caring for the critically injured.

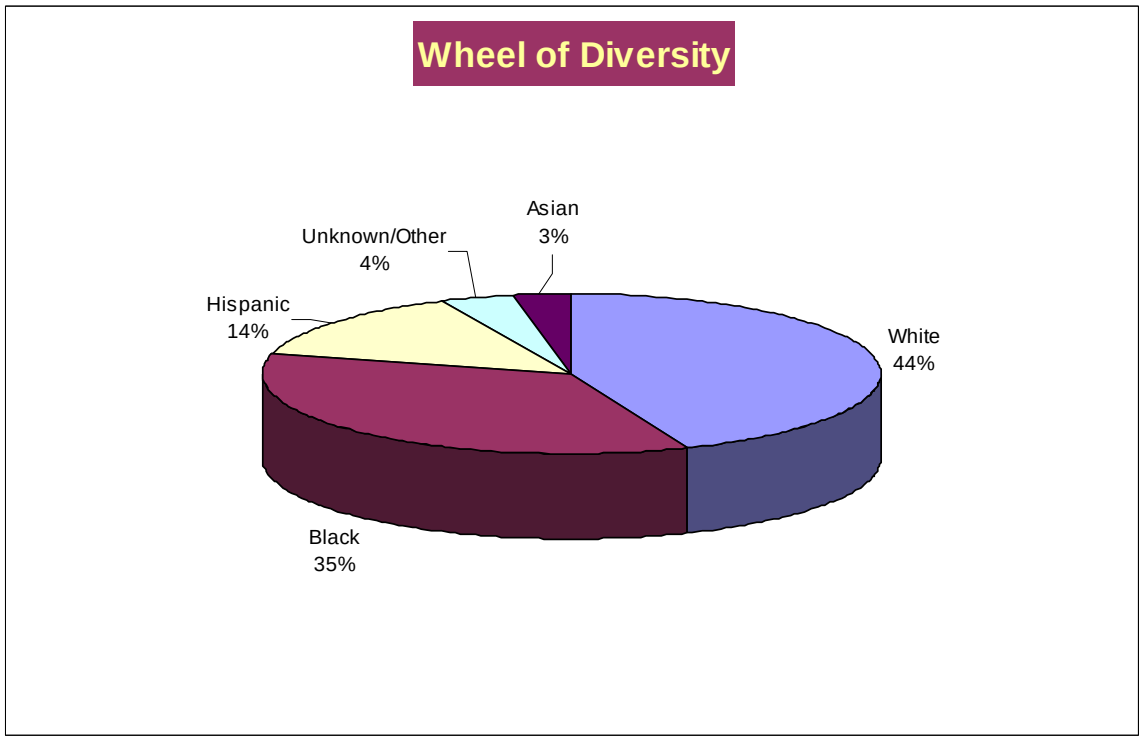
One aspect of our annual report not previously highlighted that we feel reveals exceptional care and efficient use of resources delivering desirable outcomes is our patient disposition at hospital discharge. Three-fourths of our patients are discharged directly home and others are sent to other facilities for further rehabilitation or specialty care.



The most common trauma mechanism of injury in 2010 is Falls. Historically this has been true with last year as an exception with Interpersonal Violence being the leading mechanism of injury.



The ethnicity breakdown of our patients' remains unchanged from previous years with (in decreasing order) Whites, Blacks and Hispanics making up our population.



We have continued to submit our data to the Erwin F. Hirsch State Trauma Registry and the National Trauma Data Bank as required every six months and are happy to report those submissions were accepted without any errors which is a complement to the data coordinators and managers who must be very conversant in the necessary information technology to accomplish this task.

The Division of Trauma and Critical Care continues to focus on the institutional goals of Volume, Safety, Satisfaction and Cost. With our outreach initiative, we hope to be able to show an increase in patient volume and transfers from referral facilities. We have an active Nurse Practitioner driven Program Improvement/Patient Safety Program that does concurrent review of all patients admitted to the Trauma/Acute Care Surgery Service for compliance with best practice guidelines for DVT prophylaxis, Antibiotic usage and Respiratory Care. Working with the Departments of Social Work and Psychiatry, we are developing improved methods to screen trauma patients at risk for PTSD and provide services in a therapeutic and non-disruptive setting. We have an ongoing process of implementation and review of best practice algorithms for imaging of trauma patients we believe will enhance patient safety by limiting unneeded exposure to radiation and will have positive effects on cost by limiting the expense of unnecessary imaging.

Injury Prevention has also grown over the past year and is a cornerstone of the trauma program. We have now become a recognized leader and resource in this vital area both in the local community and the New England region as well.

We wish to thank everyone who has helped us during this past year and look forward to continued collaboration in the coming year. As in any multi-disciplinary service our success can only be as good as our relationships and the people involved in them.

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

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