BOSTON MEDICAL CENTER
DEPARTMENT OF SURGERY
DIVISION OF TRAUMA

2012 ANNUAL REPORT

BOSTON MEDICAL CENTER

EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Boston Medical Center
Department of Surgery
Acute Care Surgery and Trauma
2012 Annual Report

Executive Summary

Two Thousand and Twelve has been a year of challenge and change for the Trauma Program at Boston Medical Center. With change comes opportunity and potential for growth and we are optimistic going forward.

Dr. Gerard Doherty began as Chairman of the Department on Jan 1, 2012 and has re-invigorated and re-organized the Department. We have joined in that effort as well and beginning in 2013 the components of Trauma, Emergency General Surgery, and Surgical Critical Care will be joined together under the heading of Acute Care Surgery. Each service area will remain separate and distinct but it will better represent the three specialties we offer and it is in keeping in line with our national associations and professional community.

This past year we bid farewell to Suresh "Mitu" Agarwal who left to become the Chief of Trauma, Critical Care and Burns at the University of Wisconsin, Madison. Beda Sarkar joined us as a new trauma/critical care attending surgeon which keeps our physician team at seven. David Steger moved up the Chairman's office to revise and substantially upgrade the surgery website and improve marketing and communication efforts. Elizabeth Madison joined us to assume his responsibilities with data and project management.

The General Surgery Residency program was re-organized and re-accredited and several advanced practice clinicians (NPs and PAs) were hired to augment the surgical work teams unencumbering the resident physicians and allowing them to be more clinically focused.

Our Outreach and Follow Up Programs have continued along as well. We have participated in local and regional EMS education and 100% of trauma referrals from a community hospital, municipal fire service or private ambulance company receive a follow up letter. We have successfully developed a relationship with a number of our EMS partners and our Pharmacy Department whereby an ALS Ambulance can replenish medication used in providing care so that pre-hospital asset can return to service in that community more expeditiously.

The American College of Surgeons (ACS) came and provided a statewide consultation visit and we look forward to working with the Massachusetts Department of Public Health in reviewing and implementing their recommendations to improve trauma care across the Commonwealth. Dr. Peter Burke, Chief of Trauma Services was elevated to Vice Chair of the ACS Statewide Trauma Committee and will be actively engaged in that effort.

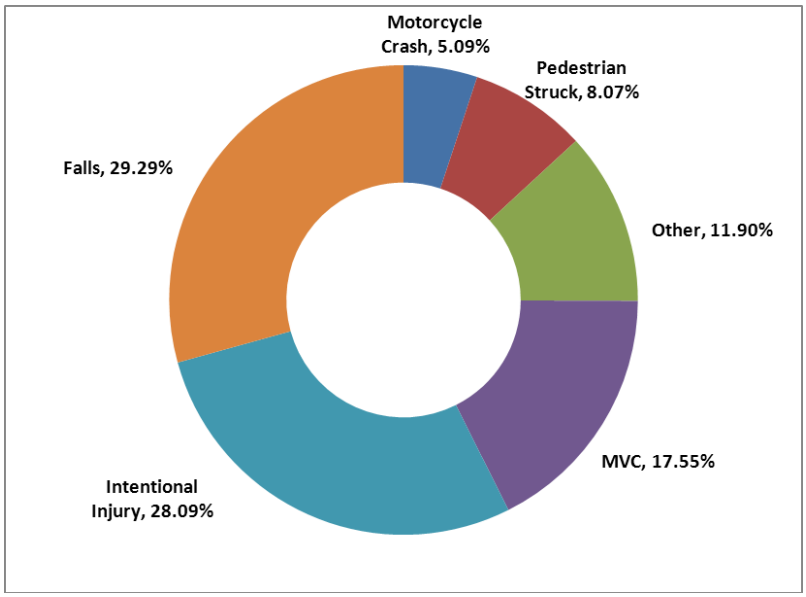
Highlights from the Trauma Registry

The trauma admission volume has held steady and kept pace with previous years. We have worked vigorously on our outreach and have seen our referral numbers increase in the early part of the year. That fell off toward the last quarter when Steward Health care affiliated with Partners and referrals were routed elsewhere. Overall though, referrals have accounted for 25% of our volume which is up 3% from last year. Still, the vast majority of our patients come from the scene or home. We will follow this trend and keep our relationships open with all referring

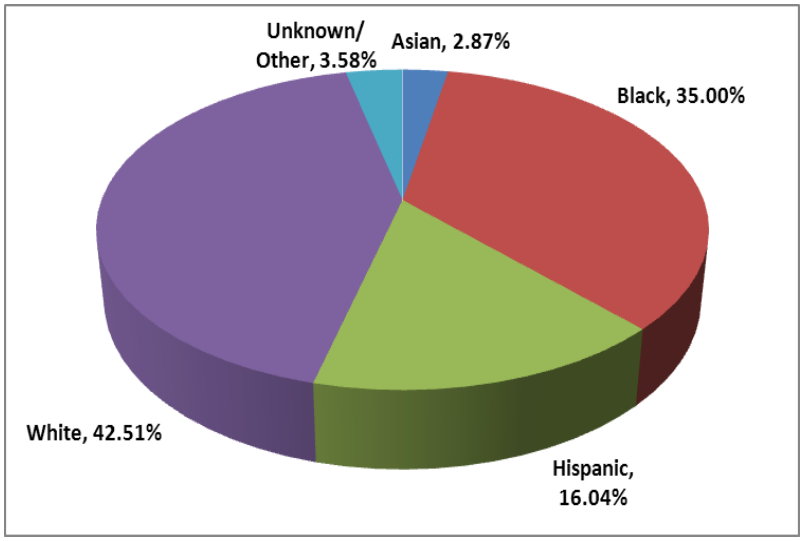
entities. The market has gotten more competitive each year and we continue to foster relationships with Municipal Fire Services and Private EMS companies as an area of opportunity.

Our acuity has remained constant and we still admit upwards of 40% of our trauma patients to a higher level of care, i.e. OR, ICU or IMCU setting. Our Injury Severity Score (ISS) has also remained the same at 11 which is the highest in the last five years.
The Blunt/Penetrating trauma ratio has changed slightly from 80/20 to 81/19 percent.

Falls are still our most common mechanism of injury, followed closely by interpersonal violence, then motor vehicle collisions.



The ethnicity breakdown of our admitted trauma patients is still (in decreasing order), White, Black, Hispanic, Asian, other.



Other interesting data points of note are Average ETOH level is down and diagnostic imaging to determine a diagnosis has also decreased while the number of patients brought to the OR and number of operative procedures has slightly increased this year.
Our overall inpatient mortality is almost the same at 2.7% which is below the national average for equivalent hospitals as reported out by the National Trauma Data Bank. We researched our most common AIS region injured in our mortalities and it is no surprise it is the Head/Neck region, which is consistent with falls being our most common mechanism of injury.

Boston Trauma continues to be a successful component for outreach and education and through the social media access of Facebook, Twitter and LinkedIn, we remain a constant presence in the blogosphere.

Lastly, we also published and circulated our third annual 2013 Trauma and Emergency Services calendar which continue to enjoy support within BMC and throughout the region.

We are grateful for the support and collaboration of everyone who shares in the mission of providing exceptional care to the critically ill and injured that present to our door.
We are proud to continue that legacy.

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

Peter Burke, MD, FACS, Trauma Medical Director 617.414.8056

Joseph S. Blansfield, RN, MS, NP, Trauma Program Manager 617.414.4088

Heidi A. Wing, Trauma Data Manager 617.414.5206

Lisa Allee, MSW, LICSW, Injury Prevention Coordinator 617.414.8007

Lauren McNamara, Project Management Specialist 617.414.7368