



Trauma Working Group Meeting Minutes

Date: Thursday November 1, 2018

Time: 12:00 PM-14:00 PM

Venue: WHO meeting room. **Chair:** Dr Nelson Olim, WHO.

Participants: 19 participants representing 11 organizations (refer to annex 1).

Meeting Agenda

| Agenda Item |
|-------------------------|
| Opening remarks. |
| Trauma Update. |
| Patient Allocation Tool |
| EMT Calendar |
| Partner updates |

Meeting Highlights

1. Opening remarks

NO (Nelson Olim), the WHO Trauma Coordinator, started the meeting by welcoming and thanking all participants for their attendance, and explained that this meeting comes as part of the Trauma Working Group (TWG) regular meetings. Those meetings shall resume on a regular basis in order to update partners on the trauma situation and facilitate methods of cooperation and coordination.

2. Trauma update

- SH (Sara Halimah), the Health Cluster Coordinator (HCC) stated that, from the 30th March until the 20th October 214 people have been killed. Out of those, 198 people have been killed during the demonstrations and 16 were killed during Israeli attacks.
- The total number of people injured during the conflict since 30th March stands at 23,573. From this total, 11,259 were treated at the TSPs and immediately discharged and the remaining 12,314 injured patients were transferred to hospitals for treatment.
- Out of the total 12,314 injured referred to hospitals, 5,652 cases were live ammunition gunshot injuries. From the 5,652 patients, 4,388 are lower limb gunshot injuries. When adding upper limb gunshot injuries (481), total limb gunshot injuries would constitute 86% of the total gunshot caseload.
- The HCC stated that MAP- UK has been supporting the MoH in running the limb reconstruction unit at Shifa Hospital. So far, their initial screening has been able to detect 460 patients injured during the demonstrations in need for long-term limb reconstruction surgeries over the next 2 years.
- NO asked if MAP-UK was coordinating their screening efforts. HCC explained that they have been in coordination with ICRC and MSF. HCC suggested that MAP give a brief update of their screening program at the next TWG.
- NO explained that MoH has provided a special training for their TSP staff, in an effort to improve the quality of service provision at the TSP level. All partners that are interested in monitoring the quality of care are welcomed and encouraged to do so through field visits.
- NO explained that, in 2003, WHO, in collaboration with MoH, has issued the Pre-Hospital Advanced Life Support Protocols, Procedures and Policies. NO asked the TSP coordinators of Rafah (Dr Fawaz Abu Ziyada) and Khan Younis (Dr Salah Rantissi) to review the guidelines in order to update them in accordance with the context of the TSPs.

| Action points | Person/organization responsible | Deadline |
|---|---------------------------------|----------|
| NO to request MAP- UK to provide more details on their limb reconstruction screening program. | WHO, Nelson Olim. | Ongoing |

| TSP coordinators to update the guidelines on pre-hospital management in accordance with the TSP context. | Dr Fawaz Abu Ziyada and Dr Salah Rantissi. | ASAP |
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3. Patient Allocation Tool

- The <u>Patient Allocation Tool</u> (PAT) is a tool developed by the Health Cluster/ WHO to track patients at the postoperative and rehabilitation stages of the trauma pathway. The tool aims to coordinate partners' efforts and to prevent duplication/shopping of services.
- The tool will provide an overview of the total caseload, the contribution of each organization and in which area. This will allow us to determine the actual needs and identify the gaps.
- The PAT uses the ID number and date of birth (DoB) to identify patients. It then displays the type of services the patient is getting and by which provider.
- Partners raised some concern about the confidentiality of patients' information if the tool was implemented. NO explained that the tool will not require any additional information related to the patient, aside from the ID number and DoB. In addition to that, each organization shall only have access to the information they provide.
- The types of provided services captured by the tool include: dressing changes, surgical treatment, provision of assistive devices, physiotherapy, occupational therapy, mental health support, psychosocial support, medication, screening for reconstruction and late limb reconstruction surgeries.
- NO emphasized that the tool was created with full support from the MoH. It is a cooperative effort that needs contribution from all partners in order to succeed. He also commended PMRS for being the first to upload their data and start using the system.
- Suhail Marouf, Health Cluster Information Management Officer (IMO), urged all partners to request their credentials and start using/ feeding into the tool. He then proceeded to offer a live demo on how to use it.
- After obtaining their credentials, partners can upload records of their patients directly, or they can send the anonymized data records to the IMO in the provided Excel format to upload them to the system. Afterwards, organisations would have to add new cases on a daily basis, as they come up.
- The tool also allows organisations to discharge patients once they complete their course of treatment and then to re-register them for other services.
- Partners are welcome to contact the IMO, Suhail Marouf, at <u>maroufm@who.int</u> for any technical support.
- Partners debated whether patients' consent is required before sharing the organization's data on PAT. MSF was in favour of requesting patients' consent before registering the case on the PAT, while other organizations found it unnecessary since no names nor any other vital information will be shared.

| Action points | Person/organization responsible | Deadline |
|---|--|----------|
| Partners that have obtained their PAT credentials to upload their patients' data to the system. | Wafa hospital, HI, ICRC, MAP- UK, MdM- F, MdM- S, QRC and UNRWA. | ASAP |
| Partners that have not obtained their PAT credentials to email the IMO to assign them ones. | UHWC, Assalama Society, DWWT, MSF and PCRF | ASAP |

4. EMT Calendar

- The <u>EMT Calendar</u> is a dashboard that allows partners to know the emergency medical teams present in Gaza, at any point of time.
- Partners add details of their EMT missions, including EMT specialisation, duration of stay, expected number of consultations/operations and the hosting hospital, to a google sheet. Those details are then displayed on a google calendar that is available on the HC website.
- To ensure that the EMT Calendar is always up-to-date, partners are urged to update the EMT Google sheet in a timely manner.

| Action points | Person/organization responsible | Deadline |
|--|---------------------------------|----------|
| Partners to add all present and future EMS missions to the EMT Google sheet. | TWG partners | Ongoing |

5. Partners' updates

- MSF: From March 2018 until the beginning of November, MSF has admitted 2,778 patients, providing 70,826 dressings and 41,556 physiotherapy sessions. MSF performed 1,260 surgical acts to 1,070 patients. These activities were achieved via MSF's 5 clinics and the work of MSF's 4 surgical teams and in partnership with Shifa, Dar el Salaam, Al-Awda and Najar hospitals.
- MSF is also coordinating with the MoH measures related to infection prevention control and management of osteomyelitis cases. An early limb reconstruction surgical program is also being discussed in order to prevent osteomyelitis.
- **PMRS** has provided postoperative care to a total of 813 patients. 280 out of them are still active patients receiving services. PMRS has also uploaded records of about 750 trauma patients to the PAT.
- **TSP coordinators** have noted that new patterns in gunshot injuries are arising every Friday. For instance, last Friday almost half of the gunshot injuries were to the feet.

- **The TSP** in Khan Younis started using US tourniquets that are manufactured locally.
- **MoH** provided a refresher training for the TSP ICU doctors. The training included the different types of intubation, anaesthesiology, ... etc.
- **MDM- France** continued to provide postoperative trauma care at five MoH primary healthcare centres (Bani Suhaila, Abassan Kabira, Shuhaida Deir el Balah, Old Bureij and Old Nuseirat). So far, 1045 new patients were treated, including 213 patients for post-op care. MDM France is also working on strengthening the referral system. The clinics have referred 31 patients from PHCs to hospitals and have received 368 patients from hospitals at the PHCs.
- MDM- Spain deployed a limb reconstruction screening mission to Al-Aqsa hospital. The mission screened 140 patients that were referred by the orthopaedics department at the hospital. Less than 30% of the total of screened cases were found to need reconstruction surgeries. This has led to a delay in the reconstructive surgeries program till the end of November.
- UHWC teams dealt with a total of 2,393 cases. Out of that number, 1,088 were treated at Al-Awda hospital, while the rest were managed at the TSPs. For the last 4 weeks, Al-Awda hospital was able to manage around 60% of the total caseload of injuries in the North area.
- **UHWC**, in cooperation with MSF, are starting a new reconstructive surgery program early next year.
- Assalama Society provided postoperative and rehabilitation services to a total of 8,200 patients injured at the demonstrations. Since 30 March, the total number of amputations is 86 and the total number of patients with paralysis due to spinal cord injury is 18.
- Al-Wafa hospital, which deals with in-patients only, has provided services to a total of 125 patients, through the month of October. Al-Wafa is also in the process of opening a new centre in the Middle area.
- The HCC highlighted the importance of MoH presence and active involvement at the TWG. SH also explained that it was essential to get buy-in from the MoH in order to make sure that the efforts of the partners are systematised and support a health system development approach. NO agreed and noted that follow up meetings with MoH will take place.

6. Information tools:

| Health Cluster website | http://healthclusteropt.org/ |
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| Gaza Trauma Working Group | http://healthclusteropt.org/pages/16/trauma-working-group |
| Patient Allocation Tool (PAT) | gazatrauma.org/pat |
| EMTs Calendar | http://healthclusteropt.org/pages/12/emt-calender |
| EMT Google Sheet | https://docs.google.com/spreadsheets/ |
| Health Cluster & WHO Situation Reports | http://healthclusteropt.org/pages/3/situation-reports |

7. Meeting dates

- 12th November: TWG Meeting co-chaired by MoH after the General Health Cluster meeting @ 12.30.
- 20th November: TWG meeting followed by Post-Op and Rehab Meeting
- 5th December: Limb Reconstruction Seminar

Annex 1: Participants

| No. | Organization |
|-----|---------------|
| 1 | PMRS |
| 2 | МоН |
| 3 | MdM - France |
| 4 | MdM – Spain |
| 5 | Wafa hospital |
| 6 | MSF - Spain |
| 7 | MSF – France |
| 8 | MSF - Belgium |
| 9 | Assalama |
| 10 | UHWC |
| 11 | WHO |