

## Gaza Trauma Working Group - Meeting Minutes

**24<sup>th</sup> July 2018**

Meeting Called by	Chair of the Gaza Trauma Working Group
Facilitator	Nelson Olim, WHO
Meeting minutes by:	Sara Halimah, WHO
Venue:	UNDP Building, WHO Offices
Agencies present	MSF-F; MSF-S; MDM-F; MDM-S; MAP-UK; HI; ICRC; UNRWA; UHWC; PRCS; WHO; MOH

15 minutes	Agenda item Trauma update	Sara Halimah, Health Cluster Coordinator
Attachment: Double click on the icons to the right		
Discussion		
<ul style="list-style-type: none"> <li>• From the 17<sup>th</sup> July to the 23<sup>rd</sup> July 15:00, the latest figures provided by the Ministry of Health (MoH) indicate that 7 Palestinians were killed and 351 were injured by Israeli forces from 17<sup>th</sup> to the 23<sup>rd</sup> July. Out of the 7 killed, 3 were killed during the demonstrations and 4 from Israeli airstrikes.</li> <li>• Out of the 351 injured, 178 required transfer to the MoH hospitals or to NGO clinics including 40 children, and 14 females. From the hospitalized injuries, 3 cases were critically life-threatening, 59 moderate, 111 mild, and the remaining 5 were unspecified cases.</li> <li>• An additional 173 injuries were managed and discharged at the 10 trauma stabilization points (TSP) and primary healthcare centers. These TSPs are led by the MoH, and supported by the Palestinian Red Crescent Society (PRCS), and the Union Health Workers Committee (UHWC).</li> </ul> <p><b>Accumulative caseload:</b></p> <ul style="list-style-type: none"> <li>• <b>Casualties:</b> Since the 30<sup>th</sup> March until the 23<sup>rd</sup> July, 155 people have been killed. 149 were killed by Israeli forces during the demonstrations and 6 from Israeli airstrikes.</li> </ul>		

- The figure of people injured amidst the conflict since the 30<sup>th</sup> March stands at 16,847. From this total, 7,974 were treated and immediately discharged from the TSPs and the remaining 8,873 were transferred to a hospital.

**Hospitalization:** Out of the total 8,873 injuries that required hospitalization:

- 48% were live ammunition gunshot injuries, at a total of 4,248 cases.
- 1,450 were children (16%), 596 (7%) were female and 8,277 (93%) were male.
- 394 (4%) cases were critical, 4,051 (46%) were moderate, 4,261 (48%) were mild and 167 cases were unspecified.

**Incidence of limb injuries:**

- A total of 5,551 limb injuries have been hospitalized. This represents the highest type of injury at 63% of the total hospitalized injuries.
- Approximately 1,200 cases of injured people will be in need of limb reconstruction, and will require up to 7 surgeries and extensive rehabilitation and treatment for up to 2 years<sup>1</sup>.

- **Amputations:** Since the 30<sup>th</sup> March until the 23<sup>rd</sup> July, the total number of amputations was 69, including 14 children and 1 female. Out of this total, 61 were lower limb amputations and 8 were upper limb amputations.

Action items	Person/organization responsible	Deadline
None		

20 minutes	Overview of the trauma pathway	Nelson Olim
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Discussion	Review of the pathway and key areas of investment	

<sup>1</sup> According to a recent assessment conducted by MAP-UK, however, further discussions on limb reconstruction are taking place in the Gaza Trauma Working Group.

- **Presenting the scenario:** trauma pathway should focus on from the point of injury to rehabilitation. EMTs are supporting the trauma pathway across the mechanism. Anyone who provides direct medical care to the population is categorized as an EMT.
- **The different areas that are in need to invest:**
  - **Point of injury to the hospital.** Currently the TSPs are one key area of support. Almost 50% of the wounded patients did not reach hospitals because of the burden relieved by the TSPs. But there is a lack of information on the whole system. Question of how many patients by-passed the TSPs before reaching the hospital. TSPs need to be seen as a place where life saving interventions are done. WHO will organize a workshop with the TSP coordinators and other key stakeholders of the TSP to upgrade the TSPs across the Gaza Strip. The workshop will focus on lessons learnt from a clinical perspective and also how these can be developed.
  - **Patient at the ED:** a lot of information is being lost once the patient reaches the hospital. Information is not reaching the rehabilitation providers, such as the treatment plan. So, the question is how the doctors at the hospitals are completing the referral form?
  - **EMT-CC:** difficulty in knowing who is doing what and where. Within the framework of the EMT initiative, the MoH will set up an EMT-CC so that anyone deploying EMTs will be monitored and coordinated by the EMT-CC. All information of the EMTs will be collected at the EMT-CC.

Action items	Person/organization responsible	Deadline

20 minutes	Minimum data sets	Nelson Olim
Attachment: GAZA MDS.pdf		Click below to access: <a href="http://healthclusteropt.org/admin/file_manager/uploads/files/shares/Documents/5b59ab7492ab5.pdf">http://healthclusteropt.org/admin/file_manager/uploads/files/shares/Documents/5b59ab7492ab5.pdf</a>
Discussion	Presentation of the new MoH minimum data set for weekly reporting	

- MDS is a mechanism for monitoring the EMTs. The MDS is a minimum reporting form and involves different fields so that it encompasses all aspects of emergency response. The MDS should be a key document, regardless of the disasters. We plan to have the system live by the 28th of August. The reporting will take place weekly, on Sundays, reporting the previous week from Sunday to Saturday.
- **Partners immediate feedback:**
  - **ICRC:** many EMTs working like ICRC are imbedded within the MoH system, and do not separate the caseload and cannot provide the numbers. NO explained that this is currently being discussed within the MoH. NO explained that we do not wish to double count. MoH system captures this and we need to differentiate. MoH will need to decide.
  - **WHO:** rehabilitation is not yet captured in this document. HI requested to provide feedback.
  - **MDM Spain:** How relevant are the infectious disease section? NO explained that the form should be generic so that it does not need to be upgraded whenever the nature of the disaster changes. NO also explained that the analysis of this will allow for operational response.

Action items	Person/organization responsible	Deadline
Partners requested feedback on MDS	Partners	Tuesday 31 <sup>st</sup> July
Agreement with MoH on reporting modality from partners who work imbedded	WHO/MOH	Tuesday 31 <sup>st</sup> July

20 minutes	Partner Updates	Partners
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Discussion	Updates and news from the partners	

- **Al Awda Hospital:** Now treating patients on Fridays. Al Wada is now starting to plan what is necessary for the next steps.
  - Question from MAP-UK; According to the health cluster report, reporting during the last Health Cluster report, that al Wada with MSF Belgium did 200 reconstructive surgeries. Ah Ahli Hospital also reported limb reconstructive. AlAwda explained that it is mainly wound management and adjusting of the external fixators. Al Awda has now initiated a partnership with the MSF Belgium.
  - Question from WHO: consuming fuel and have approximately 20 days of fuel available.
- NO explained that the definition for reconstructive surgery is still not confirmed. There is a need for a clear definition for lib reconstruction; reconstructive surgery is surgery that address the function of the limb and done on a cold case.

- **ICRC:** this week the hospital team is now in Gaza for wound management. 2 surgeons, 2 ward nurses 1 OT nurse and one hospital project manager. 1 anaesthetist. 1 pharmacist. Prior to the set up, 150 patients have been managed through wound care and 70 surgical procedures. Last week, ICRC signed an MOU and preparing the pharmacy. Hopefully will be able absorb the new cases. This will be set for 6 months. The idea is to received patients from post-op providers. According to ICRC, more beds and technical expertise is needed, on top of what is already being provided. The services in the other hospitals, such as EGH and the Nasser requires support. In addition, the emergency team of a doctor and a nurse, are continuing to support the work in the ED and providing training.

- **Humanity & Inclusion**: supporting service provision through local partners. Deployed two multi-disciplinary teams. There is a lack of availability of some items for assistive devices. All partners requested to write to SH about logistics and procurement challenges. HI will also train some people with injuries to become facilitators in peer-to-peer collective activity. Finally, HI is also in direct contact with the other key stakeholders for the referral.
- **NO**: patients are shopping and with no treatment plan for patients, NO suggests an online anonymised treatment plan. A serial number is used for the patient and there is an online platform for that treatment plan. Some initial feedback from patients:
  - Partners felt that some patients turn up with no information.
  - What level of detail? NO explained that it would need to be updated regularly and include the full treatment plan. Partners felt that this will require a lot of information investment from all the partners. The general feeling amongst partners is that it will help to identify which partner is serving the patient. Partner welcomed it but felt that it would not be consistently updated by partners and if information is not reliable. Partners said that we cannot allocate a partner because multiple services are provided and second, patient may not want to provide the code. NO explained that this system should not replace the individual patient files kept by each partner. MAP-UK is saying that the numbers of patients shopping is unknown". HI generally welcomed the proposal.
- **HI** explained that many patients do not accept feedback to return back to the hospitals, specifically for amputations. Partners are concerned on how to deal with this. This leads to further complications such as osteomyelitis. Need for further discussion at the rehab specific meeting. MSF explained that all such cases need a clear SOPs.

- **MAP- UK**: two new staff appointed to the limb recon services and will be responsible for finalising the database of limb reconstruction patients. In addition, a limb recon mission will take place in September and then possibly, October and December. Patient selection is all through the MoH. Neurosurgery missions to be confirmed. NO asked if partners can refer cases to the mission? Mahmoud Shalabi explained that he would need to discuss the MoH.

- **MoH**: Salam Rantisi, Coordinator for TSP in Khan Younis: confirmed that no cases in Khan Younis go directly to the hospitals. In the last week, only 6 were referred to the hospital. They refer to a hospital depending on the type of injury.

- **MDM France:** MdM staff (nurses, doctor, liaison officer) will be working inside these MoH PHCC, in charge of trauma case management and by the time they will organize theoretical and in service training for the MoH staff for them to be able to upgrade their level of care. Partnership are being organized with all other rehab stakeholders and with the hospitals. The idea would be that the health workers in the PHC (MdM team at the beginning) could be the focal point to coordinate the followup of the patient with the different stakeholders. This program is funded until end of December. The 5 PHC in Middle area and Khan Younis governorates where we are opening upgraded trauma care services
  - In Khan Younis:
    - o Bani Suhaila, tomorrow 25 July
    - o Abbassan Kobira
  - In middle area:
    - o -Shuhada Deir el Balah
    - o -Old Bureij
    - o -Old Nuseirat
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- **MSF France:** will be bringing a microbiologist, with the aim to support the central laboratory of the MOH. MSF is still operating through its five clinics, and plan to stop the clinic in Nasser Hospital, as the need for dressing and nursing care have decreased. MSF France still has two teams running. Launched the medical files of 11 patients to Amman for limb reconstruction. MSF France have set a project proposal for limb reconstruction with a dedicated space in Gaza. MSF Spain launch a surgical team in Rafah with general, plastic and vascular.
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- **MDM Spain:** working in limb reconstruction. The first session will include the screening and treatment plans. Alongside the equipping the orthopaedic surgical depot in Al Aqsa HOSPITAL. 4 surgical missions will take place.
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- **PRCS:** 142 cases were evacuated from the scene to the TSP this Friday. From these 45 cases are live ammunition and 48 gas inhalations and 23 shrapnels and others and 4 were killed. Al Quds hospital and Al Amal hospital received the cases from the TSP. Continue to provide MHPSS services. North and RAFAH TSPs were closed.
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- **MSF Belgium:** issue of concern of rising osteomyelitis. 20% have a infection 40% are probable.
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- **UNRWA:** continue to provide post-operative care in the UNRWA centre by close coordination with ICRC, MSF France. There is also a fund by OCHA to provide assistive devices but may face problems with procuring. Also, UNRWA facing challenges in drug supply to treat the hospitals.
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- **WHO:** upgrading the wound care protocol. All documents will be uploaded on the Health Cluster website. WHO will conduct a two day training session with TSPs. TSP Coordinators want to know how the current concept could be applied if there is a war tomorrow.

Action items	Person/organization responsible	Deadline
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Partners to provide the definition of limb reconstructive surgery and then to take the key overlapping elements and agree the definition. MAP-UK suggested to have limb reconstruction defined at different levels.	Partners and Chair	Tuesday 31 <sup>st</sup> July
Partners to write to the Health Cluster Coordinator to highlight any problems of suppliers, available of medical supplies.	Partners	ASAP
MDM France to provide the curriculum of the training package for TSPs and PHC	MDM France	ASAP
Request for a follow-up meeting with all the rehabilitation providers	Chair	Monday 30 <sup>th</sup> July 12:00-14:00
Partners to update the EMT calendar	All partners	ASAP Click below to access: <a href="https://docs.google.com/spreadsheets/d/1JeL0r2eKUVNGtvwcuJyFBMR_QdtlC3isK6ie-5T_4T0/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1JeL0r2eKUVNGtvwcuJyFBMR_QdtlC3isK6ie-5T_4T0/edit?usp=sharing</a>
MAP-UK to set up a centralised database of limb reconstruction	MAP-UK and MOH	ASAP
Limb reconstruction meeting to set standardised protocols.	Partners	Monday 6 <sup>th</sup> August 12:00-14:00
WHO conducts TSP workshop	Partners who are all involved in the TSPs	Tuesday 31 <sup>st</sup> July – Wednesday 1 <sup>st</sup> Aug

AOB: Partners agreed the following dates for the upcoming meeting  
**August 7<sup>th</sup> @ 12.30PM UNDP BUILDING - WHO OFFICES**

For further information, please contact:

**Nelson Olim**

World Health Organization

[olimn@who.int](mailto:olimn@who.int)

+972(0)547179014

or

**Sara Halimah**

World Health Organization

[halimahs@who.int](mailto:halimahs@who.int)

+972(0)547179038