

Trauma Working Group Meeting Minutes

Date: Monday November 12, 2018

Time: 12:30 PM-14:00 PM

Venue: WHO meeting room.

Chair: Dr Nelson Olim, WHO.

Participants: 16 participants representing 14 organizations

No.	Organizations represented at the meeting
1	PMRS
2	MoH/ ICD (co-chair)
3	MdM - France
4	MAP
5	MSF
6	MSF - Spain
7	MSF – France
8	MSF - Belgium
9	ICRC
10	Taawon
11	DWWT
12	HI
13	PRCS
14	WHO

Meeting Agenda

Agenda Item
1. Opening remarks.
2. Trauma Update.
3. Patient Allocation Tool
4. 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. He explained that this meeting comes as part of the Trauma Working Group (TWG) weekly meetings that aim to update partners on the trauma situation and facilitate methods of cooperation and coordination.
- Ashraf Abu Muhadi (AM), Director of International Relations Department at MoH also welcomed the participants and explained that the MoH will be co-chairing future TWG meetings.
- NO explained that the TWG have 2 sub-groups under it: The Limb Reconstruction Sub-group and Post-operative and Rehabilitation Sub-group.
 - The purpose of these sub-groups is to create a forum where specific areas of the trauma intervention can be discussed in a highly focused manner.
- NO stated that the TWG is also in the process of establishing a Pre-hospital Sub-group that will track patients from the point of injury till they reach the hospitals. The aim of this group would be to discuss the specific problems and challenges of pre-hospital activities. However, it was not possible to make the decision at this stage as the TSP Coordinators did not attend the meeting.

2. Trauma update

- From the 30th March until the 3rd November, 227 people were killed and 24,516 were injured. From this total, 11,637 were treated at the TSPs and immediately discharged and the remaining 12,879 injured patients were transferred to hospitals for treatment.
- Out of the total 12,879 injured referred to hospitals, 5,884 cases were live ammunition gunshot injuries. From the 5,884 patients, 4,588 are lower limb gunshot injuries. When adding upper limb gunshot injuries (497), total limb gunshot injuries would constitute 86% of the total gunshot caseload.
- NO commended the good work of the TSP staff. He explained that most of the cases that died before arriving to the TSPs were presented with severe injuries in the head, chest and abdomen.
- The MoH TSPs were able to manage and discharge 67% of the patients received without needing to refer them to hospitals. This has lessened much of the burden from hospitals.
- AM, was pleased to hear that the data being collected form MoH's TSPs is of good quality, and congratulated them by their performance.
- NO explained that the TWG is working on improving the quality of data at PRCS TSPs. Dr Bashar Murad (BM), head of PRCS in Gaza, approved the use of the same log book used by the MoH. Using the same templates would contribute towards standardising data collection.
- BM agreed that PRCS is willing to cooperate and standardize the data collection procedure at the TSP level, by using the same log books as MoH. BM welcomed support from the WHO to help improve data collection.

- NO stated that MoH and WHO have moved forward with setting up the limb reconstruction unit at Nasser hospital. The new unit will have 2 operating theatres (OTs) and up to 60 beds depending on the available budget. All surgeries will be centralised in the unit, while screening and physiotherapy will be decentralised.
- On 14 November, NO will be meeting with Dr Mahmoud Mattar, head of orthopaedic department at Shifa hospital, and Dr Ettihad Shubair, head of EGH hospital, in order to discuss the practicalities of establishing the unit. Mahmoud Shalabi requested to join the meeting as the MAP-UK representative together with the Health Cluster Coordinator, Sara Halimah.
- AM, explained that the existing limb reconstruction unit at Shifa hospital will remain running for the time being. MoH finds this important in order to test the system, but no further investments are planned for the limb reconstruction unit in Shifa.
- Mahmoud Shalabi (MS), from MAP- UK, commented that from a donor's perspective, it might be easier to support one centralised unit. This would optimize the dedicated resources, allow for clearly measurable deliverables and would be an opportunity to set high quality IPC standards.
- AM agreed that all new resources will be directed towards the new unit. He also stated that Dr Mattar will dedicate some days for the unit at Nasser, as well.
- ICRC, MDM- Spain, MSF and MAP- UK are all doing screening programs for cases in need for limb reconstruction. The HCC (Sara Halimah; SH) emphasised the importance of having unified screening criteria, forms and protocols.
- NO stated that this subject will be discussed at the limb reconstruction seminar on December 5th.
- MSF- Belgium stated that in October, they have screened 254 patients, out of them 17 undergone limb reconstruction surgery.
- MSF- France explained that they have screened 475 cases in October, out of which 6 were found to have suspected osteomyelitis and the number is smaller than what would be expected.
- MAP-UK limb reconstruction team has received around 340+ cases with external fixators from MoH and MSF. Out of those, 177 were screened and a total of 80 were found to have an indication for limb reconstruction.
- MAP's last limb reconstruction mission was able to examine 77 patients and perform 20 surgeries.
- Mahmoud Shalabi (MS) from MAP-UK estimated that around 20 new patients are added to the list of patients in need for limb recon every month.
- MSF pointed out that they are in the process of establishing a microbiology lab to detect cases of osteomyelitis. MoH has proposed to have the lab in Nasser, EGH or Rantissi hospitals. MSF were asked by MOH to assess the 3 labs and no decision has been taken. MSF is also deploying a microbiologist this week. NO suggested that it would be more convenient to have the lab in Nasser hospital, where surgeries and procedures would take place.

- MSF- Belgium questioned whether there is a possibility to send some samples for testing for osteomyelitis, till the local lab is properly established. MSF confirmed that they have already identified a lab in Sheba hospital in Tel Aviv and are currently working on to coordinate the transfer of the samples.
- Bo Andren, the HNC logistics officer, stated that there has been a meeting with the CLA that addressed the issue. He explained that CLA agreed on establishing a routine to transfer samples through Erez that will allow CLA to be notified in advance. However, due to the urgency of the situation, Dr Mahmoud Daher, head of WHO Gaza sub-office, stated WHO will work on arranging for a special coordination to transfer osteomyelitis samples for testing at Israeli laboratories.
- On their part, MoH stated that having such a clear system would be important to send samples for quality assurance purposes.
- Dr Daher also explained that a similar coordination system already exists to send sewage samples to Israeli laboratories for poliovirus testing.
- UNRWA enquired if there is a protocol for antibiotics use. MoH explained that Dr Mattar is working on establishing a unified protocol to be implemented by all partners. Partners agreed that this is a critical matter that needs to be addressed as soon as possible.
- Al Awda Hospital questioned whether one of the OTs will be dedicated for septic surgeries. NO noted that following the proper hygiene and sterilisation protocols makes any OT suitable for septic surgery. However, it remains up to the recommendations of the steering committee to determine the need of having separate septic and aseptic OTs. AM pointed out that the MoH's infection prevention and control committee can also provide guidance in this regard.
- NO stated that the TWG in collaboration with PHIC (Palestinian Health Information Center) is holding a seminar on health information systems that will aim to streamline information flow. The seminar will be held on December 6th and further details will be communicated to partners soon.
- A limb reconstruction seminar will also be held on 5th December. All partners working in limb reconstruction, from surgeries to rehab, are invited to attend.
- Sara Halimah (HCC) asked about the main issues that will be discussed at the limb reconstruction seminar. NO stated that the seminar will discuss issues related to human resources, finance and governance of the new unit. MAP pointed out that it is worth considering if the new unit would have a residency program that would provide professional training to doctors, nurses, physiotherapists and lab technicians. The HCC agreed that having such a professional training program would build the capacity of the local staff and strengthen the national health system.

Action points	Person/organization responsible	Deadline
NO to update partners on his meeting with Dr Mattar and Dr Shubair.	WHO, Nelson Olim.	ASAP

Provide topics to discuss at the Limb Reconstruction Seminar (LRS)	All Partners	ASAP
Training, Screening Criteria, Standardized forms and Antibiotic Protocols to be included as agenda items for the LRS	WHO, Nelson Olim. Dr Mahmoud Mattar	5 December at the LRS
A member of the MoH's IPC must be present on the LRS	WHO, Nelson Olim	ASAP
MSF to liaise with the TWG and share findings from the mission of microbiologist	MSF	When mission completed
WHO to support the TWG group partners on sending supplies outside of Gaza. MSF to provide full details to Bo Andren on his email andrenb@who.int	MSF	ASAP

3. Patient Allocation Tool

- NO urged partners to use the Patient Allocation Tool (PAT). He also explained that it will be transferred to MoH servers to be part of the MoH information system. Afterwards, use of the tool will be mandatory for all partners.
- AM emphasised that the tool was designed with full support from MoH and that the ministry is looking forward to benefitting from its output. PAT would allow tracking of trauma patients at the postoperative and rehabilitation stages, which will provide an overview of the total caseload. It would also inform service providers of the type of services the patient is receiving and from which partner. This will allow us to determine the actual needs and identify the gaps.
- The HCC stressed that data sharing is essential to coordinate partners' efforts and to prevent duplication/shopping of services. To encourage that, the HCC announced that partners' commitment to data sharing will be one of the criteria used for allocating funding from the reserve allocation.
- NO urged all partners to start using the PAT and give feedback if they encounter any issues with it.
- The HCC asked partners to share the barriers preventing them from supplying data and using the PAT. MAP explained that they still have not got their credentials. Suhail Marouf, the Health Cluster IMO, assured that he will solve this issue ASAP.

- MdM- France explained that they work at 5 MoH PHC clinics, where their staff have no access to computers nor internet. The HCC suggested to procure a computer per clinic that can be used not only to register patients on PAT but also for improving the PHC facilities.
- UNRWA said that they have encountered difficulties in uploading the list of patients. NO explained that partners do not have access to upload full lists and will have to send their lists of active patients to the IMO to upload them to the system. Afterwards, partners can add new cases as they come up. UNRWA stated that they will forward their lists to the IMO within 2-3 days.
- ICRC clarified that they have not been able to send their list of patients due to staff issues. However, they will be using the tool as soon as the issue is solved.
- MSF explained that they are still working on some issues related to obtaining patients' consent before sharing their data.
- PMRS explained that they have already shared a list of their patients and will be updating it soon since the tool has the endorsement from MoH.
- HI said that they are currently working on the list and will be sending it the IMO ASAP.

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, MdM-F, MdM- S, QRC and UNRWA.	ASAP
Partners that have not obtained their PAT credentials to email the IMO (maroufm@who.int) to assign them ones.	UHWC, Assalama Society, DWWT, MSF and PCRF	ASAP
Explore the possibility of providing computers for 5 MoH supported PHCs	MDM-F	ASAP
Send active list of patients to (maroufm@who.int)	UNRWA	1 week
IMO to provide MAP with their credentials.	Suhail Marouf, WHO	ASAP

4. Partners' updates

- **PRCS** currently have 3 operating TSPs and 60 ambulances to transport patients. There are also 5 4x4 Jeeps that are used to enter the buffer zones. The new TSP at Zikim is stocked with equipment needed to provide advanced services, including ICU beds and intubation kits, in addition to pain management drugs. PRCS emphasised that

their staff should use PPE (personal protective equipment) while working. However, since they have shortages in gas masks, most staff injuries are due to tear gas inhalations.

- Data collection at **PRCS** TSPs is done using paper forms. Dr Murad requested the Health Cluster to provide tablets for a more convenient and accurate data collection and sharing.
- NO informed that electronic data collection at the TSP level is a goal, but the current capacity to develop the software internally is limited. Partners will be informed as soon as the system is developed.
- UHWC have been receiving patients from PRCS TSPs at Al-Awda hospital. Some of the referred patients were given Ketamine for anaesthesia at the TSP, which prolongs their lengths of stay till the anaesthetic wears off. PRCS assured that they are taking this note into consideration.
- **MSF**: From March 2018 until now, MSF has admitted 2,838 patients, providing more than 73,000 dressings. MSF also performed around 1,510 surgical acts to 1,070 patients.
- **HI**, stated that, through their teams of 50 rehab professionals, they were able to provide 1500 people with injuries (PWI) with around 26000 multi-disciplinary rehabilitation sessions. HI have also started their peer-to-peer activities that will target 7000 caregivers, during which 300 dressing bags will be distributed to beneficiaries. In addition to that, HI will soon mobilise center-based teams to partner CBOs.
- **HI** has also made two procurements for 520 assistive devices. Out of those, 400 assistive devices were distributed to beneficiaries and the remaining 100 are prepositioned. HI is in the process of procuring medical materials and disposables.
- **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, 1140 new patients were treated, including 257 patients for post-op care. MDM France is also working on strengthening the referral system. The clinics have referred 35 patients from PHCs to hospitals and have received 412 patients from hospitals at the PHCs.
- **MdM- F** stated that their project at the PHCs will end by the end of December and the MoH will carry on the activities afterwards.
- **MdM- F** have also started psycho-education sessions in 2 clinics in Khan Younis, that aim to provide information on psychological trauma, its impact and the available services. The sessions are provided by a psychologist from the MoH and targeting PWI and care givers.
- **PMRS** has provided postoperative care to a total of 855 patients. 292 out of them are still active patients receiving services, including physiotherapy, dressing and provision of assistive devices.
- **UNRWA** continued to provide medication and dressing services at their PHCs. In an effort to alleviate some of the burden from MoH hospitals, UNRWA has contracted with some NGO hospitals in order to provide hospital services.
- **ICRC** is working in 2 floors in Shifa hospital, as the second floor was opened two weeks ago. However, they are still facing an issue with the elevator. ICRC provided OPD consultation to 700 patients and referred a number of patients to MAP- UK for limb reconstruction surgeries. ICRC teams also performed 400 surgeries. The bed occupancy rate was 64%, last month, with an average length of stay 2-3 weeks.

- **ICRC** noted that many of the patients are presented with severe mental health problems. Patients were presented having suicidal thoughts, which were sometimes caused by past experiences and heightened with the recent events. ICRC mental health personnel have been providing support to in-patients. They then work on linking patients with other mental health services providers after being discharged.
- **The ALPC** received 195 patients, since 30th March. 58 of those were amputees, while the remaining 137 are in need of assistive devices and rehab services. ICRC explained that there is a number of patients that were recommended amputations, so they are expecting an increase in the number of patients received at the ALPC.
- The HCC enquired about the process of amputating a limb. ICRC explained that when they receive a patient in need for amputation, they review the case with the limb reconstruction unit in Shifa. After they have a consensus, they ask for the patient's consent and proceed with the amputation.
- The MoH suggested that the limb reconstruction seminar needs to revise the SOPs for amputations.
- ICRC stressed the importance of providing mental health support to patients before and after amputation.
- **MAP- UK** stated that they will have an upper and lower limb reconstruction mission from 2-6 December. There are 2 other missions scheduled in January and February.
- MAP remarked that cooperation regarding referrals among MAP, MSF and ICRC has been quite effective and successful. MAP mentioned that, due to limitations in MoH bed capacity, some of their patients were admitted to ICRC wards for post-op services. MS expressed his appreciation for ICRC's support in dealing with the patients.

Action points	Person/organization responsible	Deadline
Amputation Criteria to be discussed at the Limb Reconstruction Seminar (LRS)	WHO, Nelson Olim Dr Mahmoud Mattar	5 December at the LRS
Invite MHPSS providers to the LRS	WHO, Nelson Olim Dr Mahmoud Mattar	5 December at the LRS

5. Information tools:

Health
Cluster
website

Trauma
Working
Group

Patient
Allocation
Tool (PAT)

EMTs
Calendar

EMT Google
Sheet

Health Cluster & WHO Situation Reports

6. Upcoming events:

- 19th November: Post-Op and Rehab Meeting co-chaired by MSF and MoH.
- 5th December: Limb Reconstruction Seminar. Agenda items, so far, include:
 - Screening criteria, forms and protocols.
 - Protocols for antibiotic use
 - Amputation SOPs
- 6th December: Seminar on health information systems