

Meeting Summary	
Meeting Purpose	Trauma Partners' projects updates
Date and Time of Meeting	1030hrs, April 6 th , 2021
Meeting Organizer	Thanos GARGAVANIS
Meeting Minutes Taken By	Reem MAKHOUL and Thanos GARGAVANIS

Attendance at Meeting:	
<ul style="list-style-type: none"> • Dr Thanos GARGAVANIS (WHO) • Dr Abdulatif ALHAJ (MoH ICD) • Dr Mahmoud MATTAR (MoH) • Mohammed YAGHI (WHO) • Asmaa El NAJAR (WHO) • Hazem KHWAIS (WHO) • Reem MAKHOOL (WHO) • Dr Ahmed ABUTEIR (WHO) • Mahmoud SHALABI (MAP UK) 	<ul style="list-style-type: none"> • Dr Natalie THURTLE (MSF-F) • Dr Gino MANCIATI (MSF B) • Reham SHAHEEN (Humanity & Inclusion) • Ibtisam SAQER (UNRWA) • Mohammed AGHALKURDI (MAP UK) • Arel JARUS-HAKAK (Physicians for Human Rights) • Riham Mahmoud SHEHADA (EMT CC) • Dr Bashar MORAD (PRCS)

	Updates	Follow-Up Actions
Thanos	<p>COVID-19 is still the major issue, but Trauma activities are important, as essential health care services. Thank you all for your participation.</p> <p>On the 31st of March there had been a briefing, under the Protection Cluster, on the 3 years from the initiation of the Great March of Return protests and partners were informed on the partners' Limb Reconstruction activities. I will be sharing the presentation that was presented during the briefing. Partners working in Limb Reconstruction shared their feedback on what should be shared on March 31st.</p>	

	<p>We have a brief agenda today. Our colleagues in WHO will share with us the Trauma indicators and Trauma dashboard.</p> <p>I will ask Asmaa el-Najjar to present the indicators. I want all trauma partners to know what exactly each and every partner is collecting.</p> <p>We have to increase transparency to increase accountability.</p>	
<p>Asmaa</p>	<p>Thank you for this opportunity to share our data, to prevent duplication.</p> <p>This part is related to trauma dashboard indicators.</p> <p>The dashboard centralises the indicators regarding activities extending to prehospital level, hospital level and post hospital level.</p> <p>GMR protests were suspended at the end of December 2019. WHO is always collecting data related to Trauma, out of the MoH shared data, as well as other partners. The overall objective is to be reaching a point where indicators will be collected in a centralised manner, accessible for all partners, to the different levels of care.</p> <p>GMR indicators</p> <ul style="list-style-type: none"> - Total number of injured cases - total number of deaths - Number of cases who treated within TSP and directly discharged - number of cases referred to hospital for further intervention - The injured cases' figures are distributed according mechanism of injury, site of injury and severity of cases <p>Ambulance services indicator:</p> <ul style="list-style-type: none"> - Number of cases who transferred to hospital by ambulances - Percentage of traumatic cases that are transferred by ambulances - Number of lives saved via providing immediate cardiopulmonary resuscitation - Response time - <i>Number of staff who received training</i> <p>Hospital indicators:</p> <ul style="list-style-type: none"> - Total number of emergency department's consultations - Proportion of traumatic consultation - Total number of cases who admitted directly to IPD/ICU - Number of deaths within ED 	

	<ul style="list-style-type: none"> - Number of readmitted cases within 24 hours - Number of conducted surgeries (Acute/ Elective) - <i>Number of staff who received training</i> <p>Post Hospital indicators (LRC):</p> <ul style="list-style-type: none"> # of cases who received multi-disciplinary approach services within inpatient department # of performed reconstructive surgeries # of cases who screened within OPT # of discharged cases # of readmitted cases in period less than 7/30 days for the same reason # of cases who developed post-surgery complications # of conducted physiotherapy sessions <ul style="list-style-type: none"> # of cases who received assisted device through the LRC # of conducted psychotherapy sessions # of cases' families MH consultation sessions # of cases who received health awareness sessions # of companions who received HP sessions # of cases who discharged and referred for post-op. rehabilitation <p><i>Number of staff who received training</i></p> <p>COVID-19 indicators:</p> <p><i>Respiratory Triage Center</i></p> <ul style="list-style-type: none"> # and % of ED cases are respiratory infected cases who are benefited from the service within RTC # and % RTC cases are COVID-19 suspected cases in which PCR test was conducted. 	
	<p>Natalie: I don't see antibiotics stewardship indicators, as well as indicators related to osteomyelitis treatment. MSF F would be happy to support drafting and collection of such indicators.</p> <p>Thanos: The main reason we wanted to share the Trauma Dashboard with you, is to demonstrate what we are collecting. If you have other proposals of other indicators, we are happy to include it.</p> <p>Asmaa: we have this data but this dashboard is developed gradually. Here we talk about general figures that will be displayed.</p>	<p>Reach out to the Trauma Partners and discuss additional indicators to be included.</p>

	<p>Natalie: Good to know that it is planned. We have been working in parallel on quality indicators. We are happy to support that discussion.</p> <p>Thanos: Important to build up on this.</p> <p>Ibtisam: COVID-19 – I saw most activities related to testing and respiratory triage. Nothing on post-COVID rehabilitation. We should have programs for post-COVID. We trained our physiotherapist staff on this and how to deal with patients based on WHO guidelines. What are your actions?</p> <p>Asmaa: Through this dashboard we are showing our intervention. We want to develop it to be not only for WHO but for all partners. It is a chance that you can present all indicators you would like to see on this dashboard.</p>	
<p>Thanos</p>	<p>This was the series of indicators that WHO is going to try and collect. This will be done through the trauma dashboard that our colleague Mohammed Yaghi will show next. This is why we wanted to share it with partners. To make sure that we are transparent and partners know exactly what we are trying to collect when evaluating the trauma activities.</p> <p>This is the main reason for doing this meeting so that you all know what we are going to try and collect and propose how to make it better and precise.</p> <p>We have with us Reham from EMTCC as representative from MoH.</p>	
<p>Mohammed Yaghi</p>	<p>The data you will see is for testing purpose only. We will insert real data later. The homepage includes pre-hospital (TSPs), hospital (EDs) and post-hospital (LRC). [RM NOTE: Mohammed Yaghi showing how the dashboard works, and what functions it offers].</p>	
<p>Thanos:</p>	<p>This is still in testing/piloting phase. We wanted to show you what we are planning. We encourage all of you to propose improvements, and I intend to reach out to each one of you to have bilateral meetings where we will hear your approach on how to improve this. The main reason for this dashboard to make sure that eventually we are all going to be able to tell how many people had their pre-hospital services, etc. So that we are going to be able to show what happens on the ground, avoiding patients shopping services and duplication of activities</p>	
	<p>Arel: Question on dashboard: when is it expected to go live? Is it expected of partners to report differently than we do now?</p>	

	<p>Thanos: We don't have a precise date because we want MoH to endorse it. We are still in the process. It will be a platform that will be serving all partners. No timeframe yet.</p> <p>Natalie: Are we able as a group to pressure the MoH for a timeframe for implementation? We have been talking about this for a long time.</p> <p>Thanos: We are all aware that it has been more than a few months of us working on this. I can say with confidence that if it hadn't been for COVID, we would have seen a better progress. I don't have any predictions. It is all related on needs on the ground. I am working as hard as I can to convince partners to provide input on this.</p>	
<p>Reham SHAHEEN (Humanity & Inclusion)</p>	<p>On indicators on post-hospital. I would suggest two indicators for LRC services, which wasn't mentioned in the indicators. I would like to see the number of patients who received occupational therapy and services.</p> <p>Thanos: Asmaa highlighted and I have said previously, this is just the piloting/testing dashboard. We want to take feedback and increase the number of indicators, and that they reflect the impact of your activities on the ground. Let's be patient. I will reach out to you and arrange a meeting to talk about how we improve these indicators.</p>	
<p>Dr. Abdullatif (MoH)</p>	<p>Good to have partners with us in this meeting. We had a meeting a few days ago with MSF-B and we discussed their services regarding Limb reconstruction, and their complaint, that the number of patients they receive in Al Awda Hospital for treatment is very limited.</p> <p>I feel the need to clarify the situation. The total number of patients in need of limb reconstruction has been decreased, compared with the situation before COVID-19, we have no new conflict-related cases in need of limb reconstruction, except for non-conflict related patients, like car accidents or falls. This urged the Deputy Minister to request an assessment to know how many cases have been already operated, and how many are still in need of interventions and how many cases can be considered closed, finalised.</p> <p>This should be raised in a meeting at the LRC committee. The committee includes MoH representatives and governing bodies. Our partners, MSF-F, MSF-B and MAP UK are welcome to join and share some details on these issues.</p> <p>The situation in Gaza in Trauma: nothing new. We move steps forward with a project with WHO on the development of two national emergency medical teams.</p>	

	<p>Moreover, we are progressing in the Mass Casualty Management training, in ED levels. Most of the time we mix between emergency and trauma, because for MoH, most emergency is trauma. Regarding that project, we have implemented some good steps forward.</p> <p>We highly appreciate the efforts you are doing for the Trauma Working Group. I hope that this could lead us to more cooperation with the bodies doing their intervention in Trauma either in capacity building or services.</p>	
<p>Riham SHEHADA (EMT CC)</p>	<p>On the 12th of this month there will be a meeting with all relevant partners to talk mainly, about the LRC activities. They propose an assessment after this meeting. The focus now is COVID-19. They will make an assessment to talk about future activities and focus.</p> <p>On behalf of Dr MATTAR, whose connection is poor: The Limb Reconstruction Centre in NMC is going forward: Main points: outpatient clinic 130/month, 20 surgeries /month Increase bed capacity is needed & additional staff to deal with reconstructive case Moreover, the importance of having a special lab, to structure antibiotic stewardship remains essential.</p> <p>Thanos: so far what is important is that the MoH will assess the needs for the LRC on the ground. The meeting will be held tentatively on the 12th of April. We will be receiving feedback for this. COVID-19 is always the major issue of concern. Numbers are on the rise. We will track the needs on the ground to see what is happening.</p>	
<p>Dr. Abdullatif (MoH)</p>	<p>(Closing remarks of appreciation towards all trauma partners)</p>	
<p>Thanos</p>	<p>Coordination is major issue to improve our work on the ground. In Gaza, 8 out of 10 patients reaching ED are trauma injuries, minor injuries included. We need enhanced trauma services on the ground. We should all be working together to improve our services and support MoH strategy.</p>	