
NTDB® data points

May Day

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At the 2006 Clinical Congress in Chicago, IL, the fifth edition of *Resources for Optimal Care of the Injured Patient** was introduced. The name of this document has evolved since its introduction in 1976. Once a hospital-centered optimal resource guide, it has been revised to focus on optimal care with available resources. This subtle change in emphasis highlights the move toward an inclusive trauma system. An inclusive trauma system encompasses all the components associated with optimal care, such as prevention, access, acute hospital care, rehabilitation, and research.

Over the past 30 years, trauma care and trauma systems have evolved. This publication has had a significant impact on that process. The authors have volunteered countless hours with each revision. Many are members of the American College of Surgeons Committee on Trauma (COT). Input has also been provided by other groups such as the American Burn Association, the American College of Emergency Physicians, the American College of Radiology, the Orthopaedic Trauma Association, and from representatives

*American College of Surgeons Committee on Trauma. *Resources for Optimal Care of the Injured Patient 2006*. Chicago, IL: American College of Surgeons; 2006.



from the fields of neurosurgery and pediatric surgery.

The mission of the ACS COT is to develop and implement meaningful programs for trauma care. An outgrowth of this document was the development of a process of verification to assess if hospitals were meeting the ACS criteria. The verification process started in 1987 and more than 1,800 verification and consultation visits have been completed to date. This edition of the resources guide was developed to aid in the verification/consultation process and better defines many of the areas assessed within hospitals. In keeping with the ACS COT mission, the National Trauma Data Bank® (NTDB) is committed to being the principal national repository for trauma center registry data.

One of the new requirements of this edition of the resources document is that all level I, II, and III trauma centers must submit their trauma registry data to the NTDB.

May Day is just around the corner. The requirements listed in the “green book” take effect on May 1 (see graphic on this page). A new edition with new definitions and criteria leads to new questions. A comprehensive Web site (http://www.facs.org/trauma/faq_answers.html) has frequently asked questions to assist with this transition. Come May 1, there is no need to call out “Mayday!”, as we are here to help you. We will provide assistance and guidance so you will be able to participate in the largest aggregation of trauma data in the world.

Throughout the year, this column will provide brief monthly reports. The full NTDB *Annual Report Version 6.0* is available

on the ACS Web site as a PDF file and a PowerPoint presentation at <http://www.ntdb.org>.

If you are interested in sub-

mitting your trauma center's data, contact Melanie L. Neal, Manager, NTDB, at mneal@facs.org.

Operation Giving Back

Volunteer opportunities available

The Operation Giving Back (OGB) database is continually expanding with new volunteer opportunities, including the following agencies:

- Since 2001, Esperanca has been sending surgical teams to Bolivia in an attempt to address the unmet surgical needs of Bolivia's poor. General surgeons typically care for patients for two weeks: one week in Tarija and one week in an outlying hospital. Obstetricians/gynecologists; urologists; ophthalmologists; and orthopaedic, pediatric, and plastic (burn reconstruction) surgeons participate for one week in Tarija. In addition to performing surgery, volunteers

are asked to participate in educational programs for local physicians and medical students.

- Project Access has established a system of coordinating donated medical care and services provided by physicians, hospitals, pharmacies, and ancillary services for low-income and uninsured patients. The American Project Access Network (APAN) represents and supports those communities that use the Project Access model. Currently listed on the OGB Web site are 23 APAN affiliates, spanning 15 states, that use surgeon volunteers. For those interested in establishing Project Access in their commu-

nity, more information is available on the OGB Web site as to how to contact APAN.

OGB provides surgical volunteers with a wealth of information, including a collection of personal accounts of surgical volunteer experiences that have been featured in the *Bulletin* over the years. OGB's *Bulletin* Archives Web page (<http://www.operationgivingback.facs.org/portfolio/bulletin.php>) provides real insights into what takes place when members of the College embark on volunteer outreach and highlights their contributions to those in need.

Specialty board reports to be published on Web portal

Each year, the boards of the 10 surgical specialties recognized by the American Board of Medical Specialties compose reports that are presented to the ACS Board of Regents. For several years, a condensed version of these reports have been published in the *Bulletin*—typically in the March and April issues—to

keep Fellows and other interested readers informed of the changes and developments occurring within these groups, specifically the boards of colon and rectal surgery, neurological surgery, obstetrics and gynecology, ophthalmology, orthopaedic surgery, otolaryngology, plastic surgery, surgery, thoracic surgery, and urology.

Beginning with the 2007 volume, however, these reports will no longer appear in the *Bulletin*. Instead, at the recommendation of the Advisory Council Chairs, the reports will be accessible via the Web portal at www.efacs.org within the specialty communities.