

NTDB® data points

Trauma season

by Richard J. Fantus, MD, FACS, Chicago, IL, and John Fildes, MD, FACS, Las Vegas, NV

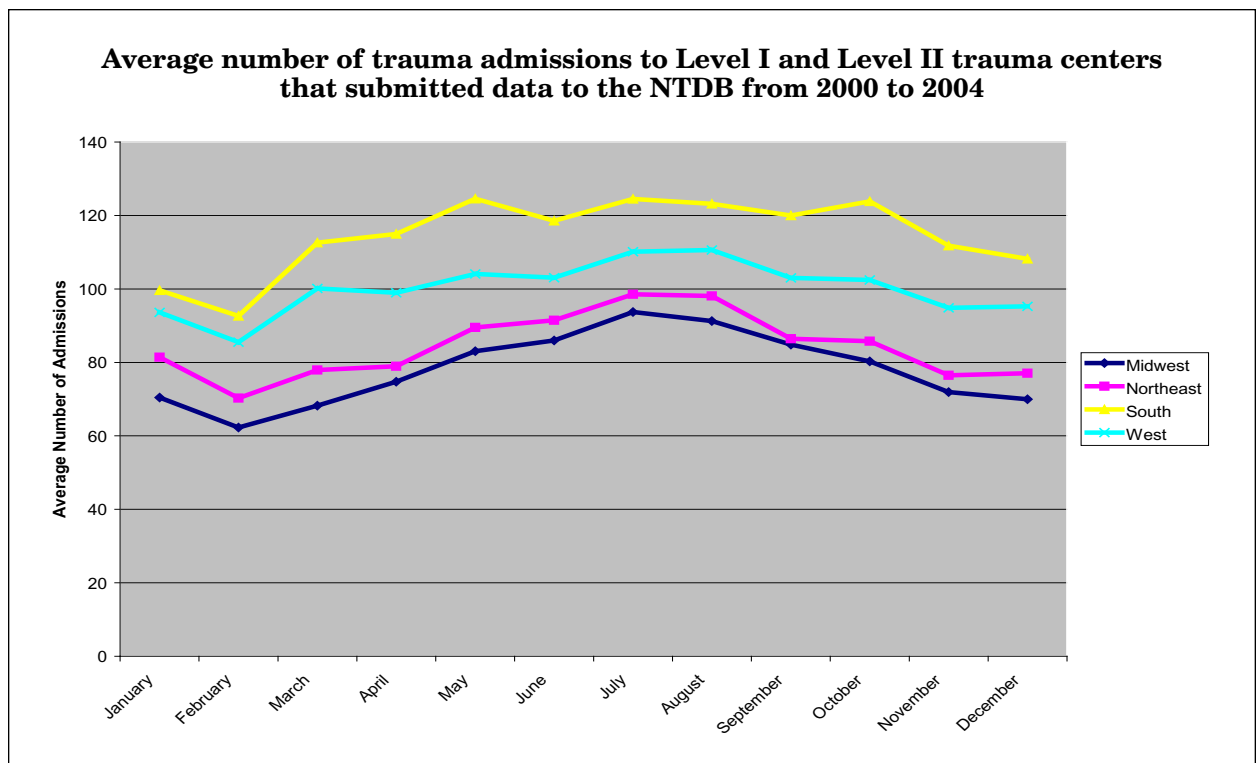
Summer is winding down and fall is approaching. Once September 21 arrives, the leaves on the trees are not the only things falling. Those with some role in the care and treatment of the injured are well aware of the seasonal variation in trauma center admissions. The relatively cooler weather—coupled with the return to school and regular work routines that coincide with the end of the summer season—appear to have an

impact on trauma volume.

A few articles studying this weather-related seasonal trend have been published in the past five years, and they have concluded that trauma volume was greater in warmer weather. However, these studies evaluated trauma volume at the individual trauma center level. One study took place in the northeast, whereas the other involved a trauma center in the south. Working in the other

two census regions (midwest and west), we have our own anecdotal experience with this phenomenon.

In order to examine if this seasonal trend occurs throughout the country, we examined the National Trauma Data Bank® Dataset 5.0 and found more than 1 million records from 2000 through 2004 available for seasonal analysis. The records for level I and level II trauma centers were then examined,



resulting in more than 820,000 records for review. These records represent 259 facilities and include 788 years worth of data. The month of admission was tallied at the trauma center level, and trauma centers were divided into one of the four census regions. The monthly average number of admissions per facility in each region was calculated and appears on the graph on this page.

According to the graph, it is clear that there is a greater

number of trauma admissions in the middle of summer when compared with the middle of winter. Chicago has below-zero wind chills in the winter and 90-plus degree, high-humidity days in the summer. It is easy to rationalize that more activity and therefore more traumas will occur during the lazy, hazy, crazy days of summer. But this trend is universal, so whether the weather in winter for you means temperatures of 70 degrees above or below zero, you

will still see an increase volume when your summer trauma season comes.

Throughout the year, we will be highlighting these data through brief reports in the *Bulletin*. The full NTDB *Annual Report Version 5.0* 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 submitting your trauma center's data, contact Melanie L. Neal, Manager, NTDB, at mneal@facs.org.

A look at the Joint Commission

The International Center for Patient Safety

The Joint Commission International Center for Patient Safety works to collect and distribute patient safety information and solutions to patients, families, and health care professionals and organizations all over the world.

The Center provides resources and solutions through its Web site, www.JCIpatientsafety.org. Surgeons can use the site to obtain patient safety plans and focused solutions, such as the Joint Commission's Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery™. Complimentary patient safety resources on the Center's Web site include tools such as a sample outline for a patient

safety plan, a listing of award recipients and nomination forms for future awards, case studies, good practices, and articles and newsletters.

With these resources, surgeons have a veritable arsenal of proven strategies and evidence-based practices to solve real-life problems and, in the process, provide better care to their patients. Surgeons can also subscribe to the Center's free electronic newsletter, *Patient Safety Link*, by going to www.JCIpatientsafety.org/PatientSafetyLink.

In addition to serving as a clearinghouse for patient safety solutions, the center also forges collaborations and partnerships around the globe with other

leading patient-safety organizations and experts, ministries of health, patient/consumer groups, and others. These activities support the center's role as the World Health Organization's only official collaborating center for patient safety solutions.

The Joint Commission launched the center in 2005 with its affiliate Joint Commission Resources.

Each month, this column focuses on activities of the Joint Commission that are relevant to surgeons. For more information on the Joint Commission, and to sign up for Joint Commission e-mail newsletters and announcements, visit www.JointCommission.org.