Committee on Trauma News is a quarterly newsletter that provides the latest information on COT initiatives across the globe. For questions, please contact us at cotnewsletter@facs.org.

American College of Surgeons
Inspiring Quality:
Highest Standards, Better Outcomes
100+ years
2016 ATLS Global Symposium

The 2016 ATLS Global Symposium (previously known as the ATLS International Meeting) will be held in conjunction with the Committee on Trauma Annual Meeting from March 11–12, 2016, at the Sheraton San Diego Hotel & Marina in San Diego, CA. This year will focus on the global landscape of trauma care and implications for education. Not only will attendees receive an update from ATLS Leadership on the 10th edition, but we will also explore the following:

- A team approach to trauma care
- Mobile learning
- Strategies for education in low income countries
- International trauma center verification
- Tools for skills training
- Best practices for managing courses
- Interactive teaching techniques

The ATLS Global Symposium will foster open discussion and the opportunity for increased engagement with leadership. We are looking forward to seeing you in San Diego!

For More Information
Monique Drago
mdrago@facs.org
312-202-5365
The Current State of the ACS TQIP

Level III Pilot in Full Gear
The launch of the Level III Pilot Program in July was met with great enthusiasm, with 189 centers coming onboard. These pilot centers join over 400 Level I & II trauma centers currently participating in Adult and Pediatric TQIP. The pilot year has been a great learning opportunity for both participating centers and the TQIP team. During this year, centers received on-going education targeted toward Level IIs and a Data Quality Report in February to help identify potential data collection and registry mapping issues. TQIP also plans to provide a risk-adjusted benchmarking report at the conclusion of the pilot.

Working with the Level III centers continues to offer great insight into the unique needs of these centers in regard to data collection, reporting, and education. With this knowledge and with guidance from our expert Level III project team, we are preparing to launch the full Level III Program July 1, 2016. Stay tuned for details on full program registration!

State & Regional Collaboratives
Individual State Collaborative Lunches were held during the TQIP Annual Meeting in Nashville, serving as an opportunity for state trauma leaders and hospitals to discuss their collaborative’s short-term and long-term goals in utilizing collaborative data for trauma system improvement. Participating states included Arkansas, California, Florida, Georgia, Texas, and Pennsylvania. In December 2015, Texas became the newest fully on-board TQIP collaborative, joining Florida, Georgia, and Michigan. TQIP is currently working on collaborative development for Arkansas, California, Canada, the U.S. Department of Defense, Pennsylvania, Region III, Orange County, LA County, San Diego County, Kansas, Wisconsin, and Washington DC.

Questions about TQIP?
tqip@facs.org

TQIP Releases Best Practices in Orthopaedic Trauma Care
The TQIP Best Practices Work Group and guest panel of experts, under the leadership of the late Matt Davis, MD, FACS, have released the fourth edition of ACS TQIP Best Practice Guidelines for optimal care of trauma patients with orthopaedic injuries. The ACS TQIP Orthopaedic Best Practice Guidelines in the Management of Orthopaedic Trauma represent a compilation of the best evidence available for orthopaedic trauma care, created by leading health care professionals in the field.

The intent of the ACS TQIP Best Practice Guidelines are to provide health care professionals with evidence-based recommendations regarding care of the trauma patient. This year’s expert panel consisted of 18 physicians with expert knowledge of treating patients with orthopaedic injuries. More than 60 percent of injuries involve the musculoskeletal system, and more than half of hospitalized trauma patients have at least one musculoskeletal injury that could be life threatening, limb threatening, or result in significant functional impairment. These orthopaedic injuries are often associated with significant health care costs, decreased productivity in the workplace, and, in some cases, long-term disability.

To find this and previous editions of ACS TQIP Best Practice Guidelines, please visit facs.org/quality-programs/trauma/tqip/best-practice.
2015 TQIP Annual Scientific Meeting and Training

The 2015 TQIP Annual Scientific Meeting and Training was held in downtown Nashville, TN, November 15–17 at The Omni Nashville Hotel. Once again, there was a record turnout with over 1,150 attendees, including 67 speakers, and 19 vendors. This year’s numbers reflected a 53 percent increase in attendance compared to last year’s meeting and included international members of the trauma community from Canada, South Korea, and Qatar. The meeting program offered exciting insight into a variety of topics, including best practices in treating orthopaedic injuries, abstract presentations from ongoing research at TQIP centers, palliative care, Pediatric Trauma Quality Improve Program (Peds TQIP), and TQIP State Collaboratives. The keynote address was given by Dr. Gregory J. Jurkovich, MD, FACS, Professor of Surgery at the University of Colorado in Denver, on the topic of Surgical Morbidity and Mortality: Lessons Learned from 2,500 Trauma Deaths. Another notable speaker, Marcus Engel, a trauma survivor and now a best-selling author, shared his inspiring talk titled The Other End of the Stethoscope, a touching tribute to health care workers about his recovery journey after being blinded and severely injured by a drunk driver. Thank you to all of our speakers and attendees who contributed to another successful meeting!

Please remember to save the date for the 2016 TQIP Annual Meeting, November 3–7, 2016, at the Omni Orlando Resort at ChampionsGate in Orlando, FL. Pre-conference workshops will be held on November 3–4, with the TQIP Meeting starting the morning of November 5.

For More Information—TQIP Annual Meeting
acstqipmeeting@facs.org
facs.org/tqipmeeting

Save the Date!
2016 TQIP Annual Scientific Meeting and Training
PIPS Redesign and New Partnership

As part of the ongoing COT integration efforts, PIPS, VRC, and TQIP are working together to advance the PIPS and COT quality programs by dividing the PIPS workload into five separate groups. To achieve this, PIPS is also entering a new partnership with the Society of Trauma Nurses to engage nurse liaisons to work alongside the trauma surgeon leadership within each workgroup. In January 2016, the five PIPS workgroups launched this exciting venture and began their collaborations in the areas of:

**Taxonomy & Stratification**

This group will continue the taxonomy work, stratifying the top 25 complications by their impact on the patients (minimal, moderate or severe), with the goal to pilot these new complications at TQIP facilities.

**Best Practice Guidelines**

This group will create new Best Practice Guidelines and their accompanying PI plans using lessons learned from TQIP data. This group will also use TQIP data to reassess the current guidelines and retrofit them with PI plans specific to each guideline. The Best Practice Guidelines for this year will be on palliative/end of life care, led by subject matter expert Anne Mosenthal, MD, FACS. This year will also mark the beginning of the review cycle for past guidelines.

**Essential Elements**

This group will be charged with reviewing the Essential Elements of the current Optimal Resources Document and, where possible, using TQIP data to validate, modify, or refute process measures and other types of essential elements. Any new essential elements devised during the re-write of the Optimal Resources Document will be reviewed by this workgroup and data applied to inform the process where possible.

Chapter 16 Update

The PI chapter of the Optimal Resources Document will be updated to incorporate the use of the National Quality Forum taxonomy and processes. This will include updating the online PI poster, re-writing chapter 16, and reviewing the remainder of the Orange Book chapters. Once written, the work group will begin a cycle of review and modify the chapter accordingly.

Preventable Death Study

This project will result in a published study utilizing data collected from TQIP hospitals, capturing unanticipated deaths or deaths with an anticipated opportunity for improvement. The study will solicit responses to potentially identify the most common reasons of preventable or potentially preventable death and provide performance improvement initiatives to reduce occurrences.

TQIP Prepares to Release New Data Driller Tool

TQIP is pleased to announce the upcoming release of its newest tool, the TQIP Driller, which will be available to TQIP participants in early 2016. The TQIP Driller will provide participants with an analytic tool to dynamically dissect data in new and powerful ways. Participants will be able to compare patient, injury, and care characteristics at their institutions with characteristics of high-performing centers, evaluate their performance in patient subsets of specific relevance to their institution, and evaluate trends between high- and low-risk patients at their institutions compared to their peers. We strongly encourage feedback on our initial release of the tool as we plan to augment its functionality significantly in the near future.
**NTDB Call for Data Fees to Remain in Place for 2016**

The National Trauma Data Bank (NTDB) began charging a fee for participation in the NTDB annual Call for Data in 2015. The $1,100 fee for Level I and Level II trauma centers and the $500 fee for Level III trauma centers will remain in place for the 2016 Call for Data. Trauma centers that participate in TQIP or are ACS verified are exempt from this payment. The Call for Data will be open from early April until June 1, 2016. Participating centers should submit all patient records from 2015 admissions during this Call for Data window.

**TQIP/NTDB Plans for Transition to AIS 05 (2008 update) and ICD-10**

Please remember that the deadline for transition to AIS 05 (2008 update) has passed and any data not collected using AIS injury coding will not be accepted by NTDB and TQIP. Lack of AIS full coding or use of any other code system than AIS 2005 (2008 update) will result in file rejection.

Although the CMS deadline for ICD-10 transition has passed, TQIP/NTDB will continue to give facilities ample time to convert from ICD-9 to ICD-10 by accepting ICD-9-CM for admissions until December 31, 2016. After that date, any data submitted with ICD-9-CM will fail the Validator.

For More Information

[www.facs.org/quality-programs/trauma/ntdb/icd10-transition](www.facs.org/quality-programs/trauma/ntdb/icd10-transition)
**Trauma Education Webinars: Green Is the New Orange...**

This webinar, entitled Clarification and Changes in Verification Criteria, discusses some of the changes in the verification criteria with the 2014 Resources for the Optimal Care of the Injured Patient. The webinar can be viewed online at [youtube.com/watch?v=UfoNbBwPl6E&feature=youtu.be](https://youtube.com/watch?v=UfoNbBwPl6E&feature=youtu.be).

**Clarification Document for Updated Verification Standards**

With the release of the Resources for Optimal Care of the Injured Patient 2014 in July, a Clarification Document was created to help clarify requirements. In addition, it is used to capture changes or revisions to requirements after its publication. The Clarification document is consistently updated and may be viewed at: [facs.org/~media/files/quality%20programs/trauma/vrc%20resources/clarification%20document.ashx](http://facs.org/~media/files/quality%20programs/trauma/vrc%20resources/clarification%20document.ashx).

**VRC Seeking New Verification Reviewers**

Due to the growth of the Verification, Review & Consultation program, we are seeking new candidates to become reviewers. We are looking for all level general surgeons; however, we are primarily in need of neurosurgeon and orthopaedic surgeon reviewers as well as general surgeons currently practicing at Level III trauma centers.

Qualifications for being a “Reviewer” (Trauma Surgeon) are:

- Be a fellow in good standing of the ACS
- Be in active practice and have expertise in the areas of trauma care, trauma center operations and trauma systems
- Display excellent integrity and communication skills
- Currently affiliated with an ACS-verified trauma center
- Current or former trauma medical director
- Current or past member of the Committee on Trauma or Regional Committee
Advocacy Update

The Division of Advocacy and Health Policy (DAHP) is currently working on several Committee on Trauma related initiatives on the state, federal, and grass roots level. As we continue through the 2016 legislative session, there will be a decent amount of trauma legislation to advocate on. We ask that all members keep an eye out for DAHP advocacy alerts, e-mails, and ACS social media asking Fellows to take action on any legislation which could be of importance to the Committee on Trauma.

Federal

H.R. 648, the legislation that would authorize the trauma systems planning grants and the regionalization of emergency care pilot projects, and H.R. 647, the trauma centers legislation that would provide critically needed federal funding to help cover uncompensated costs in trauma centers, support core mission trauma services, provide emergency funding to trauma centers, and address trauma center physician shortages, both passed out of the house and are currently awaiting action in the Senate.

State

The State Affairs team at the College tracks over several hundred pieces of COT-related legislation each year. Most legislation covers distracted driving, injury prevention, and trauma system designation and verification. In 2016, the College began working on two pro-active initiatives in Kentucky and Montana to increase trauma funding. We are working with the COT Advocacy Pillar, state COT leadership, and local trauma advocates to encourage the states of Kentucky and Montana to increase funding to their trauma systems. In Kentucky’s trauma system was established in the mid-2000s and has remained unfunded since creation. Montana currently receives $157,000 annually from state general funds, but we are seeking to increase that amount to assist in covering additional training.

SurgeonsPAC

The Committee on Trauma wrapped up 2015 with a 62 percent participation rate. Total dollars raised exceeded $75,000—the most this Committee has ever raised! The goal for the remainder of the 2016 election cycle (through December 31, 2016) is to reach a 70 percent participation rate. During the COT Annual Meeting in San Diego, please stop by the PAC booth (#5, Harbor Ballroom I) to learn more about SurgeonsPAC fundraising and disbursements.

Questions?
Katie Oehmen
koehmen@facs.org

American College of Surgeons Leadership and Advocacy Summit

All members of the COT are encouraged to attend this year’s American College of Surgeons Leadership and Advocacy Summit, April 9–12, 2016. Approximately 250 fellows of the American College of Surgeons will be on Capitol Hill meeting with their members of congress and asking for support for issues important to surgery, with a significant number of those asks COT-related priorities.

Register Online
facs.org/advocacy/participate/summit-2016/register
Resident Trauma Papers Competition

The ACS COT is pleased to announce the 2016 winners of the regional competitions below. Each COT Region is encouraged to submit two winning papers from its competition, one for each of the categories of Basic Laboratory Science and Clinical Research. The papers chosen by the COT judges for presentation at the 2016 COT Annual Meeting are indicated with an asterisk.

Region 1—Basic Science* “A Multidimensional Phenotype of the Immune Response to Trauma” Gabriel A. Brat, MD, MPH, Brigham and Women’s Hospital, Boston, MA

Region 1—Clinical Research “Impact of the ACA Insurance Coverage Expansion on Rates of Appendicitis Perforation among Young Adults” John W. Scott, MD, MPH, Brigham and Women’s Hospital, Boston, MA

Region 2—Basic Science “Surgical Neck Simulation Using a 3-D Printer and Polymer Hydrogels” Jonathan Stone, MD, University of Rochester Medical Center, Rochester, NY

Region 2—Clinical Research* Can Elderly Patients with Mild TBI with Intracranial Hemorrhage be Monitored outside the ICU?” Amy V. Gore, MD, Rutgers New Jersey Medical School, Newark, NJ

Region 3—Basic Science “Low Volume Resuscitation for Hemorrhagic Shock: Understanding the Mechanism of PEG-20K” Valerie Plant, MD, Virginia Commonwealth University, Richmond, VA

Region 3—Clinical Research* “Impact of Volume Change over Time on Trauma Mortality in the United States” Joshua B. Brown, MD, MSc, University of Pittsburgh, Pittsburgh, PA

Region 4—Basic Science* “Mitochondrial DNA – A Pharmacological Target for Ventilator Associated Pneumonia” Daniel Freno, MD, University of South Alabama, Mobile, AL

Region 4—Clinical Research “Is Trauma-Evoked Hyperglycemia Influenced by Blunt or Penetrating Mechanism of Injury?” Jonathan P. Meizoso, MD, Ryder Trauma Center, Miami, FL

Region 5—Basic Science* “Microparticles from Stored Red Blood Cells Activate Lung Endothelial Cells” Alex L. Chang, MD, University of Cincinnati, Cincinnati, OH

Region 5—Clinical Research “Newly Diagnosed Swallowing Dysfunction in Elderly Trauma Patients” Daniel Van Laan, MD, Mayo Clinic, Rochester, MN

Region 6—Basic Science “Burn Trauma Acutely Increases Respiratory Capacity and Function in Liver Mitochondria” Fredrick J. Bohanon, MD, University of Texas Medical Branch, Galveston, TX

Region 6—Clinical Research* “Implications of the TQIP Inclusion of Non-Survivable Injuries in Performance Benchmarking” Jiselle Bock Heaney, MD, MPH, Tulane Medical School, New Orleans, LA

Region 7—Basic Science* “Peritoneal Ventilation with Oxygenated Microbubbles for Acute Respiratory Distress Syndrome” Alyson Melin, DO, University of Nebraska Medical Center, Omaha, NE

Region 7—Clinical Research “Reducing Undertriage...Is it Worth the Cost? Trauma Team Activation for Anticoagulated Older Adults” Mark D. Mason, MD, Iowa Methodist Medical Center, Des Moines, IA

Region 8—Basic Science* “Post-Shock Accumulation of Succinate Accelerates Fibrinolysis via Platelet-Dependent Mechanism” Anne L. Slaughter, MD, University of Colorado, Denver, CO

Region 8—Clinical Research “The Polytrauma Patient with Traumatic Brain Injury: Admit to NICU, TICU, or Med/Surg ICU?” Sarah Lombardo, MD, MSc, University of Utah Health Care, Salt Lake City, UT
<table>
<thead>
<tr>
<th>Region</th>
<th>Type</th>
<th>Title</th>
<th>Authors</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Basic Science*</td>
<td>“Histological and Molecular Evidence of Circuit Remodeling after Diffuse Experimental Traumatic Brain Injury”</td>
<td>Sarah Ogle, DO, Banner University Medical Center, Phoenix, AZ</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Clinical Research</td>
<td>“Patients on Anticoagulation with Minor Traumatic Brain Injury and Negative Computed Tomography: Is Routine Repeat Imaging Cost Effective?”</td>
<td>Vincent E. Chong, MD, MS, UCSF–East Bay, Oakland, CA</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Basic Science*</td>
<td>“Lyophilized Plasma Prevents Endothelial Leak and Acute Hypoxemia following Traumatic Hemorrhage: A Preliminary Study”</td>
<td>Justin Watson, MD, Oregon Health and Science University, Portland, OR</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Clinical Research</td>
<td>“Factors Influencing Outcome in Skilled Nursing Facility Admissions after Trauma and Surgery”</td>
<td>Lucas W. Thornblade, MD, University of Washington, Seattle, WA</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Clinical Research</td>
<td>“Estimating the Learning Curve in Ultrasound Measurement of Optic Nerve Sheath Diameter”</td>
<td>Markus T. Ziesmann, MD, MSc, University of Manitoba, Winnipeg, MB</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Clinical Research</td>
<td>“Real Time Electronic Injury Surveillance in an African Trauma Center”</td>
<td>Eiman Zargaran, MD, MHSc, University of British Columbia, Vancouver, BC</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Clinical Research</td>
<td>“A GIS-Based Analysis of the Spatial Accessibility of Trauma Care on Ghana”</td>
<td>Gavin Tansley, MD, MPH, Dalhousie University, Halifax, NS</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Clinical Research</td>
<td>“Timing of Venous Thromboembolism Prophylaxis in Severe Traumatic Brain Injury: A Propensity-Matched Cohort Study”</td>
<td>James P. Byrne, BScEng, MD, University of Toronto, Toronto, ON</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Basic Science*</td>
<td>“Partial Resuscitative Endovascular Balloon Occlusion of the Aorta (P-REBOA) in a Shocked Swine Model”</td>
<td>Rachel M. Russo, MD, UC, Davis, Sacramento, CA</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Clinical Research</td>
<td>“Combat Associated Pancreatic Injuries: 2002–2014”</td>
<td>Michael S. Clemens, MD, Fort Sam Houston, TX</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Clinical Research*</td>
<td>“Clinical Predictors of Positive Subxiphoid Pericardial Window in Stable Patients with Penetrating Injuries to the Precordial Region”</td>
<td>Álvaro I. Sánchez, MD, MS, PhD, Universidad del Valle, Cali, Colombia</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Clinical Research*</td>
<td>“Prediction of Multiple Organ Failure from Two Hours Post-Injury on Major Trauma Patients”</td>
<td>Lynn Hutchings, MA, MB, BChir, BM, BCh, MSc, DPil, DMCC, University of Oxford, United Kingdom</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Clinical Research*</td>
<td>“The Role of Serial Imaging in Non-Operative Management of Blunt Splenic Injuries”</td>
<td>Nikhil Agarwal, MBBS, Royal Perth Hospital, Perth, WA, Australia</td>
<td></td>
</tr>
</tbody>
</table>
2015 Advances in Trauma Meeting

On December 4–5, 2015, Region 7, of the American College of Surgeons’ Committee on Trauma (COT), held its 38th annual Advances in Trauma Meeting in Kansas City, MO. With over 200 attendees this year, the meeting has attracts a diverse audience of surgeons, emergency medicine physicians, mid-level providers, and several other health care professionals. The committee, which includes experts in the field of trauma and is led by Richard Sidwell, MD, FACS, Region 7 Chief, selected a variety of presentation topics covering subjects from solid organ injury management to traumatic brain injuries. “We are fortunate every year to have fantastic speakers who are interesting, educational, and entertaining,” Dr. Sidwell said. “Dr. Johannigman has walked the walk, which enables him to talk the talk.”

The 2015 Keynote speaker, Jay Johannigman, MD, FACS, the director of the division of trauma, acute care surgery and surgical critical care at the University of Cincinnati Medical Center, used his personal experiences as an active member of the United States Air Force Reserve to give an incredible presentation entitled Ten Years Later: Lessons Written in the Wounds of War.

Dr. Sidwell reports that “the Advances in Trauma meeting has the reputation of being a fun and friendly conference, where attendees learn from leading authorities in trauma care in an atmosphere that encourages interaction. We are thrilled that the success of our conference allows us to support the COT Resident Paper Competition. We thank all of our faculty for making this possible.”

This year’s upcoming meeting, also being held at the Westin Crown Center in Kansas City, MO, will take place on December 3–4, 2016.

For More Information
The American College of Surgeons, Region 7
678-675-2696
info@aitkc.com

Jay Johannigman, MD, FACS, keynote speaker pictured with Richard Sidwell, MD, FACS, Region 7 Region Chief, following the Frank L. Mitchell, Jr. Keynote Address.
COT Special Session: Town Hall on Reducing Firearm Injury and Death in the U.S.

The COT Injury Prevention and Control Committee recently conducted a survey of COT members practicing in the U.S. to gather important demographic information, including firearms ownership and opinions on how the American College of Surgeons could most effectively prioritize efforts to decrease firearm injury and death in the U.S. The survey was developed to better understand members’ views on firearm ownership, including personal freedom, responsibility, and possible advocacy initiatives in order to guide a consensus-driven public health approach to firearm injury and death.

We invite you to attend a Special Session during the COT Annual Meeting in San Diego—during this Special “Town Hall” Session, we will present survey results, including areas where there may be consensus among COT members. In addition to sharing results, there will be ample time for questions, discussion and we encourage dialogue during and following the meeting. In order to move forward with constructive initiatives, we rely upon your involvement to craft a consensus-driven public health approach to this important cause of injury and death in the patients we care for in our trauma centers. There will also be an opportunity for our members from outside the U.S. to share their perspectives.

Mentoring for Excellence in Trauma Surgery: Future Trauma Leaders Program

The Future Trauma Leaders (FTL) program is a unique way for the American College of Surgeons (ACS) Committee on Trauma (COT) to offer an in-depth training and mentoring opportunity for junior trauma and acute care surgeons (those who are less than five years out from fellowship completion). A competitive application process (advertised in the fall to the COT and AAST/ EAST/WEST members) will be used to solicit candidates to participate in an exciting two-year program. In return for its efforts to grow young surgeons, the COT will benefit from the work the program participants deliver during their research projects and from their participation on COT committees.

We are happy to announce the 2016 winners prior to the COT Annual Meeting in March:

Joseph V. Sakran, MD, MPH, MPA, FACS, (pictured) from Mount Pleasant, SC, will be mentored by Jeffrey Young, MD, FACS, on the Performance Improvement & Patient Safety and Advocacy Committees.

Samuel P. Mandell, MD, (pictured) from Seattle, WA, will be mentored by Fred Moore, MD, on the Performance Improvement & Patient Safety and Advocacy Committees.

To Register
facs.org/cotmeeting

Questions or Concerns
cot@facs.org

Thank you and we look forward to seeing you there!
About Our Organization

The American College of Surgeons (ACS) was founded in 1913 to raise the standards of surgical practice and to improve the care of the surgical patient. The College has worked to establish guidelines for the care of the trauma patient. The Advanced Trauma Life Support Course teaches a systematic, concise approach to the early care of the trauma patient. This course is vital to guiding care for the injured patient in emergency department trauma rooms. The course training provides a common language that can save lives in critical situations.

American College of Surgeons
Inspiring Quality:
Highest Standards, Better Outcomes

100+ years