Basic Endovascular Skills for Trauma (BEST)

The American College of Surgeons Committee on Trauma (ACS COT) has introduced the Basic Endovascular Skills for Trauma (BEST) course. The first BEST committee meeting was held at Clinical Congress. BEST was originally developed at the University of Maryland’s R.A. Cowley Shock Trauma Center. It is currently chaired by Dr. Megan Brenner.

BEST is the third surgical skills course to be offered by the COT (ASSET and ATOM round out the skills course offerings). The target audience for the BEST course is acute care surgeons and surgical fellows. Participants in the course learn endovascular techniques, such as resuscitative endovascular occlusion of the Aorta (REBOA) to temporize life-threatening hemorrhage.

The COT plans to expand the BEST course to four more locations within the next year, including the Texas Trauma Institute/University of Texas at Houston, and the University of California at Davis.

A BEST course workshop is planned for the East Conference in Florida, January 14, 2017.

For more information, visit:

facs.org/best
2016 Committee on Trauma Chile Trip

Ronald M. Stewart, MD, FACS, ACS COT Chair, recently travelled to Chile to celebrate 30 years of service and dedication of the Comité Chileno de Trauma ACS.

FLTR: Dr. Owen Korn Bruzone, MD, FACS, Chapter President; Carlos Carvajal Hafemann, MD, FACS, College of Medicine of Chile Representative; Professor Ennio Vivaldi Vejar, University of Chile Rector; Ronald M. Stewart, ACS COT Chair; and Dr. Froilan Fernández Sanchez, FACS, COT Chairman.

FLTR: Francisco Ruiz, MD, FACS, COT Chile Director; Froilan Fernández Sanchez, MD, FACS, COT Chile Chairman; Ronald M. Stewart, MD, FACS, ACS COT Chair; Jorge Ávila Perez, MD, FACS, COT Chile Secretary.
The National Trauma Data Standard Celebrates 10-Year Anniversary

It's hard to believe that next year (2017) the *National Trauma Data Standard*, or NTDS for short, which is the largest aggregation of U.S. trauma registry data ever assembled, is celebrating its 10th anniversary. Although there are many facilities that have collected trauma data for more than 10 years, it was recognized that those facilities did not collect the same data fields, nor did they follow the same data field definitions. So the NTDS was established as a national standard for the exchange of trauma registry data. The NTDS also determined what critical data fields should be collected by centers, and how those data fields should be defined.

In the beginning, the NTDS was developed primarily to describe patterns of injury mechanism and severity in trauma centers. However, health care needs have changed over time, so the dictionary has had to change as well. As health care reimbursement evolves to be based on fee for quality, rather than fee for service, data collection has to change to support this new model. To meet this need, the NTDS has moved toward the collection of data that supports performance improvement activities by facilitating granular comparative benchmarks for processes and outcomes of care between institutions.

The Current State of the ACS TQIP

**TQIP in All 50 States!**
For the first time, all 50 states now have a fully enrolled Trauma Quality Improvement Program (TQIP) site in their state. TQIP is standardizing the way trauma data is collected, measured, and analyzed to generate quality improvement strategies and ultimately reduce disparities in trauma care across the nation. There are currently more than 650 trauma centers participating in TQIP, with 450 Adult Level I and II TQIP participants, 118 Pediatric TQIP participants, and 83 Level III TQIP participants. In addition to being in all 50 states, TQIP also has participants in Canada and Qatar.

**Level III Program in Full Swing**
The launch of the full Level III Program in July was met with great enthusiasm, with 20 centers enrolled during the early registration period and more than 80 fully enrolled centers as of December 1, 2016. The pilot year proved to be a great learning opportunity for both participating centers and the TQIP team, and has greatly shaped the first year of the full program. All fully enrolled Level III TQIP centers will participate in a Start-Up Year in an effort to improve data quality and ensure that reports are useful to centers from their first report cycle on. The Start-Up Year will provide a special emphasis on education and will allow Level III centers to begin submitting data quarterly. Working with Level III centers continues to offer great insight into the unique needs of these centers in regard to data collection, reporting, and education.

**State and Regional Collaboratives**
Individual State Collaborative Lunches were held during the TQIP Annual Meeting in Orlando, 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 California, Florida, Georgia, North Carolina, Pennsylvania, and Texas, as well as TQIP sites in Canada. In March 2016, Pennsylvania became the newest fully on-board TQIP collaborative, joining Florida, Georgia, Michigan, and Texas. TQIP is currently working on collaborative development for California (as well as several counties in California), North Carolina, the U.S. Department of Defense, COT Region III, HCA, and Canada.

For more information about TQIP Collaboratives, visit: [acstqip.org](http://acstqip.org)

Questions about TQIP? E-mail: tqip@facs.org
TQIP Set to Release 2017 Online Courses

TQIP is in the final stages of testing its two online courses in preparation for launch in early January. The two comprehensive courses are updated and expanded annually with new content that reflects programmatic changes and the new NTDS Data Dictionary. For 2017, TQIP is releasing a four-hour, 14-module course for Level I and II Adult and Pediatric TQIP centers, and a two-hour, nine-module course for Level III TQIP centers. The TQIP Training Project Team, comprised of a diverse group of representatives from various TQIP centers, played an integral part in the planning, testing, and production of the courses. The project team assisted with creating the course outline and writing content during their annual meeting at ACS headquarters in early 2016. They returned in July to film “Voice of Experience” videos, as well as a round table discussion on their own roles and experiences at TQIP participating centers, all to be included in both online courses.

TQIP will also be publishing an interactive online version of the Jeopardy™-style session that was held during the 2016 TQIP Annual Meeting in Orlando. The TQIP Jeopardy-style Quiz Show provides a gamified way to learn about the NTDS Data Dictionary as a team or as an individual.

Both the online courses and Quiz Show will be available on the TQIP Education Portals: acstqip.org

If you have any questions or have any suggestions for future educational offerings, e-mail: TQIP@facs.org
NTDB Releases 2015 Benchmark Reports; Annual Report to Follow

NTDB participants who submitted their 2015 data by the close of the Annual NTDB Call for Data have now received their NTDB Benchmark Reports. Just like the release of the previous two reports, the NTDB Benchmark Reports are available on the NTDB Driller. The Driller allows for a more user-friendly and interactive reporting system. A total of 861,888 adult (ages 16 and up) records were submitted in this year’s Call for Data, with an additional 141,051 pediatric records submitted (age 18 and under).

The 2016 NTDB Annual Adult and Pediatric Reports are set to be released shortly. Previous versions of the report can be found at the ACS website. This will be the 13th year of the Annual Report release. The report includes information on participating facilities, and patient demographic information, injury characteristics, and outcomes.

Questions about NTDB?
E-mail: NTDB@facs.org
2016 TQIP Annual Scientific Meeting and Training

The 2016 TQIP Annual Scientific Meeting and Training was held in Orlando, FL, November 5–7 at The Omni Orlando Resort at ChampionsGate. Once again, there was a record turnout with over 1,579 attendees, including 88 speakers, and 26 exhibitors. This year’s numbers reflected a 37% percent increase in attendance compared to last year’s meeting and included international members of the trauma community. The meeting program offered exciting insight into a variety of topics, including best practice guidelines on palliative care, abstract presentations from ongoing research at TQIP centers, the Pediatric Trauma Quality Improve Program (Peds TQIP), and TQIP State Collaboratives. This year’s keynote speaker was J. Wayne Meredith, MD, FACS, the Richard T. Myers Professor and Chair of the Department of Surgery of the Wake Forest School of Medicine, and Chief of Clinical Chairs and Chief of Surgery at Wake Forest Baptist Health. Dr. Meredith spoke on “TQIP: Where Have We Been? Where Can We Go?” Our special guest speaker this year was trauma survivor Brian Boyle. Brian’s talk on his experience transcending the odds, suffering a near-fatal car accident and then completing an IronMan triathlon and beginning his journey as an advocate for patient safety three years later, was one of our highest-rated sessions. Of special note this year was a round-table discussion on lessons learned from the Orlando, FL, mass shooting from the doctors and staff at Orlando Health who treated the victims from the Pulse nightclub shooting.

Thank you to all of our speakers and attendees who contributed to another successful meeting!
2017 TQIP Annual Scientific Meeting and Training

Please remember to save the date for the 2017 TQIP Annual Meeting, November 11–13, 2017, at the Hilton Chicago in Chicago, IL.

For more information on the TQIP Annual Meeting, visit: facs.org/tqipmeeting or e-mail: acstqipmeeting@facs.org

Save the date! November 11–13, 2017 HILTON CHICAGO | CHICAGO, IL

2017 TQIP Annual Scientific Meeting and Training

facs.org/tqipmeeting
ACS Trauma Center Verification Monthly Q&A Webinars

ACS Trauma Center Verification Monthly Q&A Web Conferences for trauma programs are an opportunity for ACS Trauma Center Verification staff to respond to your questions and/or concerns in a timely fashion. These webinars will be most beneficial for Trauma Program Managers and other staff responsible for meeting the criteria defined in the *Resources for Optimal Care of the Injured Patient* as well as preparing for an ACS Trauma Center Verification site visit.

June 2016 VRC QA Webinar
youtube.com/watch?v=mO8RFEj9ZJg

July 2016 VRC QA Webinar
youtube.com/watch?v=FLr5zbCj-q4

Trauma Education Webinars:
Green Is the New Orange...

This webinar, entitled Clarity 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.

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.
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

SurgeonsPAC

During the 2015–2016 election cycle, the ACS Committee on Trauma (ACS COT) leadership worked to encourage all eligible COT members to support the ACSPA-SurgeonsPAC and reach 70 percent participation. Through increased education efforts via peer-to-peer outreach, advocacy-related reports, and COT-specific SurgeonsPAC giveaways, during the 2016 COT March annual meeting the COT more than doubled the number of contributors (63/121) and receipts ($26,708/$46,053) from 2015. While leadership is still working to close the gap prior to December 31, with 19 new contributors and more than $75,000 raised, the COT remains a top specialty group committed to the College’s advocacy and political efforts.

To learn more about SurgeonsPAC fundraising and disbursement activities, visit: 
surgeonspac.org (login: ACS username and password)
or contact:  
Katie Oehmen
202-672-1503
koehmen@facs.org

Note: Contributions to ACSPA-SurgeonsPAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of ACSPA have the right to refuse to contribute without reprisal. Federal law prohibits ACSPA-SurgeonsPAC from accepting contributions from foreign nations. By law, if your contributions are made using a personal check or credit card, ACSPA-SurgeonsPAC may only use your contribution to support candidates in federal elections. All corporate contributions to ACSPA-SurgeonsPAC will be used for educational and administrative fees of ACSPA and other activities permissible under federal law. Federal law requires ACSPA-SurgeonsPAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed $200 in a calendar year. ACSPA-SurgeonsPAC is a program of the ACSPA, which is exempt from federal income tax under section 501c (6) of the Internal Revenue Code.
Advocacy Update (continued)

Legislative
ACS has been working with House Armed Services Military Personnel Subcommittee Chairman Joe Heck, DO (R-NV) to secure language in the NDAA that would establish a Joint Trauma System (JTS) within the Department of Defense. The JTS will help to standardize trauma care for the military by aligning all military medical treatment facilities to the same trauma standards. The bill also contains a provision that would establish a Joint Trauma Education and Training Directorate (the “Directorate”), which would ensure that trauma providers of the Armed Forces maintain a state of readiness. This would be accomplished, in part, by entering into partnerships with civilian academic medical centers and large metropolitan teaching hospitals that have level 1 civilian trauma centers—providing military surgeons with continuous exposure to critically injured patients. Congressman Brad Wenstrup, DPM (R-OH), who spoke on the House floor in support the Directorate, helped to secure language to conduct a review of the military trauma system under JTS by a “non-government entity with subject matter experts.” This is an activity in which the ACS Committee on Trauma Verification Review and Consultation Program (VRC) conducts on a regular basis. The NDAA has passed both the House and Senate and is awaiting action by President Barack Obama.

For any questions on military health care, contact: Carrie Zlatos, Congressional Lobbyist czlatos@facs.org

Leadership and Advocacy Summit 2017
May 6–9, 2017
Clinical Congress this year saw the exciting debut of the Committee on Trauma’s newest educational program—the Bleeding Control (Basic) Course. As part of the national “Stop the Bleed” campaign, the Bleeding Control Course offers a way to teach and empower the public on how to become effective bystanders, and help stop or manage a bleed following a traumatic injury.

Leaders of the initiative, Lenworth Jacobs, MD, FACS, and Mark Gestring, MD, FACS, introduced the Bleeding Control Course to members of the COT, the Board of Regents, the Board of Governors, and the Young Fellows as a part of a pilot release of the program. Additionally, at the annual Excelsior Surgical Society/Edward D. Churchill Lecture, Dr. Jacobs and Dr. Gestring presented strategies on how Clinical Congress attendees can bring this educational program back to their local communities.
BLEEDING CONTROL

Besides obtaining educational materials and Bleeding Control Kits, COT members also had the opportunity to review Bleeding Control Course demonstrations and practice techniques at a designated “walk-in” practical skills station. Both COT members and Clinical Congress attendees received training on proper bleeding control practices, including how to apply a tourniquet, pack a wound, and determine the amount of pressure needed to stop a bleed, with the help of mannequins and demonstration volunteers. By the end of Clinical Congress, over 350 people had been trained in the course, with another 50 high school students trained by Dr. Gestring during a special session.

The success and overwhelming interest in the Bleeding Control (Basic) Course during Clinical Congress highlights the value of this important initiative. With the help of the COT members and trauma surgeon leaders, this course will be widely disseminated and championed across the country as a course that empowers the public, helps reduce the impact of injury, and ultimately saves lives.

More information on becoming an instructor and in obtaining materials will be available on the bleedingcontrol.org website in January 2017.
COT Call to Action: Achieving Zero Preventable Deaths after Injury

The ACS COT plans to convene two separate conferences in 2017 in order to disseminate recent scientific evidence on effective trauma care and advances made by U.S. military surgeons (most notably in Iraq and Afghanistan) and to translate this information into civilian emergency care practice. Research regarding crucial aspects of improved trauma care, including the results and recommendations from the National Academies of Science, Engineering, and Medicine (NASEM) recently published report will be a prime focus highlighted throughout the conferences.

The NASEM report presents a vision to integrate military and civilian trauma systems in order to achieve zero preventable deaths after injury and to ensure that the military’s lessons learned during both Afghanistan and Iraq are not lost. The report provides 11 recommendations that could potentially save more lives if specific improvements are accomplished within both military and civilian trauma systems.

As a first step in implementing the NASEM report findings, the COT will convene a strategy conference in January 2017 with a select group of trauma thought leaders and subject matter experts who will discuss the NASEM report and develop an action plan. Furthermore, the January strategy conference will inform and guide the second conference that will convene in April 2017. The April conference will include participants from the trauma community throughout the United States and will focus on the NASEM report and steps for moving the recommendations forward.

The proceedings of the conference will expedite closing the gap between military and civilian trauma systems and will provide the framework to deliver optimal trauma care to both civilians and military personnel on the battlefield.
Clinical Congress Special Session: Firearm Injury Prevention

Members of the COT Injury Prevention and Control Committee (IPCC) presented a Special Session on Firearm Injury Prevention at the ACS Clinical Congress in Washington, DC as part of their effort to expand the dialogue on Firearm Injury Prevention with the larger ACS Community. The session was moderated by COT Chair Ronald Stewart, MD, FACS, and session panel presenters included IPCC Chair Deborah Kuhls, MD, FACS, joined by members of the IPCC, Barbara Gaines, MD, FACS; Brendan Campbell, MD, FACS; Peter Burke, MD, FACS; Michael Coburn, MD, FACS; and Ashley Hink, MD, MPH. Using the survey findings from the ACS COT Firearm Survey to guide the session, the panel presented on various firearm injury-related topics, framing the discussion as a public health issue that requires a multifaceted approach to promote change. Topics included the epidemiology of firearm injuries, current violence prevention programs implemented around the U.S., and related advocacy initiatives and policies.

The session highlighted several areas where there is broad-based support among COT members to serve as the foundation to craft a comprehensive approach to decrease firearm injury and death nationwide. Special guest presenter Joseph Ibrahim, MD, FACS, Medical Director of Level I Trauma Center Orlando Regional Medical Center, shared the lessons his team had learned treating victims of the Pulse nightclub mass shooting on June 12, offering an invaluable perspective to the challenges facing firearm injury prevention efforts. The Special Session concluded with an open discussion with the audience, seeking input on future direction and engaging the larger ACS surgeon community to continue firearm injury prevention work.

To find out more about the Special Session, please visit:
Clinical Congress News – Wednesday, October 19 Edition
Needs-Based Assessment of Trauma Systems (NBATS) Tool

The Needs-Based Assessment of Trauma System (NBATS) Tool continues to be refined based upon trauma stakeholder feedback and analyses.

The ACS COT Trauma Systems Evaluation and Planning Committee (TSEPC) discussed the NBATS Tool during its recent Clinical Congress meeting in Washington, DC. Systems stakeholders involved in the trauma center designation process were asked by TSEPC leadership to continue testing the NBATS tool, to validate its effectiveness and functionality, as well as the application of the needs-based model. Based on stakeholder testing and feedback, tool components will be further refined with the goal of creating a final product that will help systems answer complex questions surrounding center designation. A summary report of the updated NBATS Tool will be available in Spring 2017.

In the meantime, states and regions willing to participate in the evaluation process of the NBATS Tool are asked to submit stakeholder feedback online: bisfacs.qualtrics.com/jfe/form/SV_b8gXhqQ5ScKBQj3
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) is used to solicit candidates to participate in this exciting two-year program. In return for its efforts to mentor young surgeons, the COT benefits from the projects the program participants deliver during their research projects and from their participation on COT committees.

We are happy to announce the 2017 winners prior the COT Annual Meeting in March:

Stephanie Bonne, MD, FACS, from Westfield, NJ, will be mentored by Deborah Kuhls, MD, FACS, on the Injury Prevention & Trauma Systems Committees.

Aaron R. Jensen, MD, from Azusa, CA, will be mentored by Jonathan Groner, MD, FACS, on Trauma Education and Performance Improvement & Patient Safety Committees.

Margaret M. Moore, MD, from New Orleans, LA, will be mentored by Jeffrey Kerby, MD, FACS, on the Trauma Systems and Emergency Medical Services (EMS) Committees.

Mayur B. Patel, MD, FACS, from Brentwood, TN, will be mentored by Hasan Alam, MD, FACS, on the Education and Surgical Skills Committees.

Kyle N. Remick, MD, FACS, from Clarksville, MD, has been selected as the fifth Future Trauma Leader. His start date will be based on his upcoming deployment.
2016 COT Banquet at Clinical Congress

2016 Scudder Orator
Susan M. Briggs, MD, FACS, with Ronald M. Stewart, MD, FACS, ACS COT Chair
Watch the video of Dr. Briggs’ Presentation on the ACS website at facs.org/trauma.

National Safety Council Award Winner
Raul Coimbra, MD, FACS; Deborah A. Kuhls, MD, FACS (recipient); and Ronald M. Stewart, MD, FACS, ACS COT Chair.

Video Award Winners
Chad G. Ball, MD, FACS (winner); Dennis W. Ashley, MD, FACS; Christian W. Ertl, MD, FACS (winner); and Ronald M. Stewart, MD, FACS, ACS COT Chair.

Eileen M. Bulger, MD, FACS, and David B. Hoyt, MD, FACS.
2016 COT Banquet at Clinical Congress (continued)

ACS Trauma Office Staff with Ronald M. Stewart, MD, FACS, ACS COT Chair.

Scudder Orators.  
Back row, left to right:  
David V. Feliciano, MD, FACS;  
Charles E. Lucas, MD, FACS;  
Ronald V. Maier, MD, FACS;  
David S. Mulder, MD, FACS;  
Anna M. Ledgerwood, MD, FACS;  
Frank L. Mitchell, Jr., MD, FACS.  
Front row, left to right:  
Harlan D. Root, MD, FACS;  
C. William Schwab, MD, FACS;  
Basil A. Pruitt, Jr., MD, FACS;  
David B. Hoyt, MD, FACS;  
Kenneth L. Mattox, MD, FACS;  
A. Brent Eastman, MD, FACS.
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. Since its formation, the ACS Committee on Trauma (COT) has led groundbreaking improvements in trauma care and injury prevention through its international recognized quality programs. These programs support all involved trauma care providers, prehospital professionals, hospitals, and hospital systems that focus on identifying and implementing improvements across the continuum of trauma care, from preinjury through hospital discharge.