Point/Counterpoint Acute Care Surgery Conference Coming Soon

The 31st annual Point/Counterpoint Acute Care Surgery Conference will be held June 10–13 at the Gaylord National Hotel and Convention Center in National Harbor, Maryland. Please visit www.pointcounterpoint-acs.com/ to register and to obtain more information on the meeting.

Update on ATOM–Japan
by Alan Lefor, MD

Since the 2008 promulgation of ATOM in Japan, we have held 14 courses, trained 27 instructors, and certified more than 50 surgeons. The program has grown slowly and steadily, allowing us to assure a quality educational program. Presently, there are four active ATOM sites covering all of Japan, including Tohoku University, Jichi Medical University, Osaka City University, and Kyushu University.

The newest course site, MEDDEC, is located in Kobe City near Osaka in a Bio-Tech incubator zone, which was rebuilt after the tragic Great Hanshin earthquake of 1995 (magnitude 7.2). This site is shared by many organizations and serves as an outstanding venue for ATOM courses. We look forward to the next course, which will be held in November 2012.
COT and NASEMSO Sign MOU

In November 2011, the National Association of State EMS Officials (NASEMSO) and the American College of Surgeons Committee on Trauma (ACS-COT) signed a significant memorandum of understanding. NASEMSO represents state governmental leaders in EMS and trauma systems. The mission of NASEMSO is to support its members in developing EMS policy and oversight, as well as in providing vision, leadership, and resources in the development and improvement of state, regional, and local EMS and emergency care systems. Through its Trauma Managers Council, NASEMSO strives to promote the advancement of statewide trauma systems through the development of state trauma system leadership and infrastructure.

The initial outcome of the signing was the development of the Trauma Joint Operating Committee. The Joint Operating Committee is comprised of seven surgeon leaders from key subcommittees of the COT and a like number from NASEMSO various councils, including, of course, the Trauma Managers Council. The committee is jointly chaired by Robert Winchell, MD, FACS, and Tim Held, trauma program manager for the state of Minnesota. An inaugural teleconference meeting was held, and a detailed work plan based on mutually agreed upon objectives is under development.

This formal partnership represents a key milestone in trauma system development in the U.S. The combination of key patient-centered and quality-focused surgical leaders in combination with regulators charged with implementing policy could be a powerful force in trauma system development and, more importantly, implementation nationwide. Michael Rotondo, MD, FACS, Chair of the ACS-COT, notes that “this partnership has tremendous potential to steer the course of trauma system development in the U.S. We look forward to working closely with NASEMSO to achieve common goals that will benefit injured patients across the country.” Randy Kuykendall, President of NASEMSO, concurs: “The opportunity to combine the vision and talents of those who know the science and medical aspects of trauma treatment with those of us who are responsible for formulating and enforcing policy is a rare and exciting prospect. I think we can make tremendous strides forward in trauma system development across the country by working together.”

The first face-to-face meeting will be held in conjunction with NASEMSO’s mid-year meeting in Bethesda, Maryland, next May.

Level IV Criteria Developed

by Nels D. Sanddal, PhD, REMT

As most members of the COT know, the Resources for Optimal Care of the Injured Patient book is currently undergoing a revision. Commonly known as the “green book” this document sets the standards for trauma center structure and processes, and it is the basis for trauma center verification by the ACS. Many states also use these standards either verbatim or by reference as a basis for formal trauma center designation.

The two questions most frequently asked of those of us working on the revision are: “What color is the new book?” and “When will it be finished?” The answers are: “The final decision hasn’t been made,” and “As soon as possible.” Now that those mysteries have been cleared up, we are excited to share one new inclusion in the revision.

Under the guidance of Reginald Burton, MD, FACS, the Chair of the Rural Committee, an exhaustive process was undertaken to develop criteria for level IV trauma centers. The process involved polling each state to determine what criteria were already in place. A detailed analysis was conducted to identify the common elements, and those elements became the basis for the criteria. Additionally, a formal literature search was conducted to identify structures and processes that could contribute to better outcomes for injured patients who are first seen at level IV facilities due to temporal and geographic distances to other higher-level facilities. That science helped shaped the final criteria, which will be included in the “green book” revision.
While level IV facilities are most common and, arguably, have the greatest impact in rural locations with long transport times/distances, they will also serve as the base level for acute care facilities in higher-population-density areas. In doing so, two things will be accomplished. First, there are requirements for trauma data submission. Second, there are requirements for involvement in regional performance improvement. The inclusion of data from facilities at this level allows the trauma system to know, with some degree of certainty, that seriously injured patients are not languishing in under-resourced or under-committed facilities when they should have been transferred expeditiously to higher levels of care. Additionally, if issues are identified, the participation in regional performance improvement provides a forum for corrective guidance.

In conclusion, level IV criteria will help move the country toward a goal of a coast-to-coast inclusive and integrated system, and it is rumored that the color of the new edition might be a color that hunters wear in the field to prevent being accidentally mistaken for a deer.

PHTLS Signing Ceremony Held in Lebanon
by Diana Skaff, RN, BSN

Seventeen months have elapsed since our ATLS promulgation in Lebanon, seven ATLS provider courses have been held, and 130 doctors have been trained. ATLS–Lebanon is blooming. We have achieved so much in such a short period of time, and our ambition has no limits. We believe that the efficiency of ATLS is a multidisciplinary approach and realize that we can make a major difference in our community. This belief is shared with the American University of Beirut (AUB) Faculty of Medicine, the Lebanese Red Cross Society (the sole society mandated by the Lebanese government to provide, among other services, prehospital emergency and disaster response in the Lebanese territory), and the Roads for Life organization—the Talal Kassem Fund for Postaccident Care (a not-for-profit organization that aims primarily to improve postaccident care in Lebanon).

Joined together by these shared goals and values, we were encouraged to establish a formal relationship for the purpose of conducting the National Association for Emergency Medical Technician’s (NAEMT) Pre-Hospital Trauma Life Support (PHTLS) course in Lebanon. The signing ceremony took place on April 2, 2012, at the American University of Beirut–Rafic Hariri School of Nursing.

The signing ceremony began with speeches by PHTLS Chair, Mr. Will Chapleau; ATLS Lebanon National Chair, George Abi Saad, MD, FACS; Lebanese Red Cross Society President, Mr. Sami Al Dahdah; and Roads for Life President, Mrs. Zeina Kassar Kassem, all of whom stressed the importance of the PHTLS course to our country.

We thank everyone who has supported us in this endeavor. Special thanks to Saud Al Turki, MD, FACS, Region 17 Chief, for his contributions and encouragement.
COT Annual Meeting

The Committee on Trauma Annual Meeting was held on March 8–10 at the InterContinental Hotel in Chicago, Illinois. The week of events included committee meetings, a Disaster Management and Emergency Preparedness (DMEP) course, the Resident Trauma Papers Competition, and a sequence of all-member sessions, which included committee reports and an interactive panel discussion.

Congratulations to the winners of the 35th annual Resident Trauma Papers Competition!

Winners of the Resident Trauma Papers Competition gather for a photo.
ATLS Region Meeting Held in UAE

The second annual ATLS–Middle East North Africa (MENA) Region 17 meeting was held in conjunction with the Asia Middle East Surgery Conference (AMESCON) on March 14, 2012, at Meydan Hotel in Dubai, UAE. The schedule of events included country reports, a coordinator workshop, and presentations by both MENA and international faculty. Region 17 Chief, Dr. Saud Al Turki, opened the meeting, which included presentations by ATLS–UAE Chair, Subash Gautam, MD, FACS; ATLS Committee Chair, Karen Brasel, MD, FACS; COT Chair, Dr. Michael Rotondo; National Educator, Wesam Abuznadah, MD, MEd, FACS; National Educator, Jameel Ali, MD, MEd, FACS; ATLS Program Manager, Mr. Will Chapleau; and Roads for Life president, Mrs. Zeina Kassar Kassem.

Upcoming Region Meetings

ATLS Latin America
APRIL 20–21
Santiago, Chile

ATLS Europe
APRIL 27–29
Berlin, Germany

ATLS Asia and Australasia
MAY 4
Kuala Lumpur, Malaysia

ATLS-UEA Chair, Dr. Subash Gautam, and ATLS–India Chair, Mahesh Misra, MD, FACS (pictured), were named honorary fellows of the Royal College of Physicians and Surgeons of Glasgow at the AMESCON meeting.
Q&A with Dennis Ashley, MD, FACS, Information Technology Committee Chair

Why did you decide to become involved with the Committee on Trauma?

The COT is one of the premiere committees of the American College of Surgeons ACS. It promotes education, research, and guidance for all aspects of trauma care at the local, state, and national levels. For the trauma surgeon, there is no greater honor than to work with fellow colleagues around the country with the ultimate goal of promoting excellent trauma care.

What are your goals for this new committee?

As the Publications Committee has transformed into the Information Technology (IT) Committee, we have developed the following goals:

1. Develop a mission statement that moves the committee from the development of content for posters to a “manager of poster content” (done).
2. Develop Facebook and Twitter page for the COT (done).
3. Review daily social media activity (done).
4. Provide a standard template for COT staff to post important information from all committees in real time (done).
5. Develop web app for the COT that will include the electronic liver and spleen Organ Injury Scaling images. (6) Review all current posters and assign them to the appropriate committee within the COT for evaluation. Many of these posters have not been updated in several years. A decision will need to be made as to whether some of these posters should be deleted or revised.
New Appointments to the Regional Committees on Trauma

**CHIEFS:**
Region 2  
Ronald Simon, MD, succeeding William Marx, MD  
Region 4  
Michael Chang, MD, succeeding Michael Thomason, MD  
Region 8  
Walter Biffl, MD, succeeding Chris Cribari, MD  
Region 10  
Martin Schreiber, MD, succeeding Eileen Bulger, MD

**CHAIRS:**
Region 3:  
District of Columbia, Jack Sava, MD, succeeding Suryanarayana Siram, MD  
Pennsylvania, Keith Clancy, MD, succeeding Patrick Reilly, MD  
West Virginia, Rebecca Wolfer, MD, succeeding Frank Lucente, MD  
Region 4:  
North Carolina, Scott Sagraves, MD, succeeding Michael Chang, MD  
Region 5:  
Ohio, Jonathan Saxe, MD, succeeding Charles Yowler, MD  
Region 6:  
New Mexico, Carey Hill, MD, succeeding Stephen Lu, MD  
Region 8:  
South Dakota, Brad Thaemert, MD, succeeding David Strand, MD  
Region 10:  
Oregon, Frederic Cole, MD, succeeding Martin Schreiber, MD  
Region 13:  
Air Force, Alan Murdock, MD, succeeding Warren Dorlac, MD

**TQIP Update**

The ACS COT Trauma Quality Improvement Program (TQIP) continues to grow and churn out interesting reports on relevant topics in trauma. The first report released this year was the benchmark report on elderly patients based on 2010 admission year data. This report included data from 120 hospitals and 30,407 patients. We expect our report on shock and TBI patients, based on data from 131 hospitals, to be released in May.

We currently have 133 hospitals participating in TQIP and are expecting more to come on board soon. If you are interested in joining TQIP, please visit our website, acstqip.org, or contact us as tqip@facs.org.

**NTDB Call for Data**

In February, we issued the annual NTDB Call for Data to more than 900 trauma centers, requesting 2011 admissions. Participating hospitals will receive a benchmark report with comparisons to similar trauma centers, as well as a data quality report. The NTDB now contains more than 5 million records and is used as a resource to characterize the care of injured patients in addition to providing the foundation for inter-hospital benchmarking.

If your facility is interested in joining the NTDB, please visit facs.org/trauma/ntdb/index.html. Questions? Please contact us at ntdb@facs.org.
New COT Merchandise Available

The Trauma Programs office is happy to announce that polo shirts are available for the ATOM, ASSET, and DMEP programs, and long-sleeved canvas shirts are available for the RTTDC program. All of the COT education programs have lapel pins, as well.

All materials can be ordered by contacting your regional program coordinator. You can also find updated order forms on the ATLS Coordinators Corner website.

<table>
<thead>
<tr>
<th>ATOM • ASSET • DMEP</th>
<th>RTTDC</th>
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<td>Polo shirts: $28</td>
<td>Long-sleeved shirts: $30</td>
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<tr>
<td>XXL and larger: $30</td>
<td>XXL and larger: $32</td>
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<tr>
<td>Lapel Pins: $3.50</td>
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Arthur Cooper, MD, MS, FACS, FAAP, FCCM, FAHA

**MERITORIOUS ACHIEVEMENT AWARD FOR STATE/PROVINCIAL CHAIRS**

by Raul Coimbra, MD, FACS, Chair of the ACS Regional Committees on Trauma

The ACS-COT Meritorious Achievement Award is chosen by the Region Chiefs and is given to individuals who have served the states and/or the regional committees above and beyond the call of duty. This year’s awardee was born in New York, attended Harvard University for his undergraduate studies, and attended the University of Pennsylvania for medical school, where he also trained in general surgery. He received additional training in pediatric surgery at the Children’s Hospital of Philadelphia. He has a special passion for disaster management, human nutrition, and injury prevention, with a focus on pediatric trauma prevention. He is currently a professor of surgery at Columbia University. His first appointment in the COT was as state chair from 1997 to 2003. He was then appointed to the national COT Committee in March of 2004, serving until March of 2010, during which time he chaired the pediatric subspecialty group. Due to his significant contributions to the COT, he was appointed as a special member in March of 2010. When you think about this individual, the word that comes to mind is service. He is always willing to serve and contribute to the endeavors of the COT and to the care of the injured. It is my honor and pleasure to invite you to join me in congratulating Dr. Arthur Cooper as the 2012 ACS-COT Meritorious Achievement Awardee.
John Kortbeek, MD, FACS

ATLS MERITORIOUS SERVICE AWARD
by Dr. Karen Brasel, ATLS Committee Chair

It should not surprise anyone that tonight’s honoree has won multiple teaching awards; after all, ATLS is about education. It should not surprise anyone that he has been a region chief and is a department chair. ATLS is about leadership. Tonight’s honoree has been recognized by the COT before, and I am told I may well be in trouble having chosen to honor him again. However, awards are not only about the honoree but are also about those bestowing the award. We, as an ATLS family, need to honor this person because of the truly transformative leadership he has brought to such an incredible program. It is because of his leadership that the voices of the patients, whether they are in Fiji, Brazil, or Sheboygan, Wisconsin, are heard. It is because of his leadership that we are not afraid to challenge traditional ATLS dogma, to make changes in both content and format. And it is because of his leadership that we are able to listen to the ATLS family all over the world. We owe tonight’s honoree a huge debt, and, because of his importance to us, I would like you all to join me in congratulating Dr. John Kortbeek.

About Our Organization

The American College of Surgeons 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 (ATLS) 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.