

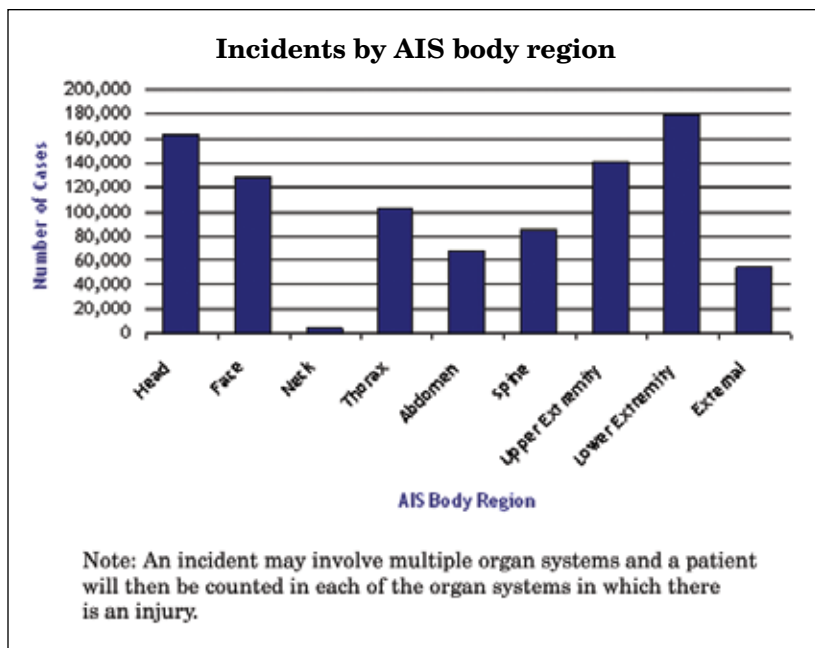
NTDB® data points

Annual Report 2008: V8 for 2008

by Richard J. Fantus, MD, FACS; and Avery B. Nathens, MD, PhD, FACS

The 2008 *Annual Report* of the National Trauma Data Bank® (NTDB), Version 8.0, is an updated analysis of the largest aggregation of trauma registry data that has ever been assembled. This year marks the first data collection under the new NTDB dataset, also known as the National Trauma Data Standard (NTDS). From 2004 through 2006, the NTDB Committee, supported by the U.S. Health Resources and Services Administration (HRSA), devised a uniform set of trauma registry variables and definitions. This work resulted in the NTDS, the new data dictionary for NTDB (<http://www.ntdsdictionary.org/dataElements/datasetDictionary.html>).

In total, the NTDB now contains more than 3 million records. The 2008 *Annual Report* is based on the first call for data under the NTDS. As this call was issued under a new data standard, only records with an admission year of 2007 were allowed, in contrast to past years' annual reports that involved a five-year sliding window. In spite of limiting the call for data to a single year of discharge, an amazing total of 506,452 records made it through the validator and are the basis for version 8.0. This report also includes new features, including analyses by abbreviated injury scale (AIS)



body region and geographic region (see graphic on this page). Also included are graphs showing the number of cases with injury severity score of at least 16 and number of complications submitted by facility.

The mission of the American College of Surgeons Committee on Trauma (COT) is to develop and implement meaningful programs for trauma care. In keeping with this mission, the NTDB is committed to being the principal national repository for trauma center registry data. The purpose of this report is to inform the medical community,

the public, and decision makers about a wide variety of issues that characterize the current state of care for injured persons in our country. It has implications in many areas, including epidemiology, injury control, research, education, acute care, and resource allocation.

Many dedicated individuals on the ACS COT, as well as at trauma centers around the country, have contributed to the early development of the NTDB and its rapid growth in recent years. Building on these achievements, our goals in the coming years include improving

data quality, updating analytic methods, and enabling more useful interhospital comparison. These efforts will be reflected in future NTDB reports to participating hospitals as well as in future *Annual Reports*.

The full NTDB *Annual Report Version 8.0* is available on the ACS Web site as a PDF 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.

Dr. Fantus is director, trauma services, and chief, section of surgical critical care, Advocate Illinois Masonic Medical Center, and clinical professor of surgery, University of Illinois College of Medicine, Chi-

cago, IL. He is Chair of the ad hoc Trauma Registry Advisory Committee of the Committee on Trauma.

Dr. Nathens is Canada Research Chair in Systems of Trauma Care, division head of general surgery and director of trauma of St. Michael's Hospital, and medical director at Ontario Critical Program, Toronto, ON.

A look at The Joint Commission

Late NSQIP leader receives Ernest Amory Codman Individual Award

The late Shukri F. Khuri, MD, FACS, has been honored by The Joint Commission for his leadership role in using performance measures to improve health care quality and safety. Dr. Khuri posthumously received the 2008 Ernest Amory Codman Award in the individual category in November.

At the time of his death on September 26, 2008, Dr. Khuri's work in the field of surgical quality improvement and risk-adjusted surgical outcomes spanned more than 20 years. Dr. Khuri achieved national and international prominence in the fields of cardiac pathophysiology, cardiac surgery, medical informatics, quality improvement, and health policy research.

Named for the physician regarded in health care as the "father of outcomes measurement," the Ernest Amory Codman Award showcases the

effective use of performance measurement by health care organizations to improve the quality and safety of health care. The Joint Commission also recognizes an individual who has played a significant leadership role in promoting the use of performance measures to improve health care services and for providing major contributions to the development and testing of performance measures and the science and art of quality improvement.

For 16 years, Dr. Khuri oversaw the National Surgical Quality Improvement Program (NSQIP) in the Department of Veterans Affairs (VA). Recognized today as the model for continuous improvement in surgery, NSQIP is the first national, validated, outcome-based, risk-adjusted, and peer-controlled program for the measurement and enhance-

ment of the quality of surgical care. Since the inception of NSQIP, 30-day postoperative mortality and morbidity have dropped by 47 percent and 43 percent, respectively. Dr. Khuri was also instrumental in implementing NSQIP in the private sector through collaboration with the American College of Surgeons. The American College of Surgeons created the ACS NSQIP and Dr. Khuri served on the advisory and steering committees.

Among his many notable accomplishments, in 1978 Dr. Khuri established the first automated data-management system in a surgical intensive care unit in the Northeast and chaired the VA Surgery Specific Interest Users Group, which developed the first clinical module in the VA's Decentralized Hospital Computer Plan. Today, the electronic patient record in the VA is the most advanced