

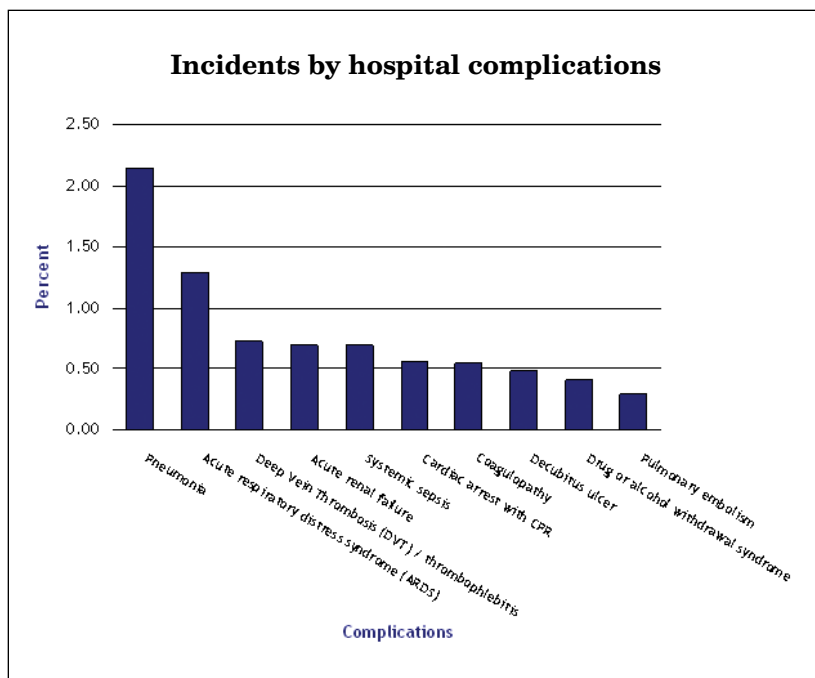
NTDB® data points

How complicated is it?

by Richard J. Fantus, MD, FACS

Not all patients are created equal in their constellation of signs, symptoms, comorbidities, disease entities, or incidence of complications. In an era of medicine where it seems—as deemed by governmental payors—that it is unacceptable for certain complications to occur and therefore they will not be reimbursed, it is paramount that the trauma community has a handle on what is the true incidence of various complications in the traumatized patient population. What is the expected incidence of ventilator-associated pneumonia in a population of acutely traumatized patients with significant head injury? How about the incidence of pulmonary embolus in a select group of multiply traumatized patients with an overall injury severity score of greater than or equal to 25 and an abbreviated injury score of three for lower extremity? With large numbers of records and quality data, it may be possible to answer questions such as these that remain unanswered or currently have answers with little or inexact supporting data.

In the *Annual Report* for 2008, one of the new analyses involves the number of complications reported and submitted by facility (see graphic on this page). However, almost 60 percent of the half-million records



submitted to the National Trauma Data Bank® (NTDB) had no indication of whether the patient had hospital complications and, therefore, complication information was considered missing for these records.

The new National Data Standard has raised the bar for the level of quality of data submitted. Because standard data definitions and uniform registry field specifications were created and the validator data-screening tool was

implemented, several previous concerns related to past years' data submissions have been eliminated. However, there is still significant room for improvement. In order to get a better understanding of complication rates in the trauma patient, one has to be diligent in capturing and reporting these occurrences if or when they occur. Only then will we be able to answer the question: How complicated is it?

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.

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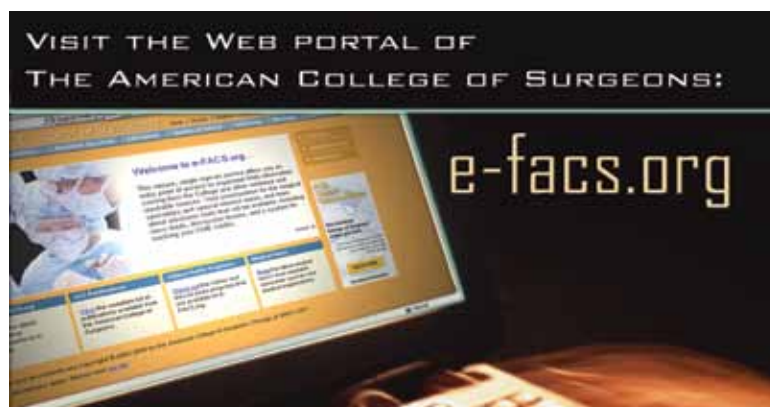
Federal laws

In an effort to increase transparency on federal lobbying activities, the Lobbying Disclosure Act of 1995 (LDA) received a major overhaul with the passage of the Honest Leadership and Open Government Act in late 2007. Although the updated provisions are directed at professional lobbyists, surgeons—especially surgeons who have frequent contact with their members of Congress—should be familiar with the basic restrictions and the accompanying internal House and Senate rules that outline the ethical standards for members of Congress and their employees (<http://senate.gov/reference/resources/pdf/RL31126.pdf>).

The updated LDA now defines a professional lobbyist as an individual who makes more than one lobbying contact (written or verbal) to a member of Congress, congressional staff, or senior agency official and spends a minimum of 20 percent of his or her time on these activities during a three-month period. A practicing surgeon will rarely, if ever, meet this threshold.

However, a surgeon who is lobbying his or her members of Congress and their staff should always follow the new House and Senate ethics rules pertaining to gift giving and travel. In general, members of Congress and their staff may not accept gifts or travel of any value, including meals, provided by private parties. The House and Senate rules include several exemptions, such as allowing food of nominal value and permission to continue receiving gifts from family and friends. However, these exemptions also have strict requirements, so you should always check the rules before making a purchase of any kind for a member of Congress or staff.

If you are going to be advocating as an individual, remember that you have the right and the civic responsibility to contact legislators. Surgeons are encouraged to regularly communicate with their elected officials, advising them on issues and concerns related to the health care profession. □



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