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'BEST OF' MAY ARTICLES

BEST OF BASIC SCIENCES ARTICLE

Resuscitative Endovascular Balloon Occlusion of the Aortic for the Treatment of Blast Polytrauma: Zone 3 Attenuates Organ Dysfunction and Coagulopathy Compared to Zone 1 in a Swine Model

Zone 1 REBOA

Following DCBI in a swine model, Zone 1 occlusion was associated with abdominal organ ischemia and greater reperfusion coagulopathy. Both Zone 1 and Zone 3 showed evidence of cerebral protection.

Crallay AL et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003834
@JTraumaAcuteSurg

REBOA FOR THE TREATMENT OF BLAST POLYTRAUMA: ZONE 3 PROVIDES CEREBRAL PERFUSION, ATTENUATES ORGAN DYSFUNCTION AND COAGULOPATHY COMPARED TO ZONE 1 IN A SWINE MODEL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/05000/REBOA_FOR_THE_TREATMENT_OF_BLAST_POLYTRAUMA_ZONE.15.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2023/05000/reboa_for_the_treatment_of_blast_polytrauma_zone.15.aspx?context=featuredarticles&collectionid=5)



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<https://qr.page/g/3LdKpxeErRL>

BEST OF SCC ARTICLE

Incidence of Multiple Organ Failure in Adult Polytrauma Patients

A Systematic Review and Meta-Analysis

Included 353,718 Trauma Patients from 115 Cohorts, from 108 Studies published between 1992-2022

MOF is #1 cause of late death in trauma patients since it was first described 50 years ago.

Incidence = $\frac{\text{Definition}}{\text{Study Population}}$

- 40 Different MOF Definitions
- 11 Unique Inclusion Criteria

Major Findings

- No Change in Incidence
- No Uniform MOF Definition
- No Uniform Study Population

Incidence is Unchanged in 30 Years

Range = 11%–56%

Incidence by MOF Definition

- Many scoring systems
- Multiple cut-offs within scoring systems

Discussion

Unexpectedly, the weighted incidence of MOF was higher in studies using higher cut-off score for definition of MOF, which suggests that study populations were inconsistently defined.

Conclusion

Urgent international consensus on the definition of MOF and the study population at-risk would finally allow the global trauma community to track its incidence and improve strategies for MOF prevention and management.

Ting R et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003923
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INCIDENCE OF MULTIPLE ORGAN FAILURE IN ADULT POLYTRAUMA PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/05000/INCIDENCE_OF_MULTIPLE_ORGAN_FAILURE_IN_ADULT.16.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2023/05000/incidence_of_multiple_organ_failure_in_adult.16.aspx?context=featuredarticles&collectionid=5)



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<https://qr.page/g/LUn4hpASCj>



Improved Survival for Severely Injured Patients Receiving Massive Transfusion at US Teaching Hospitals: A Nationwide Analysis

Background	Results	Conclusion
Massive Transfusion (MT) associated with high mortality	Risk-adjusted mortality of MT patients at teaching hospitals: ↓55% ↓63% ↓50% ↓34%	Teaching hospital status is independently associated with improved survival in MT
Impact of hospital teaching status on survival is unknown	3-hour mortality 6-hour mortality 24-hour mortality Overall mortality	

Ransley WA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003895
@JTraumaAcuteSurg

IMPROVED SURVIVAL FOR SEVERELY INJURED PATIENTS RECEIVING MASSIVE TRANSFUSION AT US TEACHING HOSPITALS: A NATIONWIDE ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/05000/IMPROVED_SURVIVAL_FOR_SEVERELY_INJURED_PATIENTS_RECEIVING_MASSIVE_TRANSFUSION_AT_US_TEACHING_HOSPITALS_A_NATIONWIDE_ANALYSIS.8.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2023/05000/improved_survival_for_severely_injured_patients_receiving_massive_transfusion_at_us_teaching_hospitals_a_nationwide_analysis.8.aspx?context=featuredarticles&collectionid=5)

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BEST OF TRAUMA ARTICLE

National Trends and Clinical Outcomes of Interventional Approaches Following Admission for Infected Necrotizing Pancreatitis in the United States

2016-2019 Use over time	Compared to Open, MIS had...	Compared to Open, MIS was associated with lower...
Drain only (N=1,735) vs MIS (N=1,490)	...higher rates of admissions to urban teaching or large bed hospitals	Mortality
Open (N=1,380)	...higher rates of preoperative drain placement	AKI
		Respiratory failure
		Costs
		Hospital stay

Tran Z et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003934
@JTraumaAcuteSurg

NATIONAL TRENDS AND CLINICAL OUTCOMES OF INTERVENTIONAL APPROACHES FOLLOWING ADMISSION FOR INFECTED NECROTIZING PANCREATITIS IN THE UNITED STATES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/05000/NATIONAL_TRENDS_AND_CLINICAL_OUTCOMES_OF_INFECTED_NECROTIZING_PANCREATITIS_IN_THE_UNITED_STATES.07.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2023/05000/national_trends_and_clinical_outcomes_of_infected_necrotizing_pancreatitis_in_the_united_states.07.aspx?context=featuredarticles&collectionid=5)

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BEST OF EGGS ARTICLE

Financial Vulnerability of Trauma Centers: A National Analysis

All ACS-verified trauma centers analyzed using 6 independent financial metrics to create Financial Vulnerability Score (FVS)

Level I Trauma Center Distribution by FVS

Vulnerability Level	Percentage
High	26%
Medium	40%
Low	34%

Significant proportion of Level I trauma centers are financially vulnerable

Low FVS Key Factors

- 3x greater asset-to-liability ratio
- 3x days cash on hand
- 3x less uncompensated care

Marotte A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003899

The Journal of Trauma and Acute Care Surgery

FINANCIAL VULNERABILITY OF TRAUMA CENTERS: A NATIONAL ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2023/05000/FINANCIAL_VULNERABILITY_OF_TRAUMA_CENTERS_A.2.ASPX](https://journals.lww.com/jtrauma/abstract/2023/05000/financial_vulnerability_of_trauma_centers_a.2.aspx)

National Trends and Clinical Outcomes of Interventional Approaches Following Admission for Infected Necrotizing Pancreatitis in the United States

2016-2019 Use over time

Compared to *Open, MIS* had... Compared to *Open, MIS* was associated with lower...

Drain only (N=1,735) vs **MIS** (N=1,490) vs **Open** (N=1,380)

...higher rates of admissions to urban teaching or large bed hospitals

...higher rates of preoperative drain placement

Mortality, **AKI**, **Respiratory failure**, **Costs**, **Hospital stay**

Tran Z et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003934

The Journal of Trauma and Acute Care Surgery

NATIONAL TRENDS AND CLINICAL OUTCOMES OF INTERVENTIONAL APPROACHES FOLLOWING ADMISSION FOR INFECTED NECROTIZING PANCREATITIS IN THE UNITED STATES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/05000/NATIONAL_TRENDS_AND_CLINICAL_OUTCOMES_OF.7.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/05000/national_trends_and_clinical_outcomes_of.7.aspx)

Surgical resident operative autonomy on nights and weekends: What happens to surgical education during off-hours?

General/Vascular/Thoracic cases performed by resident WITHOUT attending scrubbed

Overall: 5.9% of all cases

BUSINESS HOURS (MONDAY-FRIDAY 7 AM - 6 PM): 5.8% of M-F Daytime cases

Off Hours: 7.1% of weeknight cases, 6.5% of weekend cases

Anjaria D et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000038919

The Journal of Trauma and Acute Care Surgery

SURGICAL RESIDENT OPERATIVE AUTONOMY ON NIGHTS AND WEEKENDS: WHAT HAPPENS TO SURGICAL EDUCATION DURING OFF-HOURS?

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2023/05000/SURGICAL_RESIDENT_OPERATIVE_AUTONOMY_ON_NIGHTS_AND.4.ASPX](https://journals.lww.com/jtrauma/abstract/2023/05000/surgical_resident_operative_autonomy_on_nights_and.4.aspx)

Improved Survival for Severely Injured Patients Receiving Massive Transfusion at US Teaching Hospitals: A Nationwide Analysis

Background: Massive Transfusion (MT) associated with high mortality. Impact of hospital teaching status on survival is unknown.

Results: Risk-adjusted mortality of MT patients at teaching hospitals: 3-hour mortality ↓55%, 6-hour mortality ↓63%, 24-hour mortality ↓50%, Overall mortality ↓34%.

Conclusion: Teaching hospital status is independently associated with improved survival in MT.

Ramsay WA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003895

The Journal of Trauma and Acute Care Surgery

IMPROVED SURVIVAL FOR SEVERELY INJURED PATIENTS RECEIVING MASSIVE TRANSFUSION AT US TEACHING HOSPITALS: A NATIONWIDE ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/05000/IMPROVED_SURVIVAL_FOR_SEVERELY_INJURED_PATIENTS.8.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/05000/improved_survival_for_severely_injured_patients.8.aspx)

Timing is Everything: Early vs Late Palliative Care Consults in Trauma

5,171 Trauma Patients → 154 Palliative Care Consults → 60 EARLY vs 94 LATE

Similar injury patterns, Similar comorbidities, Similar ages, Similar mortality rates

Patients with EARLY palliative care consults experienced: Reduced costs, Reduced length of stay, Reduced feeding tubes, Reduced tracheostomies

Spencer AL et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003881

The Journal of Trauma and Acute Care Surgery

TIMING IS EVERYTHING: EARLY VERSUS LATE PALLIATIVE CARE CONSULTS IN TRAUMA

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2023/05000/TIMING_IS_EVERYTHING_EARLY_VERSUS_LATE_PALLIATIVE.5.ASPX](https://journals.lww.com/jtrauma/abstract/2023/05000/timing_is_everything_early_vs_late_palliative.5.aspx)

Is the use non-steroidal anti-inflammatories after bowel anastomosis in trauma safe?

What is the effect of NSAIDs on trauma patients with bowel anastomoses? Single-center, retrospective review of trauma patients with bowel anastomosis.

Propensity matched cohorts of NSAID and NON-NSAID patients compared

NSAID use demonstrated a trend towards anastomotic leak. Patients with many risk factors may benefit from NSAID avoidance

Clements TW et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003872

The Journal of Trauma and Acute Care Surgery

IS THE USE OF NON-STEROIDAL ANTI-INFLAMMATORIES AFTER BOWEL ANASTOMOSIS IN TRAUMA SAFE?

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2023/05000/IS_THE_USE_OF_NONSTEROIDAL_ANTINFLAMMATORIES.9.ASPX](https://journals.lww.com/jtrauma/abstract/2023/05000/is_the_use_of_nonsteroidal_antinflammatories.9.aspx)

Mobile Documentation of ACS Fellows Clinical Supervision And Proctoring System

Challenge: Documentation of fellow supervision/proctoring

Process: Mobile app documentation of proctoring and competency

Goal: Measure competency and identify areas for improvement

883 proctoring events, Avg completion time <2 min

Measurements: case type, difficulty, type of supervision, performance

Gunter OL et al. *Journal of Trauma and Acute Care Surgery*. November 2022 [DOI: 10.1097/TA.0000000000003851]

The Journal of Trauma and Acute Care Surgery

MULTIYEAR EXPERIENCE WITH MOBILE ONLINE PLATFORM FOR DOCUMENTATION OF ACUTE CARE SURGERY FELLOWS SUPERVISION

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2023/05000/MULTIYEAR_EXPERIENCE_WITH_MOBILE_ONLINE_PLATFORM.6.ASPX](https://journals.lww.com/jtrauma/abstract/2023/05000/multiyear_experience_with_mobile_online_platform.6.aspx)

Hospital Variability in Adoption of Alcohol and Drug Screening in Adult Trauma Patients

ACS recommends Level I and Level II Trauma Centers screen patients for alcohol and drug use. Is there variability in hospital adoption of these guidelines?

Retrospective Cohort Study Trauma Quality Improvement Program (2017-2018)

1,282,111 Patients, 744 Hospitals

48% Screened for Alcohol, 30% Screened for Drugs

Significant variability in hospital practices. Rates for both alcohol and drug screening ranged from 0-100%. Hospital-level practices accounted for: 37% of variation in alcohol screening, 32% of variation in alcohol screening

Silver CM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003928

The Journal of Trauma and Acute Care Surgery

HOSPITAL VARIABILITY IN ADOPTION OF ALCOHOL AND DRUG SCREENING IN ADULT TRAUMA PATIENTS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2023/05000/HOSPITAL_VARIABILITY_IN_ADOPTION_OF_ALCOHOL_AND.10.ASPX](https://journals.lww.com/jtrauma/abstract/2023/05000/hospital_variability_in_adoption_of_alcohol_and.10.aspx)

INSURANCE CHURN AFTER ADULT TRAUMATIC INJURY: A NATIONAL EVALUATION AMONG A LARGE PRIVATE INSURANCE DATABASE

MEDIAN TIME TO INSURANCE CHURN

ISS < 9: 7.8 MONTHS
ISS 9-24: 7.5 MONTHS
ISS 25+: 7.1 MONTHS

50% OF TRAUMA PATIENTS EXPERIENCE CHURN WITHIN 1 YEAR OF INJURY

PRIVATE INSURANCE → CHURN TO NO INSURANCE OR OTHER INSURANCE

SEVERELY INJURED AT GREATEST RISK

14% HIGHER RISK OF INSURANCE CHURN

Fu SJ et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003861
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INSURANCE CHURN AFTER ADULT TRAUMATIC INJURY: A NATIONAL EVALUATION AMONG A LARGE PRIVATE INSURANCE DATABASE
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2023/05000/INSURANCE_CHURN_AFTER_ADULT_TRAUMATIC_INJURY_A11.ASPX](https://journals.lww.com/jtrauma/abstract/2023/05000/insurance_churn_after_adult_traumatic_injury_a11.aspx)

Incidence of Multiple Organ Failure in Adult Polytrauma Patients
 A Systematic Review and Meta-Analysis
 Included 353,718 Trauma Patients from 115 Cohorts, from 308 Studies published between 1992-2022

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Incidence = $\frac{\text{Definition}}{\text{Study Population}}$

- 40 Different MOF Definitions
- 11 Unique Inclusion Criteria

Major Findings:

- No Change in Incidence
- No Uniform MOF Definition
- No Uniform Study Population

Incidence is Unchanged in 30 Years

Incidence by MOF Definition

- Many scoring systems
- Multiple cut-offs within scoring systems

Less Severe MOF ← Cut-Off #1 → Cut-Off #2 → Cut-Off #3 → More Severe MOF

Discussion

Unexpectedly, the weighted incidence of MOF was higher in studies using higher cut-off score for definition of MOF, which suggests that study populations were inconsistently defined.

Conclusion

Urgent international consensus on the definition of MOF and the study population at-risk would finally allow the global trauma community to track its incidence and improve strategies for MOF prevention and management.

Ting R et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003923
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INCIDENCE OF MULTIPLE ORGAN FAILURE IN ADULT POLYTRAUMA PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/05000/INCIDENCE_OF_MULTIPLE_ORGAN_FAILURE_IN_ADULT_POLYTRAUMA_PATIENTS_A_SYSTEMATIC_REVIEW_AND_META-ANALYSIS](https://journals.lww.com/jtrauma/fulltext/2023/05000/incidence_of_multiple_organ_failure_in_adult_polytrauma_patients_a_systematic_review_and_meta-analysis)

A novel miRNA mimic attenuates organ injury after hepatic ischemia/reperfusion – Original Article

- Hepatic I/R seen in different clinical scenarios and results in significant inflammation
- eCIRP is released after hepatic I/R to promote inflammation
- miRNA 130b-3p inhibits eCIRP mediated inflammation
- Chemical modifications were added to miRNA 130b-3p to create a novel engineered therapeutic – called PS-Ome miR130

Hepatic I/R – 1 h ischemia

24 h reperfusion

↓ Organ injury
↓ Inflammation
↓ Cell Death

PS-Ome miR130 is a novel therapeutic to decrease eCIRP mediated injury and inflammation in hepatic I/R

Vehicle

PS-Ome miR130

Borjas T et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003877
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A NOVEL MIRNA MIMIC ATTENUATES ORGAN INJURY AFTER HEPATIC ISCHEMIA/REPERFUSION
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2023/05000/A_NOVEL_MIRNA_MIMIC_ATTENUATES_ORGAN_INJURY_AFTER_HEPATIC_ISCHEMIA_REPERFUSION](https://journals.lww.com/jtrauma/abstract/2023/05000/a_novel_miRNA_mimic_attenuates_organ_injury_after_hepatic_ischemia_reperfusion)

Aortic balloon occlusion in distal zone 3 reduces blood loss from obstetric hemorrhage in Placenta Accreta Spectrum (PAS)

Incorporating REBOA during cesarean-hysterectomy for PAS can reduce blood loss and improve patient outcomes

Occlusion above (Zone 3A) or at (Zone 3B) the inferior mesenteric artery (IMA) alters collateral flow

At our PAS center of excellence, moving REBOA from Zone 3A to Zone 3B decreased estimated blood loss by 46%

Kluck SL et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003917
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AORTIC BALLOON OCCLUSION IN DISTAL ZONE 3 REDUCES BLOOD LOSS FROM OBSTETRIC HEMORRHAGE IN PLACENTA ACCRETA SPECTRUM
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/05000/AORTIC_BALLOON_OCCLUSION_IN_DISTAL_ZONE_3_REDUCES_BLOOD_LOSS_FROM_OBSTETRIC_HEMORRHAGE_IN_PLACENTA_ACCRETA_SPECTRUM](https://journals.lww.com/jtrauma/fulltext/2023/05000/aortic_balloon_occlusion_in_distal_zone_3_reduces_blood_loss_from_obstetric_hemorrhage_in_placenta_accreta_spectrum)

Resuscitative Endovascular Balloon Occlusion of the Aortic for the Treatment of Blast Polytrauma: Zone 3 Attenuates Organ Dysfunction and Coagulopathy Compared to Zone 1 in a Swine Model

Amputations
Blast TBI
Pelvic Trauma with Hemorrhage

REBOA Zone 1 or Zone 3

Hemorrhage Control → Resuscitation

Zone 1 REBOA

Following DCBI in a swine model, Zone 1 occlusion was associated with abdominal organ ischemia and greater reperfusion coagulopathy. Both Zone 1 and Zone 3 showed evidence of cerebral protection.

Open Femur Fractures + Hemorrhage + tTBI

Control (no aortic occlusion) Zone-1 REBOA 30min Zone-3 REBOA 30min

Cralley AL et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003894
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REBOA FOR THE TREATMENT OF BLAST POLYTRAUMA: ZONE 3 PROVIDES CEREBRAL PERFUSION, ATTENUATES ORGAN DYSFUNCTION AND COAGULOPATHY COMPARED TO ZONE 1 IN A SWINE MODEL
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/05000/REBOA_FOR_THE_TREATMENT_OF_BLAST_POLYTRAUMA_ZONE_3_PROVIDES_CEREBRAL_PERFUSION_ATTENUATES_ORGAN_DYSFUNCTION_AND_COAGULOPATHY_COMPARED_TO_ZONE_1_IN_A_SWINE_MODEL](https://journals.lww.com/jtrauma/fulltext/2023/05000/reboa_for_the_treatment_of_blast_polytrauma_zone_3_provides_cerebral_perfusion_attenuates_organ_dysfunction_and_coagulopathy_compared_to_zone_1_in_a_swine_model)

NO VISUAL ABSTRACT PROVIDED

EDUCATIONAL CASES FROM THE TQIP MORTALITY REPORTING SYSTEM: A NEW PUBLICATION INITIATIVE OF THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2023/05000/EDUCATIONAL_CASES_FROM_THE_TQIP_MORTALITY.1.ASPX](https://journals.lww.com/jtrauma/citation/2023/05000/educational_cases_from_the_tqip_mortality.1.aspx)

TRAUMA FINANCIALS: DOES ANYONE REALLY KNOW?
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IMPROVED SURVIVAL FOR SEVERELY INJURED PATIENTS RECEIVING MASSIVE TRANSFUSION AT US TEACHING HOSPITALS: A NATIONWIDE ANALYSIS
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TQIP MORTALITY REPORTING SYSTEM CASE REPORTS: UNANTICIPATED MORTALITY DUE TO AIRWAY LOSS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/05000/TQIP_MORTALITY_REPORTING_SYSTEM_CASE_REPORTS.17.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/05000/tqip_mortality_reporting_system_case_reports.17.aspx)

TQIP MORTALITY REPORTING SYSTEM CASE REPORTS: UNANTICIPATED MORTALITY DUE TO COMMUNICATION AND HANDOFF FAILURES
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TQIP MORTALITY REPORTING SYSTEM CASE REPORTS: UNANTICIPATED MORTALITY DUE TO FAILURES IN CLINICAL PERFORMANCE
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LETTER TO EDITOR: MODIFIED BRAIN INJURY GUIDELINE IS NOT UNIVERSALLY APPLICABLE
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RESPONSE TO LETTER TO THE EDITOR, RE: A MULTICENTER VALIDATION OF THE MODIFIED BRAIN INJURY GUIDELINES: ARE THEY SAFE AND EFFECTIVE?
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LETTER TO THE EDITOR: ROUTINE SCREENING BRONCHOSCOPY IN INTUBATED TRAUMA PATIENTS RISKS UNNECESSARY ANTIBIOTIC USE WITHOUT CLEAR CLINICAL BENEFIT
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2023/05000/LETTER_TO_THE_EDITOR_ROUTINE_SCREENING.24.ASPX](https://journals.lww.com/jtrauma/citation/2023/05000/letter_to_the_editor_routine_screening.24.aspx)

AUTHOR RESPONSE TO LETTER TO THE EDITOR: ROUTINE SCREENING BRONCHOSCOPY IN INTUBATED TRAUMA PATIENTS RISKS UNNECESSARY ANTIBIOTIC USE WITHOUT CLEAR BENEFIT.
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