

**To:** Marc De Moya, MD  
Patrick Murphy, MD  
**CC:** Elise Biesboer  
Caroline Herdeman  
Courtney Pokrzywa, MD  
Krissa Packard  
Juan Figueroa, MD  
Abdul Hafiz Al Tannir, MD

**Date:** 5/30/2023

**Re: Project Full Title:** The Definition of a Full Time Employee amongst Trauma/ACS Surgeons within Trauma Centers  
**PRO ID:** PRO00036985  
**Amendment Title:** Quantifying and assessing the impact of the shortage of trauma and acute care surgeons  
**Amendment ID:** [AME00027311](#)

**Description of Amendment:**

Adding new questions to survey to estimate the shortage of trauma and acute care surgeons  
Collecting the number of full-time employees at trauma centers  
Collecting hospital level outcomes (no patient level data). Outcomes include mortality and morbidity

The MCW Institutional Review Board #5 has reviewed the above-referenced amendment and determined that the project with these changes continues to satisfy the criteria for registration in accordance with the MCW IRB Policy: *Registration Projects: Human Subject Research Projects which Qualify for Flex Review*.

With this amendment, the project and the proposed activities meets the criteria for registration, under category 9.

All project activities must be conducted according to the protocol that was approved by the IRB.

Any and all proposed changes to this submission must be reviewed and approved by the IRB prior to implementation. When necessary to eliminate hazards to subjects, changes may be made first. This should be followed promptly by submission of a protocol deviation and amendment.

All Unanticipated Problems Involving Risks to Subjects or Others (UPIRSO) must be reported promptly to the MCW IRB according to IRB Standard Operating Procedures (SOPs).

If your project involves the use of any Froedtert Health resource such as, space, staff services, supplies/equipment or any ancillary services - lab, pharmacy, radiology, protected health/billing information or specimen requests, OCRICC approval is required before beginning any research activity at those sites.

**With this Amendment, if your project involves the use of any Froedtert Health resource such as, space, staff services, supplies/equipment or any ancillary services - lab, pharmacy, radiology, protected health/billing information or specimen requests, OCRICC Review is necessary and their approval is now required before continuing the research at those sites.**

If you have any questions, please contact the IRB Coordinator II for this IRB Committee, Chris Koceja, at 414-955-2603 or [ckoceja@mcw.edu](mailto:ckoceja@mcw.edu).

Sincerely,

Nevin Uysal Biggs, MD  
IRB Chair  
MCW Institutional Review Board #5



Eastern Association for the Surgery of Trauma  
Advancing Science, Fostering Relationships, and Building Careers

**EAST MULTICENTER STUDY  
DATA COLLECTION TOOL**

**Multicenter Study:** \_\_\_\_\_

Enrolling Center: \_\_\_\_\_

Enrolling Co-investigator: \_\_\_\_\_

Enrolling Co-investigator Email: \_\_\_\_\_

**Hospital Variables:**

Hospital Name: \_\_\_\_\_

City of Hospital: \_\_\_\_\_

Level of Trauma Center (circle one):    I    II

Type of Verification (circle all that apply):    American College of Surgeon    State    Non-Verified

ACS Emergency General Surgery Verification:    Yes    No

Dedicated Division of Trauma/Acute Care Surgery:    Yes    No

Number of Hospital Beds: \_\_\_\_\_

Number of Trauma Activations in 2022 (Calendar Year): \_\_\_\_\_

Number of Trauma Admissions in 2022 (Calendar Year): \_\_\_\_\_

Please mark with an 'X' in the following table regarding your on-call coverage (overnight and weekends).

	In-House	In-House	At-Home	At-Home Back-Up
Weeknight				
Weekend				

In the space below please describe how a 1.0 clinical full-time equivalent (FTE) is defined. This will be further explored in the qualitative interview.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Patient Outcomes:**

Below, report your TQIP outcomes for Fall of 2022. This data is available from your TQIP reports.

<b>FALL 2022</b>						
<b>Outcome</b>	<b>Observed (%)</b>	<b>Expected (%)</b>	<b>Odds Ratio</b>	<b>Lower</b>	<b>Upper</b>	<b>Decile</b>
<b>MORTALITY</b>						
All Patients						
Blunt Multisystem (MS)						
Penetrating						
Shock						
Severe TBI						
Elderly						
Elderly Blunt MS						
<b>MAJOR HOSPITAL EVENTS (EXCLUDING DEATH)</b>						
All Patients						
Blunt Multisystem (MS)						
Penetrating						
Shock						
Severe TBI						
Elderly						
Elderly Blunt MS						
<b>MORBIDITY (ALL PATIENTS ONLY)</b>						
Acute Kidney Injury						
Ventilator Associated Pneumonia						
Pulmonary Embolism						
Surgical Site Infection						
Unplanned ICU Admit						
Unplanned OR						
CAUTI						

Below, report your TQIP outcomes for Spring of 2023.

<b>SPRING 2023</b>						
<b>Outcome</b>	<b>Observed (%)</b>	<b>Expected (%)</b>	<b>Odds Ratio</b>	<b>Lower</b>	<b>Upper</b>	<b>Decile</b>
<b>MORTALITY</b>						
All Patients						
Blunt Multisystem (MS)						
Penetrating						
Shock						
Severe TBI						
Elderly						
Elderly Blunt MS						
<b>MAJOR HOSPITAL EVENTS (EXCLUDING DEATH)</b>						
All Patients						
Blunt Multisystem (MS)						
Penetrating						
Shock						
Severe TBI						

<b>Elderly</b>						
<b>Elderly Blunt MS</b>						
<b>MORBIDITY (ALL PATIENTS ONLY)</b>						
<b>Acute Kidney Injury</b>						
<b>Ventilator Associated Pneumonia</b>						
<b>Pulmonary Embolism</b>						
<b>Surgical Site Infection</b>						
<b>Unplanned ICU Admit</b>						
<b>Unplanned OR</b>						
<b>CAUTI</b>						