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February 16, 2005

Dear ACS Colleague:

Since the early 1990s, the American College of Surgeons (ACS) Committee on Trauma (COT) has operated the National Trauma Data Bank (NTDB). The NTDB is a data repository used 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. The NTDB and the effort to collect and maintain trauma injury data is consistent with the primary mission of the COT, which is "To improve the care of the injured patient through systematic efforts in prevention, care, and rehabilitation."

To help facilitate the collection of data, the ACS developed a trauma registry software program known as National Tracs® (NTRACS). The NTRACS application collects data at the hospital level and supports the submission of a subset of that data to the NTDB for national reporting purposes. Since NTRACS' initial inception, other trauma registry products have become available. A significant portion of data submitted to the NTDB now comes from trauma centers using non-NTRACS trauma registry products.

The continued enhancement and development of the NTRACS product as well as regular maintenance releases (like our most recent 3.4 release) requires the ACS to make a significant investment in research & development, programming, and other computer technologies. The ACS and COT have been discussing how to best continue to provide an excellent trauma registry solution in today's evolving technology environment. So, ACS set its sights on a strategy to increase services and product development for NTRACS, while enabling the COT to maintain its focus on its primary mission - "To improve the care of the injured patient through systematic efforts in prevention, care, and rehabilitation."

After analyzing a number of options, the ACS and COT began exploring the possibility of outsourcing the development and support of National Tracs. After research, discussion, due diligence and a highly successful NTDB collaboration in 2004, the College has decided to outsource NTRACS to Digital Innovation, Inc. (DI) to meet the goals of improving and enhancing the registry while allowing the ACS to focus our resources toward greater support for the NTDB and its other trauma programs.

Located in Maryland, Digital Innovation, Inc. is a software development company specializing in the design and development of database applications. DI's software has been used in dozens of successful applications running at hundreds of facilities throughout the world, including trauma, burn, EMS, and critical care. DI has more than 18 years of experience in the design, development, and support of medical registry systems and delivers data management services as well. With over 35 employees, DI will devote significantly greater resources than what is currently available to NTRACS users from the ACS.

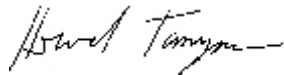
We know that any change can be cause for concern regarding continued service and support of the product itself. To address these concerns, DI has made the following commitments regarding National Tracs:

- Continued support of the current version (3.4), until a new version (4.0) is developed.
- Development of a new version of National Tracs (4.0) with input from the COT and the current user base. As part of the contract, the COT will have an ongoing role through the ACS's Trauma Registry Advisory Committee. It is anticipated that this new version would be available in the second half of 2006.
- Expansion of DI's current annual Collector trauma registry user conference to include sessions and training on National Tracs®. This year's conference is scheduled for October 12 and 13 in Las Vegas, NV.
- Development of add-on modules that will be compatible with NTRACS. These modules are anticipated to include a hand-held data collection module and a quality improvement management module.
- DI will honor all existing National Tracs contracts without a price increase.

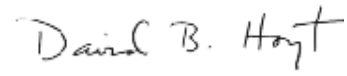
Support for the product through ACS staff will continue until May 1, 2005. At that time, DI will assume responsibility for product support. The ACS will provide second level support to DI through June 30, 2005. At that time DI will assume full responsibility for National Tracs®. Of course, the College will continue to own, maintain and expand the NTDB.

We appreciate the support of our NTRACS users throughout the past 10 years. We recognize that your support continued through some challenging times for the product. ACS and the COT strongly believe that the transition of NTRACS to Digital Innovation will provide you with investment protection, exceptional customer support as well as a renewed commitment to software development to ensure that your trauma registry needs will be met, now and well into the future.

Sincerely,



Howard Tanzman
Director, Information Technology



Dr. David Hoyt, MD, FACS
Director, Trauma Division

Attachment: ACS/DI Transition Frequently Asked Questions (FAQ's).

Frequency Asked Questions for the ACS/DI National TRACS Transition Plan

Q01: Why did ACS decide to outsource NTRACS development and support?

ACS's long-term initiative is the development and maintenance of the National Trauma Data Bank (NTDB). The ACS initially developed NTRACS to fill a void in the trauma registry marketplace. Currently, a number of software providers are available to support the needs of the trauma registry environment, and during our most recent call for data a significant portion of NTDB submissions were received from non-NTRACS solutions.

With the rising number of proven solutions in the marketplace, the ACS felt that its resources were best focused on the NTDB and its other trauma programs, while leaving software development to firms that specialize in programming and support.

Q02: What are the primary goals of the ACS for the transition?

The primary goal of the transition is to ensure the availability of a long-term, evolving, and affordable trauma registry solution for the users of NTRACS. Secondly, ACS and COT wanted to ensure that the selected outsource partner would allow and encourage on-going COT involvement, input and direction of the NTRACS product to allow ACS continued direction-setting input in the trauma registry field.

Q03: What are the primary goals for NTDB of the transition?

The goal for NTDB is continued development and expansion, including the expansion of analysis and tools available to participants. The NTDB has become the de facto national trauma database. The transition of NTRACS will allow the ACS and COT to focus our resources on the NTDB and other trauma programs as our primary mission.

Q04: Has ACS been successful in other similar software registry outsourcing strategies?

Yes. The ACS performed a similar transition with its cancer registry program several years ago. DI has a proven track record in outsourcing as well. For example, the American Heart Association's (AHA) National Registry of CPR (NRCPR) is developed and supported via an outsourcing arrangement with DI.

Q05: Will ACS remain involved in NTRACS?

Absolutely. The ACS and COT has formed a registry advisory committee which will continue to provide input and direction to future NTRACS registry development. Digital Innovation and ACS both recognize the importance, desirability, and need for continued COT clinical involvement in trauma registry development.

Q06: How will my NTRACS services and support be affected by the transition? When will the transition occur?

All existing services will continue to be performed. There will be no change until May 1, when the technical support line will transition to DI. Additional support services will be provided including – web-based training, new 800 support lines and the increased availability of support staff. After May 1, you'll be able to contact support via DI's toll free number, email (ntracssupport@dicorp.com), facsimile, or web page.

Q07: What will happen to NTRACS? Will NTRACS 3.4 continue to receive support?

The NTRACS product will continue to be supported. DI will provide a toll free 800 line starting May 1. Existing ACS personnel will support the product prior to May 1 and provide additional backup to DI staff during the transition period. The NTRACS product line will continue to be developed and enhanced.

Q08: Will I still be able to participate in NTDB as an NTRACS user?

Yes! NTDB support will continue to be included as a permanent component of NTRACS. In fact, all of DI's trauma registry products – including Collector™ -- support NTDB. The College is also working with the vendors of all the leading trauma registry products to incorporate support for the NTDB.

Q09: What factors led the ACS to select Digital Innovation as the NTRACS development and support vendor?

ACS and DI already have a history of successful collaboration. In 2003, the ACS and DI entered into a collaborative agreement to increase the participation and support for NTDB within DI's trauma registry user base. This collaboration was very successful. In addition, the College required an outsource vendor to have considerable software experience as well as trauma registry experience. DI has over 18 years experience in the development and support of trauma registry systems, and has the largest user base of trauma registry systems. The ACS is confident that DI will provide the long-term security and stability that ACS required for its NTRACS support partner.

Q10: Will my fees for NTRACS increase?

No. All existing contracts and terms will be honored during the transition. There will be no increases for NTRACS 3.4 or during the two-year transition period.

Q11: Will I need a new contract with Digital Innovation?

No, all of your existing terms and conditions will be continue to be applicable and honored. Your contracts with the ACS have been assigned to DI.

Q12: Will I be forced to change software products at any time?

No. The NTRACS produce line will continue to be developed and enhanced. A new version of NTRACS (NTRACS 4.0) will be developed with an anticipated release during the second half of 2006.

Q13: Can I still receive training on NTRACS?

Yes.. Training options for NTRACS will increase following the transition with the inclusion of DI's web-based training facilities. In addition, many of the existing training staff will continue to be available to provide training for NTRACS.

Q14: Once NTRACS transitions to Digital Innovation, will we be able to participate in Digital Innovation events?

Yes. One of the benefits of the transition is the availability of additional support resources and events that DI has developed as part of DI's support of its user base. One of the events will be DI's annual trauma registry user's conference. This year's conference will be held in Las Vegas, NV, on Oct. 12th and 13th. New training tracks for NTRACS users will be made available, allowing you to benefit from networking, hearing speakers at the user's conference, and utilize a centralized training area.

Q15: Are any new versions of NTRACS planned?

Yes. , A major component of the ACS outsourcing strategy was to allow for the development of new versions of NTRACS above and beyond those which could be produced by the current resources provided by ACS. Version 4.0 will be developed and available in the second half of 2006.

Q16: When will NTRACS 4.0 be available?

Preliminary planning has already begun. A pre-announcement of the planned features and enhancements of 4.0 will be presented at the DI's annual user's conference this October, where feedback and ideas can be shared among the existing NTRACS user base. Version 4.0 will be developed and available in the second half of 2006.

Q17: Will my NTRACS 3.4 data be compatible with NTRACS 4.0?

Yes. A key component of the NTRACS 4.0 design will be data compatibility, so any update to NTRACS 4.0 will include an automated and no-cost conversion, preserving your investment in trauma data.

Q18: What will the NTRACS 4.0 upgrade cost my organization?

The NTRACS 4.0 upgrade will be made free-of-charge to all active maintenance users of NTRACS 3.4 - provided you maintain an active support contract there will be no cost to your organization for this upgrade. This upgrade is part of the ACS's and DI's commitment to long-term support of the NTRACS user base and a major benefit of the transition plan to users.

Q19: How can I participate in the planning of NTRACS 4.0?

The planning for NTRACS 4.0 will be performed by two primary activities. First, the COT Registry Advisory Committee will work closely with DI's Product Management Team to define the major capabilities and focus of the update. In addition, there will be an NTRACS Registry Working Group, which will be comprised of existing NTRACS users who have performed this type of function in the past, and/or those requesting to be involved in this process in the future. If you have interest in requesting participation in the NTRACS Registry Working Group, please contact Digital Innovation's product manager, Julie Violante, at 800-344-3668 X255. The initial working group will be formed in August.

Q20: What additional development benefits will be available as a result of the transition to Digital Innovation?

In addition to the development of NTRACS version 4.0, Digital Innovation will be exploring the interfacing of additional optional DI registry solutions to be compatible with NTRACS, including DI's Outcomes/Performance Improvement module and the PDA data collection module..

In addition, the clinical input received during the NTRACS planning processes via the COT's registry advisory group will also be used to continue to enhance DI's Collector solution as well, for those who have adopted that platform.

Q21: What level of trauma registry experience does Digital Innovation have?

Trauma experience was a very important component in the College's decision to select Digital Innovation. DI has an 18-year track record in developing and supporting trauma registry systems. Its trauma registry systems are used in nearly 1000 hospitals, representing over 40 statewide, regional and/or provincial trauma registry systems throughout the North American.

Q22: If we have been evaluating Digital Innovation products prior to this transition, should we still continue to do so? Will this transition provide any added benefits to our organization?

The option to evaluate independent products is always an option. As discussed previously, the NTRACS product line and the Collector product lines will continue to be independently developed and maintained. Clinical expertise from the product planning functions of both products will benefit the other, as well as the engineering team and technical foundation that underlie all of DI's medical registry products -- including solutions provided to the American Heart Association, as well as numerous other trauma registry products.

Q23: Whom shall I call if I have any questions regarding the transition?

Existing NTRACS users should contact Howard Tanzman (ACS) at (312) 202-5392 or htanzman@facs.org. Existing DI users should contact Tim Favazza (DI), who will be available to discuss the transition with all existing and prospective Collector users.

Q24: I have heard through the 'grapevine' that NTRACS will be merging with Collector. Is this true?

While it is true that ACS has outsourced NTRACS development and support to Digital Innovation, the makers of Collector, it is not true that NTRACS will be merging with Collector. In other words, the two products, NTRACS and Collector, will remain separately supported and maintained products. The two products, however, will be supported by one organization, Digital Innovation. DI will continue to work closely with the ACS and the COT's Registry Advisory Committee to define suggested improvements for future versions of NTRACS, as well as DI's other trauma registry products. DI and the ACS have worked together in the past on supporting interfaces from DI's trauma registry clients to the NTDB, so the organizations have a history of working together on supporting COT initiatives.