Hendersonville Medical Center
Hendersonville, Tennessee
Trauma Center Designation Site Visit Report
September 3, 2026

Introduction

Hendersonville Medical Center was visited on September 3, 2026 for Level III Trauma Center designation. The site visit was conducted as required by the Health Facilities Commission as a performance-based review using the Trauma Center rules 0720-22. Generation of this report was accomplished by: interviews with key personnel (hospital administrators, the Trauma Medical Director, the Trauma Program Manager (aka Director of Trauma Services) and other involved personnel, direct evaluation of the system via review of provided documentation, analysis of trauma registry data and reports, review of the quality assurance program and other supporting documents. Trauma care provided at Hendersonville Medical Center is solely for adult patients 18 years of age or older.

Accomplishments

1. The demonstrated Performance Improvement (PI) process is robust. Opportunities are identified, corrected, acted upon and tracked to loop closure extremely well.
2. The multi-disciplinary hip fracture protocol is well structured and has shown impressive patient care outcomes. This type of effort to bring multiple groups together to improve patient outcomes is laudable.
3. As the Director of Trauma Services Kennedy Toban and her PI team are doing an exceptional job. They have demonstrated not only top-level PI work, but shown work to integrate the trauma service into the hospital system and the community. This is recognition for effort above and beyond what is commonly seen.

Trauma Injury and Payor Data

At the time of the site visit, review of patient ISS revealed:

Year	Total Admits	ISS 0-15	ISS 16-25	ISS 26-40	ISS 41+	Ave ISS
2025/26	542	535	7	0	0	5

Financial summary of patients includes

Year	Self-Pay	Comm. Insur.	Medicare	Medicaid	TennCare	Work. Comp.
2025/26	5.1%	29.3%	53.4%	12%	0%	0.2%

Hospital Organization

Position	Name	%Time Commitment
Trauma Medical Director	Jameil Abou-Hanna, MD	30%
Trauma Program Director	Kennedy Toban, DNP	100%
PI Coordinators	McKenzie Karp Julie Verkler	100% 50%
Trauma Registrar	Amanda Summerlin	100%
Hospital Admin. Responsible for Trauma	Lauren Kane, CNO	30%
Trauma Surgeons	Dr. Mark Sanders Dr. Thomas Taylor Dr. Loucinda Dampier Dr. John Valentine	

Trauma Service/Activation Criteria/Response Times

There are currently 5 surgeons primarily responsible for trauma call. Dr. Jameil Abou-Hanna, the TMD, is also the designated co-director of the ICU at Hendersonville Medical Center. All of the core surgeons are board certified and up-to-date in ATLS certification. At present, the majority of injured patients are admitted by a hospitalist and trauma surgery may consult on such admissions. The trauma service reviews all trauma admissions and tracks PI issues related to patient care and/or systems issues. Attendance by the core members of the multidisciplinary committee meets the minimum requirement of 50%. Peer review is performed at the trauma/multidisciplinary level, as well as at the hospital level. Written, graded activation criteria are present and divided into Level I and II activations, as well as, trauma consults. These were presented to the site survey team. Activation criteria for Level I and II admissions are appropriate and are consistent with national standards. Trauma activations are reviewed by the trauma program and appropriate patients are entered into the registry.

The organization chart for the institution was reviewed and interviews with the administration, as well as other documentation, demonstrate support for the Trauma Program. A budget was presented.

Trauma response times were reviewed for the highest level of activation. The response times for the general surgeons were deficient for the index period (7/25-6/26) 71% with a requirement of 80%. Work is being done to correct this and this was shown and discussed with the site visit team. Work could be done on the Level II activations to parse out what is a request for trauma surgeon involvement vs a consult to evaluate after work up. Times for such responses should be set and tracked. Documentation for trauma patients currently occurs in the EMR.

Surgical Specialty Availability

Surgical specialty call schedules were reviewed and 24/7 coverage of all required specialties was documented. Review of Trauma Performance documents did not demonstrate any problems with coverage or availability. Attendance by required specialists at multidisciplinary meetings has met the threshold of 50%.

Non-Surgical Specialty Availability

Non-surgical specialty call schedules were reviewed. There was immediate 24/7 coverage for internal medicine. Dialysis and medical consultation services were available. Review of Trauma Performance documents did not reveal any problems with Non-Surgical Specialty coverage or availability.

Facility Resources and Capabilities

Emergency Department: Personnel/Qualifications/Equipment

The Emergency Department has designated as Physician Director, Dr. Harrison, and Trauma Liaison/Assistant Director, Dr. Hayoun. Staffing physicians met state requirements. Adequate nursing staff is available 24/7. Tour of the Emergency Department verifies that all essential equipment is available.

Intensive Care Unit for Trauma Patients: Personnel/Qualifications/Equipment

Dr. Jeff Shehane is the Medical Director of the Critical Care Unit. Dr. Abou-Hanna is designated as the surgical co-director of the ICU for trauma purposes. Nurse ratios are appropriate and there is immediate access to laboratory services and imaging. All essential equipment is available on the unit. CCU staff have access to ventilators, dialysis and massive transfusion protocols when needed. Provider coverage is by Intensivist during the day, a dedicate Advanced Practice Provider in the evenings, and hospitalist (with Anesthesia and Emergency Department back-up) overnight.

Post-anesthetic Recovery Room

No deficiencies are documented. Recovery room capabilities are available after hours as an on-call option.

Acute Hemodialysis

Intermittent hemodialysis is available when needed.

Organized Burn Care

Hendersonville Medical Center does not have burn capability. Transfer agreements are in place with Vanderbilt University and Skyline for care of burned patients.

Radiologic Capabilities

The site reviewers toured the Radiologic Department. All required capabilities were noted present. Radiology technicians respond to trauma activations and CT scan capability is available 24/7. Radiologic reads are either provided by an in-house radiologist or contracted radiologic interpretation services.

Organ Donation Protocols

Organ donor protocols exist and are appropriate. Hendersonville Medical Center screens all patients appropriately and has had multiple donors.

Operating Suite Special Requirements/Availability

There is an available operating room for trauma and emergencies at all times. At night, call teams are available within 30 minutes for emergency surgeries. Hendersonville Medical Center has adequate staff to cover emergent needs at all times. All required equipment is available.

Clinical Laboratory Services

All essential Clinical Laboratory Services are available. The Blood Bank has a protocol for massive transfusion (MTP). The protocol is activated and terminated by physicians and is monitored by the blood bank. Each MTP is subject to a debrief. Drills are also conducted quarterly. The blood bank has O- PRBC's available, frozen plasma, and platelets.

Trauma Medical Director

Dr. Jameil Abou-Hanna is the trauma medical director. Dr. Abou-Hanna participates in trauma call and is board certified and is up-to-date in ATLS. Dr. Abou-Hanna coordinates performance improvement and the peer review process, in conjunction with hospital-wide peer review processes. Dr. Abou-Hanna has the stated support of hospital administration to provide oversight of mandatory trauma processes.

Attending General Surgeons on the Trauma Service

Drs. Sanders, Taylor, Dampier, and Valentine are the other core general surgeons taking trauma call. They are board certified and current in ATLS. They attend at least 50% of the multidisciplinary trauma meetings.

Director of Trauma Service/Trauma Program Director (TPD)

Kennedy Toban, DNP is the Director of Trauma Services (100%). She is completely focused on administration of the trauma program. She shows dedication to the position. A defined job description was presented to the site surveyors and was appropriate. Administrative and budget support for the trauma program was evident. Her contributions to the trauma program cannot be overstated. She and her Performance Improvement team show real commitment and depth to the PI process.

Trauma Registry

The hospital has a trauma registrar, Amanda Summerlin. All patients with ICD-10 injury codes are placed in the registry with exclusions for late effects of injury, superficial injuries and foreign bodies. Data is obtained from retrospective chart review for registry entry.

Programs for Quality Assurance: Medical Care Education/Trauma Process Improvement/Operational Process Improvement (System Issues)

1. Morbidity and Mortality is conducted in conjunction with the trauma multidisciplinary meeting. Trauma related complications and deaths are reviewed for quality assurance. When necessary, cases may be forwarded to hospital quality review.
2. Multi-disciplinary Trauma Committee is comprised of trauma/general surgery, orthopedic surgery, emergency medicine, internal medicine, anesthesia, hospital administration and other pertinent parties. Quality of care issues, as well as systems issues, are discussed at this meeting. Most issues reviewed at this committee are resolved through discussion at the committee meeting and documented.

Chart Reviews of Medical Care

Full chart review was performed by the site visit team. Despite a high percentage of medical admits, over 80% of medical admit patients have a surgical consultation. This is tracked by a surgical oversight PMG. Time to OR was appropriate in the chart review as well. Transfer times are tracked and a benchmark of 2 hours for traumatic brain injury patients and 3 hours for other trauma transfers has been set.

Trauma Bypass Log

The diversion log was reviewed. There was thirty-eight (38) minutes of diversion during the index period.

Outreach/Training/Public Education/Research

The hospital provided information on multiple outreach and education activities within the local community. There seems to be a concerted effort to engage the community, especially in the areas of highest risk for injury. There is no requirement for research in Level III trauma facilities.

Trauma System Development

The Director of Trauma Services regularly attends TCAC meetings. Additionally, Dr. Abou-Hanna has been able to attend more now that meetings are virtual 3 times a year.

Conclusions

Hendersonville Medical Center has demonstrated a commitment to obtaining Level III Trauma Center designation. The hospital administration has shown solid support of this endeavor and the institution and trauma program have shown significant strides in preparing themselves for ongoing Level III status. The Trauma Program Director is a full FTE and she expresses a good understanding of her role and motivation to further develop the trauma program.

Deficiency

1. The state criteria for level 3 trauma centers is for the surgeon to be at bedside within 30 minutes for the highest level of activation. Based on data provided to the site visit team the rate of compliance was 71% between July 2025 and June 2026. The state requirement is 80% compliance. Evidence was shown that work is being done. However, at the time of the site visit this response rate is deficient.

Area of Improvement

1. Work could be done on the Level II activations to parse out between a request for trauma surgeon involvement vs a consult to evaluate after work up. Time requirements for response should be set, tracked, and benchmarked.

Exit Interview

Following the site visit, the team held a meeting to evaluate the findings and make conclusions. An exit interview was then held and the conclusions and recommendations as stated in this report were presented to the hospital administration, medical and nursing staff present. The site team recommends continued designation as a level III trauma center. Monthly submissions of surgeon response times demonstrating compliance for the highest level of activation are

required to be submitted to the Health Facilities Commission for a period of one year if level III trauma center designation is to continue.