TRAUMA CARE ADVISORY COUNCIL
MINUTES
Date: February 25, 2025

VOTING MEMBERS PRESENT	(1) Dave Bhattacharya, MD (2) Reagan Bolig, MD (3) Bracken Burns, MD (4) Marc Campbell, MD (5) Anissa Cooper, RN (6) Brad Dennis, MD	(7) Amber Greeno, RN (8) Darrell Hunt, MD (9) Nicholas Jensen, MD (10) David Kerley, RN (11) Andy Kerwin, MD (12) Robert Maxwell, MD	(13) Jeff Levine, MD (14) William Nolan (15) Natalie Whitmer (16) Regan Williams, MD
VOTING MEMBERS ABSENT	(1) Paula Bergon (2) Oseana Bratton, RN (3) Steve Hamby		
GUESTS	(1) Jameil Abou-Hanna (2) Jennifer Beecham (3) Alli Brogan (4) Helen Brooks (5) John Carr (6) Theresa Day (7) Josh Dugal (8) Kristin Dury (9) Amber Estes (10) Nathanial Flinchbaugh (11) Britani Ford	(12) Kay Garrett (13) Justin Gerard (14) Tyler Haines (15) Andrew Holt (16) McKenzie Karp (17) Victoriana Kelly (18) Natasha Kurth (19) Kyle Lange (20) Terrence Love (21) Andrea Palmer (22) Emily Parker	(23) Bryan Metzger (24) Renee Mills (25) Brent Nix (26) Anita Perry (27) Rob Seesholtz (28) Melissa Smith (29) Stephanie Spain (30) Caroline Tippens (31) Kennedy Toban (32) Stefanija Weaver
NEXT MEETING DATES:	**2025** Friday May 30th – Nashville Friday August 8th – Paris Landing State Park Friday November 14th – Nashville		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
Statute Rules	R. Williams	Required to have majority voting members present to have a quorum.	Roll call – Quorum present	
New members on the council	R. Williams	Introductions of new and existing council membership • Dr. Jeffery Levin, TMD, Summit Medical Center • Dr. Marc Campbell, TMD, Turkey Creek Medical Center • Anissa Cooper, TPM LeBonheur Children's		
I. Approval of Minutes	R. Williams	Approval of 11-8-24 TCAC minutes with corrections on pages 10, 24, 26 & 33.	B. Burns: Motion to approve with Rob's corrections. A. Kerwin, second. Minutes approved.	
II. Old Business Trauma Fund Report	R. Seesholtz	1st quarter disbursement calculations are complete with a disbursement total of $1,211,666.95. Distribution of GA allocated $5M for FY25 is complete with letters dated for 1-29-25 to eligible facilities.		
III. Subcommittee/Ad Hoc Committee Reports				
a. Registry	B. Dennis	No report.		
b. IP / Surveillance	T. Love	Terry provided the core states injury prevention program update to the council and introduced Cody D'Alessandro, a Governor's Veteran Fellow that will be working with Terry for one year and is interested in public health.		
c. System Development/ Outreach	R. Williams	• Trauma symposium on Thursday August 7th at Paris Landing State Park. • TCAC meeting on Friday August 8th. • Please contact Dr. Williams if interested in presenting for the symposium.		
d. PI/Outcomes	R. Bolig	Presented the fall 2024 TQIP report which included reports on		

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		risk adjusted major hospital events, risk adjusted major hospital events including death, risk adjusted specific hospital events, and odds ratios.		
e. CECA	N. Kurth	Just several updates: • Pediatric emergency care regulations are under final review and will be posted soon and will become rule after 90 days. • EMS pediatric readiness program is being rolled out and is similar to the hospital based pediatric readiness program. • Our education conference will be April 10th in Chattanooga at the Aquarium. CME and CEUs will be provided and there is a virtual option this year. • The Star of Life awards ceremony that we host every year to recognize our EMS folks will be held April 30th at the MTSU student union building in Murfreesboro. Tickets are on the CECA website. • Peds transport safety device is a still ongoing project, seeking additional funding. • We are in the process of creating a pilot program called the "my hero cares" program. This will be for children with complex medical needs and will provide a care over plan to be provided to EMS so that gives them an idea of what is going on with the patient at baseline.		
f. Legislative	B. Dennis	Dr. Bolig and I were asked by TnPATH to speak to the Senate Finance Committee to present the state of affairs of what the trauma fund has done since its inception. The ask was to stabilize the fund, and it seemed to be well received.		
g. Finance	B. Burns	To be addressed in new business		
IV. New Business				
a. Results of Finance Subcommittee discussion	B. Burns	Dr. Burns provided background information on the trauma fund. In 2007, the state was awarded the trauma fund based on a two cent per pack cigarette tax. Since that time that amount of money		

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		has decreased. The TCAC has since been successful in the receiving $5M in reoccurring funds from the GA. Our responsibilities today are to determine how best to move forward. Dr. Fischer put together what's known as the "Fischer Formula" which is a multiplier that changes with the number of trauma centers and places a weight on the level of designation. The readiness cost survey that was completed helped to inform the Fischer formula and how to weigh those centers and it showed that the cost to be ready to provide care as a trauma center was about $170M. The fund itself from 2024 is just a little over $10M. What we are bringing forward is a proposal from the finance subcommittee that would look at a distribution between readiness costs of 75% of the fund and uncompensated care at 25% of the fund based on the Fischer formula to begin on…		
	R. Seesholtz	July 1, 2025, the beginning of FY26.		
	B. Burns	I will bring this forward as a motion from the finance subcommittee that we entertain adopting the Fischer formula with a 75% readiness costs, 25% uncompensated care costs starting at the beginning of the next fiscal year.		
	R. Willems	Is there a second for his motion?		
	B. Dennis	Second.		
	R. Williams	Now were open for discussion.		
	B. Dennis	Can you outline what the current formula is so folks can understand how this is different?		
	B. Burns	I want to take a moment, a lot of gratitude to both Rob and Britani, they've done a lot of work in calculating out numbers to help us understand this better. Current state is 68% goes to		

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		readiness cost and 32% goes to uncompensated care. So, the proposal before you would be a 7% shift toward readiness costs and away from uncompensated care. Readiness costs are numbers that were put forward in 2007 and hasn't changed. Not all level I trauma centers get the same amount of readiness costs, same with other level centers. So, this formula would level set that based on the mathematical formula going forward as far as readiness cost calculations.		
	R. Bolig	Just to point out that the way this is set up if there is a change is designation, change in number of centers, change in funding. We don't have to recalculate, revote, as this is all inherent to the formula.		
	D. Hunt	Maybe I missed it but how is our uncompensated care calculated?		
	R. Seesholtz	The Office of Ocupational Health and Injury Surveillance are the ones responsible for those calculations and is based on data two years in arrears from the Joint Annual Report and Hospital Discharge Data.		
	B. Burns	That formula has been in place since 2007. We decided to leave that formula alone after discussion.		
	R. Maxwell	One thing that I feel that's worth understanding about uncompensated care is that patients that come from out of state and may not account for your facilities uncompensated care.		
	D. Hunt	That's important for us because 35% of our patients come from Kentucky.		
	R. Williams	Any additional questions, comments?		
	R. Seesholtz	Voting on the 75/25 funding formula to start at the beginning of the next fiscal year.	Roll call vote: Dr. Kerwin – aye Dr. Dennis – aye	Unanimous aye votes – motion passes.

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			Dr. Maxwell – aye Dr. Bolig – aye Dr. Burns – aye Dr. Hunt – aye Dr. Levine – aye Dr. Campbell – aye Dr. Jensen – aye David Kerley – aye Anissa Cooper – aye Dr. Bhattacharya – aye Amber Greeno – aye Natalie Whitmer – aye William Nolan – aye	
	B. Burns	From the finance subcommittee we wanted to bring a second motion to the group. As we recognize that this information was not routinely looked at, the motion is that this formula and associated data be reviewed by the finance subcommittee at least every two years or as needed.		
	R. Williams	Do we have a second?		
	D. Hunt	Second.		
	R. Williams	Any questions?		
	R. Seesholtz	Voting on funding formula and associated data be reviewed by the finance subcommittee at least every two years or as needed.	Roll call vote: Dr. Kerwin – aye Dr. Dennis – aye Dr. Maxwell – aye Dr. Bolig – aye Dr. Burns – aye Dr. Hunt – aye Dr. Levine – aye Dr. Campbell – aye Dr. Jensen – aye	Unanimous aye votes – motion passes.

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			David Kerley – aye Anissa Cooper – aye Dr. Bhattacharya – aye Amber Greeno – aye Natalie Whitmer – aye William Nolan – aye	
b. Trauma Survey Results		Rob reported on the trauma survey submitted to those that participate as site reviewers, those who are recipients of the state designation process, and Trauma Program Managers. The intent was to see how we are doing as a state in relation to these items. A few results: • 100% site reviews were conducted professionally • The process was professional, fair, in-depth and appropriate • Site surveyors were great, very helpful and gave excellent feedback to our staff; very professional and informative • 75% survey length appropriate, 25% survey length too long • Suggested topics for TPM meetings	Orientation packet for new TPMs and new site reviewers.	Trauma Office
c. Rule Revision Items		A lot of information will be coming prior to the next meeting for council members to review for policy guidance and rule consideration. Items currently listed for review: • Policy review for those centers needing focused review i.e. 30 time period per corrections. • Draft trauma center site review policy in which deficiencies are separated into type I and II deficiencies.		
	A. Greeno	LeBonheur has been a level I ACS verified trauma center since 2011. Vanderbilt has been a level I ACS verified trauma center since 2016. Since that time, we've both been reimbursed for readiness costs at a CRPC level. We are requesting to be bumped up to the level I readiness cost reimbursement level. Skyline received their bump at the last meeting so we would like to be moved to that level of readiness cost reimbursement.		

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		I would like to make a motion to move both LeBonheur and Monroe Carell to the level I status for readiness costs.		
	N. Flinchbaugh	If you are representing the facility, you cannot make the motion for the facility. If there is someone who wants to make the motion on your behalf then you need to recuse from that vote.		
	D. Hunt	Motion that LeBonheur and Monroe Carell be moved up to level I status.		
	D. Bhattacharya	I'll second that.		
	R. Bolig	Just for clarification, that's based on ACS verification and will be dependent of that.		
	A. Greeno	We are maintaining it. Any other pediatric center that becomes a level I ACS would also fall into this category. And just like anyone else.		
	R. Seesholtz	How much money are you talking, as all level I centers are funded with different amounts?		
	R. Williams	Can we open the floor up for discussion? Darrell had made the motion and Dave has second, now we can go into discussion.		
	B. Burns	What we did when Skyline came on board we voted to adjust things. I would recommend that we amend the motion to say at the same as the lowest level I trauma center, which is Skyline and Johnson City Medical Center.		
	R. Williams	We have an amendment on the floor. Dr. Hunt, do you accept his amendment to your current motion?		
	D. Hunt	Yes.		

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	R. Williams	Now we can open for discussion. The amendment is for level I trauma centers that were previously funded as CRPCs to be funded at the level of the lowest level I trauma centers currently funded. Any other discussion.		
	A. Kerwin	This would be to change the funding between February 25, 2025, and July 1, 2025		
	R. Williams	Correct. Any other discussion?		
	A. Kerwin	Where is the money coming from?		
	B. Dennis	It comes out of the uncompensated care, we would pay the trauma readiness first and what's remaining goes into uncompensated care.		
	B. Dennis	Call the question.		
	R. Seesholtz	Voting on level I trauma centers that were previously funded as CRPCs to be funded at the level of the lowest level I trauma centers currently funded.	Roll call vote: Dr. Kerwin – aye Dr. Dennis – aye Dr. Bolig – aye Dr. Burns – aye Dr. Hunt – aye Dr. Levine – aye Dr. Campbell – aye David Kerley – aye Dr. Bhattacharya – aye Natalie Whitmer – aye William Nolan – aye	Unanimous aye votes – motion passes.
V. Adjourn		Motion to adjourn and seconded. Meeting was adjourned		