TRAUMA CARE ADVISORY COUNCIL
MINUTES
Date: November 14, 2025

VOTING MEMBERS PRESENT	(1) Dave Bhattacharya, MD (2) Reagan Bollig, MD (3) Oseana Bratton, RN (4) Bracken Burns, DO (5) Marc Campbell, MD (6) Anissa Cooper, RN	(7) Brad Dennis, MD (8) Amber Greeno, RN (9) Darrell Hunt, MD (10) Nicholas Jensen, MD (11) David Kerley, RN (12) Andy Kerwin, MD	(13) Robert Maxwell, MD (14) Renee Mills, RN (15) Natalie Whitmer (16) Regan Williams, MD
VOTING MEMBERS ABSENT	(1) Paula Bergon	(2) Jeff Levine, MD	(3) William Nolan
GUESTS	(1) Muyiwa Adedokun (2) Alli Brogan (3) Helen Brooks (4) Abby Cook (5) Theresa Day (6) Kristin Dury (7) Nathanial Flinchbaugh (8) Kay Garrett (9) Tyler Haines	(10) Jessica Holiday (11) Bre Hutton (12) Ahmed Imami (13) Terrence Love (14) Willie Melvin (15) Bryan Metzger (16) Andrea Palmer (17) Emily Parker (18) Anita Perry	(19) Rob Seesholtz (20) Eddie Small (21) Melissa Smith (22) Stephanie Spain (23) Kennedy Toban (24) Stefanija Weaver (25) Jennifer Webb
NEXT MEETING DATES:	**2026** Wednesday, February 11th – Virtual Friday, May 8th – Virtual Friday, July 31st – In Person Friday, November 20th – Virtual		

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	
Announcements	R. Seesholtz	Condolences on the loss of Vanderbilts air medical asset our thoughts and prayers are with those grieving in the trauma and air medical community. Recognition of Regional One Medical Center for passing their American College of Surgeons, Level I Trauma verification.		
	A. Kerwin	Thanked the council for the recognition and gave kudos to Erica Nessier for her hard work and dedication the trauma program, and all her preparation in getting the team ready for the survey.		
I. Approval of Minutes	R. Williams	Approval of August 8, 2025, TCAC minutes.	Motion to approve and seconded.	
II. Old business Trauma Fund Report	R. Seesholtz	There are no trauma funds going out currently, but under the new trauma fund calculations that the council approved some time ago, those amounts will be coming to the trauma office, most likely within next two or three weeks, and then the calculations will be done. Upon completion the institutions will be made aware of what monies they will be getting.		
III. Subcommittee/Ad Hoc Committee Reports				
a. Registry	B. Dennis	The PI committee met and are making sure that our data dictionary terms are current with all of our centers so that we can validate the data.		
	R. Seesholtz	For those that are participating in the abbreviated injury score (AIS) class from the AAAM, the class is scheduled. There have been 25 participants registered, which is a full class. All information has been sent to AAAM. Institutions, or those that		

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		are participating in the class should be receiving their materials within the next week.		
b. IP / Surveillance	T. Love	Terry presented on the importance of the Essence alert program for suicides and on the Counseling for Access to Lethal Means or (CALM) training.	Encouraged council members to review and to reach out if any questions.	
c. System Development/ Outreach	R. Williams	The trauma symposium will be on July 30 of 2026. It's at the Virgin Hotel in Nashville.		
		To go along with the American College of Surgeons and the COTs recommendation to start talking about regional medical operation centers Rob and I had a meeting with the Tennessee Department of Health to discuss what emergency preparedness looks like across the state and how we would communicate in the event that there's a large-scale combat operation. I was wanting to invite them to the trauma symposium to do some table time with us, so we can all understand what the process is and how our trauma centers would integrate into that process, in the event that something terrible happened. But I wanted to make sure the council was ok with that. They were super nice and informative and happy to come.	No concerns verbalized by council members.	
d. PI/Outcomes	R. Bollig	Dr. Bollig presented the fall TQIP report for the TQIP collaborative and council participants.		
e. CECA	R. Mills	Yesterday we had our CECA and CoPEC meetings. • Interpretive guidelines are still being reviewed with surveyors and TCAC. • The My Hero cares program is now open and available to the whole state in helping EMS hook up with complex children, that's available on the CECA website. • Star of Life will be May 13, 2026 at MTSU Student Union Ballroom. The 25th annual Acute and Emergency Pediatric Care Conference will be held April 17, 2026 at Dollywood Dream More Resort and Spa in Pigeon Forge.		

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f. Legislative	R. Seesholtz	Just a reminder that the legislative session begins in January.		
g. Finance	R. Seesholtz	No update.		
IV. New Business				
a. Microbiology	R. Seesholtz	We recently attended a level III provisional site review, and this institution, as required by current rule, clinical laboratory service available 24 hours a day, microbiology. They did not have this capability in house. However, they do have that capability with their nearest level one center, many blood cultures, wound cultures, get drawn at that institution and then are couriered over to the level one center for growing out and reporting. We did not weigh in to say that's acceptable, until bringing this to the council. The ask is what is the council's opinion of this? If the institution does not have microbiology capabilities in house, however, all of their samples are sent to the nearest level one center for results is this acceptable?		
	R. Maxwell	They would have all the PCR functions. They can do covid, flu, MRSA nasal swabs, and for sputum cultures, they can do bio fire, which is PCR, that gives you an array of 12 bacteria, and that is back in an hour, and that can be done at a regular lab station.		
	R. Seesholtz	There is simple point of care testing for various things, respiratory pathogens, but the site team did not go into that detail for those items.		
	R. Maxwell	It is a nine-mile distance from the level III to the level I. They have courier transport all the time, so an orthopedist swabs a tibia fracture that they're operating on and go in a bag and be transported down there that day.		
	D. Hunt	Was there any perception that the care was delayed?		
	R. Seesholtz	Not that we could see.		

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	R. Maxwell	As soon as the downtown lab loads it up into the computer, it's instantly available at other facilities. absolutely no issue with delays.		
	A. Kerwin	No issue with turnaround time?		
	R. Seesholtz	Not that we were able to see, but since it was a provisional review in depth chart, review will occur at the end of their provisional year.		
	B. Burns	I think that's the key. Is, if there's no delays, and if you look at it, it says clinical laboratory services available 24 hours a day. Doesn't necessarily say that that is in house. So that would be my interpretative guidance.		
	D. Bhattacharya	I think that's actually better.		
	A. Kerwin	It doesn't say where they're run. It just says available 24 hours a day. The couriers run 24 hours and sounds like they are available.		
	R. Seesholtz	If it's okay with the council, we'll need to take a roll call vote on accepting. This is just interpretative guidance. No rules are being changed. Those institutions that have off campus microbiology resources…		
	R. Bollig	Satisfies the metric.		
	R. Seesholtz	Satisfies the rule.		
	B. Dennis	The only thing I would say is you can't, like if you were sending it to Chicago, and you can mail it 24 hours a day, that would not qualify. But given, like, the scenario we're talking about, where it's within reasonable proximity, you know, and I'm leaving that open, because it'll vary probably, but within reasonable		

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		proximity, that seems appropriate.		
	B. Burns	I think with all these things, the devil's in the details, right? Doesn't matter if you're running it in your own hospital or nine miles away or in Chicago, are you getting results timely, and is it affecting patient care? And so I think showing that you have it available, 24/7 meets that criteria during the chart review, if you see people that have cultures done, and then nine days later, antibiotics get started because they're septic and you don't have culture results. Well, yes, you met the check mark there, but you have a deficiency in patient care that you need to identify and work through.		
	A. Kerwin	So, I think we might have to be careful on specifying any reasonable distance, because I know there are large pathology groups where hospitals use them, and they send things out to their hospitals. So, I think trying to define any distance is not good, and it just ought to be based on availability of the results		
	Unknown speaker	In a timely manner		
	A. Kerwin	Yeah, that’s the key. I think it has to be not where its located, just are the result available in a timely manner.		
	R. Maxwell	That Hospital has been running for years with the same system. The culture goes downtown, they process it, they play it out, and the result comes back electronically as soon as the results are available.		
	R. Seesholtz	What I'd not like to do is get into a timely manner. What's the definition of a timely manner? I don't know….		
	B. Burns	Well, the question before the group is whether or not the interpretive guidance on the rule, the interpretive guidance on the rule is whether or not it needs to be in house or not in house. It is		

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		not interpretive guidance to say what that timeliness looks like. That would have to be done by a site visit team looking through charts or reports or whatever else. So I think we should keep the focus on the question, is it acceptable if that service is available 24 hours, but not in house, then my interpretive guidance recommendation would be, yes.		
	R. Williams	Do we need a motion?		
	R. Seesholtz	Any interpretive guidance brought before the council was discussed, voted upon, then I put that in a document submitted, and I approach the commission meetings and then ask them for approval of this interpretive guidance.		
	R. Williams	So, we have a motion on the floor to accept that microbiology available within 24 hours, can be in or outside, and anything else will be determined at the site visit. Should we say that it's clinical laboratory services available with not limited to microbiology, because there may be other things that are completed off site for these facilities that just may not have been identified?		
	Unknown speaker	Should we say that it's clinical laboratory services available with not limited to microbiology, because there may be other things that are completed off site for these facilities that just may not have been identified?		
	A. Kerwin	Or your blood bank is in an different hospital.		
	R. Williams	So that's the motion do we have a second.		
	R. Bollig	Second		
	R. Seesholtz	Vote on interpretive guidance to accept that microbiology availability within 24 hours can be inside the facility or outside the facility.	Roll call vote: Dr. Kerwin – aye Dr. Dennis – aye Dr. Maxwell – recuses	Unanimous aye votes – motion passes.

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			Dr. Bolig – aye Dr. Burns – aye Dr. Hunt – aye Dr. Campbell – aye Dr. Jensen – aye D. Kerley – aye Renee Mills – aye Anissa Cooper – aye Dr. Bhattacharya – aye Amber Greeno – aye Oseana Bratton – aye Natalie Whitmar – aye	
	R. Williams	Our next new business was just to discuss interpretive guidance on pediatric emergency care facilities survey. We're going to table that because it's not quite done. The next one is pediatric readiness. I just wanted to discuss this very briefly because the survey for emergency departments is going to come out in March of 2026 and I want all the trauma centers to understand that this is important. It's part of your ACS verification now that you need to be pediatric ready, and we have five amazing, wonderful pediatric representatives sitting on our council that can help any center become pediatric ready if you're not. And so, this is our last survey results from 2021, 71% of Tennessee emergency departments had a pack that's Pediatric Emergency Care Coordinator. This is one of the most important things that you can do at your center if you want to become pediatric ready. The other indicators for Tennessee, 98% had the equipment, 80% used weight in kilograms, 89% had a behavioral health policy that included pediatric components. You can see our score overall is 85 that's really good compared to the nation. The mean score across the nation is 70. So we're actually doing a very good job in our state on pediatric readiness. How do we compare with the nation? You can see we are here, and then this is the rest of the state. So again, doing very well. If you had any		

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		questions about being pediatric ready, there's a really awesome website. You can Google it, but it's EMSC Improvement Center. It has a toolkit and a checklist that each center can use. But if you have specific questions that you need in Tennessee, CECA and CoPEC and all of the pediatric trauma centers have people that are ready and willing to help you. So please reach out to us again. That survey is going to open in March of 2026 some of the reason that we get a good score is that we have a pretty good response rate. You can see that at 79% so when you get this survey, just please fill it out, questions?		
	O. Bratton	I'm spitballing the numbers off top my head because I don't have it in front of me, but a pediatric readiness score of 89 or above correlates with decreased mortality of pediatric patients in a facility. It is about a 75% decrease for the medical side, and I think a 63 to 67% decrease mortality on the trauma side. So there is a direct correlation with your readiness score.		
	R. Williams	It's not just about the survey. It's about improving and decreasing mortality for children. And certainly, if I'm driving across the state with my children, no matter where we show up, I want the hospital to be ready to take care of them. of who the survey goes to, so we can help give you that.'		
	A. Kerwin	Who's going to get the survey?		
	R. Willaims	It goes out to the, I think the ER directors, yes, it goes out to your emergency room director.		
	O. Bratton	It finds its way into an executive suite. So just in understanding how sometimes we answer these, it's not always the person who truly knows the full scope of the readiness questions, who's answering it. So sometimes we get in a little bit of a sticky situation like that. But the other thing to let you guys know is, as these come out, as we do the surveys, the first you can do the survey, anytime you can pull it up right now and go ahead and do		

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		it, just to see where your gaps are, which is what we encourage all of our hospitals on our side to do. Once they go live with this study or collection, the first one is the one that counts. So if you go in at that point to do it, and you get a low score and go back and make improvements and resubmit it, it's the first one that counts. So the questions are not one for one, they are weighted in importance, and so doing your gap analysis now is incredibly important to figure out what your true score is to be ready to submit when it comes out for the official.		
	R. Williams	If you have questions about who's going to get the survey, we have a list of those, don't we? Through CoPEC, great question. I'm pretty sure that CECA and CoPEC have a list of who the survey goes to, so we can help give you that.		
	A. Kerwin	We want to make sure we get accurate answers. Having just done some of this for the ACS, make sure we're getting the all the credit we worked hard to get.		
	R. Seesholtz	As we are rounding home plate. The trauma program manager representative and the registrar representative on the trauma care advisory council, their tenure is coming to a close, I'd like to officially thank David Kerley for his time on the council and now moving into a equally important PI role for helping other institutions here across the state. I also like to thank Paula Bergon, who is our registry representative. So I will be sending emails to both the trauma program managers for them to vote on a representative amongst themselves that they'd like to see on the council. Equally, I'll be emailing the TPMS for their lead registrar's name so I can ask amongst that group for a registrar's representative on the council. So that's coming up here within the next few weeks, I'll be sending that information out.	Email communication to be sent to the Trauma Program Manager group and the Registrar group seeking nominations for the council.	R. Seesholtz
	A. Kerwin	What's the length of the term Rob?		
	R. Seesholtz	Three years.		

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	R. Williams	I have such an important announcement that I cannot let Rob give it. Everybody ready? After lots of discussion with Caroline and the lawyers, it has been determined that the Sunshine Law, based on the Sunshine Law that we could meet virtually, we do have to meet in person one time a year, and that we're going to make that our trauma symposium day, since we're all there anyway, and then there's a lot of electronic specifications that have to happen, that Rob and the IT people are going to take care of. And so we have the dates for 2026 but they will be virtual. If I accomplish nothing else during my term, I've done this one thing. All right, y'all ready? All right, February 11, this is for 2026 correct? May 26, July 30, which will be in person, and then November 20.	Develop policy and SOP to support virtual council meetings.	A. Cook/R. Seesholtz
	R. Seesholtz	You will be receiving calendar announcements of these meeting dates here within the next week or so, along with the trauma symposium announcement as well.		
	R. Bollig	Does this mean that there is a virtual option or the meeting virtual?		
	R. Williams	The meeting is virtual.		
	Unknown speaker	Are there specifications for the virtual meetings?		
	R. Seesholtz	I don't have all of that committed to memory, but you have to have a functioning video camera, audio, so we have to be able to see and hear folks. If you're not able to have those, then it's not a good thing to do virtual.		
	A, Kerwin	Will there be a hybrid option?		
	R. Williams	I'm suggesting no hybrid. I feel like hybrid meetings don't go well, to be quite honest. I think you have to be all or none. We also pay to rent this room, and so we don't have to pay to rent the room.		

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	R. Bollig	If there's other folks that want to participate, can we send them that link?		
	R. Williams	These meetings are all public.		
	R. Seesholtz	More information to come.		
	N. Flinchbaugh	One thing about the public comments is that the only time that someone has to give their name to Rob or administrative staff is if they want to make a public comment. You can't make a public comment anonymously. There will be instructions that will have to go out with every link for every meeting, with the agenda and all of the documentation. That is part of the IT requirements. The link has to be available to the public. They have to be able to participate, and one of the things that the council will need to consider is how you want public comments to be received. Those instructions have to be included. You kind of have a free for all when it comes to the comments and let people come up when they want. You're allowed to do that in the meeting and have people raise their hand in the teams however you all would like that to operate. That's totally up to you. Everybody just has to follow the same procedures.		
	R. Williams	And I think that's the best way to close this meeting. But is there anyone that has anything else for the greater good?		
V. Adjourn	R. Williams			