TRAUMA CARE ADVISORY COUNCIL
MINUTES
Date: February 11, 2023

VOTING MEMBERS PRESENT	(1) Paula Bergon (2) Dave Bhattacharya, MD (3) Reagan Bollig, MD (4) Oseana Bratton, RN (5) Bracken Burns, MD (6) Brian Daley, MD	(7) Brad Dennis, MD (8) Peter Fischer, MD (9) Amber Greeno, RN (10) Nick Howald (11) Darrell Hunt, MD (12) David Kerley	(13) Robert Maxwell, MD (14) Willie Melvin, MD (15) Brian Reed, MD (16) Sullivan Smith, MD (17) Monica Warhaftig, MD
VOTING MEMBERS ABSENT	(1) Regan Williams, MD (2) Consumer of trauma care	(3) Level IV Medical Director	
GUESTS	(1) Carrie Austin (2) Kathleen Berrie (3) Helen Brooks (4) Saskya Byrd (5) Anissa Cooper (6) Theresa Day (7) Jessica Holladay (8) Bre Huhrn (9) Natasha Kurth	(10) Terry Love (11) Wanda McKnight (12) Brian Metzger (13) Renee Mills (14) Brent Nix (15) Jo Ella Pack (16) Andrea Palmer (17) Stacy Peumla (18) Anita Perry	(19) Erianne Roos (20) Rob Seesholtz (21) Melissa Smith (22) Stephanie Spain (23) Dr. Tang (24) Alanna Truss (25) Pam Vanderberg
NEXT MEETING DATES:	**2023** Monday April 10th – Nashville Friday July 28th – Fall Creek Falls State Park Friday November 17th – Nashville		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
Statute Rules	B. Daley	Required to have majority voting members present to have a quorum.	Roll call – Quorum present	
I. Approval of Minutes	B. Daley	Minutes from the November 18, 2022, TCAC meeting were presented for approval.	Minutes approved	
II. Old Business a. Trauma Fund/Updates	R. Seesholtz	4th quarters disbursement letters for eligible facilities went out and were dated for 12-16-22. Utilization of 2020 data for fund calculations. • 1st qtr. Total: $1,667,616.30 • 2nd qtr. Total: $983,747.85 • 3rd qtr. Total: $1,517,387.91 • 4th qtr. Total: $1,559,168.08 • $392,314.16 less than 2021's disbursements	Reconvene finance subcommittee upon conclusion of readiness cost survey to determine how best to allocate new trauma fund monies.	R. Seesholtz
III. Subcommittee/Ad Hoc Committee Reports				
a. Registry	B. Dennis	Rob reported that all facilities are submitting trauma registry data timely and with mid 90's validation scores. ImageTrend continues to address the issue with pts with Alabama home address showing up in the registry as being from Australia. Melissa Smith addressed the council regarding ESO moving forward with their patient registry that is SAS supported and is cloud based. Quote is based on yearly cost and hospital bed size Anissa reported on the state of Arkansas plans to upgrade to AIS 2015 in 2024 and wanted to advise that this may present problems with		

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		registry submissions if the state has not upgraded as well. Amber Greeno requested a poll to find out who has AIS training to see if we as a state are ready to go if a decision is made to upgrade to AIS 2015.	Rob will poll all centers on who has AIS 2015 training.	
b. IP / Surveillance	T. Love	Dr. Alana Truss presented an overview of the Be SMART program to the council.	Rob will forward Dr. Truss's presentation to council members.	
c. System Development/ Outreach	B. Daley	Trauma symposium will occur at Fall Creek Falls State Park on Thursday July 27th and the TCAC meeting will commence the following day Friday July 28th. Experts from the state will be solicited to speak at the symposium.		
d. PI/Outcomes		No Report		
e. CoPEC	A. Revels	CoPEC moved under Health Facilities Commission in July 2022. New state leadership has been assigned to the committee and has instructed CoPEC to cease all work and meetings until further guidance is received. More details at the next TCAC meeting. CECA update. Rescheduled surveyor training from March to June. CRPC's coordinators to conduct training.		
	N. Kurth	N. Kurth provided an update on CoPEC's activities: • April 13/14 is the 2023 Peds. Conference, Holiday Inn, Memphis.		

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		• Star of Life @ Farm Bureau Expo in Lebanon TN on May 4th, 2023		
f. Legislative	B. Daley	Bill in House by Roberts/Reedy that allows a 4 yr. trial of no helmet use for motorcycle riders for those that are not on TennCare.	For those that have any comments on this piece of legislation, please go through the COT or as a private citizen.	
g. Finance		No report, addressed previously.		
IV. New Business				
a. Readiness Costs	R. Seesholtz	Rob presented an update to the work by HFC contracts on an RFP/sole source contract for the conduction of a readiness cost survey.	Update will be provided at the next council meeting.	R. Seesholtz
b. Rule Revision	B. Daley/R. Seesholtz	Language that remains the same is in green and any change/point for discussion is highlighted in yellow. Did not add a level III neuro level.		
		#1 Trauma Service:	No language change	
		#2 Surgery Departments, Divisions, Services, Sections	Keep essential (E) cardiothoracic surgery departments, divisions, services, section for level I & IIs. Remove subscript #1. Add subscript referencing ACS cardiopulmonary bypass capability in OR equipment section pg. 6 on rule document for level I & IIs. Subscript to be added: "In Level I and Level II trauma centers, if cardiopulmonary bypass equipment is not immediately available, a contingency plan, including immediate transfer to an appropriate center and 100 percent	Motion: Dr. Dennis, Second: Dr. Bhattacharya

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			performance improvement review of all patients transferred, must be in place".	
		#2 Surgery Departments, Divisions, Services, Sections	Otorhinolaryngologic Surgery essential (E) for level I & II with subscript #2 reading "This requirement may be substituted by a department or division capable of treating maxillofacial trauma as demonstrated by staff privileges".	Motion: Dr. Burns Second: Dr. Dennis
		#3 Emergency Department, Division, Service, Section	No language change	
		#4 Surgical Specialty Availability In-house 24 hrs a day: Neurologic Surgery	Essential for level I & IIs reading "Neurosurgical evaluation must occur within 30 minutes of request for the following: • Severe TBI (GCS less than 9) with head CT evidence of intracranial trauma • Moderate TBI (GCS 9–12) with head CT evidence of potential intracranial mass lesion • Neurologic deficit as a result of potential spinal cord injury (applicable to spine surgeon, whether a neurosurgeon or orthopedic surgeon) • Trauma surgeon discretion".	Motion: Dr. Burns Second: Dr. Bolig
		#4 Surgical Specialty Availability In-house 24 hrs a day: Neurologic Surgery	Level III trauma centers must have a written plan approved by the TMD that defines the types of neurotrauma injuries that may be treated at the center	Motion: Dr. Hunt Second: Dr. Melvin
		#4 Surgical Specialty Availability In-house 24 hrs a day: Neurologic Surgery	Level I and II trauma centers must have a neurotrauma contingency plan and must implement the plan when neurosurgery	Motion: Dr. Maxwell Second: Dr. Melvin

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			capabilities are encumbered or overwhelmed	
		#5 Surgical Specialty Availability from inside or outside hospital	Add language: 24/7/365 All specialists required for level I & II's	Motion: Dr. Maxwell Second: Dr. Melvin
		#5 Surgical Specialty Availability from inside or outside hospital: Oral and Maxillofacial Surgery – Dentistry	#2 existing subscript approved for level I & IIs reading "This requirement may be substituted by a department or division capable of treating maxillofacial trauma as demonstrated by staff privileges".	Motion: Dr. Burns Second: Dr. Dennis
		#5 Surgical Specialty Availability from inside or outside hospital: Otorhinolaryngologic Surgery	#2 existing subscript approved for level I & IIs reading "This requirement may be substituted by a department or division capable of treating maxillofacial trauma as demonstrated by staff privileges".	Motion: Dr. Burns Second: Dr. Dennis
		#5 Surgical Specialty Availability from inside or outside hospital - Microsurgery capabilities	#15 existing subscript approved for level I & IIs reading "This requirement may be substituted by a current signed transfer agreement with a hospital having Microsurgical capabilities".	Motion: Dr. Burns Second: Dr. Maxwell
		#5 Surgical Specialty Availability from inside or outside hospital - Gynecologic Surgery	Essential (E) for level I & IIs	Motion: Dr. Hunt Second: Dr. Melvin
		#5 Surgical Specialty Availability from inside or outside hospital - Hand Surgery	Essential (E) for level IIs with existing subscript #7.	Motion: Dr. Burns Second: Dr. Bolig
		#5 Surgical Specialty Availability from inside or outside hospital – Orthopedic Surgery	Essential (E) for level I & IIs reading "Must have orthopedic surgeon who has completed Orthopedic Trauma Association (OTA) fellowship, alternate training criteria"	Motion: Dr. Hunt Second: Dr. Dennis

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			Add subscript for level IIs reading "this requirement may be substituted by a current signed xfer agreement with an institution having an OTA trained physician".	
		#5 Surgical Specialty Availability from inside or outside hospital – Soft Tissue Surgery – "Level I centers must have capability for comprehensive soft tissue coverage of wounds, including microvascular expertise for free flaps".	Delete entire section	Motion: Dr. Dennis Second: Dr. Burns
		#5 Surgical Specialty Availability from inside or outside hospital – Vascular Surgery	Essential for level I & IIs	Motion: Dr. Dennis Second: Dr. Hunt
		#5 Surgical Specialty Availability from inside or outside hospital – Obstetric Surgery	Essential for level I & IIs	Motion: Dr. Dennis Second: Dr. Hunt
		#6 Non-Surgical Specialty Availability in-hospital 24 hours a day	No language change	
		#7 Non-Surgical Specialty Availability on call from inside or outside hospital – Interventional Radiology response for hemorrhage control	Essential (E) for level I & IIs, no subscript.	Motion: Dr. Hunt Second: Dr. Bolig
		#7 Non-Surgical Specialty Availability on call from inside or outside hospital – Endovascular or interventional radiology	Essential (E) for level I & IIs reading "Level I & II centers must have necessary human & physical resources continuously available for so that an endovascular or interventional radiology procedure for hemorrhage control can begin within 60 minutes of request". Define arterial puncture or needle into blood vessel.	Motion: Dr. Dennis Second: Dr. Fischer

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		#7 Non-Surgical Specialty Availability on call from inside or outside hospital – Allied Health	• Respiratory therapy 24/7/365: Essential (E) for Level I, II, & IIIs. • Nutrition support: Essential (E) for Level I, II, & IIIs. • Speech therapy: Essential (E) for Level I, II, & IIIs. • Social worker: Essential (E) for Level I, II, & IIIs. Subscript- level IIIs do not have to have 7-day coverage • Occupational therapy: Essential (E) for Level I, II, & IIIs. Subscript- level IIIs do not have to have 7-day coverage • Physical therapy – Essential (E) for Level I, II, & IIIs. 7 days per week level I & IIs. Subscript- level IIIs do not have to have 7-day coverage	Motion: Dr. Hunt Second: Dr. Bolig
		#7 Non-Surgical Specialty Availability on call from inside or outside hospital – Intensivists	Essential (E) for Level I & IIs reading "at least one intensivist must be board certified or board eligible in critical care".	Motion: Dr. Dennis Second: Dr. Hunt
		(b) 1 (i) Special Facilities, Resources, Capabilities - Emergency Department (ED) - Personnel	Full time emergency department RN personnel 24 hours a day trained in trauma specific education/competencies for level IVs was changed from Desired (D) to Essential (E).	Motion: Dr. Hunt Second: Dr. Reed
		(b) 1. (i) Special Facilities, Resources, Capabilities - Emergency Department (ED) - Personnel	To delete existing language and add gray book language "In all trauma centers, emergency medicine physicians must be board certified, board eligible or have been approved through the Alternate Pathway. All emergency medicine physicians must have taken the ATLS course at least once. Physicians who are board certified or board eligible in a specialty other than	Motion: Dr. Reed Second: Dr. Smith

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			emergency medicine must hold current ATLS certification. All physicians must be physically present in the ED 24 hours a day"	
		(b) 1. (i) Special Facilities, Resources, Capabilities - Emergency Department (ED) - Personnel	Delete entire section "If managing trauma patients, a physician or physician extender with ongoing certification in the management of the traumatically injured patient".	Motion: Dr. Reed Second: Dr. Smith
		(b) 1. (i) Special Facilities, Resources, Capabilities - Emergency Department (ED) – Personnel - Advanced Practice Providers	Need definition for Advanced Practice Providers. Essential (E) for Level I, II, & IIIs reading "APP's that are clinically involved in the initial evaluation and resuscitation of trauma patients during the activation phase must have current ATLS certification"	Motion: Dr. Fischer Second: Dr. Bolig
		(b) 1. (ii) Emergency Department – Equipment for resuscitation and to provide support for the critically or seriously injured must include but shall not be limited to:	Essential (E) for Level I, II, III & IVs reading "All trauma centers must have a provider and equipment immediately available to establish an emergency airway".	Motion: Dr. Burns Second: Dr. Hunt
		(b) 1. (ii) Emergency Department – Equipment for resuscitation and to provide support for the critically or seriously injured must include but shall not be limited to:	Essential (E) for Level I, II, III & IVs reading "Bedside ultrasound capability for FAST examination"	Motion: Dr. Fischer Second: Dr. Burns
		(b) 1. (ii) Emergency Department – Equipment for resuscitation and to provide support for the critically or seriously injured must include but shall not be limited to:	Essential (E) for Level I, II, III & IVs reading "Helipad or Helicopter landing area".	Motion: Dr. Fischer Second: Dr. Reed

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		(b) 1. (ii) Emergency Department – Equipment for resuscitation and to provide support for the critically or seriously injured must include but shall not be limited to:	Essential (E) for Level I, II, & IIIs, Desired (D) for level IVs reading "A rapid volume infuser for the utilization of transfusion protocol".	Motion: Dr. Maxwell Second: Dr. Burns
		(b) 2. (i) Intensive Care Unit (ICU) for Trauma Patients	Essential (E) for Level I & IIs reading "Physician on duty in ICU 24-hours a day or immediately available from in-hospital (PGY 4/5 qualify)". Added Essential (E) for level IIIs reading" Level III provider coverage must be available within 30 minutes of request".	Motion: Dr. Hunt Second: Dr. Burns
		(b) 2. (i) Intensive Care Unit (ICU) for Trauma Patients	Essential (E) for Level I, II, & IIIs reading "Nurse-patient maximum ratio of 1:1 or 1:2 on each shift depending on patient acuity".	Motion: Dr. Hunt Second: Dr. Burns
		(b) 2. (ii) Intensive Care Unit (ICU) for Trauma Patients	Essential (E) for Level I & IIs, Desired (D) for level IIIs reading "Cardiac output monitoring".	Motion: Dr. Fischer Second: Dr. Burns
		(b) 2. (ii) Intensive Care Unit (ICU) for Trauma Patients	Essential (E) for Level I, II, & IIIs reading "A rapid volume infuser for the utilization of transfusion protocol".	Motion: Dr. Fischer Second: Dr. Bhattacharya
		(b) 8. Radiologic Special Capabilities	Added Interventional Radiology (includes angiography)	Motion: Dr. Dennis Second: Dr. Burns
		(b) 8. Radiologic Special Capabilities	Essential (E) for Level I & IIs, Desired (D) for level IIIs reading "Angiography of all types".	Motion: Dr. Dennis Second: Dr. Burns
		(b) 8. Radiologic Special Capabilities	Essential (E) for Level I, II, & IIIs reading "Sonography".	Motion: Dr. Dennis Second: Dr. Burns

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		(b) 8. Radiologic Special Capabilities	Essential (E) for Level I & IIs, Desired (D) for level IIIs reading "Nuclear scanning".	Motion: Dr. Dennis Second: Dr. Fischer
		(b) 8. Radiologic Special Capabilities	Essential (E) for Level I, II, & IIIs, Desired (D) for level IVs reading "In-house computerized tomography. In all trauma centers, documentation of the final interpretation of CT scans must occur no later than 12 hours after completion of the scan".	Motion: Dr. Dennis Second: Dr. Bolig
		(b) 8. Radiologic Special Capabilities	Essential (E) for Level I, II, & IIIs, Desired (D) for level IVs reading "In all trauma centers, documentation of the final interpretation of CT scans must occur no later than 12 hours after completion of the scan".	Motion: Dr. Dennis Second: Dr. Fischer
		(b) 8. Radiologic Special Capabilities	Essential (E) for Level I & IIs, Desired (D) for level IIIs reading "MRI (magnetic resonance imaging)".	Motion: Dr. Maxwell Second: Dr. Hunt
		(b) 8. Radiologic Special Capabilities	Essential (E) for Level I & IIs reading "Must have mechanism to remote view images from referring hospitals in catchment area".	Motion: Dr. Maxwell Second: Dr. Bolig
		(c) 1. Operating suite special requirements	Essential (E) for Level I & IIs, Desired (D) for level IIIs reading "Operating room, dedicated to the trauma service, with nursing staff in-house and immediately available 24-hours a day within 15 min of notification".	Motion: Dr. Burns Second: Dr. Fischer
		(c) 1. Operating suite special requirements	Essential (E) for Level I & IIs reading "If	Motion: Dr.

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			first operating room is occupied an additional operating room must be staffed and available"	Maxwell Second: Dr. Burns
		(c) 1. Operating suite special requirements	Essential (E) for Level I & IIs reading "Level I & II must have dedicated OR prioritized for fracture care in nonemergent ortho trauma".	Motion: Dr. Bolig Second: Dr. Fischer
		(c) 1. Operating suite special requirements	Essential (E) for Level I & IIs reading "Cardiopulmonary bypass capability - In level I and II centers, cardiopulmonary bypass equipment must be immediately available when required, or a contingency plan must exist to provide emergency cardiac surgical care". Subscript (1) reading "a contingency plan, including immediate transfer to an appropriate center and 100 percent performance improvement review of all patients transferred, must be in place".	Motion: Dr. Fischer Second: Dr. Hunt
		(c) 1. Operating suite special requirements	Essential (E) for Level I & IIs, Desired (D) for level IIIs reading "Craniotomy instrumentation".	Motion: Dr. Maxwell Second: Dr. Bolig
		(d) 6. Clinical Laboratory Services available 24 hours a day	Essential (E) for Level I, II, & IIIs, Desired (D) for level IVs reading "Serum and urine osmolality"	Motion: Dr. Dennis Second: Dr. Bolig
		(d) 8. Clinical Laboratory Services available 24 hours a day	Essential (E) for Level I, II, & IIIs, Desired (D) for level IVs reading "Drug and alcohol screening".	Motion: Dr. Dennis Second: Dr. Bolig
		(d) 10. Clinical Laboratory Services available	Essential (E) for Level I, II, & IIIs, reading	Motion: Dr. Dennis

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		24 hours a day	"Must have transfusion protocol developed collaboratively between the trauma service and blood bank".	Second: Dr. Bolig
		(d) 11. Clinical Laboratory Services available 24 hours a day	Replace existing language making Essential (E) for level I, II, & IIIs reading "Must have adequate supply of blood products".	Motion: Dr. Dennis Second: Dr. Bolig
		(e) 3. Trauma Medical Director	Essential (E) for Level I, II, & IIIs reading "36 hours of category I trauma/critical care CME every 3 years or 12 hours each year and attend one national meeting whose focus is trauma or critical care".	Motion: A. Greeno Second: Dr. Fischer
		(e) 12. Trauma Medical Director	Essential (E) for Level I, II, & IIIs reading "Participates in regional and national trauma organizations".	Motion: A. Greeno Second: Dr. Fischer
		(e) 15. Trauma Medical Director	Essential (E) for Level I, II, & IIIs reading "In all trauma centers, the shared roles and responsibilities of trauma surgeons and emergency medicine physicians for trauma resuscitation must be defined and approved by the TMD".	Motion: A. Greeno Second: Dr. Burns
		(f) 2. Attending General Surgeon on the Trauma Service	Replace existing language making Essential (E) for Level I, II, III & IVs reading "All attending general surgeons on the trauma service must have taken the ATLS course at least once"	
		(f) 3. Attending General Surgeon on the Trauma Service	Replace existing language making Essential (E) for Level I, & IIs, Desired (D) for level III & IVs reading "Maintenance of Certification".	Motion: A. Greeno Second: Dr. Burns

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		(f) 4. Attending General Surgeon on the Trauma Service	Essential (E) for Level I, II, & IIIs reading "In all trauma centers surgery coverage must be continually available".	Motion: A. Greeno Second: Dr. Bolig
		(f) 5. Attending General Surgeon on the Trauma Service	Essential (E) for Level I, & IIs reading "In level I and II trauma centers, the trauma surgeon must be dedicated to a single trauma center while on call"	Motion: A. Greeno Second: Dr. Bolig
		(f) 6. Attending General Surgeon on the Trauma Service	Essential (E) for Level I, & IIs reading "Level I and II trauma centers must have a published backup call schedule for trauma surgery".	Motion: A. Greeno Second: Dr. Bolig
		(f) ???. Attending General Surgeon on the Trauma Service	Essential (E) for Level I, II & IIIs reading "Trauma surgeon must be present in the operating room for key portions of operative procedures for which they are the responsible surgeon and must be immediately available throughout the procedure".	Motion: A. Greeno Second: Dr. Bolig
		(f) 7. Attending General Surgeon on the Trauma Service	Essential (E) for Level Is reading "In level I centers with surgery training programs, they must: • have a trauma rotation with defined objectives and curriculum for PGY3, PGY4, or PGY5 general surgical residents. • general surgery residents must be assigned to the trauma rotation for a minimum of three months during their PGY4 or PGY5 to ensure sufficient exposure to trauma care. For pediatric trauma centers, PGY3 surgical residents	Motion: A. Greeno Second: Dr. Bolig

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			are acceptable. must have trauma surgery coverage by PGY4 or PGY5 general surgery residents. If the number of PGY4 or PGY5 residents is insufficient to ensure coverage, PGY3 surgical residents and/or fellows are acceptable. All general surgery residents and/or fellows must be from an Accreditation Council for Graduate Medicine Education (ACGME) accredited program".	
		(g) 1. Trauma Program Manager (TPM)/Trauma Nurse Coordinator (TNC)	Essential (E) for Level I, II & IIIs, desired (D) for level IVs reading "Must have a full time TPM/TNC dedicated to the trauma program".	Motion: A. Greeno Second: Dr. Bolig
		(g) 4. Trauma Program Manager (TPM)/Trauma Nurse Coordinator (TNC)	Essential (E) for Level I, II & IIIs, desired (D) for level IVs reading "Must possess experience in Emergency/Critical Care Nursing".	Motion: A. Greeno Second: Dr. Bolig
		(g) 5. Trauma Program Manager (TPM)/Trauma Nurse Coordinator (TNC)	Essential (E) for Level I, II & IIIs, desired (D) for level IVs reading "Must have a defined job description and organizational chart delineating the TPM/TNC roles and responsibilities including a reporting structure that includes the TMD".	Motion: A. Greeno Second: Dr. Hunt
		(g) 6. Trauma Program Manager (TPM)/Trauma Nurse Coordinator (TNC)	Essential (E) for Level I, II & IIIs, desired (D) for level IVs reading "Must be provided the administrative and budgetary support to complete educational, clinical, research, administrative and outreach activities for the trauma program".	Motion: A. Greeno Second: Dr. Bolig

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		(g) 7. Trauma Program Manager (TPM)/Trauma Nurse Coordinator (TNC)	Essential (E) for Level I, II & IIIs, desired (D) for level IVs reading "Shall attend one national meeting within the 3-year verification/designation cycle, provide 36 hour continuing education (CE) during the verification/designation cycle and hold current membership in national organization".	Motion: Dr. Burns Second: Dr. Bolig
		(i) 1. Trauma Registrar	Replace existing language making Essential (E) for level I, II, III, & IVs reading "A full-time equivalent registrar for each 500 patients per year who were admitted and/or who met institutional criteria for trauma team activation and were discharged home from the ED".	Motion: Dr. Bolig Second: A. Greeno
		(i) 2. Trauma Registrar	Replace existing language making Essential (E) for level I, II, & IIIs, reading "Each trauma registrar must accrue at least 24 hours trauma-related CE during the designation cycle".	Motion: A. Greeno Second: Dr. Fischer
		(i) 3. Trauma Registrar	Remove existing language	Motion: A. Greeno Second: Dr. Dennis
		(i) 4. Trauma Registrar	Add language making Essential (E) for Level I, II & IIIs reading "At least one registrar must be a current CAISS specialist".	Motion: A. Greeno Second: Dr. Fischer
		(i) 5. Trauma Registrar	Add language making Essential (E) for Level I, II & IIIs reading "Staff members that have a registry role in data abstraction and entry, injury coding, ISS calculation, data reporting, or data validation for the	Motion: A. Greeno Second: Dr. Fischer

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			trauma registry must fulfill all of the following requirements: • Participate and pass the most current version of the AAAM's Abbreviated Injury Scale (AIS) course that your center is using • Participate on a trauma registry course that includes all of the following content: o Abstraction o Data management o Reports/report analysis o Data validation o HIPAA Participate in an ICD-10 course or an ICD-10 refresher course every five years".	
V. Adjourn		Meeting was adjourned		