

**TRAUMA CARE ADVISORY COUNCIL
MINUTES**

Date: February 23, 2024

VOTING MEMBERS PRESENT	(1) Paula Bergon (2) Reagan Bollig, MD (3) Oseana Bratton, RN (4) Bracken Burns, MD	(5) Brad Dennis, MD (6) Brian Daley, MD (7) Amber Greeno, RN (8) Steve Hamby	(9) Darrell Hunt, MD (10) Regan Williams, MD (11) Willie Melvin, MD
VOTING MEMBERS ABSENT	(1) Dave Bhattacharya, MD (2) Peter Fischer, MD (3) David Kerley	(4) Robert Maxwell, MD (5) Brian Reed, MD (6) Monica Warhaftig, MD	(5) Level IV Medical Director (6) Consumer of trauma care
GUESTS	(1) Rachel Appelbaum (2) Carrie Austin (3) Jennifer Beecham (4) Kathleen Berrie (5) Margaret Bloomfield (6) Alli Brogan (7) Helen Brooks (8) Jessie Butler (9) Bill Campbell (10) Jim Christofferson (11) Anissa Cooper (12) Amanda Cothran (13) Danielle Crowe (14) Theresa Day	(15) Amber Estes (16) Nathaniel Flinchbaugh (17) AB Fruin (18) Kay Garrett (19) Andrew Holt (20) Bre Hutton (21) Crystal Jones (22) Sarah Koerper (23) Leslie Kwak (24) Kyle Lang (25) Kallie Lawrence (26) Donna Lemoine (27) Terry Love (28) Bryan Metzger	(29) Renee Mills (30) Brent Nix (31) Andrea Palmer (32) Lisa Sampson (33) Rob Seesholtz (34) Stefani Skoglund (35) Melissa Smith (36) Stephanie Spain (37) Caroline Tippens (38) Kennedy Toban (39) Debi Tuggle (40) John Valentine (41) Melanie Vanderford
NEXT MEETING DATES:	<p>2024 Tuesday April 2nd – Nashville Friday August 2nd – Westin Hotel Chattanooga Friday November 8th – Nashville</p>		

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	
	R. Seesholtz	Introduction of Steve Hamby who is the ERC for Knox County and EMS Board Chair		
I. Approval of Minutes	B. Daley	Minutes from the November 17, 2023, TCAC meeting were presented for approval.	Minutes approved	Motion: Dr. Bolig Second: Dr. Dennis
II. Old Business a. Trauma Fund/Updates	R. Seesholtz	1st quarters disbursement calculations for eligible facilities are complete. <ul style="list-style-type: none"> • 1st qtr. Total \$ 1,460,040.26 letters dated 2/20 		R. Seesholtz
III. Subcommittee/Ad Hoc Committee Reports				
a. Registry	B. Dennis	No report		
b. IP / Surveillance	T. Love	Terry presented an update of the Injury Prevention core grant and data to action results.		
	M. Bloomfield	Ms. Bloomfield presented on crash data from the TITAN business unit on ambulance, stretcher, and wheelchair crash data.		
c. System Development/ Outreach	B. Daley	The 2024 Oscar Guillamondegui Trauma symposium is scheduled for August 1, 2024, in Chattanooga. Dr. Ben Zarzaur will be the keynote speaker and Air Force General Bart Givens will speak on radiation exposure and safety. Invitations for additional speakers will be forwarded soon. Registration will be opening in about a month or so.		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
d. PI/Outcomes	R. Bolig	<p>Discussed meeting in Louisville at the TQIP conference. Identified some irregularities with data coding and thus with our TQIP numbers that preliminarily look to be helping the accuracy of our data. Members also had discussions regarding other in hospital events and what the facilities and teams are doing to mitigate morbidities with our patients.</p>	<p>More will be coming when we get our spring report in the next month or two, maybe before April so we can discuss those findings at the next TCAC meeting.</p>	R. Bolig
e. CECA	R. Williams	<p>Pediatric rules were approved at rule making hearing at the last HCF Board meeting and are making their way through the legislative process.</p> <p>CoPEC statute is also moving through the legislative process where CoPEC has been moved from a government agency to a non-government agency and hopefully when that happens, we will be recognized and have a representative back on TCAC to ensure that this council has 25% representation of children...inaudible.</p> <p>Our conference will be held in Lebanon TN on May 2nd at the farm bureau expo. More information is on the CECA website.</p> <p>The star of life event that honors EMS providers across the state and that will occur on the evening of May 2nd. Tickets will be available soon.</p> <p>Lastly, we elected a CoPEC co-chair who is Dr. Rebecca Kidd from Vanderbilt.</p>		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
f. Legislative	B. Daley	<p>The legislative committee met earlier today and addressed several of the issues about college and state criteria for trauma centers and discussed the process to do that under our current and future states as transition is made through the Health Facilities Commission and CON Board. Those discussions will continue.</p> <p>The committee also discussed options for helping the legislature appreciate the cost of trauma care across Tennessee not only included in the annual trauma care report which is delivered to the legislature but substantial funds that are laid out for readiness that will be in the readiness cost report which will come out February 29th.</p>	<p>The goal of the Trauma Care Advisory Council is to integrate this together but also follow the rules for sunshine and state rules and members are encouraged to remember those rules when dealing with our state legislature.</p>	
g. Finance	B. Daley	No report from finance.		
IV. New Business				
a. Readiness Cost Update	B. Daley	<p>Data is still being cleansed by Warren Averett. Their due date for their final report is February 29th. The back of the napkin estimates based on my review and the review with the accountant Jessica Story is that we will exceed Georgia's readiness cost published data. I might say by quite a bit.</p>	<p>The goal is to get the state legislature aware of just how much it costs to even be ready for trauma patients, let alone the operational costs to take care of them.</p>	
b. Out-of-state site reviewers	R. Seesholtz	<p>With the movement of high-level centers from a state designation process to an ACS verification process, that has caused a reduction in the time needed for out-of-state reviewers to function as the lead reviewer for level I and level II centers here in the state. Currently we have two reviewers that function</p>	<p>Asking the council for recommendations for out-of-state reviewers to function as team lead for any future trauma center designations, provisional or full designation visits.</p>	

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
	<p data-bbox="394 1052 527 1081">W. Melvin</p> <p data-bbox="394 1219 541 1248">R. Seesholtz</p>	<p data-bbox="634 215 1188 444">as lead reviewers for level I and II centers here in the state. One is in Georgia and the other is in Wisconsin. As it currently exists, we have two level I centers that are undergoing reviews this year. One of which I have been unable to schedule due to scheduling conflicts, even with adjusting the timeframe for review.</p> <p data-bbox="634 483 1178 1013">I'm also asking the council to weigh in regarding presenting to the HCF Board and asking for a one time rule waiver that removes the out-of-state reviewer requirement for this one review and leave the team composition in place except for the out-of-state requirement, meaning team composition would be trauma surgeon from an in-state level I trauma center and nurse program manager from a level I trauma center and myself to conduct that review. This would bring all level I centers up to speed regarding their scheduled designation or redesignation visits and would not require the need for another out-of-state lead reviewer for 3 more years unless another level I or level II center comes into the state.</p> <p data-bbox="634 1052 1152 1182">Is this a band aid on the issue? Is this something that moving forward may present itself again? Do we need to look bigger than this one review?</p> <p data-bbox="634 1219 1178 1416">I can't say that it will never happen again. But for all intents and purposes from what I understand in speaking with centers, one of those centers will be approaching ACS verification within the next year and the other center will be in my best guess approaching</p>		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
	<p>B. Dennis</p> <p>R. Seesholtz</p> <p>A. Greeno</p> <p>R. Seesholtz</p> <p>A. Greeno</p>	<p>ACS verification within the next two years or so. It may put a band aid on it or there's the distinct possibility that all level I centers here in the state will be ACS verified by the time that I need another out-of-state reviewer to conduct a review.</p> <p>Rob, your request here is to have one less physician reviewer, not to replace the out-of-state with another in-state reviewer.</p> <p>That is correct, the requirements as they exist today "the site team shall consist of the following for level I and II centers. A trauma surgeon medical director or a trauma surgeon who has previously been a medical director from an out-of-state trauma center who shall serve as team lead". I do not want that rule to go away however, I would like the council's approval to approach the board for this one-time waiver of this requirement so that this site visit can be scheduled and conducted appropriately.</p> <p>Rob, do you not think it would be something that comes up at the next one if the hospital has to have an out-of-state and they think its not fair that one was able to do their review without having an out-of-state person?</p> <p>I can't say Amber.</p> <p>I just foresee that they would say that it's not fair that they can't just have less reviewers in those cases.</p>		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
	<p>R. Seesholtz</p> <p>R. Bolig</p> <p>R Seesholtz</p> <p>B. Daley</p> <p>A. Greeno</p> <p>R. Seesholtz</p>	<p>That could be a distinct possibility.</p> <p>Are these for additional reviews for level I's?</p> <p>This particular situation is for a full designation review. They have already been provisionally designated, we just need someone to conduct the full review. I would also entertain the option or thoughts from the council if there were an alternative plan of another out-of-state reviewer that may function is this capacity.</p> <p>I've contacted members in our COT region and solicited their efforts to come and be out-of-state reviewers. Unfortunately, just as Rob has said, the time constraints of many of those people and the time constraints of trying to move this designation process forward are not matching up. And that's the bottom line, is trying to do it within the time frame for state designation and get those people here and through the system.</p> <p>If we are going to seek other people, their travel and hotel are paid for by the state or the hospital?</p> <p>The designating facility is responsible for those costs. And I assure you that since there may not be a lead reviewer from an out-of-state trauma center, that does not take away from any of the requirements that that institution is responsible for under trauma center rules. They will still continue to be reviewed, the site team will still look at PI and all the items that we</p>		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
	<p>D. Hunt</p> <p>R. Seesholtz</p> <p>D. Hunt</p> <p>W. Melvin</p> <p>R. Seesholtz</p> <p>B. Burns</p>	<p>currently look at when we do provisional or full reviews.</p> <p>This is clearly about us and our review. I'm going to say that I am very confident and comfortable that my colleagues can conduct a fair and objective assessment of our ability to be a level I trauma center.</p> <p>So, you would support a one time request from the board to strike this for this particular visit.</p> <p>That is correct.</p> <p>Let's take a step back. In the spirit of that policy, what is the objective of an out-of-state level I visitor, what advantage does that present, and what are we missing by not having that happen?</p> <p>It is my opinion that the out-of-state reviewer may take some of the politics out of that may or may not be occurring within the current structure of our trauma system. Someone removed from the inner workings of what's going on in Tennessee and provide a new set of eyes not only with what's going on not only at the institution but also what we have going on here in the state.</p> <p>I would agree with what Rob said but I also think that we need to take into consideration the amount of work that it takes to do that site visit in the course of a day and maybe better if we had two in-state people if we cannot get an out-of-state reviewer so that the review is as</p>		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
	<p>W. Melvin</p> <p>B. Daley</p> <p>W. Melvin</p> <p>R. Seesholtz</p>	<p>comprehensive as it would be with an out-of-state person. So the site visit team is the same size and instead of an out-of-state person there are two in-state people so that we have a comprehensive review. That would be a suggestion.</p> <p>If the objective is to be objective, if the goal is to be objective having another pair of eyes, I think is one would it be a consideration to have an out-of-state person review the final recommendation to say objectively it looks like it was a good review when all boxes are checked. Only a question.</p> <p>I'm not sure what that value adds, the important thing about the site visit is to see how that system works, kind of boots on the ground. The goals is to approach the HCF Board for this waiver and there have been two proposals, one is to remove the requirement for an out-of-state reviewer, the other one is to propose that we have two in-state reviewers rather than just the one in-state reviewer. I would ask the council if someone is willing to make a proposal forward on either or both of those..</p> <p>Before we do. We've had problems getting an out-of-state reviewer, if we said two in-state would that still present schedule conflicts.</p> <p>There is that possibility as well, Surgeons schedules are really booked up, especially for the level I centers which is what's required in state rules. So that remains a possibility.</p>		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
	B. Burns	I'll make a motion to have two in-state people and be willing to look at my calendar should Rob ask me.	<p>Dr. Daley – Aye Dr. Dennis – Aye Dr. Bolig – Aye Dr. Burns – Aye Dr. Hunt – Aye Dr. Melvin – Aye Steve Hamby – Aye Dr. Williams – Aye Amber Greeno – Aye Oseana Bratton – Aye Paula Bergon – Aye</p>	Motion Passes
	R. Bolig	Second		
	B. Daley	Further discussion, call the question.		
	R. Seesholtz	So the motion on the table is to allow two in-state reviewers to function in the absence of a lead out-of-state reviewer.		
	B. Daley	Any new business from the council or our invited guests?		
	A. Greeno	I have two things that we can discuss at the next meeting and I told Rob that I would email him, one is that Regan had mentioned as it was talked about in a different meeting, nut to have the pediatric ACS verified level I centers receive the same disbursements from the state as level I adult trauma centers because we are meeting the requirements of the adult rules and there are peds rules in addition to that, and the other thing, I recently onboarded new PI coordinators and then V5 rolled out all these new ACS questions that reflect the new		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
V. Adjourn		terminology in the rules in the Gray book, and then I found that they were answering them differently on there own perspectives and we talked about it and then came up with a defining dictionary for each one of those possible filters that would be populated by a patient review and so that way they are answering the same for each patient and I have a feeling that what we identified as a problem is probably similar to other hospitals. So, I was wondering if we could propose building a subcommittee to develop statewide definitions so if somebody submits you data on a filter, it's the same information that another hospital would submit the same thing for. So building a statewide PI/QA definition book.		
	B. Dennis	Do you think the PI committee might be the appropriate committee to do PI definitions?		
	B. Daley	We have a PI committee. So in addition to your one agenda item for next meeting you'll as the PI committee to start to formulate..		
	A. Greeno	Who do I ask?		
	B. Daley	Dr. Bolig.		
	A. Greeno	I'll email you.		
	B. Daley	Any other new business? I'll remind the surgeons that there will be a brief COT meeting after the meeting.		
		Meeting was adjourned		