

**TRAUMA CARE ADVISORY COUNCIL  
MINUTES  
Date: November 4, 2019**

<b>VOTING MEMBERS PRESENT</b>	(1) Dave Bhattacharya, MD (2) Oseana Bratton, RN (3) Douglas Brown (4) Bracken Burns, MD (5) Brad Dennis, MD (6) Amber Greeno, RN (7) Heather Kelly	(8) Scott Kelsey, MD (9) Robert Maxwell, MD (10) Marisa Moyers, RN (11) Steve Otto (12) Rene Saunders, MD (13) Benji Scharfstein, MD (14) Melissa Smith, RN	(15) Sullivan Smith, MD
<b>VOTING MEMBERS ABSENT</b>	(1) Brian Daley, MD (2) Trey Eubanks, MD (3) Peter Fischer, MD	(4) Oscar Guillamondegui, MD (5) Roger Nagy, MD (6) Michael Thomas	
<b>GUESTS/ TCOT Members</b>	(1) Carrie Austin (2) Jennifer Beecham (3) Paula Bergon (4) Alli Brogan (5) Jenifer Conerly (6) Todd Haines (7) Andrew Holt (8) Kyonzte Hughes-Toombs (9) Katy Johnson (10) Carol Jones	(11) David Kerley (12) Natasha Kurth (13) Wanda McKnight (14) Brian Metzger (15) Brent Nix (16) Britnei Outland (17) Kelsey Palladino (18) Anita Perry (19) Niki Rasnake (20) Ann Reed	(21) Brian Reed (22) Anissa Revels (23) Donna Russell (24) Rob Seesholtz (25) Nicole Spainhoward (26) Beverly Tester (27) Heather Thompson (28) Brandon Todd (29) Mollie Triplitt (30) Kayla Whiteaker
<b>NEXT MEETING DATES:</b>	<b>2019</b> Friday February 14 <sup>th</sup> – Nashville Wednesday April 29 <sup>th</sup> – Nashville Saturday August 8 <sup>th</sup> – Memphis Tuesday November 17 <sup>th</sup> – Nashville		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
Statute Rules	B. Dennis	Required to have majority voting members present to have a quorum	Roll call – Quorum present	
I. Approval of Minutes	B. Dennis	Minutes from the August 9, 2019 TCAC meeting were presented for approval.	Minutes approved	
II. Old Business a. Trauma Fund	R. Seesholtz	Reported to the council on 2019 disbursement amounts. Current fund amounts are \$525,941.39 below last year’s totals.		
III. Subcommittee/Ad Hoc Committee Reports				
a. Registry	B. Dennis/R. Seesholtz	The council was reminded of the live registry training that is scheduled for 12-17 and to bring your xml file for practice upload and of the remote training that’s scheduled during the week of January 6 <sup>th</sup> 2020.	It was requested that centers do not install AIS 2015 at this point as ImageTrend is working on the ability to accept those files with updated AIS nomenclature.	
b. IP / Surveillance		No report		
c. System Development/ Outreach	R. Seesholtz	Rob inquired of volunteers to serve on the planning committee for next year’s trauma symposium.	Rob will send an email to all TPM’s and schedule our first planning call.	
d. PI/Outcomes	T. Eubanks	No report		
e. CoPEC	T. Kurth	No report		
f. Legislative	R. Seesholtz	Trauma rules will be effective on November 4 <sup>th</sup> .	Rule revision to begin next year.	
g. Finance	B. Daley	No Report		

TOPIC	SPEAKER	SUMMARY/DECISIONS	RECOMMENDATIONS/ ACTION	RESPONSIBLE PARTY
VI. New Business  a. Funding Letter to the Commissioner  b. Review of Pediatric trauma standards  c. Interpretative guidelines  d. State designation and ACS verification  VII. Adjourn	  R. Seesholtz  R. Seesholtz  R. Seesholtz	Recommendation to send a draft letter to the Commissioner of Health to support approval of funding to support the trauma system.  The council had opportunity to review the draft pediatric trauma rules and to provide comment. It was requested that any additional comments or concerns be forwarded to Dr. Eubanks, Dr. Guillamondegui, or Rob. These concerns will then be forwarded to CoPEC and will be addressed at the next TCAC meeting.  Rob requested guidance related to the response time rule “For the highest level of activation for level III centers, the trauma attending shall be available within 30 minutes, unless the patient is immediately being transferred to a higher level of care”.  Discussion on the differences of requirements with state designation and ACS.  Meeting was adjourned	Recommendation by General Council to have working group meet with health’s legislative team for assistance.  Comments voiced: <ul style="list-style-type: none"> <li>• Concerns of being exclusionary with ACS standards. No ability to seek trauma center designation at a lower level thus elevating the standard of care provided to traumatically injured pediatrics.</li> <li>• Trauma specific CEU’s for ER, ICU, and PACU</li> <li>• ATLS requirements for Pediatric surgeons and EM docs.</li> </ul> The council weighed in indicating that the documented response times of the trauma attending and the facility PI process would indicate any delays in the attending’s arrival or delays in patients being transferred from the respective facility  Motion and seconded to table discussion until updated gap analysis is completed.	Rob will introduce working group and legislative team.