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2021 TRAUMA REPORT



EMERGENCY & TRAUMA CENTER

Our mission | To serve through healing, education and discovery

Acknowledgments

The University of Tennessee Medical Center's Level I Trauma Center works daily to advance trauma care in East Tennessee and beyond. As the only Level I Trauma Center to receive verification from the American College of Surgeons in our region, we are committed to performing at the highest level of care for our patients and their families. We offer comprehensive care, beginning with the first responders and continuing after discharge with physical therapy, support services such as the Trauma Survivors Network, and other vital resources. Our hard-working and humble providers are committed to the best outcomes for our patients, regardless of their ethnic background, gender or social situation. This report acknowledges the Emergency & Trauma staff and their unwavering dedication to their community.



Brian J. Daley, MD, MBA, FACS, FCCP, CNSP
Professor, Department of Surgery
Program Director, General Surgery
Chief, Division of Trauma and Critical Care
Department of Surgery



Theresa Day MSN, RN, CCRN
Trauma Program Manager



THE
COMMITTEE
ON **TRAUMA**



**American Heart Association
American Stroke Association
CERTIFICATION**
Meets standards for
Comprehensive Stroke Center



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TEE Up for Trauma Back Cover



Improvise, Adapt, Overcome

Motorcycle rider Larry Dennis was severely injured in a crash. Through determination and perseverance, he is now leading rides with his Harley group again.

Larry Dennis was leading a motorcycle ride for Smoky Mountain Harley Davidson when the crash occurred. "We were waiting for a woman to make a left-hand turn into her driveway," he said. "A car came the other way, clipped her car and then hit me." Larry's wife, who was riding in front of him, immediately got on her CB to call for help.

IN THE TOP FIVE PERCENT OF TRAUMA PATIENTS

Brian Daley, MD, MBA, FACS, FCCP, CNSP, was one of Larry's surgeons. Daley is the program director of General Surgery and the Surgical Critical Care Fellowship. He is also the chief of the Division of Trauma & Critical Care Surgery.

Daley said that Larry's injuries put him in the top five percent of critically injured patients the Trauma Service treats. "He had injuries to multiple body areas," said Daley. "When you combine those with some existing health issues, Larry was a complex patient."

He had multiple open leg fractures, a broken ankle, a shattered foot and a broken hip. All the ribs on his right side were broken and the ligaments in his right shoulder were torn. During his hospitalization, he developed a delayed bowel injury, and required multiple operations while he recuperated.

A HARD CHOICE

For the first month, Larry's care team kept him heavily sedated and with multiple medications to keep him comfortable so he could heal. As he progressed, the Orthopaedic team planned to put pins, screws and plates in his leg. But when he got into surgery, they found that he still had an infection.

"They told me that I could either have a through-the-knee amputation now or take another round of antibiotics to try to save my leg. But if it didn't work, they'd have to amputate my whole leg."

The COVID-19 visitor restrictions were in place. Larry's family wasn't allowed to visit, and he didn't want to spend any more time away from them than he had to. He also didn't want to take the chance of losing his leg, so he agreed to the through-the-knee amputation.

PRACTICE MOTORCYCLE SAFETY

Fast Facts



Motorcycle accidents result in **THOUSANDS OF INJURIES AND DEATHS** a year across the United States.



Motorcycles make up **3% OF ALL REGISTERED VEHICLES** and **.06% OF ALL VEHICLE MILES** traveled in the United States.



Motorcyclists account for **14% OF ALL TRAFFIC FATALITIES**, **17% OF ALL OCCUPANT FATALITIES** and **3% OF ALL OCCUPANT INJURIES**.

AN OUTPOURING OF LOVE

Larry was amazed by the outpouring of love and support from the Harley owners' group at Smoky Mountain Harley. He received more than 70 get-well cards from his friends and family. Before visitor restrictions went in place, multiple group members visited him regularly.

"While I was hospitalized, they made my whole house wheelchair accessible," he said. "They made certain that, when I got home, I was in fine shape to get around."

Larry tried to resign from his role with the dealership. "They wouldn't accept my resignation," he said. "They told me, 'We're waiting for you. Whatever it takes to get you back, we'll do it.'"

IMPROVISE, ADAPT, OVERCOME

Decades ago, when Larry was in the Marines, he learned the mantra, "Improvise, adapt, overcome." That mantra got Larry from a wheelchair to a walker to walking on his prosthetic leg.

Last summer, Larry and his wife started leading rides for the motorcycle group again, this time with Larry on a trike.

"I've ridden for 53 years, so giving it up wasn't an option," said Larry. So, when his mom encouraged him to get a three-wheeler instead of a motorcycle, Larry did it.

One of the riders in his group, a retired surgeon, was amazed at Larry's progress. "You're walking, you're riding – you're basically back to normal," he said.

Larry said, "Well, what other option do I have?"

"You know," the surgeon said, "that's a really good point. If you keep that attitude, you'll be going on down the road."

SAFETY TIPS FOR RIDERS

Practice safe riding tips to reduce your chances of crashes and injuries.

1 BE VISIBLE

Motorists often don't see motorcycles or react in time.

- Burn your headlamp, day and night.
- Use reflective clothing.
- Flash your brake light when slowing.

2 DRESS FOR SAFETY

The only thing between you and the road is your gear.

- Wear a quality helmet and eye protection.
- Choose bright clothing and a light-colored helmet.
- Dress in long sleeves, pants and gloves.

3 KNOW YOUR BIKE

Before you ride, understand how to use your bike.

- Get formal training through a rider training course.
- Practice riding in a safe area before going into traffic.
- Learn to handle your bike in a variety of weather and road conditions.

Sources: National Safety Council Injury Facts, injuryfacts.nsc.org; Motorcycle Safety Foundation, msf-usa.org.

The Trauma Survivors Network, or TSN, is a community of patients and families who are looking to connect with one another and rebuild their lives after a serious injury. The TSN website provides a place for trauma patients and their loved ones to connect with others and get the information they need to help rebuild their lives. You can visit the website at traumasurvivorsnetwork.org for more information and to connect with other survivors.

The University of Tennessee Medical Center's TSN provides the following programs:

PEER VISITATION

Former trauma patients and caregivers are trained to be peer visitors. Peer visitors volunteer their time to visit patients and their families in the hospital and share experiences from the road to recovery after a serious injury. Peer visitors can answer your questions from the perspective of someone who has been there. This year we continued phone peer visits to provide support for patients who have been discharged.

SURVIVORS SUPPORT GROUP, LET'S CHAT

This is a general support group for trauma survivors that is held the first Tuesday of the month. During 2021, the support group was a hybrid of in-person and virtual meetings.

SNACK & CHAT

Family and friends of patients currently admitted to our Trauma Center are invited to take time to relax, have a snack and learn more about the emotional impact of trauma. Mobile Snack & Chat occurs at 10 a.m. on Thursdays with TSN going to 7, 9 and 10 East to serve trauma patients' families and friends.



TSN's outpatient support group, Let's Chat provided monthly hybrid support group opportunities to trauma patients and families during 2021. This included TSN champions and partners as co-facilitators to the group. The medical center's TSN also promoted the National TSN program's monthly support group to provide additional care.

TSN Coordinators supported 909 patients with 16 percent receiving follow up visits. During the initial visit patients and their families were given the Trauma Patient Handbook, a brochure about the TSN program and any resources or information the patient may need support with.

COVID-19 visitor restrictions have impacted TSN's in-person peer visitation, but phone peer visits were continued during the past year. During 2021 there were nine peer visits with peer visitors dedicating over 10 hours to the TSN program and conducting peer visits.

2021 STATS 2021 STATS | 2021 STATS | 2021 ST

For more information about TSN programs please contact the TSN coordinators at **865-305-9970** or **TSNCoordinator@utmck.edu**.

Stop the Bleed Campaign



Pictured:

Students in Stop the Bleed classes learn a variety of bleeding control techniques.

FOR A MORE RESILIENT NATION

The Stop the Bleed campaign was officially launched by the White House in October 2015. This campaign is part of the Presidential Policy for National Preparedness. The policy addresses building national resilience through public awareness, education and training.

In aid of this policy, and supported by the American College of Surgeons, the medical center began offering The Bleeding Control Basic Course in April 2017.

This course recognizes that citizens may be faced with a life-threatening bleeding situation at any time. Massive bleeding from any cause – but particularly from an active shooter, explosive event or natural disaster where a response is delayed – can result in death.

Victims can die from uncontrolled bleeding within five minutes. According to the National Trauma Institute, 35 percent of prehospital deaths are caused by traumatic injury, hemorrhage or major loss of blood. In the same way the general public has learned CPR, medical organizations must also teach people to recognize life-threatening bleeding and apply proper bleeding control techniques.

BLEEDING CONTROL BASICS COURSE

In the Bleeding Control Basics Course, attendees learn to apply direct pressure, pack wounds and apply tourniquets.

The course is taught to all age groups with no pre-existing medical knowledge required. Designed as a one-time certification, this course provides the knowledge and skills to help save a life. Through these courses, the trauma staff has found attendees also gain confidence and lose their fear of doing something wrong.

As a Level I Trauma Center, our injury prevention and outreach initiatives encompass the East Tennessee region. In 2021, we held 27 courses and trained 149 individuals. We have also partnered with instructors from health care, EMS services and law enforcement. Partnering and collaborating with agencies throughout our region has brought unity to the program offerings.

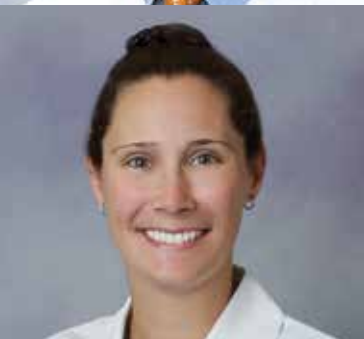
One main goal of the Stop the Bleed campaign is to place bleeding control kits in public locations, such as schools, churches and businesses. Through efforts like these, we are striving to bring this life-saving training to everyone in our region.

Leadership



Trauma Services

**Brian J. Daley, MD,
FACS, MBA, FCCP, CNSP**
Medical Director



Trauma Surgical Critical Care

**C. Lindsay McKnight,
MD, FACS**
Medical Director



Medical Critical Care

**Paul R. Branca, MD
FCCP, D-AABIP**
Medical Director



Neurocritical Care

**Thomas J.
Christianson, MD**
Medical Director



Emergency Department

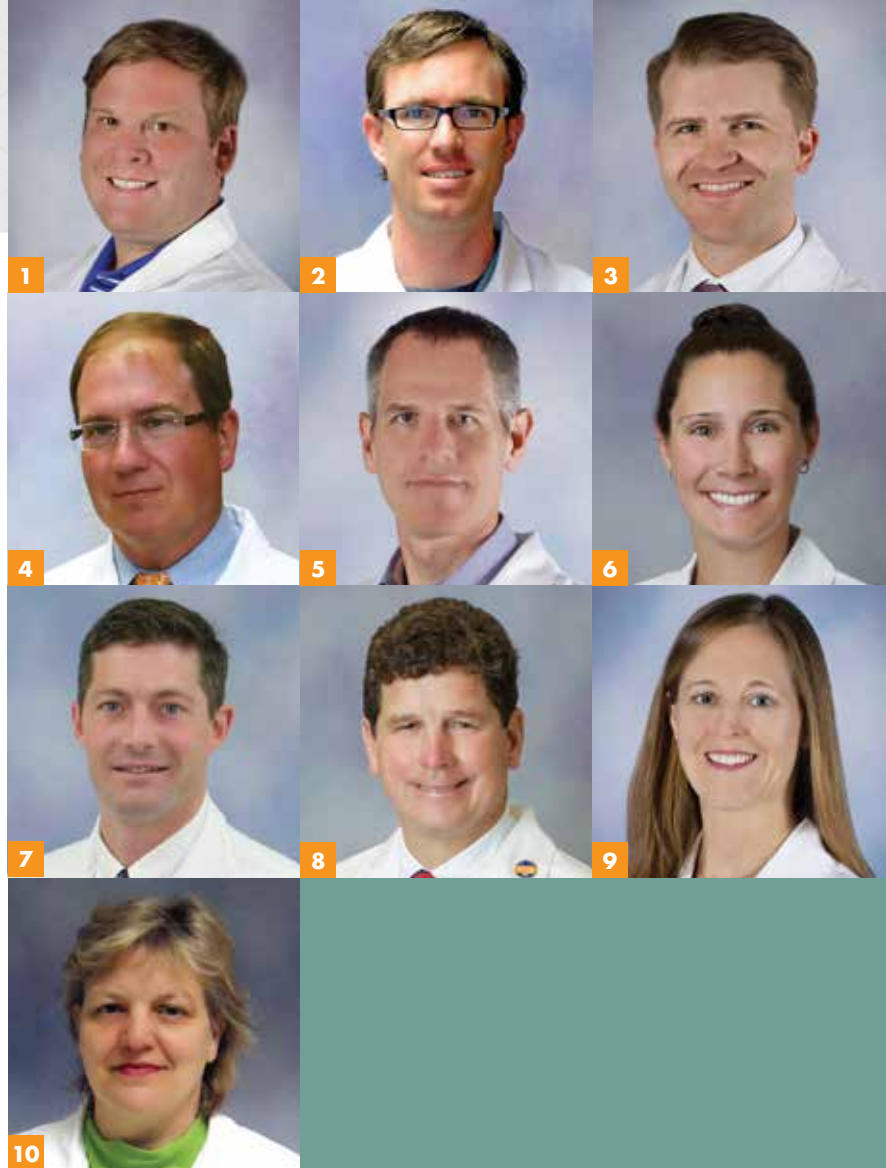
Denise C. Semashko, MD
Medical Director

Acknowledgments

Department of Oral and Maxillofacial Surgery
Department of Radiology
Department of Surgery
Division of Plastic Surgery
Neurosurgical Associates
University Anesthesiology
University General Surgeons
University Orthopedic Surgeons
TEAMHealth
UT LIFESTAR
Pastoral Care

Trauma Surgeons

- 1 Davis P. Berry, MD
- 2 Reagan W. Bollig, MD, FACS
- 3 Alexander C. Cavalea, MD
- 4 Brian J. Daley, MD, FACS, MBA, FCCP, CNSP
- 5 Heath R. Many, MD, FACS
- 6 C. Lindsay McKnight, MD, FACS
- 7 Todd A. Nickloes, DO, FACOS, FACS
- 8 R. Frank Roberts, MD, FACS
- 9 Stephanie E. Scott, MD
- 10 Lou M. Smith, MD, FACS



Trauma Multidisciplinary Liaison Team

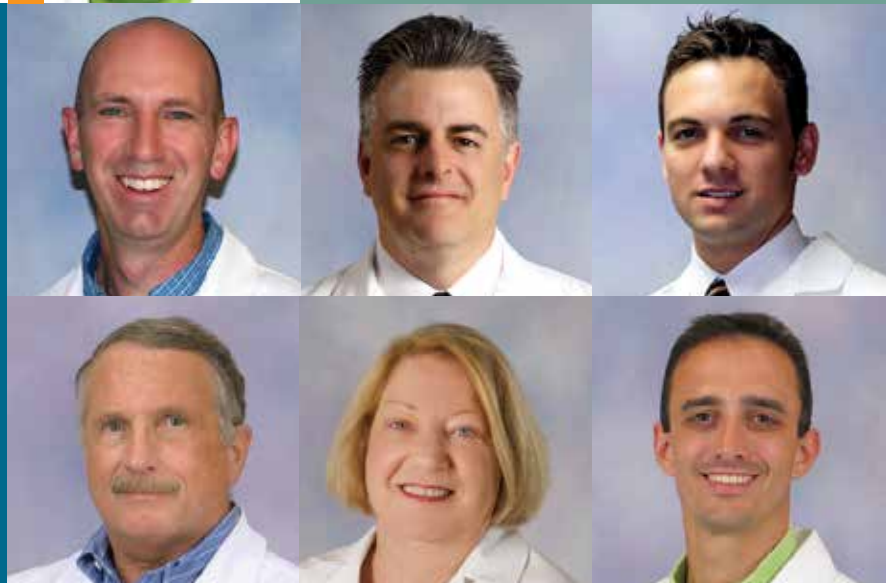
A multidisciplinary trauma peer-review committee was formed to include liaisons from all the subspecialty groups that are involved in trauma care. This committee meets monthly to review all aspects of trauma care, including systematic review of all mortalities, significant complications and process variances associated with unanticipated outcomes. Our goal is to improve patient care, including prehospital care, acute care issues, post-discharge requirements as well as outreach and injury prevention.

FIRST ROW

J. Doug Keller, DO | Trauma Anesthesia Liaison
William E. Snyder, Jr., MD | Trauma Neurosurgeon Liaison
Brian M. Tonne, MD | Trauma Orthopedic Surgeon Liaison

SECOND ROW

J. Michael McCoy, DDS | Trauma Oral and Maxillofacial Surgery Liaison
Denise C. Semashko, MD | Emergency Department Medical Director and Trauma Liaison
Steven P. Knight, MD | Trauma Radiology Liaison





Feeling *Hope* for the Future

After a car crash hospitalized JoAnna Witkowski for three months, she is rebuilding her life with the help of the medical center's Trauma Survivors Network.

Two weeks before COVID-19 lockdown began, JoAnna Witkowski hit a pole head-on doing between 70 and 80 miles per hour. The crash shattered her ankle, broke her clavicle and created a traumatic hernia in her lower left abdomen.

She was brought by ambulance to the Emergency Department at The University of Tennessee Medical Center. But after a few days in the hospital, "I started pulling out my tubes and demanding to go home," JoAnna said.

The medical center released her and, "At first, I thought I was fine. But then I started having stomach trouble. I couldn't eat and I started vomiting. After four days, I was back at the medical center."

An exam showed the hernia had gone septic, which meant widespread infection in JoAnna's digestive tract. So, in April 2020, JoAnna began a series of surgeries to treat her abdomen and repair her ankle, a journey that lasted 89 days.

"BEING ALONE WAS THE HARDEST PART"

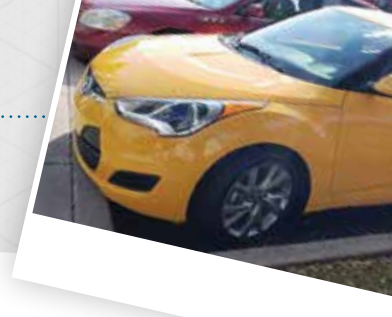

Nearly three months in the hospital would have been challenging to anyone, but when JoAnna was readmitted the country had just gone into lockdown for the COVID-19 pandemic. That meant no visitors were allowed in the hospital, which also meant JoAnna's support team – her mom and brother – couldn't be there.

So, Elizabeth Waters stepped in. Elizabeth is the development coordinator for the Trauma Survivors Network, or TSN, at The University of Tennessee Medical Center. The TSN is a program of the Emergency & Trauma Center, one of the medical center's Centers of Excellence. Its role is to help patients navigate the system, a role that became even more important during lockdown.

"Being alone was the hardest part," said JoAnna. "But Elizabeth was my rock."

Her nurses also became like family. They kept her company, encouraged her, and helped her through the hard times.

"Before one of my surgeries, my nurse told me it was going to hurt – but she also said, 'You've got this.'"



**"I got so close to everyone there.
When I left the hospital, we all cried."**

Even doctors lent their support. "One day, I was struggling and getting frustrated, and my doctor said, 'If you could have anything right now, what would it be?'" She told him she wanted a pizza from Papa John's. "In 45 minutes, a Papa John's pizza showed up," she said.

"I got so close to everyone there. When I left the hospital, we all cried."

RECOVERING WITHOUT INSURANCE

JoAnna went home in the middle of July. It was less than a week since she underwent a skin graft, she was still using a bedpan, and she was struggling to walk with a boot. She and her family had to change her dressings every other day.

"That wasn't even the hardest thing," she said. "The hardest thing was trying to recover without insurance."

Because she was uninsured, rehab hospitals either wouldn't accept her or were too expensive. So, when one of her physical therapists from the hospital friended her on Facebook, she messaged him. Through his help, she was able to move forward.

"Even with his assistance, it still took at least three weeks before I could walk," she said. "And thank goodness for my mom and brother, who took care of me every day. I'm blessed to have an amazing support group."

LIVING WITH AN OSTOMY

JoAnna's ankle still causes pain, but she's able to walk without a limp. The hernia, though, didn't behave as expected.

Todd Nickloes, DO, MBA, FACOS, FACS, was JoAnna's surgeon. Nickloes is the program director of the Surgical Critical Care Fellowship in the Division of Trauma & Critical Care Surgery.

"We originally thought JoAnna's hernia would heal, developing a scar that we could repair. But then she developed an incarcerated hernia," said Nickloes. When that happens, part of the intestine gets trapped in the hernia, which means stool may not be able to pass normally. This can cause nausea, vomiting, pain, swelling and even kill the tissue.

"Our team did a number of complex operations, each one designed to repair the hernia – and they all failed for reasons beyond our control. So, JoAnna received an ostomy, which she still has today."

An ostomy lets waste pass through a stoma (or opening) in the abdomen and into a prosthetic pouch. "JoAnna stayed optimistic while she was here and after she went home. She has followed up with me in the office and remains hopeful that ultimately we'll be able to repair her hernias and reverse the ostomy," Nickloes said.

"I still struggle physically," said JoAnna. "I just found out the ostomy is going to be long term, so now I'm thinking of where to go next. But it could be so much worse."

FEELING HOPE FOR THE FUTURE

JoAnna is still healing, but she's come a long way. "When I went back for a follow up, everyone looked at me in shock. Dr. Nickloes' assistant can't believe how far I've come," said JoAnna.

She goes for follow ups every three months and is still living with her mom and brother, who she moved in with when she was released last July.

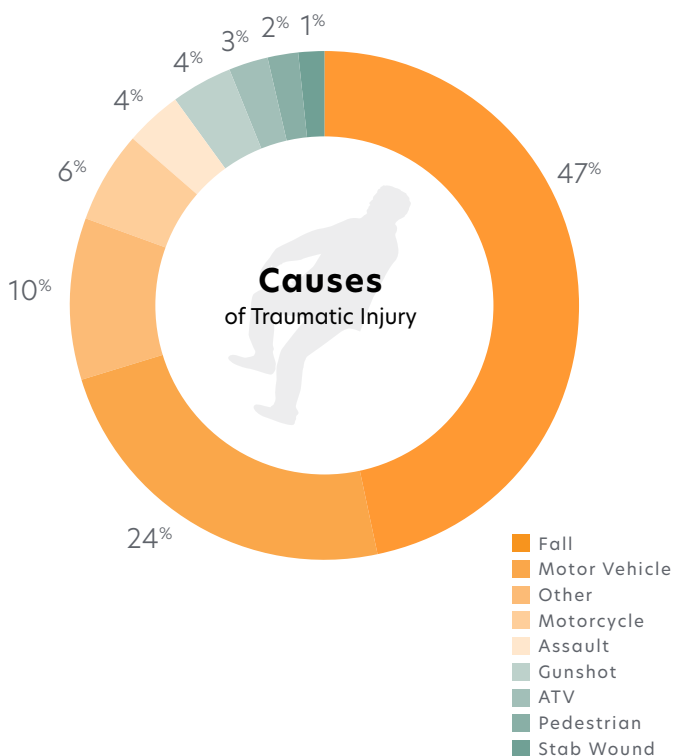
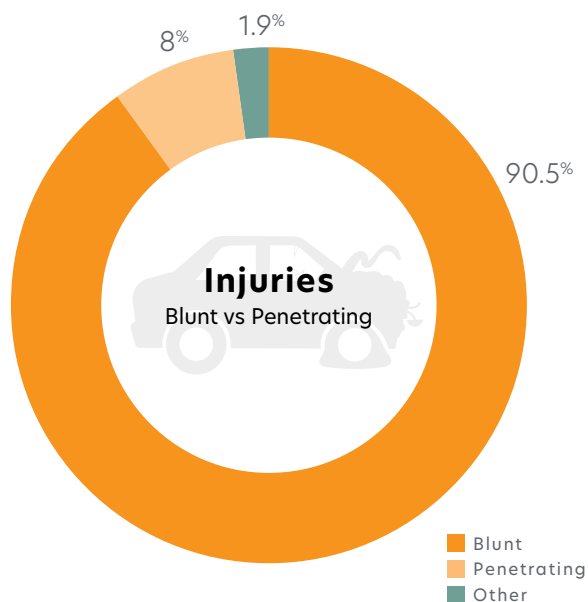
"I'm blessed," said JoAnna. "I'm alive and I have an amazing support team."

JoAnna believes that part of the healing process includes turning her experience into something good. "My future isn't gone or shattered; I just need to change my lenses to think in a new way," she said.

That includes becoming a peer visitor so that she can share her experience with other trauma survivors. The Peer Visitation program offers patients the chance to talk with a trained volunteer, like JoAnna, who has experienced the aftermath of a serious injury. "If I can help one person that would be great," she said.

"JoAnna had so much to overcome," said Elizabeth Waters. "But she always tried to stay positive, even during the grief and trauma of the pandemic."

Causes of Traumatic Injury



Injury Severity Score

To meet Level I Trauma Center criteria, annual trauma admissions must equal at least 1,200 patients or 240 patients that have an injury severity score (ISS) of more than 15. This is a scoring system that applies a numerical value to a patient's anatomical injuries.

In 2021, Trauma Services at The University of Tennessee Medical Center admitted 1,298 patients with Injury Severity Scores greater than 15, which is more than five times the national requirement for a Level I Trauma Center.

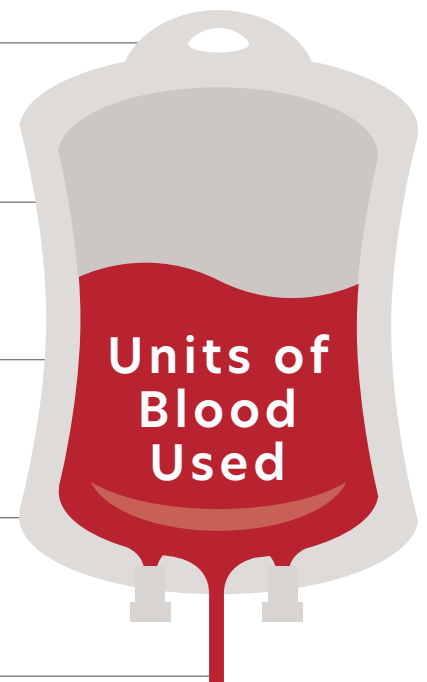
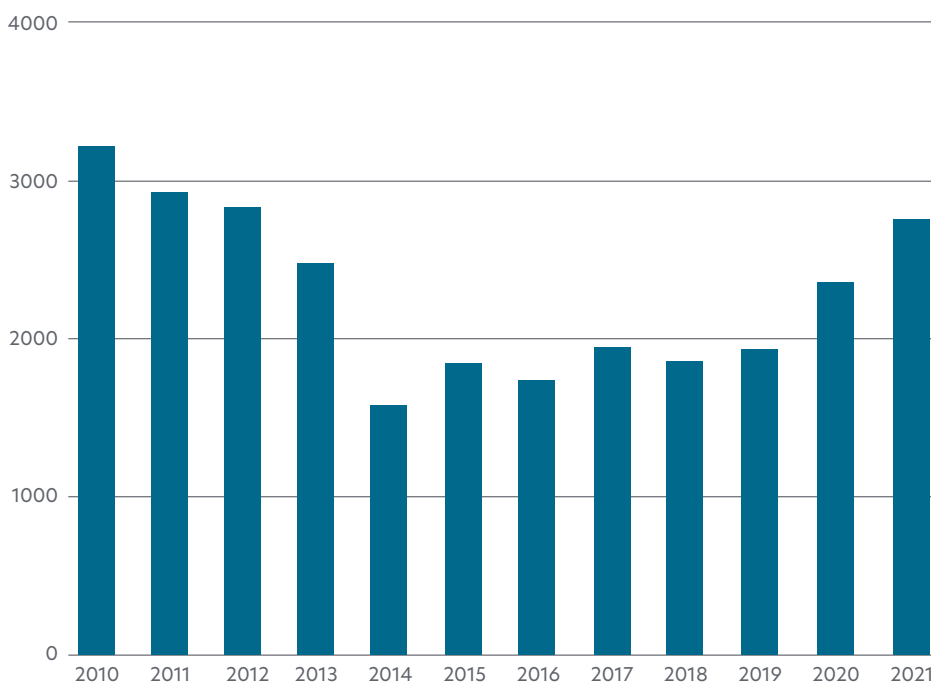
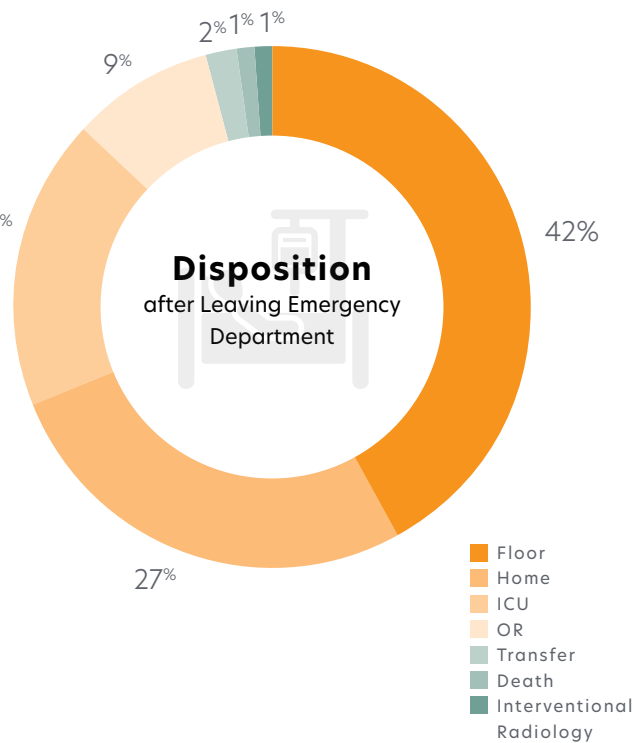
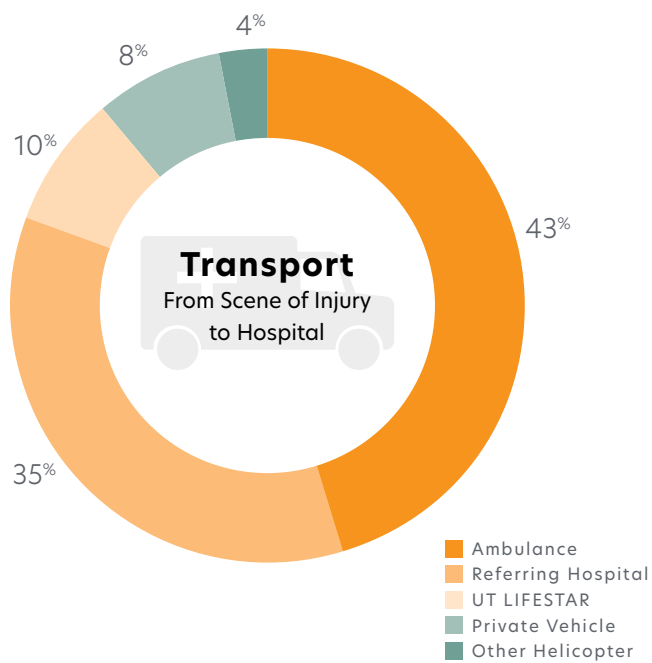
TRAUMA PATIENT DISTRIBUTION BY INJURY SEVERITY SCORE

	ISS	# PATIENTS
MINOR	<8	1,548
MODERATE	9-15	2,086
SERIOUS	16-24	857
SEVERE	25-40	388
CRITICAL-MAXIMUM	41-75	53

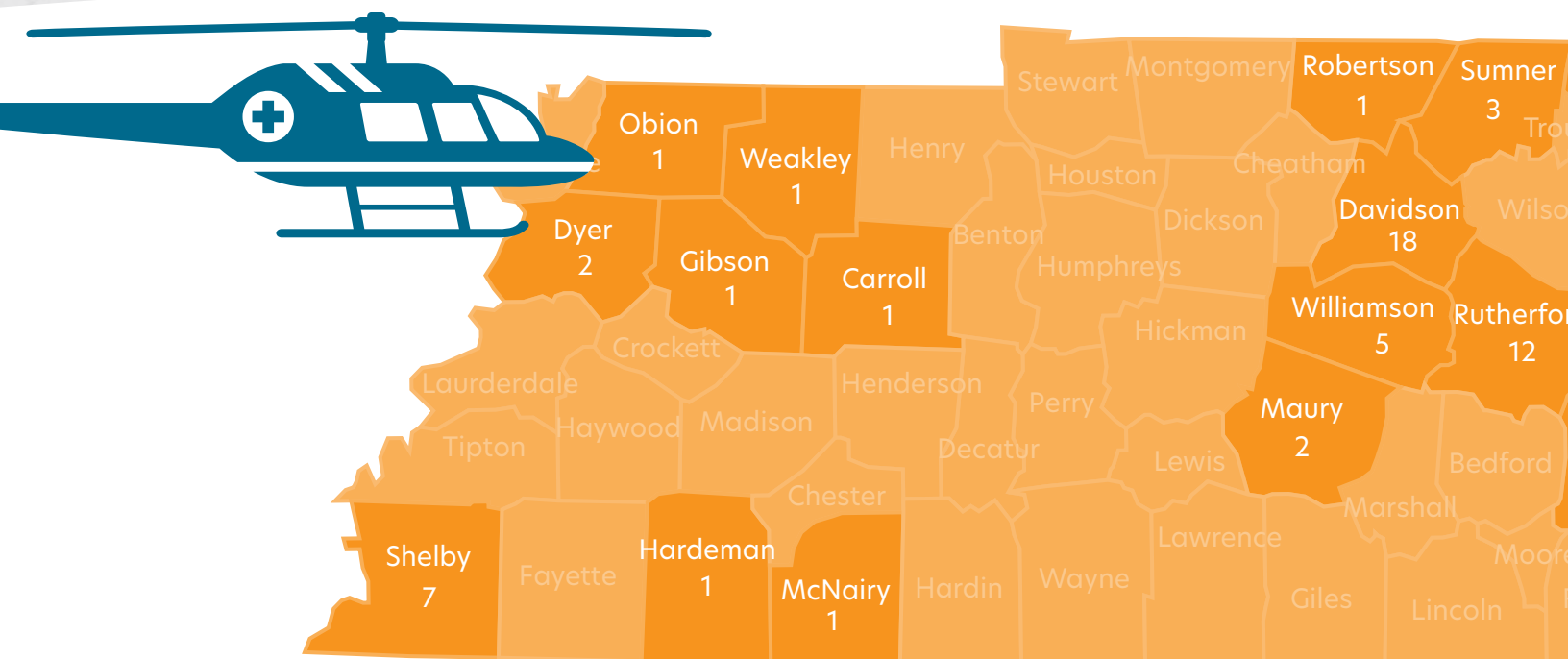
TOP THREE MECHANISMS OF INJURY BY AGE GROUP

AGE	1	2	3
0-13	Motor Vehicle Crash	Biting	Falls
14-17	Motor Vehicle Crash	Gunshot Wound	Falls
18-25	Motor Vehicle Crash	Falls	Gunshot Wound
26-45	Motor Vehicle Crash	Falls	Motorcycle Crash
46-65	Falls	Motor Vehicle Crash	Motorcycle Crash
>65	Falls	Motor Vehicle Crash	Motorcycle Crash

Arrivals and Hospitalizations



Trauma Patients by County of Residence



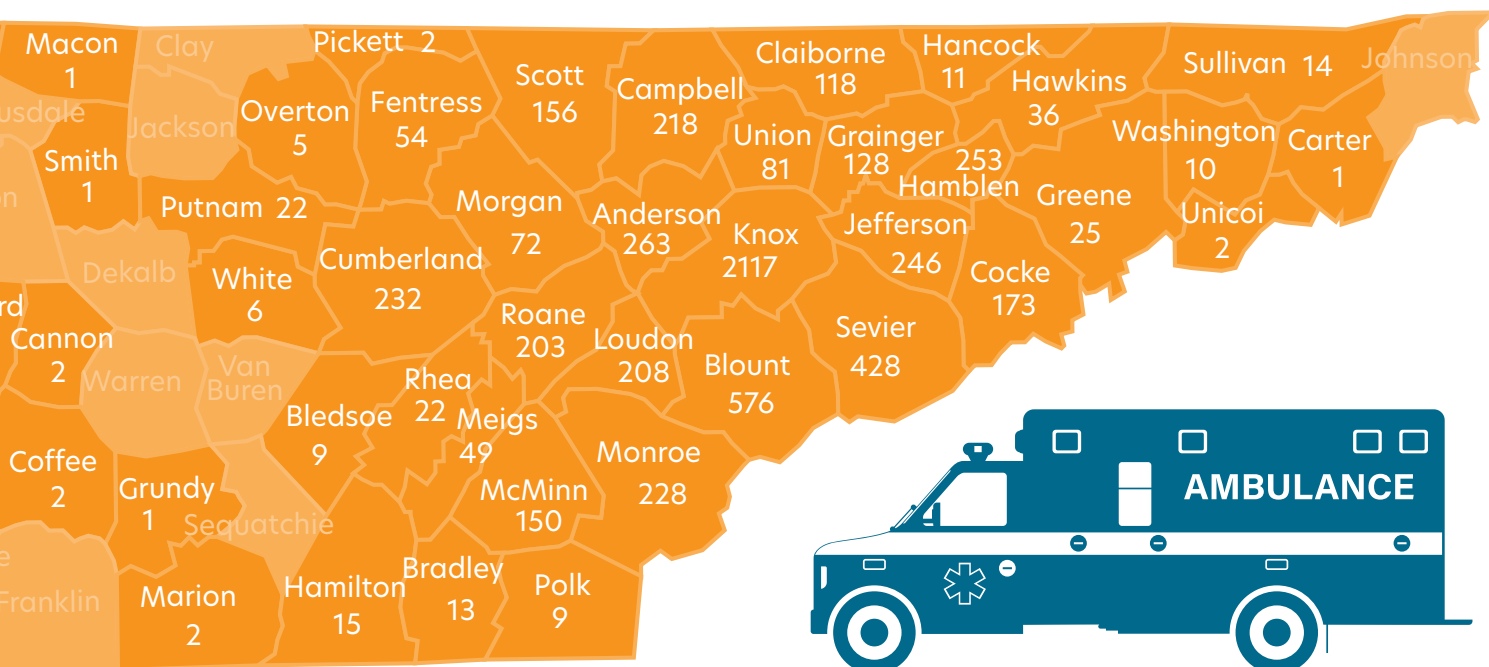
REFERRING HOSPITALS

Big South Fork Medical Center	119
Blount Memorial Hospital	307
Claiborne Medical Center	71
Cumberland Medical Center	259
East Tennessee Children's Hospital	6
Fort Loudoun Medical Center	67
Fort Sanders Regional Medical Center	194
Hancock County Hospital	4
Hawkins County Memorial Hospital	1
Jefferson Memorial Hospital	106
Jellico Medical Center	1
LaFollette Medical Center	141
LeConte Medical Center	240
Methodist Medical Center	152
Morristown-Hamblen Healthcare System	197
Newport Medical Center	110
North Knoxville Medical Center	123
Parkwest Medical Center	128
Roane Medical Center	82
Starr Regional Medical Center (Athens)	97
Starr Regional Medical Center (Etowah)	18

Sweetwater Hospital Association	125
Turkey Creek Medical Center	28

OUT OF REGION

Bristol Regional Medical Center	3
Cookeville Regional Medical Center	6
Greeneville Community Hospital	4
Holston Valley Medical Center	3
Johnson City Medical Center	7
Livingston Regional Hospital	1
Other	15
Rhea Medical Center	3
Tennova Healthcare (Cleveland)	5
Kentucky hospitals	22
Virginia hospitals	2

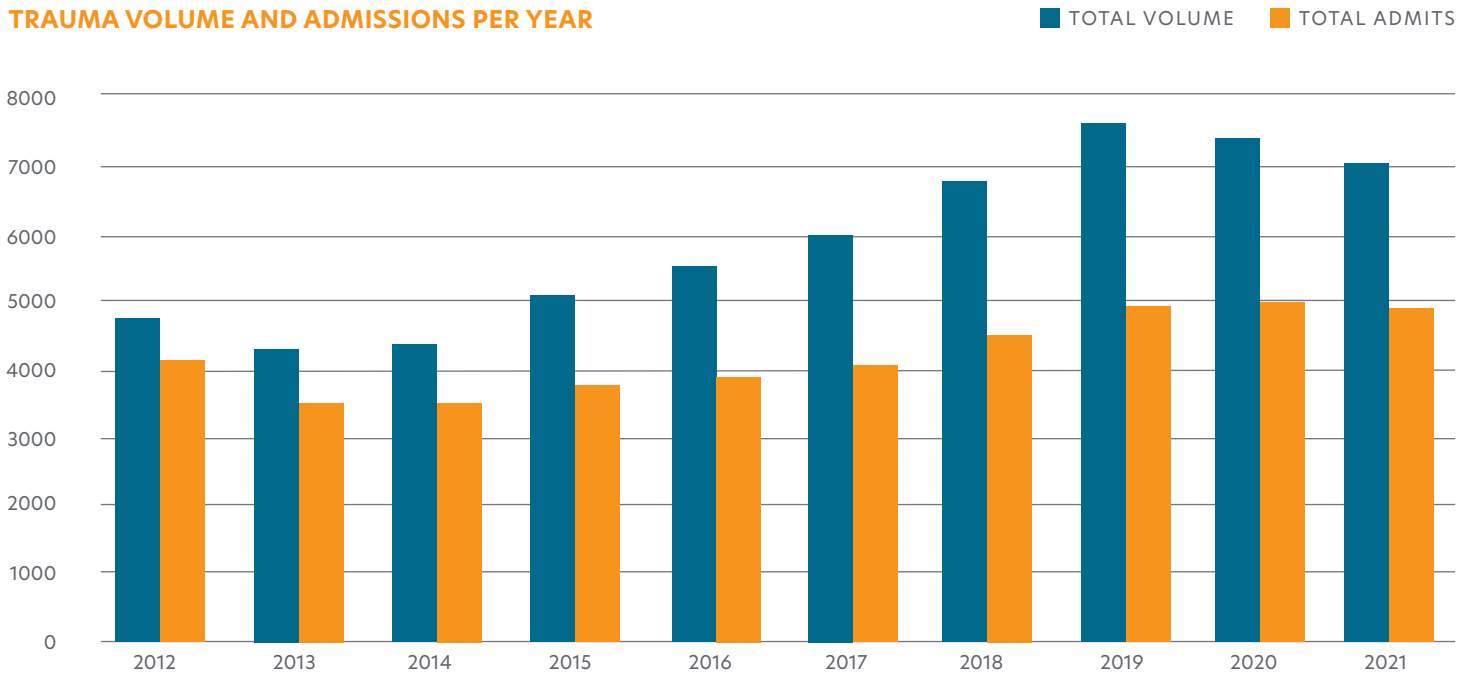


TRAUMA PATIENTS' HOME STATES

Alabama	27	North Carolina	75
Alaska	1	Nebraska	1
Arkansas	4	Nevada	1
Arizona	1	New Hampshire	1
California	6	New Jersey	4
Colorado	4	New York	8
Connecticut	1	Ohio	53
Florida	63	Oklahoma	2
Georgia	63	Pennsylvania	12
Iowa	4	South Carolina	40
Idaho	1	South Dakota	1
Illinois	14	Tennessee	6,229
Indiana	50	Texas	26
Kansas	3	Utah	1
Kentucky	224	Virginia	34
Louisiana	12	Wisconsin	4
Massachusetts	1	West Virginia	7
Maryland	5	Wyoming	1
Michigan	22		
Minnesota	1	Outside U.S. Territory & Unclaimed	6
Mississippi	8		
Missouri	5		

Trauma Admissions and Visits




TRAUMA VOLUME AND ADMISSIONS PER YEAR



On-Call Specialists

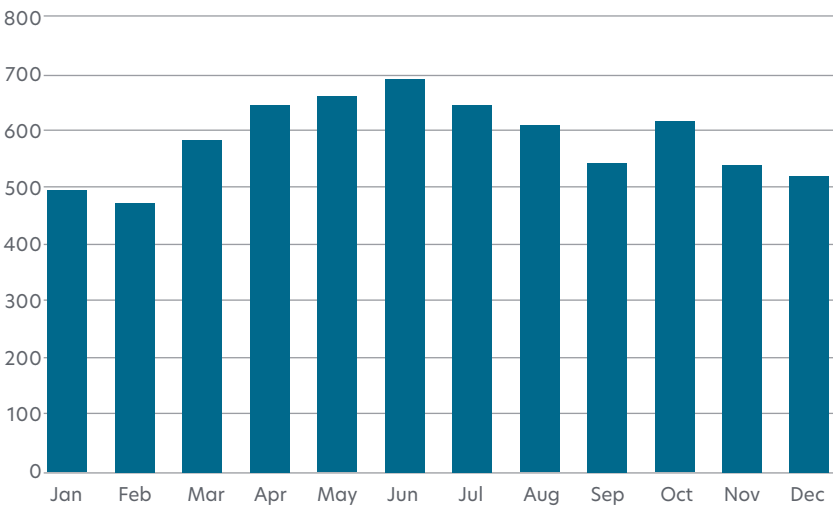
TOP 3 GROUPS RECEIVING THE MOST CONSULTS

As a Level I Trauma Center, The University of Tennessee Medical Center is required to have general surgeons, Emergency Medicine physicians, Intensive Care physicians and anesthesiologists in-house at all times. Other specialists and a full range of equipment must also be available 24/7 year-round.

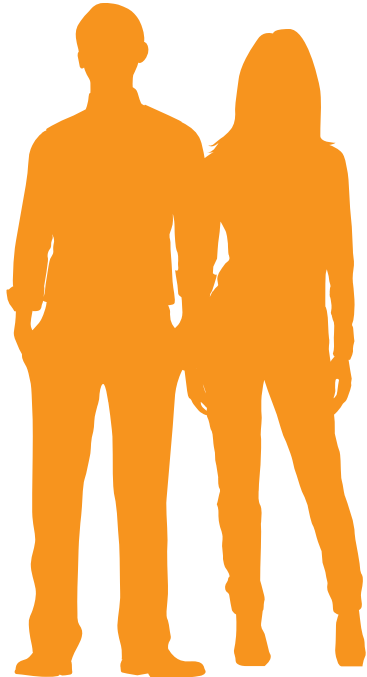
			
SPECIALTY	ORTHOPAEDICS	ORAL AND MAXILLOFACIAL SURGERY	NEUROSURGERY
CONSULTATIONS	3,173	1,066	2,037
OPERATIONS	2,039	735	291

Trauma Patient Distribution

PATIENT DISTRIBUTION BY MONTH



GENDER DISTRIBUTION



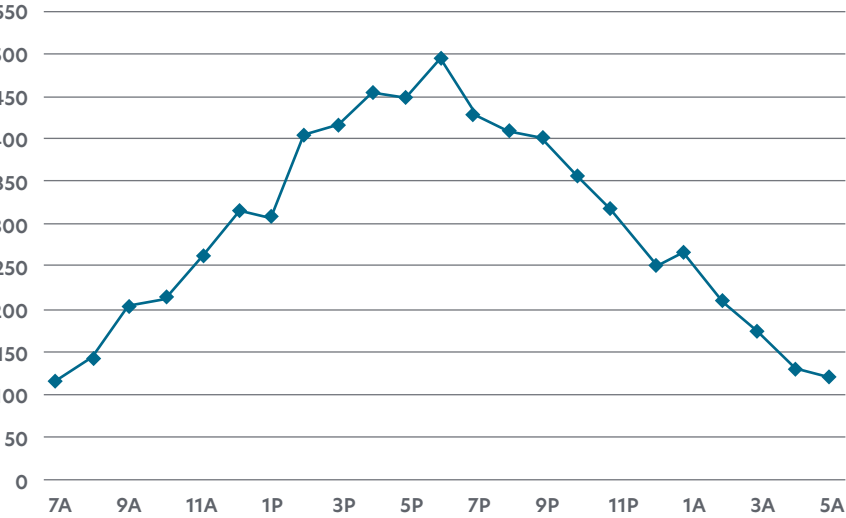
55%

MALE

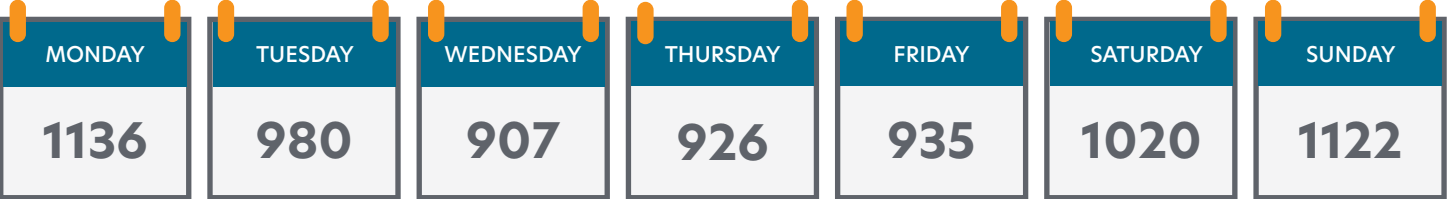
45%

FEMALE

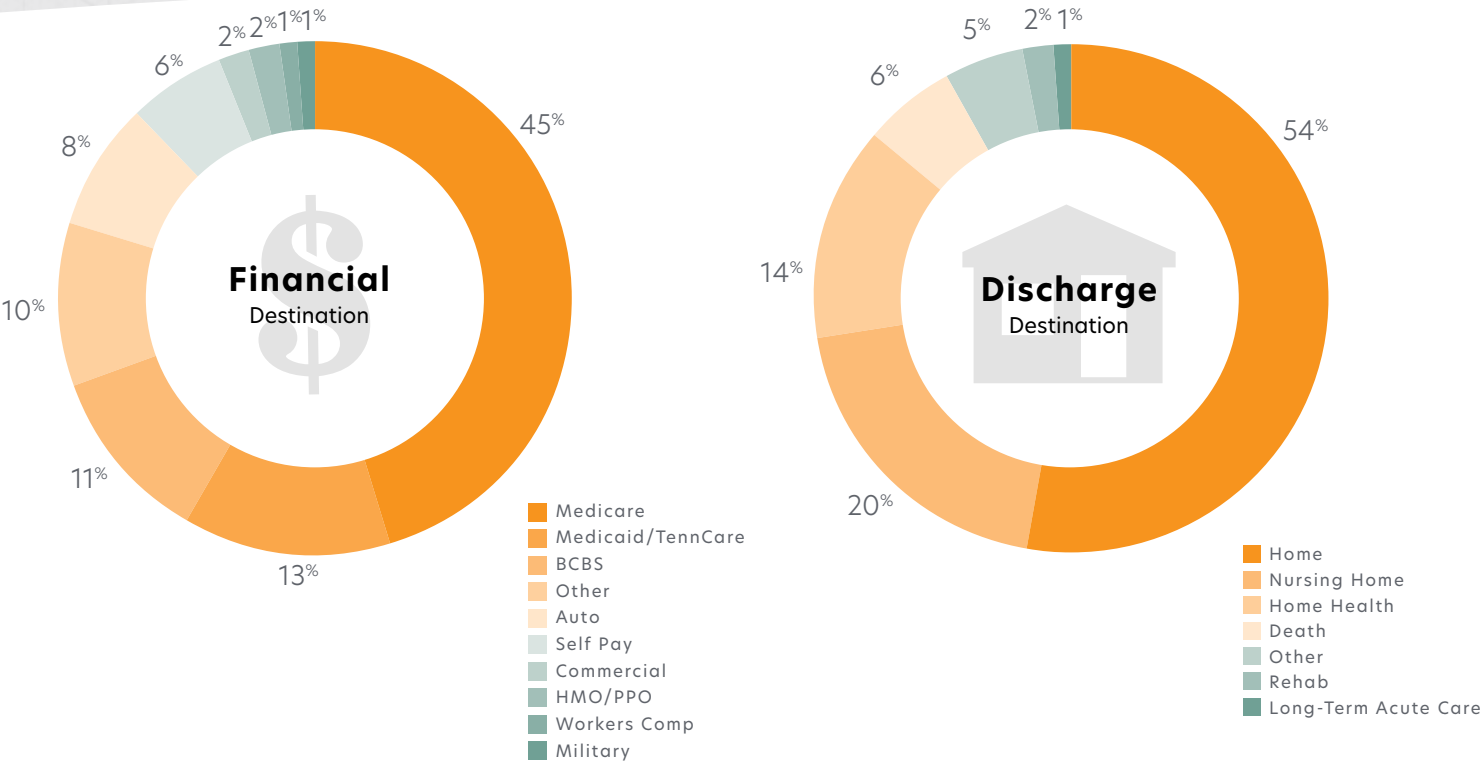
PATIENT DISTRIBUTION BY HOUR OF DAY



PATIENT DISTRIBUTION BY DAY OF THE WEEK



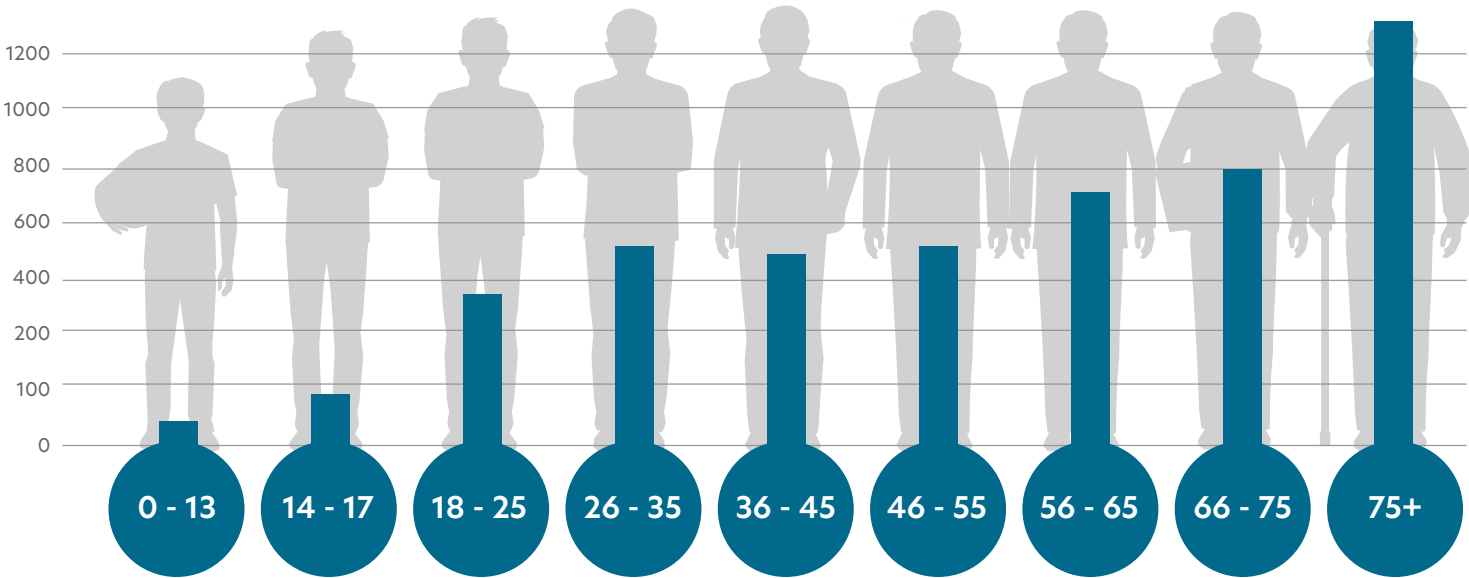
Trauma Center Statistics



Fast Facts

The University of Tennessee Medical Center's Trauma Services provided care to 1,065 uninsured patients in 2021 with an average gross charge of \$51,826 per patient.

TRAUMA PATIENTS DISTRIBUTION BY AGE



SBIRT Program

At some point each year, about 25 percent of adults in the United States drink too much, which leads to a higher percentage of injuries.

The Screening Brief Intervention and Referral to Treatment program, also known as SBIRT, was developed to help identify, reduce and prevent problematic drug and alcohol use, health-related consequences, as well as traumatic injuries and deaths. Approaching patients during the “teachable moment” of their traumatic incident provides a higher chance to bring awareness to their substance use and refer them to treatment.

Research shows that SBIRT can reduce DUI arrests, health care costs and cut alcohol-related trauma incidents by up to 50 percent. Implementing this program with a universal screen helps Trauma Services identify the hazardous drinkers. In April 2021, Trauma Services welcomed a new Brief Intervention Social Worker, Khrystsina Isayeuskaya, LMSW, to implement the program so that these drinkers are not overlooked during their Trauma Center admission.

All admitted trauma patients are screened for risky alcohol or drug use, and those who screen positive receive a brief intervention. The SBIRT program has a community component to support trauma patients who are ready for change through the SBIRT Task Force. This group consists of community partnerships that provide resources and referrals for individuals in need of substance use treatment and mental health services. If the patient is interested in treatment upon discharge, they are then referred to an external treatment facility that is best suited for their needs. The brief intervention social worker provides educational material, connects patients with resources within the community, and helps patients analyze triggers and find coping skills.

In 2021, the medical center’s SBIRT program completed 2,650 screens, placed 27 referrals for trauma patients committed to substance use treatment post discharge, and provided 536 educational resources to trauma patients and their families. It is the program’s goal to provide the best care to admitted trauma patients addressing the emotional effects of trauma.



Low-Risk Drinking Limits

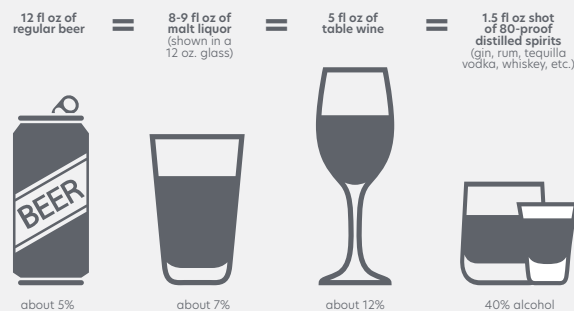
Low-Risk Drinking Limits	Men	Women
On any single Day	No more than 4 drinks on any day	No more than 3 drinks on any day
Per Week	No more than 14 drinks per week	No more than 7 drinks per week

****AND****

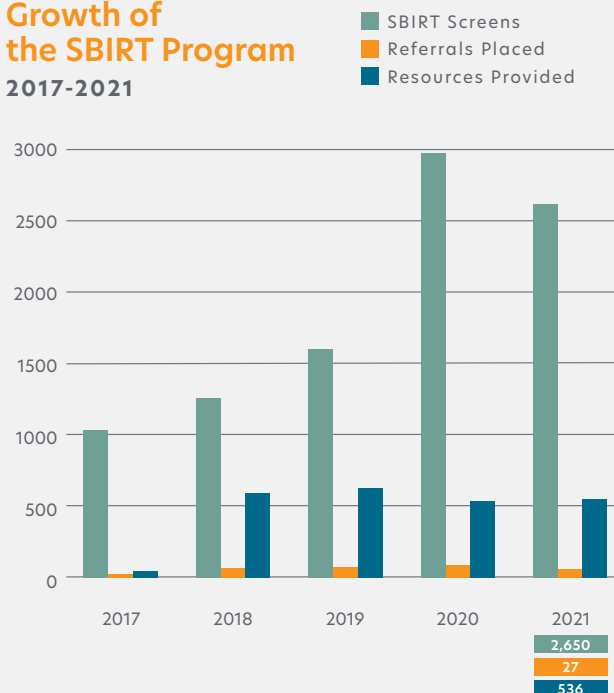
To stay low risk, keep within BOTH the single-day AND weekly limits.



Serving Size Recommendations



Growth of the SBIRT Program 2017-2021



Trauma Services Program Staff



TRAUMA PROGRAM MANAGER

Theresa Day, MSN, RN, CCRN

The trauma program manager is fundamental to the development, implementation and evaluation of the Trauma Program. In addition to administrative responsibilities, the trauma program manager must show evidence of educational preparation, certification and clinical experience in the field of trauma care. Key responsibilities include: organization of performance improvement activities; management of the trauma registry; and coordination of outreach education and injury prevention activities at the community, state and national levels.



INJURY PREVENTION/PEDIATRIC TRAUMA COORDINATOR

Debi Tuggle, RN, CEN

The injury prevention/pediatric trauma coordinator is instrumental in the development, implementation and evaluation of the pediatric trauma service and injury prevention in our community. Key responsibilities include: coordinating pediatric trauma performance improvement programs and participating in education and outreach programs, including injury-prevention programs.



TRAUMA PERFORMANCE IMPROVEMENT COORDINATOR

Kelly McNutt, BS, RN, CEN, TCRN

The trauma performance improvement coordinator's primary responsibility is to monitor and continually improve structures, processes and outcomes within the institution in collaboration with the trauma medical director and trauma program manager. The reports generated support a number of functions, including performance improvement activities; development of research projects for publication and presentations at national meetings; and providing information to support legislative and educational initiatives, which impact the safety of our community.



ATLS AND FCCS COURSE COORDINATOR

Gigi Taylor, MSN, RN, TCRN, CEN

As part of our mission to provide trauma education to physicians, we offer Advanced Trauma Life Support and Fundamentals of Critical Care Support services. These courses are offered throughout the year and are attended by providers locally, regionally and from across the nation.



TRAUMA OUTREACH COORDINATOR

Sarah Cox, BSN, RN, TCRN, CEN

The trauma outreach coordinator plays a significant role in ensuring that the Trauma Center serves as a community and regional resource. Outreach programs are an integral part of Trauma Center services. These programs are designed to help improve outcomes from trauma and prevent injury through public and professional dissemination of information. They also facilitate access to the clinical and educational resources of the Trauma Center.



BRIEF INTERVENTION COORDINATOR

Khrystsina Isayeuskaya, LMSW

The brief intervention coordinator is responsible for the Screening Brief Intervention and Referral to Treatment program. Key responsibilities include: conducting drug and alcohol assessments and providing brief interventions to trauma patients that screen positive for risky behavior; building and maintaining partnerships with area treatment programs; and following up with trauma patients who were referred to a treatment program.

Trauma Registrars & TSN Staff

The trauma registrar is an integral member of the Trauma Center. Trauma registry data is abstracted and entered by the trauma registrar. Trauma registry data is used internally in the continuous performance improvement process at the medical center. Data is reported to the National Trauma Data Bank and the Tennessee State Trauma Registry. High-quality data begins with high-quality data abstraction and entry – it is the trauma registrar who performs this task and then analyzes the data and prepares it for distribution in its most useful format.

1 **Becky A. Kali, RHIT, CPC, CSTR / Lead Registrar**

2 **Linda Bushong, RHIT**

3 **Jan Ely**

4 **Mandi Finchum, RHIT**

5 **Tiffany Garrison, RHIT, CPC**

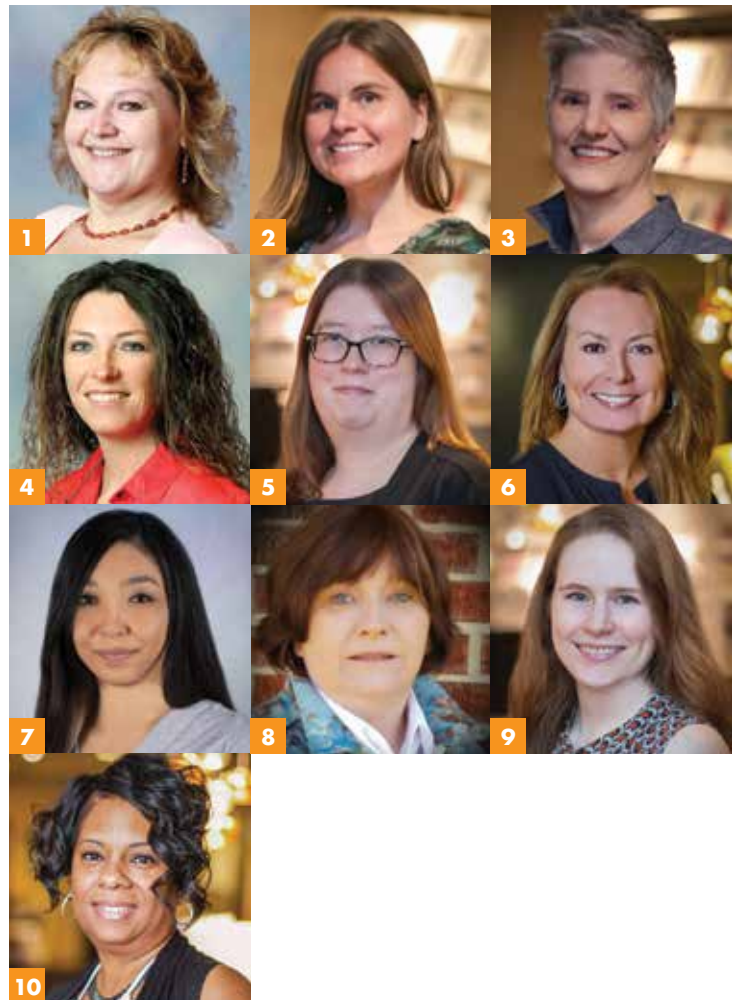
6 **Vicki Harness, CSTR, CCA**

7 **Yaritza Huichapa, RHIT, CCS-P**

8 **Karen Jenkins**

9 **Ellie McCammon, RHIT**

10 **Traonna Smith, RHIT**



TRAUMA SURVIVORS NETWORK

The Trauma Survivors Network (TSN) is a national program developed by the American Trauma Society. It helps trauma patients and their families connect with one another and rebuild their lives after a serious injury. The TSN coordinators at the medical center act as a liaison for patients and their families, introducing them to the program and giving them access to resources aimed at helping them rebuild their lives. The TSN is a free service to trauma survivors and their families.



TSN CLINICAL COORDINATOR

Haley Carver, BSSW

Serves as a point of contact for program participants and office and clinical support personnel.



TSN DEVELOPMENT COORDINATOR

Elizabeth Waters, LAPSW

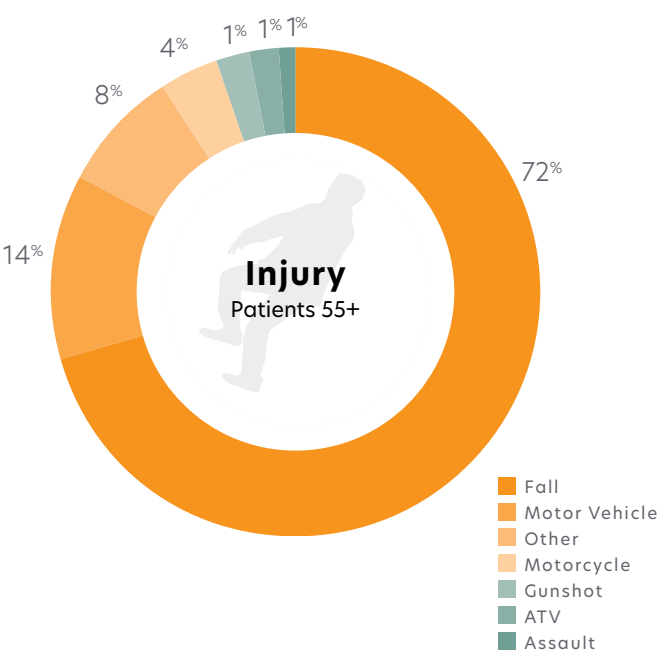
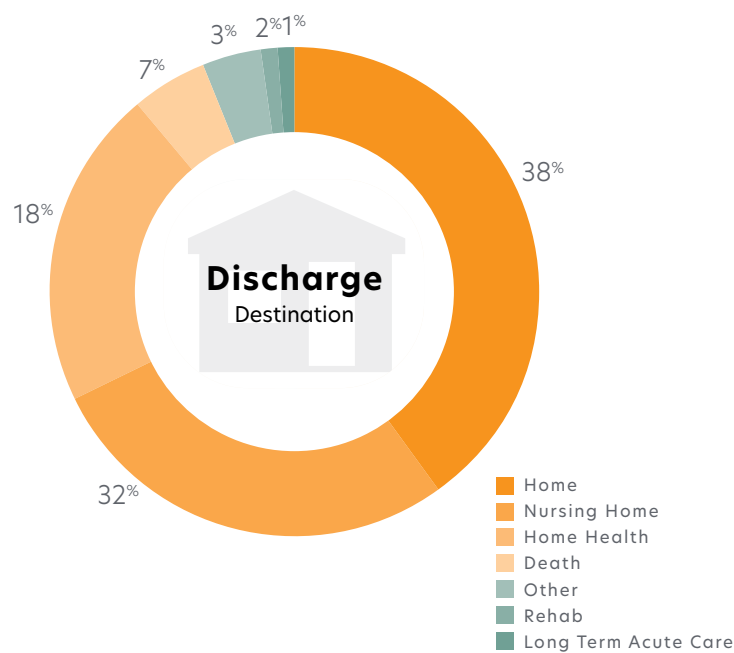
Submits and manages grant proposals for foundation and corporate sources.

Trauma Patients 55 and Older

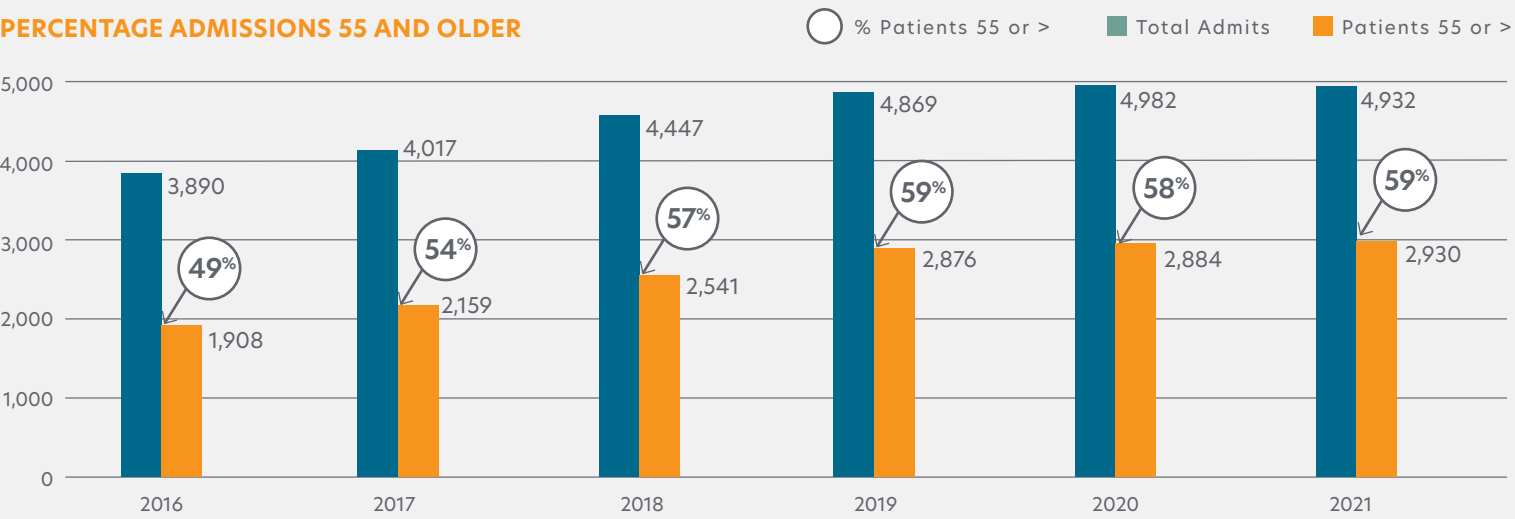
People 55 and older are the fastest-growing segment of the population as the baby-boomer generation ages and enters their golden years. This has resulted in a steady increase in trauma-related admissions in this population. Consistent with patterns across the nation, at The University of Tennessee Medical Center falls are now the leading cause of unintentional injury in the older adult population, accounting for almost 60 percent of the admissions. Numerous studies show an increase in death and disability in older adult trauma patients when compared to a younger population; therefore, it is imperative for older adults to be rapidly transported to a trauma center – ideally during the first hour.

INJURY SEVERITY SCORE AGE 55 AND OLDER

	ISS	# PATIENTS
MINOR	<8	861
MODERATE	9-15	1,382
SERIOUS	16-24	469
SEVERE	25-40	203
CRITICAL-MAXIMUM	41-75	15



PERCENTAGE ADMISSIONS 55 AND OLDER



Injury Prevention



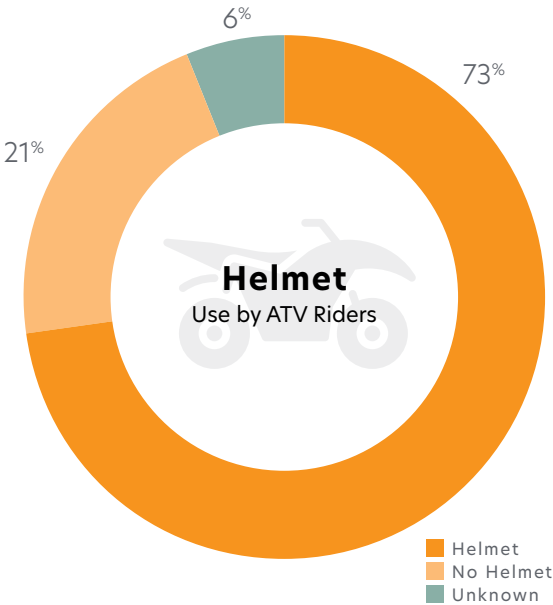
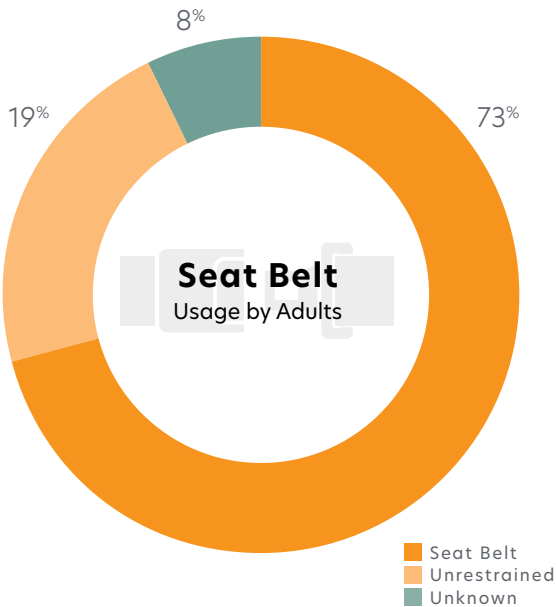
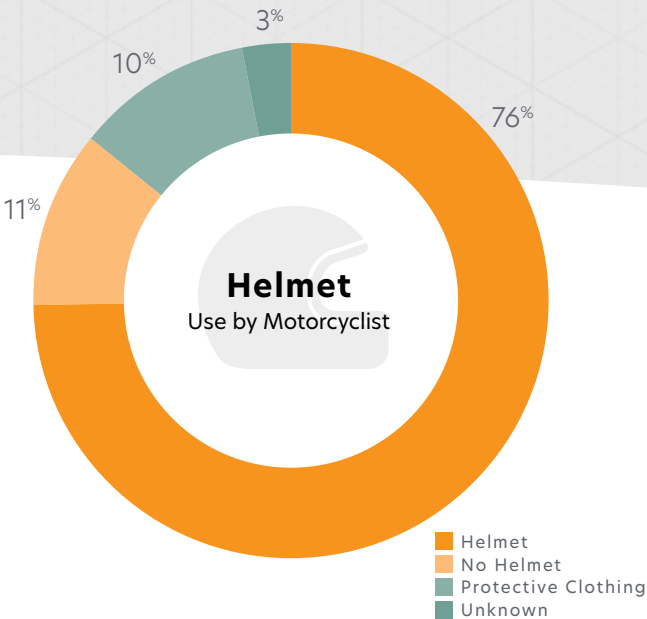
"INJURY DOES NOT OCCUR BY ACCIDENT"

Though it may be unintentional, injury does not occur by accident. Trauma Centers have an important role in identifying injury patterns and risk factors in patients, families and communities. For many injuries, prevention is the best means of dealing with a public health problem.

At the medical center, we treat many patients who do not use protective equipment when driving or participating in recreational activities. In 2021, only 11 percent of motorcyclists used protective clothing, which offers protection in case of crash and decreases injuries. Motorcyclists in Tennessee are more likely to wear a helmet since it's a state law. However, only 74 percent of the motorcyclists were helmeted in 2021, which leaves room for improvement and targeted injury prevention programs.

Motor vehicle crashes are the leading cause of death among those aged 1-54 in the US. For adults and older children (who are big enough for seat belts to fit properly), seat belt use is one of the most effective ways to save lives and reduce injuries in crashes. In 2021, only 71% of the patients involved in motor vehicle crashes seen at the medical center were wearing seat belts at the time of their accident.

ATV riders who do not wear helmets are more likely to receive significant injuries to the head, face, and neck. Prevention strategies and enforceable helmet laws to increase helmet use among ATV riders are the most effective ways to save lives and reduce injuries in crashes. An alarming number of ATV enthusiasts do not wear a helmet while riding; in 2021 only 15 percent of the riders admitted to the medical center were wearing a helmet when their crash occurred.



Pastoral Care



The University of Tennessee Medical Center is the region's only accredited training center for Clinical Pastoral Education.

The Level I Trauma Center offers chaplains, both faculty and students, real-time experience to integrate their theological education in a clinical setting. As a training program, the chaplaincy staff work toward providing the best holistic care for our patients, families and team members.

The Pastoral Care department faced unique challenges during an extended COVID-19 pandemic. They worked with team members, patients and families to find sacred moments in chaotic experiences.

COMMITTED TO BEDSIDE CARE

Our department remains committed to bedside care for patients and support of all team members. The Pastoral Care staff witnessed demonstrations of genuine care and compassion from team members. Our clinical professionals have always been driven to take care of the medical needs of our patients. It is a privilege to work alongside and support these dedicated team members.

We will remember many patient stories from this past year as both challenging and rewarding. David*, a husband who had been married almost 60 years was brought to the trauma unit with life-threatening injuries. His wife, Kim, arrived quickly, and the couple's adult children were notified but traveling from longer distances.

The patient transferred from the trauma unit to a bed in the Emergency Department. David was provided compassionate care that was appreciated by Kim, his wife. He was a war veteran and a retired college professor. Kim shared many heartfelt stories about their life together, her joy and thankfulness of their years together. These stories filled the scared moments in the middle of this day's uncertainty.

A COMMUNITY OF HEALING

The chaplain sat with Kim, holding her hand and attentively listening as she reflected over her life. We all met Kim and David, like many people, on one of their worst days. And in the middle of all the chaos and uncertainty, the medical center team became one they will never forget.

Kim was grateful for the Pastoral Care team, yet her heart was overcome with appreciation for the bedside nurses. They never let her apologize for "being in the way" or telling one more story. The Trauma Services and Emergency Department teams worked with the chaplain to form a caring community of healing as Kim joined David at his bedside.

Stories like this play out daily in the life of the Emergency and Trauma units. Our chaplains join patients and their families on many difficult journeys. Supporting families in times of uncertainty, the Emergency Department and Trauma Services can be counted on to respond with the spirit of excellence for which the medical center strives.

* Not their real names.

Organ Donation Update

2021 By the Numbers

In the United States



106,287

Number of people waiting for a transplant

20,402

Organ donors across the country

In Tennessee



2,989

Number of people waiting for a transplant in Tennessee

1,202

Organ transplants in Tennessee

496

Organ donors in Tennessee

AN EXTRAORDINARY COMMITMENT TO SCIENCE, HEALTH AND HOPE

Tennessee Donor Services (TDS) serves nearly 5.5 million people in Tennessee and Southwest Virginia. We are a team of professionals dedicated to saving and improving lives by connecting organ and tissue donors with patients who need them. We strive to extend the reach of each generous donor's gift to those who are profoundly grateful for them.

CORE VALUES

Our performance is measured by the impact we have on the lives of families who make transplantation possible, and the patients whose lives are saved and improved by their gifts. Each TDS employee commits every day to be selfless, hardworking, passionate and dependable.

OUR WORK

We are proud of our partnership with The University of Tennessee Medical Center. Our work together in 2021 resulted in 45 organ donors with 165 lifesaving organ transplants. In addition, the medical center also had 99 tissue donors in 2021.

Did You Know?

8

lives can be saved through one person's organ donation

20

patients die every day waiting for a lifesaving transplant

1

person is added to the waiting list every 10 minutes

Organ Donation

AT THE MEDICAL CENTER

249

number of people waiting for a kidney transplant

162

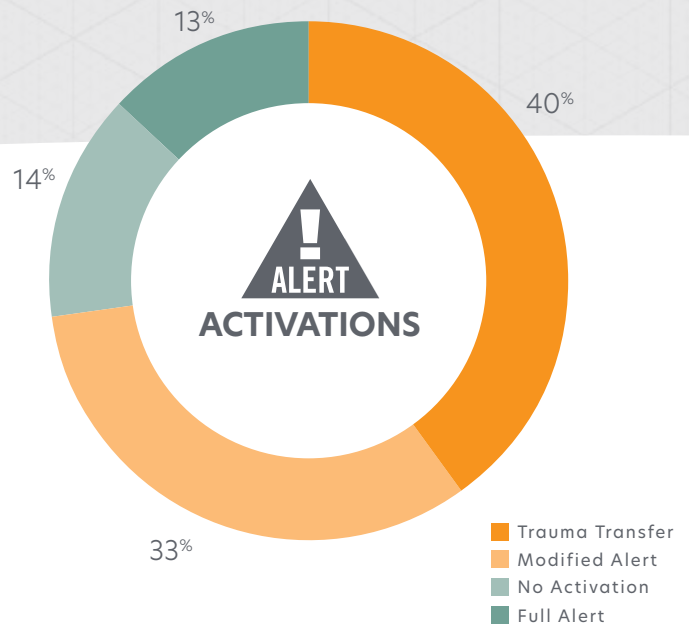
organs recovered for transplant

52

kidney transplants performed

Trauma Alert Activation

Trauma alert activation is assessed as emergency medical service crews transport patients to the Trauma Center. While in route, they communicate patient information to the Emergency Department. This vital on-scene information allows the activation of one of our three-tiered trauma team responses. Levels of activation are determined by the local, state or American College of Surgeons field triage criteria, and applied based on the medical condition of the patient. Once a trauma alert is activated, a multidisciplinary team unites and awaits the injured patient's arrival to ensure rapid evaluation and treatment.



TRAUMA ACTIVATION CHART

Call per EMS RADIO or UT LIFESTAR of incoming trauma

YES

TRAUMA
ALERT?

NO

FULL ALERT/MODIFIED ALERT/TRAUMA TRANSFER

Activation per trauma pagers

FULL ALERT	MODIFIED ALERT	TRAUMA TRANSFER
Trauma Team Activation <ul style="list-style-type: none"> • Attending surgeon • Trauma residents • RNs • Lab • ED tech • Pastoral Care • Pharmacy • CT scan/X-ray ready • Respiratory therapy • 4 units emergency release blood at bedside 	Trauma Team Activation <ul style="list-style-type: none"> • Attending surgeon • Trauma residents • RNs • Lab • ED tech • Pastoral Care • Pharmacy • CT scan/X-ray ready 	Resident Paged <p>Resident on call paged to evaluate patient transferred from outside facility with single-system injuries</p>

DECISION MADE:

Admit / Operating room / Discharge

EDE - EMERGENCY DEPARTMENT EVALUATION

Emergency physician evaluates and determines need for trauma consult or appropriate service consult. May discharge patient after evaluation if minor or no injuries sustained.

TRAUMA CONSULT

Resident on call paged to evaluate patient in ED

DISCHARGE

DECISION MADE:

Admit / Operating room / Discharge



GUARDIAN ANGEL

Who's Touched Your Life Today?

Make a gift in honor of a physician, faculty member, nurse, housekeeper or another caregiver who made a difference in your stay.

Who made a difference?

Our team members are dedicated to serving our patients and their families with care and compassion. If a doctor, faculty member, volunteer or other caregiver has made a difference in the care you or a loved one received, we encourage you to recognize and honor that compassion through our Guardian Angel program.

How to say thank you?

Our patients often express their gratitude for the excellent care they received in a variety of ways – through kind words, smiles, letters of thanks and financial contributions.

By donating a minimum of \$10, the team member that you choose to acknowledge will receive a notification of your honor and a custom-crafted guardian angel lapel pin to wear proudly throughout the medical center.

Why is your support important?

Acknowledging an individual for a job well done is one of the most meaningful forms of support you can offer. Your donation demonstrates an understanding of the important role our team members play in enabling us to continue fulfilling our mission of excellence in patient care, education and research.



Make A Donation

Scan the QR code with your phone to make a donation online.

For questions please contact the Development Office at 865-305-6611 or development@utmck.edu

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

– Maya Angelou



TEE UP FOR TRAUMA

2021 TEE Up for Trauma Golf Tournament

Benefiting the Trauma Survivors
Network at The University of
Tennessee Medical Center

Thank you to the event chair, Dan Scism of Cellular Sales, our corporate sponsors and more than 120 golfers in the community for supporting the region's only Level I Trauma Center.

For more information regarding sponsorship opportunities, how you can get involved, or if you would like to donate in support of our Emergency and Trauma Center, please contact the Development Office at 865-305-6611 or by email at development@utmck.edu.

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