



Rep. Lowell Russell, runner, community leader and Trauma Survivors Network peer visitor

TRAUMA REPORT 2022

A Commitment to Serve



EMERGENCY & TRAUMA CENTER

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.



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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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A Life of Service

“Don’t give up,” said trauma survivor, Lowell Russell. “There’s a plan for all of us.”

Lowell Russell lives every moment to its fullest. He is a Tennessee state representative who pilots his plane, “Cornassel One,” to Nashville. He is a runner, community leader and Trauma Survivors Network peer visitor.

For Lowell to be able to claim a busy life today is nothing short of a miracle. Because on March 13, 2012, he was trauma patient Russell, condition “doubtful.” The life of the Tennessee state trooper whose job was to protect the lives of others was being saved by the trauma staff at The University of Tennessee Medical Center.

What would have been a forgettable routine traffic stop in the middle of the night changed the course of Lowell’s life. His patrol car had been hit on I-40 by a semitruck whose driver had fallen asleep. The cruiser had burst into flames. Remarkably, a series of lucky coincidences – or perhaps divine intervention – happened as the crash scene unfolded. Separate cars of paramedics and police officers came upon the cruiser in seconds. They freed Lowell from the burning car as the ammunition inside it started exploding. They treated his life-threatening injuries and raced him to the medical center. All within minutes.

Lowell sustained a horrifying list of injuries, from internal decapitation (the base of his skull separated from his spinal cord) to broken ribs to second-degree burns. He lay in a

coma for 14 days, but after several days doctors changed his prognosis from “doubtful” to “probable.” Still on life support when he woke up, Lowell realized how alone and discouraged he felt.

“Although the hospital staff was great,” he said, “no one had firsthand experience of what I was going through.”

Again, the matter was out of his hands. “I didn’t start feeling better about my future until I talked to a friend who came to visit me and told me what he went through from a similar wreck,” said Lowell.

That visit slowly restarted Lowell’s recovery and direction into a life of service. As he recovered he wrote, “Trial by Fire,” a book about the crash, his strengthening faith and his recovery. In 2016, as part of the medical center’s new Trauma Survivors Network (TSN), Lowell became one of its first peer visitors.

The trained volunteers visit patients and their families while the patient is still in the hospital. They help them through the shock of the trauma and through the long road to recovery, offering hope from the perspective of someone who has been there.

“Mostly I just listen and give hope. We’ve talked about everything from body weakness to memory loss to learning basic functions, like swallowing, all over again,” said Lowell of his multiple visits with trauma patients over the years.

AVOID DROWSY DRIVING



Drivers' reaction times, awareness of hazards and ability to sustain attention all **WORSEN** the drowsier the driver.



Driving after going **more than 20 hours without sleep** is the equivalent of driving with a **blood-alcohol concentration of 0.08%**, the U.S. legal limit.



You are **three times more likely** to be in a car crash if you are fatigued.

Lowell's involvement as a peer visitor is less now that he represents parts of Monroe and Loudon counties as a state representative. His actual trial by fire ended a career in law enforcement service but was reborn as service through leadership. When he is called for peer visits or other help, his experience is his best advice: Don't give up, there's a plan for all of us.

The medical center partners with the American Trauma Society (ATS) to provide the programs and resources patients such as Lowell Russell and their families need to manage their recovery and improve their lives. The ATS website provides practical information on injuries and how they are treated; helps connect survivors and their families; and offers additional programs and services in support of trauma recovery. Visit their site at traumasurvivorsnetwork.org.

If you've experienced a trauma and would like to learn more about the Trauma Survivors Network or peer visitor program, contact our coordinators at 865-305-9970 or by email at TSNCoordinator@utmck.edu.

DISTRACTED DRIVING: UNSAFE AT ANY SPEED

Cell phone use behind the wheel causes inattention blindness.

- 1 Even **HANDS-FREE** calls require attention, taking one or both of your hands off the wheel and your eyes off the road.
- 2 Texting at a **RED LIGHT** or **STOP SIGN** is still unsafe because it takes time to refocus.
- 3 **VOICE TEXTING** is not safer because it can take longer than a typed text.
- 4 96% of us think it's dangerous to text while driving, but **44%** of us do it.



BOTTOM LINE

Hang up and drive!

Source: National Safety Council Injury Facts

THE UNIVERSITY OF TENNESSEE MEDICAL CENTER'S Trauma Survivors Network

trauma survivors
network
provided by **ATS**
survive. connect. rebuild.

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 the medical center 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 2022, the support group was a hybrid of in-person and virtual meetings.

SNACK & CHAT

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



2022 STATS | 2022 STATS | 2022 STATS | 2022 STATS | 2022

TSN's outpatient support group, Let's Chat provided monthly hybrid support group opportunities to trauma patients and families during 2022. 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 793 patients with 26 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.

During 2022 there were six peer visits with peer visitors dedicating five hours to the TSN program and conducting peer visits.

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.

KNOW WHAT TO DO IN AN EMERGENCY

The national Stop the Bleed campaign 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.

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.

LIFE-SAVING TRAINING FOR EVERYONE

As a Level I Trauma Center, our injury prevention and outreach initiatives encompass the East Tennessee region. In 2022, we held 140 courses and trained 742 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



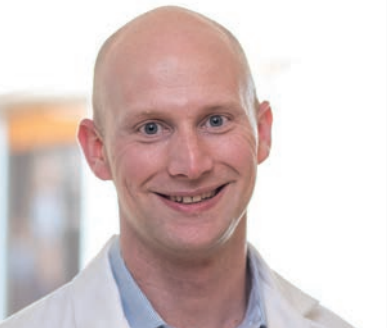
Trauma Services

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



Trauma Surgical Critical Care

Heath R. Many, MD
Medical Director



Emergency Department

**Ryan J. Green, DO,
FACEP**
Medical Director



Medical Critical Care

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



Neurocritical Care

**Thomas J.
Christianson, 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** Jacob D. Edwards, MD
- 6** Devin Gillaspie, MD
- 7** John E. Griepentrog, MD
- 8** Heath R. Many, MD, FACS
- 9** C. Lindsay McKnight, MD, FACS
- 10** Todd A. Nickloes, DO, FACOS, FACS
- 11** R. Frank Roberts, MD, FACS
- 12** Stephanie E. Scott, MD
- 13** 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
- Jeffrey W. Cloyd, MD** | Emergency Department Medical Director and Trauma Liaison
- Steven P. Knight, MD** | Trauma Radiology Liaison





Training First Responders Saves Trauma Patients' Lives

The first care a trauma patient receives demands quick judgment and life-saving actions. Yet it has lasting impact.

Of the 6,827 patients that came to the Emergency and Trauma Center last year 5,421 of them came from regional hospitals and emergency medical service providers (EMS). Trauma care training teaches first responders how to quickly assess and lessen life-threatening injuries. Yet the conditions in which they first treat the trauma – for example, time of day, weather and location – can impact trauma care.

That is why the Trauma Outreach area of Trauma Services at the medical center now offers two programs, the Rural Trauma Team Development Course and a Mobile High-Fidelity Simulation Program. These programs create the types of situations first responders might face in real life.

RURAL TRAUMA TEAM DEVELOPMENT

The Rural Trauma Team Development course teaches a team approach to the initial assessment, resuscitation and transfer of the trauma patient in the rural setting. This course

also focuses on how to improve processes, knowing what resources are available and understanding the challenges that are specific to rural areas. All team members of the participating county's emergency department as well as the EMS providers are invited to participate.

The medical center restarted the Rural Trauma Team Development Course in 2022. Since then, it has been held at Morristown-Hamblen Healthcare System, Sweetwater Hospital Association and Fort Loudoun Medical Center.

For Sweetwater Hospital Association, this course made an immediate difference. Just a week after having the course, a shooting injury required rapid assessments, resource management and early transfer. "Having the class helped me focus on the importance of early blood product administration," said Andrew Barr, RN, one of several class participants who was on shift that day.

Emily Ingram, Nurse Manager at Fort Loudoun Medical Center, said, "Because of this course, our facility gained a better grasp on how we can improve for our patients." It also built relationships with the local trauma hospital and EMS



personnel who serve the community. “It was very meaningful for medical center staff – from trauma surgeon, RN, flight paramedic and educators – to take time out of their busy week to build up a community hospital such as ours. Our community will be better for it,” said Ingram. Several additional courses at various facilities have been scheduled for 2023.

MOBILE HIGH-FIDELITY SIMULATION PROGRAM

Simulation-based education, where providers practice treatments on manikins, has been proven to develop and enhance practical skills, critical thinking and communication among team members. Aided by the Knox/East Tennessee Healthcare Coalition, Trauma Services obtained three high-fidelity simulation manikins for use in the medical center’s Mobile High-Fidelity Simulation Program.

These lifelike dolls can simulate aspects of a human such as talking, bleeding, breathing, and displaying other signs and symptoms a real human would have.

Late in 2022, Trauma Services conducted trauma training with the emergency medical responders of Monroe County. Their goal was to recreate a motor vehicle crash where the patient (a manikin) was still in the vehicle. The patient had several injuries, including an amputation with uncontrolled bleeding. They conducted the training at night in the cold, and participants had to remove the patient from the vehicle, and apply oxygen and a tourniquet.

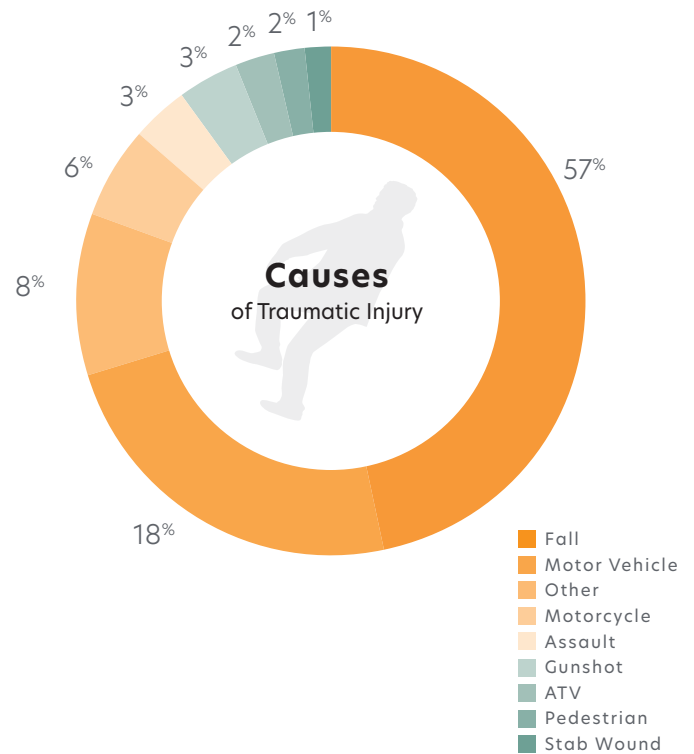
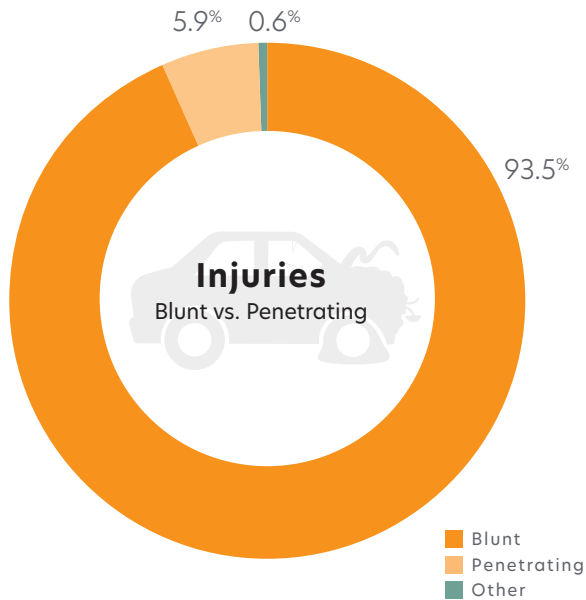
Participants assessed the patient in darkness while treating life-threatening injuries. The cold made it more difficult for participants to prevent hypothermia as they extracted and treated the patient.

Recreating realistic trauma scenarios in everyday environments allows the instructor to incorporate challenges like weather and available resources. The training program continues to grow and is being used by EMS and the emergency departments within the region. It is also being worked into the Rural Trauma Team Development Course to provide a hands-on learning approach.

Trauma is one of the leading causes of death. The EMS and the surrounding hospitals of the region initially care for trauma patients. It is vital for these providers to feel prepared and comfortable meeting the challenges associated with trauma care.

The medical center’s Trauma Outreach program is dedicated to meeting the needs of the regional providers. If your service or hospital is interested in either of the resources discussed in this article, contact Sarah Dills, Trauma Outreach Coordinator, at sdills@utmck.edu.

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 2022, 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.

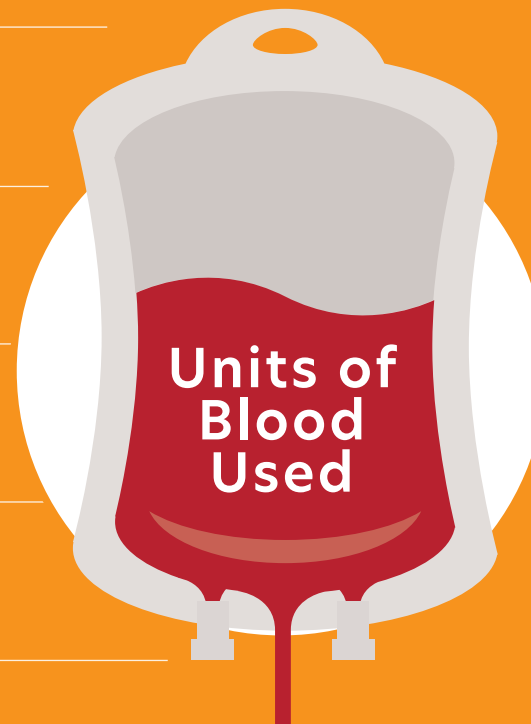
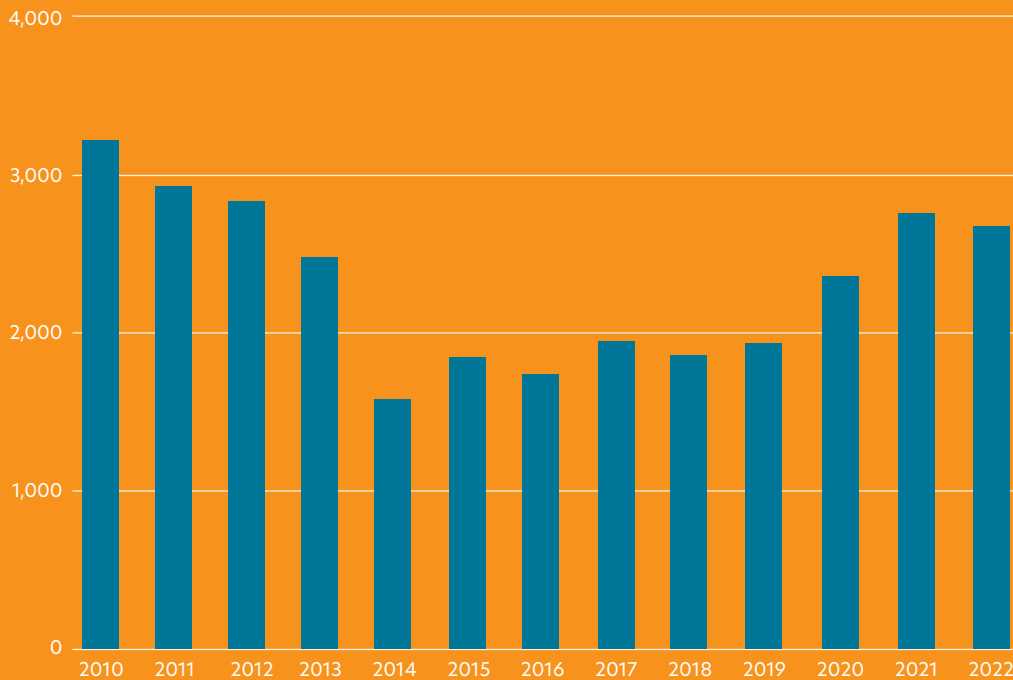
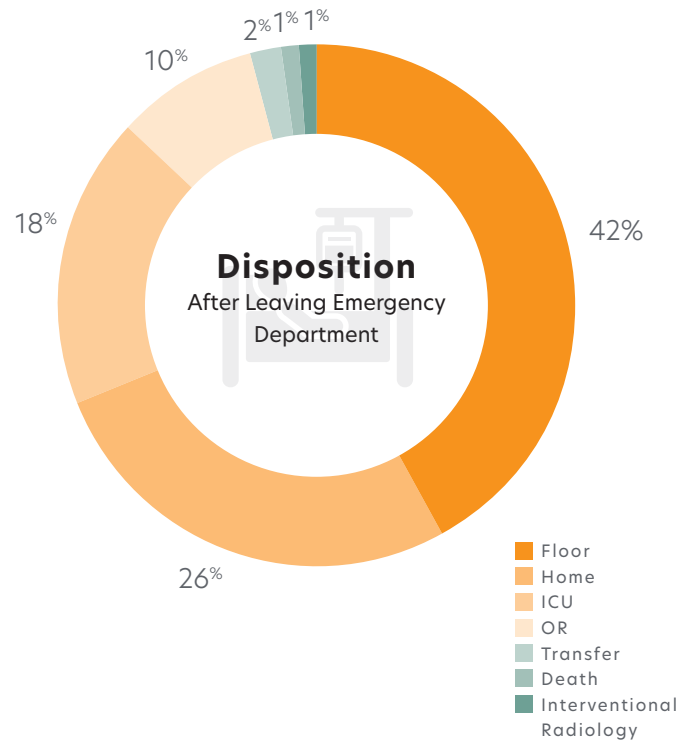
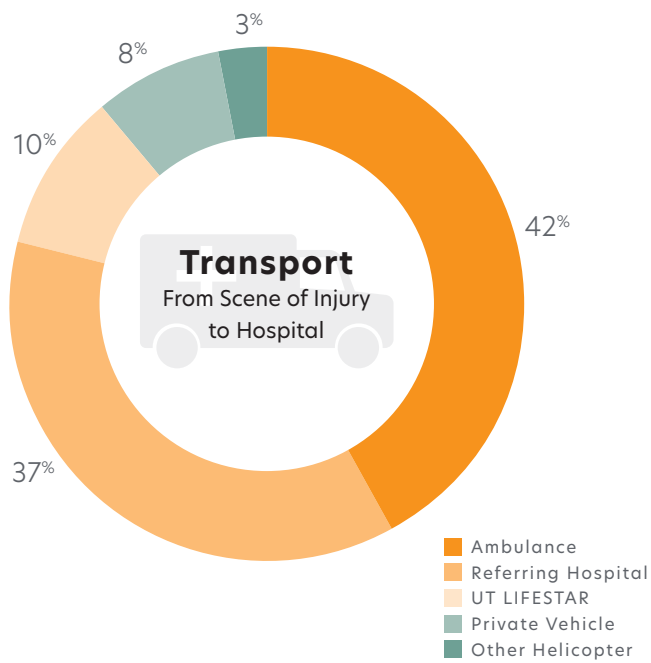
TRAUMA PATIENT DISTRIBUTION BY INJURY SEVERITY SCORE

	ISS	# PATIENTS
Minor	<8	1,485
Moderate	8-15	2,158
Serious	16-24	779
Severe	25-40	408
Critical-Maximum	41-75	37

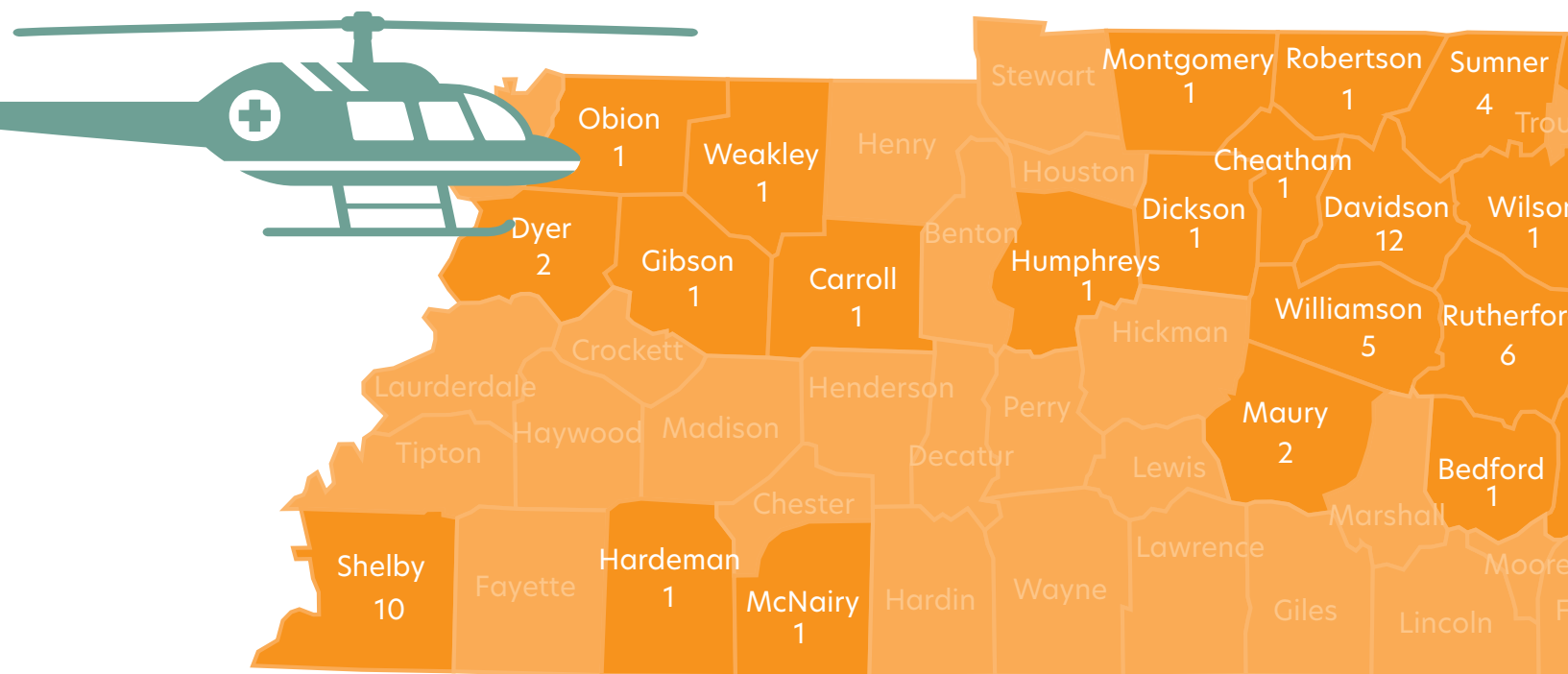
TOP THREE MECHANISMS OF INJURY BY AGE GROUP

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

Arrivals and Hospitalizations



Trauma Patients by County of Residence



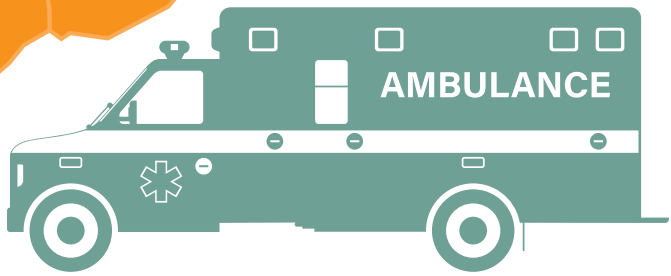
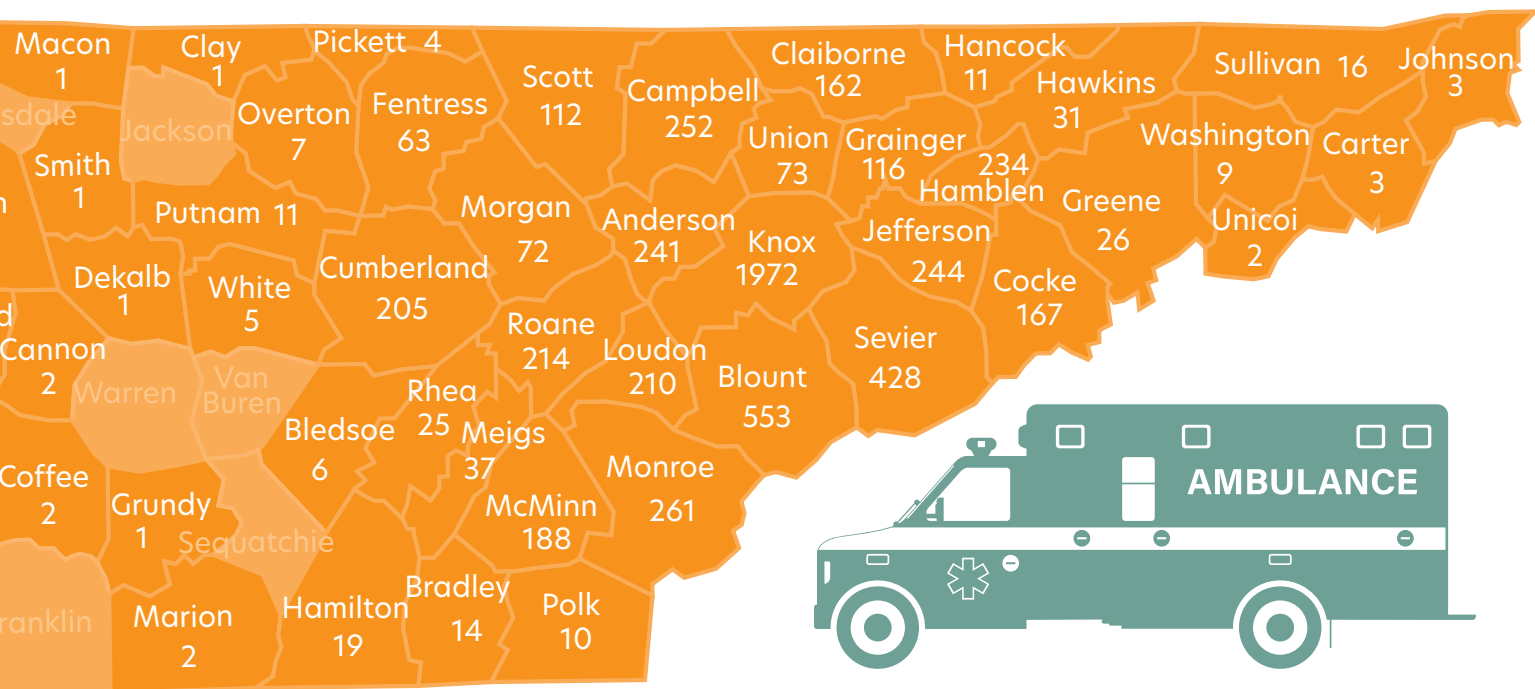
REFERRING HOSPITALS

Big South Fork Medical Center	90
Blount Memorial Hospital	282
Claiborne Medical Center	87
Cumberland Medical Center	254
East Tennessee Children's Hospital	2
Fort Loudoun Medical Center	81
Fort Sanders Regional Medical Center	168
Hancock County Hospital	2
Hawkins County Memorial Hospital	2
Jefferson Memorial Hospital	119
LaFollette Medical Center	163
Laughlin Memorial Hospital	1
LeConte Medical Center	268
Methodist Medical Center of Oak Ridge	161
Morristown-Hamblen Healthcare System	186
Newport Medical Center	105
North Knoxville Medical Center	104
Parkwest Medical Center	105
Roane Medical Center	85
Sky Ridge Medical Center	2
Starr Regional Medical Center (Athens)	126
Starr Regional Medical Center (Etowah)	31

Sweetwater Hospital Association	153
Turkey Creek Medical Center	53

OUT OF REGION

Bristol Regional Medical Center	4
Cookeville Regional Medical Center	4
Holston Valley Medical Center	7
Johnson City Medical Center	4
Livingston Regional Hospital	1
Other	9
Rhea Medical Center	2
Tennova Healthcare (Cleveland)	1
Georgia hospitals	1
Kentucky hospitals	35
North Carolina hospitals	1
Virginia hospitals	1

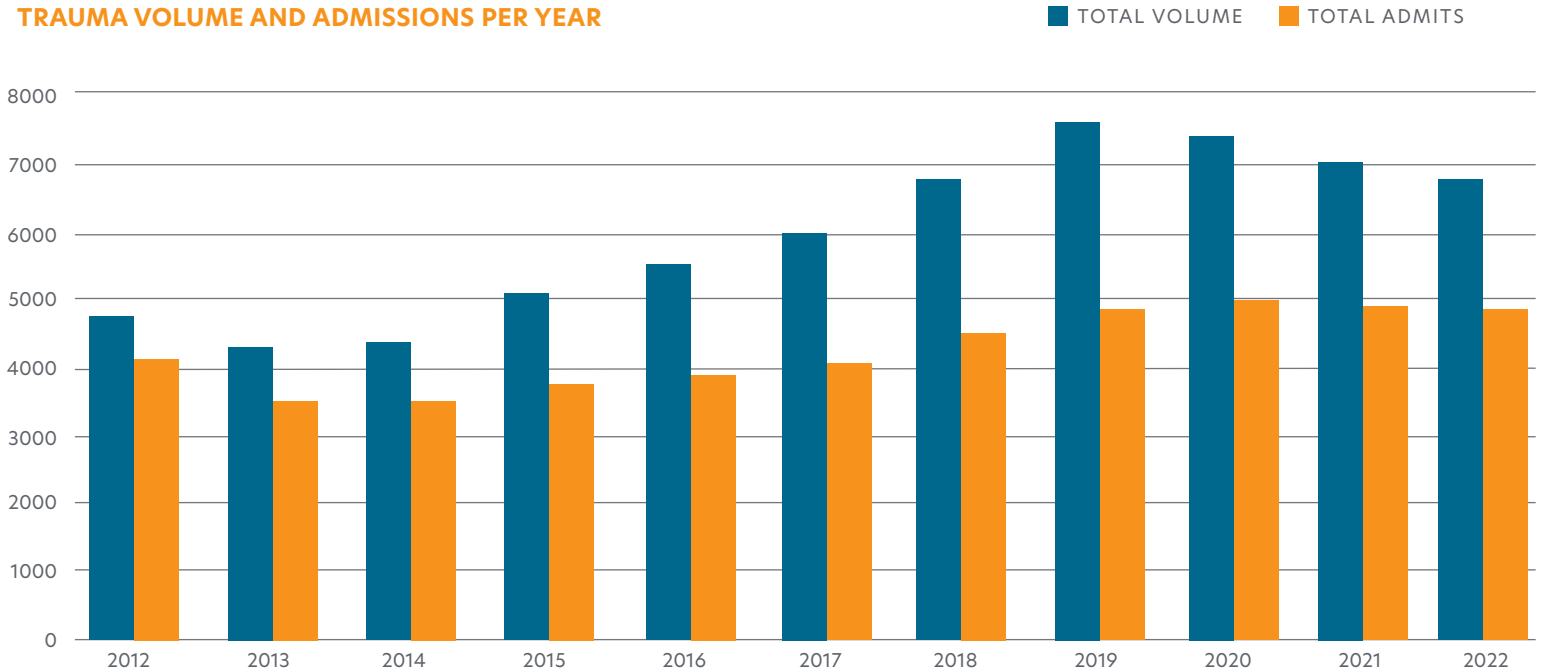


TRAUMA PATIENTS' HOME STATES

Alabama	20	Mississippi	15
Alaska	1	Missouri	6
Arkansas	3	Montana	1
Arizona	1	North Carolina	67
California	4	Nebraska	1
Colorado	3	New Hampshire	1
Connecticut	1	New Jersey	2
Delaware	2	New Mexico	5
Florida	71	New York	11
Georgia	63	Ohio	52
Hawaii	1	Oregon	2
Iowa	4	Pennsylvania	13
Idaho	1	South Carolina	25
Illinois	21	Tennessee	6,061
Indiana	22	Texas	26
Kansas	6	Virginia	35
Kentucky	218	Vermont	1
Louisiana	6	Washington	2
Massachusetts	3	Wisconsin	4
Maryland	8	West Virginia	9
Maine	1		
Michigan	22	Outside U.S. Territory and Unclaimed	7
Minnesota	2		

Trauma Admissions and Visits




TRAUMA VOLUME AND ADMISSIONS PER YEAR



On-Call Specialists

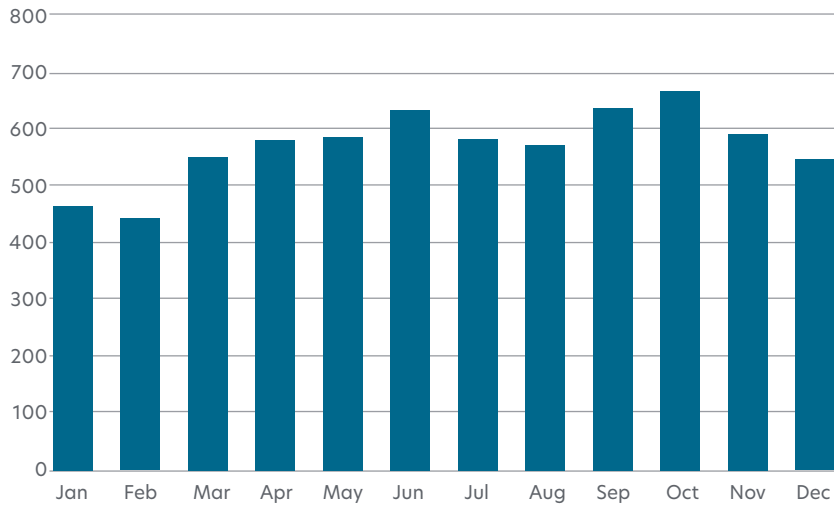
TOP THREE GROUPS RECEIVING THE MOST CONSULTS

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.

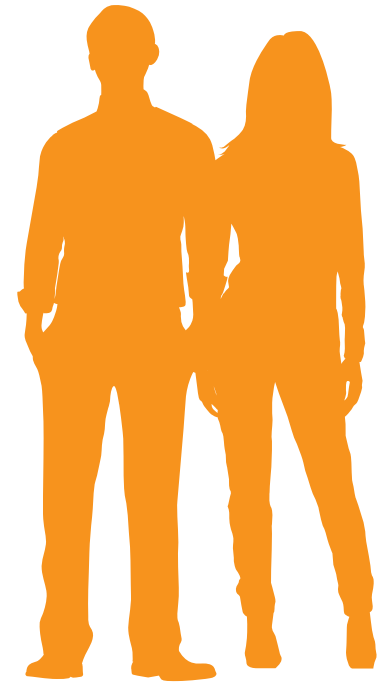
			
SPECIALTY	ORTHOPAEDICS	ORAL AND MAXILLOFACIAL SURGERY	NEUROSURGERY
CONSULTATIONS	3,100	960	2,017
OPERATIONS	1,930	686	314

Trauma Patient Distribution

PATIENT DISTRIBUTION BY MONTH



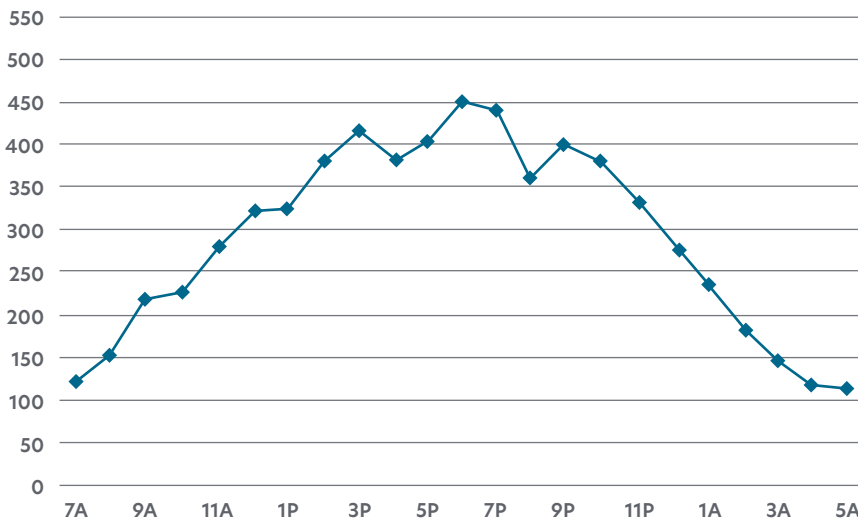
GENDER DISTRIBUTION



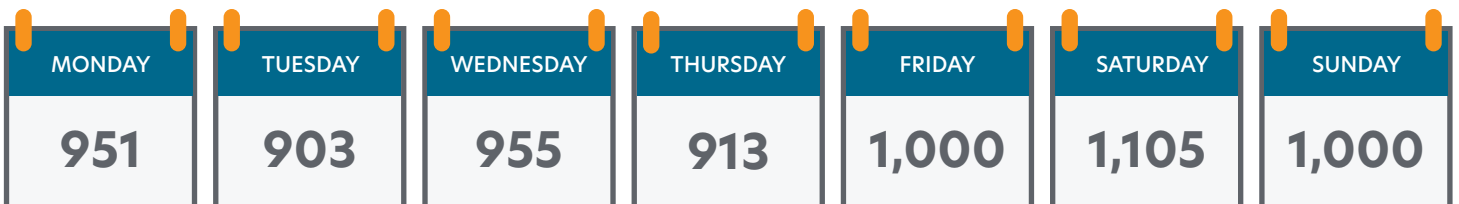
55%
MALE

45%
FEMALE

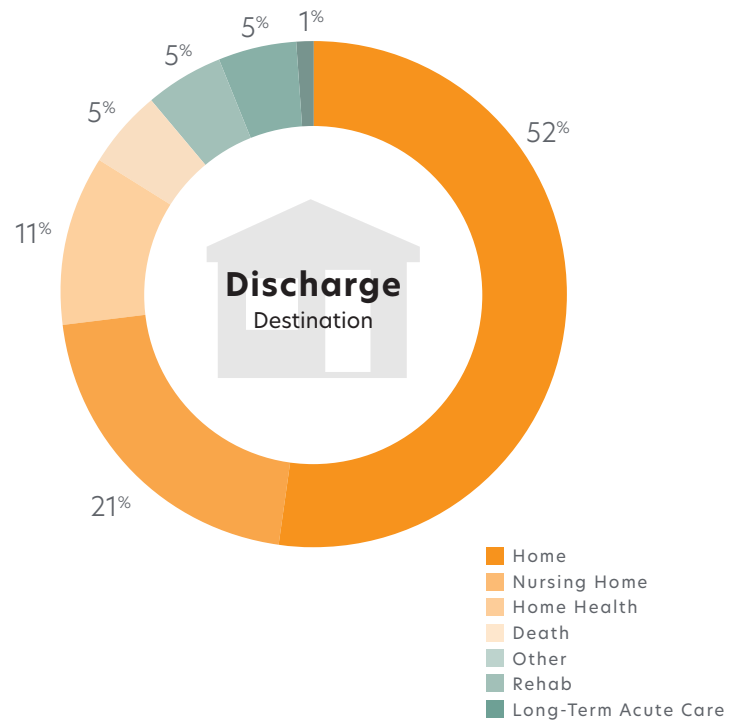
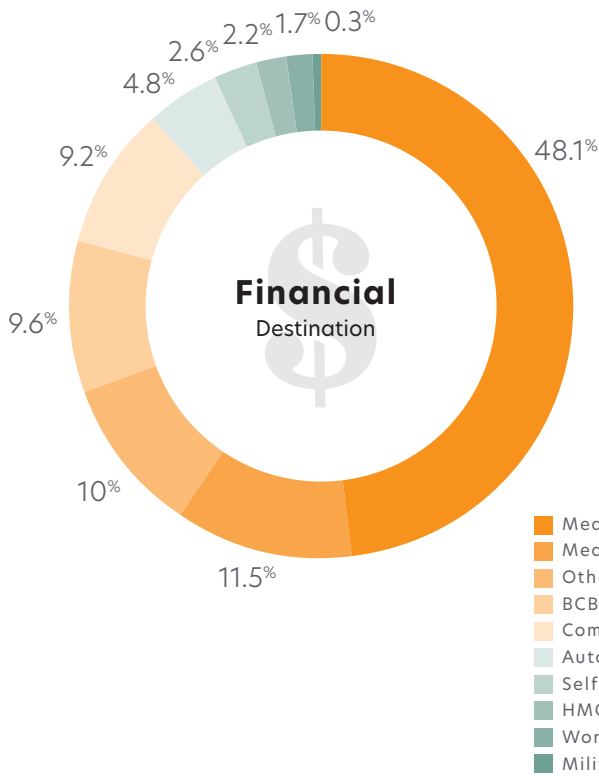
PATIENT DISTRIBUTION BY HOUR OF DAY



PATIENT DISTRIBUTION BY DAY OF THE WEEK



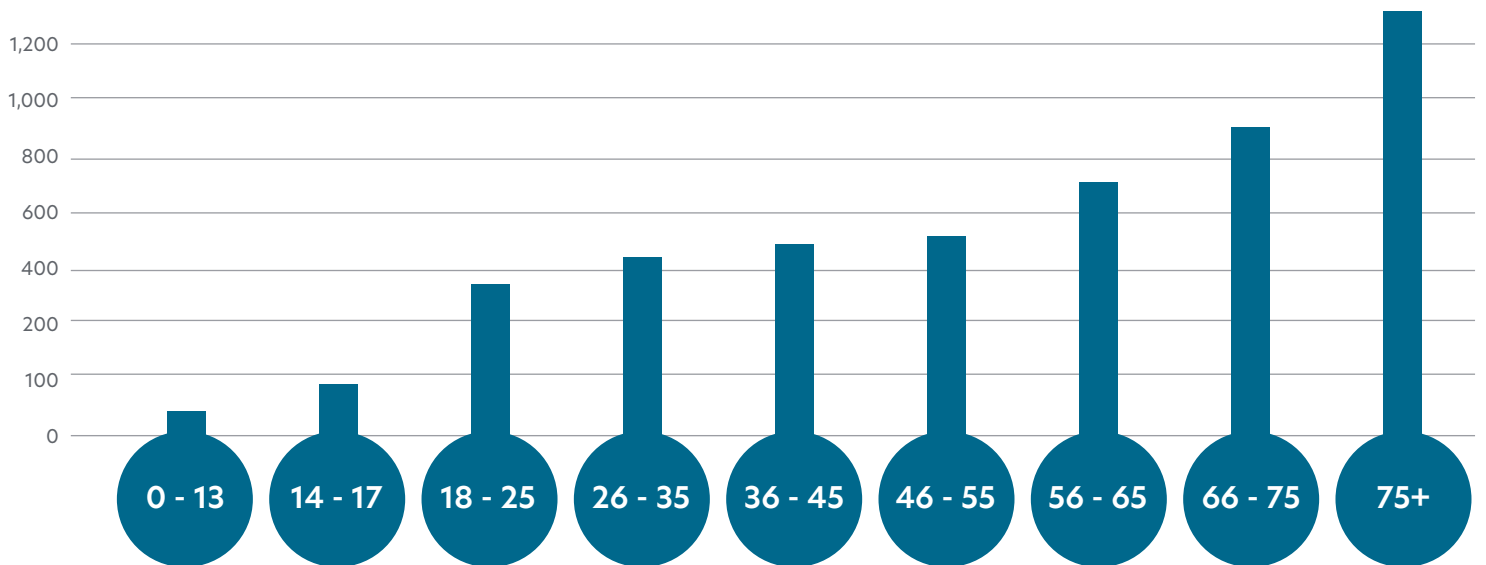
Trauma Center Statistics



Fast Facts

The University of Tennessee Medical Center's Trauma Services provided care to 1,065 uninsured patients in 2022 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, or SBIRT program, 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 substance use patterns. Our Brief Intervention Social Worker, Khrystsina Isayeuskaya, LMSW, implements the program so that the patients’ needs 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.

2022 BY THE NUMBERS

In 2022, the medical center’s SBIRT program completed 2,714 screens. The brief intervention social worker completed 1,211 screens, conducted 302 brief interventions, placed 20 referrals for trauma patients committed to substance use treatment post discharge, and provided 511 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

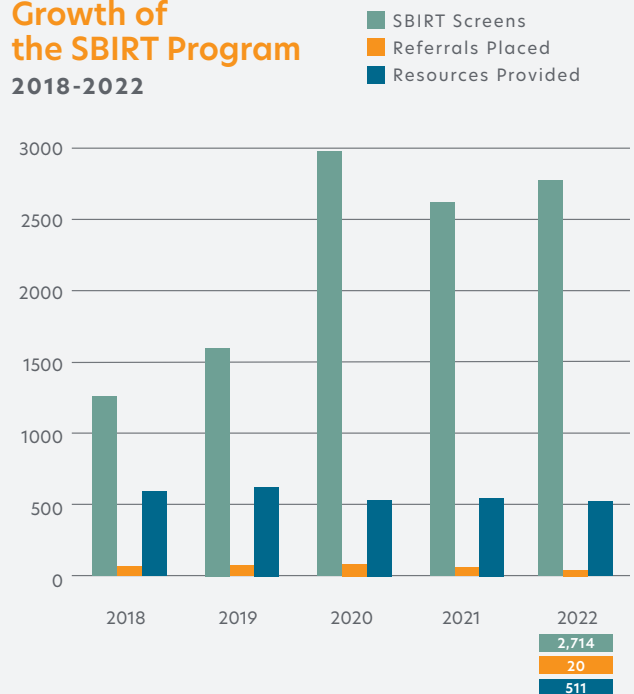
Low-Risk Drinking Limits	Men	Women
On any single Day	No more than 4 drinks on any day	No more than 3 drinks on any day
Per Week	No more than 14 drinks per week	No more than 7 drinks per week

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

Serving Size Recommendations



Growth of the SBIRT Program 2018-2022



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. The Course Coordinator oversees the offering of these classes throughout the year. They are attended by providers locally, regionally and from across the nation.



TRAUMA OUTREACH COORDINATOR

Sarah Dills, 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 SOCIAL WORKER

Khrystsina Isayevskaya, LMSW

The Brief Intervention Social Worker 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 who 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 and 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 liaisons 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 SOCIAL WORKER

Haley Carver, BSSW

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



TSN DEVELOPMENT COORDINATOR

Elizabeth Waters, LAPSW

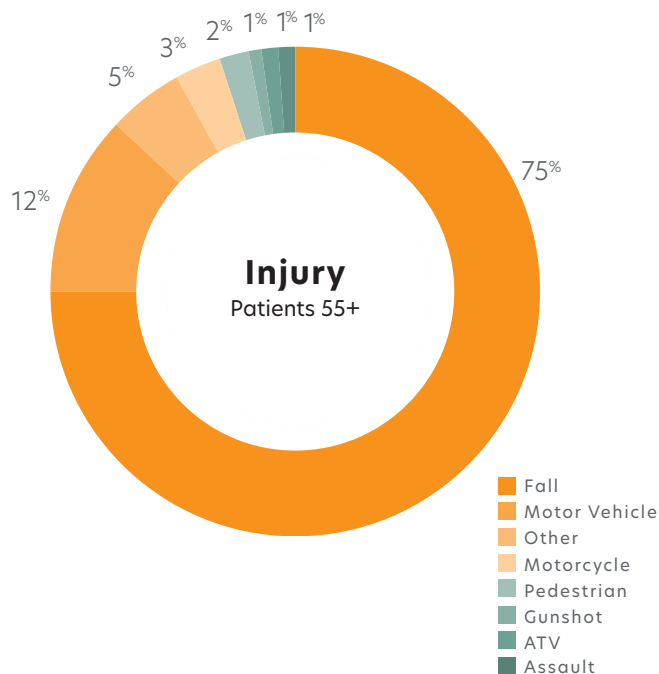
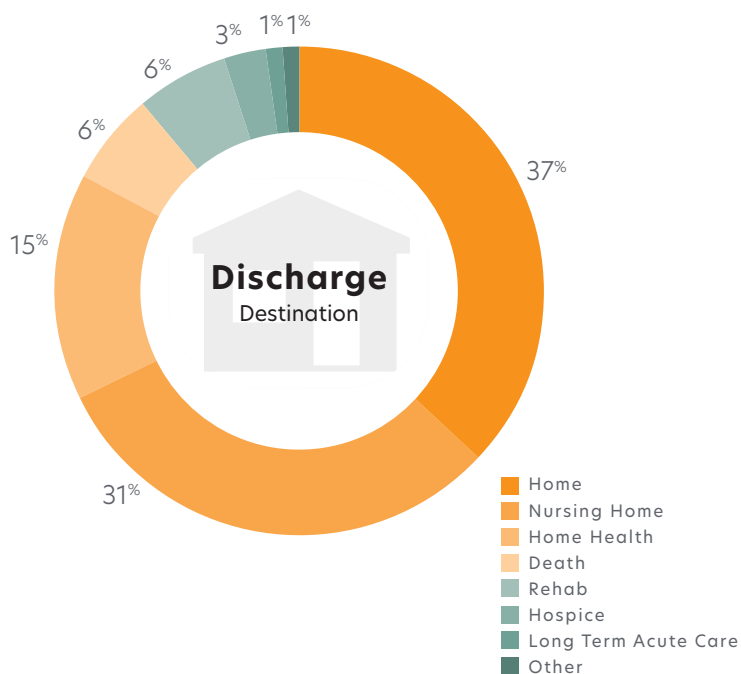
Submits and manages grant proposals for foundation and corporate sources

Trauma Patients 55 and Older

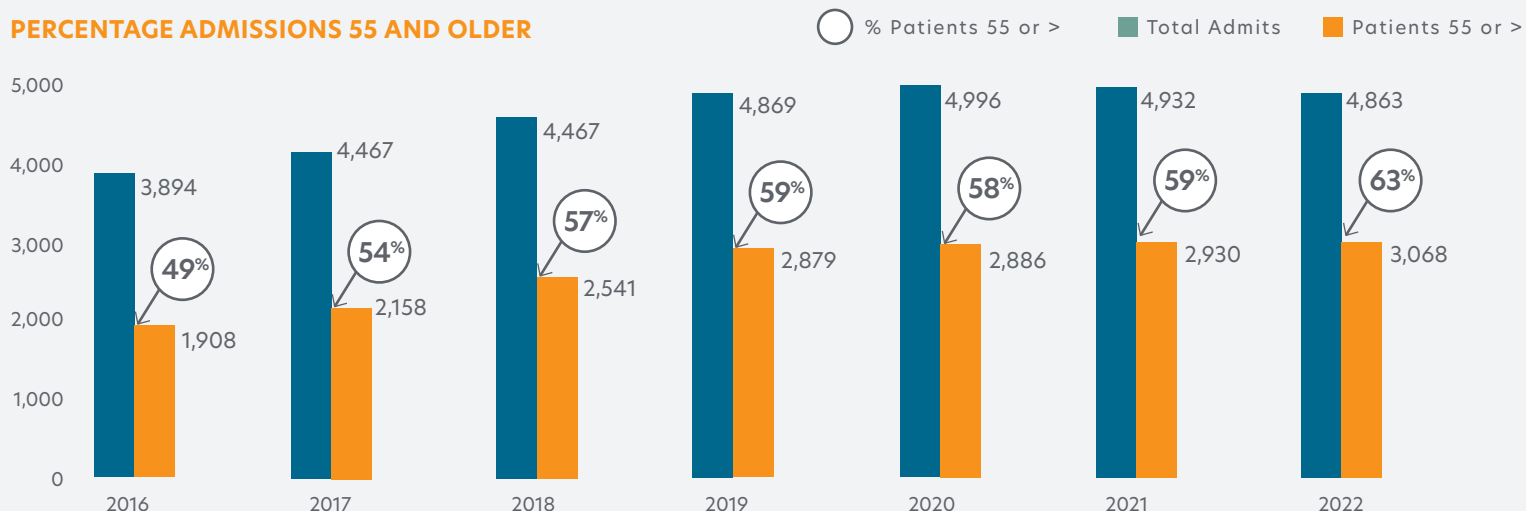
People 55 and older are the fastest-growing segment of the population as the baby-boomer generation ages and enters their golden years. This has resulted in a steady increase in trauma-related admissions in this population. Consistent with patterns across the nation, at The University of Tennessee Medical 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	858
Moderate	8-15	1,522
Serious	16-24	446
Severe	25-40	231
Critical-Maximum	41-75	11



PERCENTAGE ADMISSIONS 55 AND OLDER



Injury Prevention



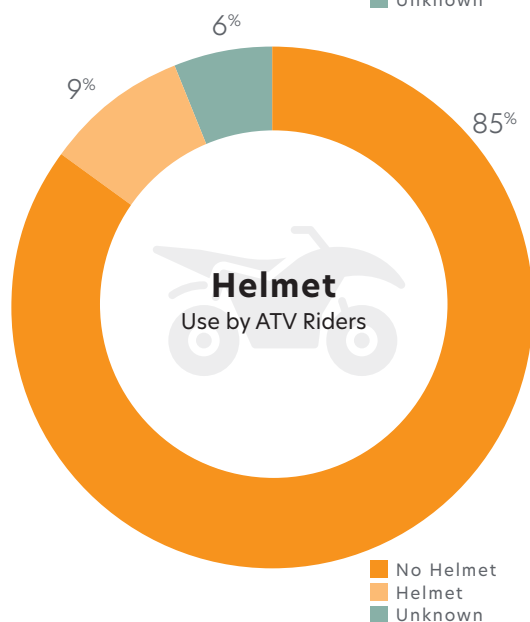
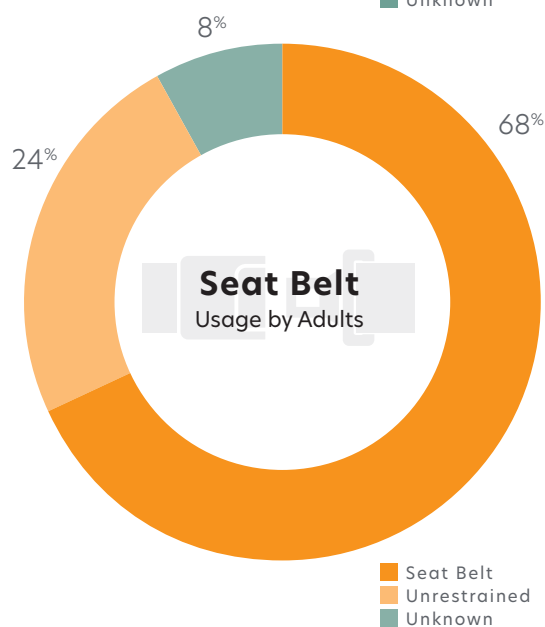
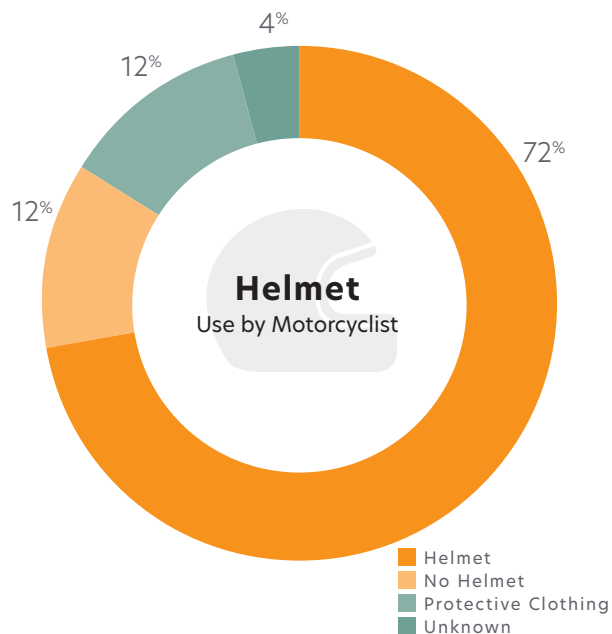
INJURY DOES NOT OCCUR BY ACCIDENT

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 2022, 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 2022, 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 U.S. 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 2022, only 71 percent 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 2022 only 15 percent of the riders admitted to the medical center were wearing a helmet when their crash occurred.



Pastoral Care's Commitment To Serve



Chaplains like Leah Ryan commit themselves to the spiritual and emotional care of our patients, families and team members.

The Pastoral Care team serves the spiritual and emotional needs of patients, families and team members.

The University of Tennessee Medical Center has 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 works towards the best holistic care for our patients, families and team members.

PROVIDING SUPPORT IN CHAOS

The Pastoral Care Department commits itself to the spiritual and emotional care of our patients, families and team members. Recently, a motor vehicle crash sent multiple people from different vehicles to the trauma bay. The crash occurred when a recklessly speeding vehicle hit a young family.

Chaplains worked with the nurse manager, team leader, medical team and the security department to identify the patients in this collision. Together we located families and found a waiting area for them to stay, allowing a member of the Emergency Department's Trauma Team to update them on the medical treatment and status of their loved ones. This team effort allowed us to care for the critically injured in the accident, update family and provide support for those hearing and sharing difficult news.

The Pastoral Care Department provided spiritual and emotional support for team members, patients and the families of the crash victims. Throughout the ordeal, the trauma team provided their usual amazing care and support in this type of chaotic moment.

HELPING TEAM MEMBERS DEBRIEF

Chaplains help medical center teams debrief difficult stories like these. Why do things happen to innocent families? How do we provide emotional and spiritual support when we might feel angry or frustrated with circumstances? Chaplains help the team articulate the emotions underlying the medical care they provide.

Life is often changed in moments unplanned and unforeseen. Such moments help us build unique relationships – with patients, families and team members – within the fabric of the medical center's mission: to serve through healing, education and discovery.

Organ Donation Update 2022 By the Numbers

In the United States



103,846

Number of people waiting for a transplant

21,369

Organ donors across the country

In Tennessee



2,954

Number of people waiting for a transplant in Tennessee

1,209

Organ transplants in Tennessee

445

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 2022 resulted in 55 organ donors with 158 lifesaving organ transplants.

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

277

number of people waiting for a kidney transplant

158

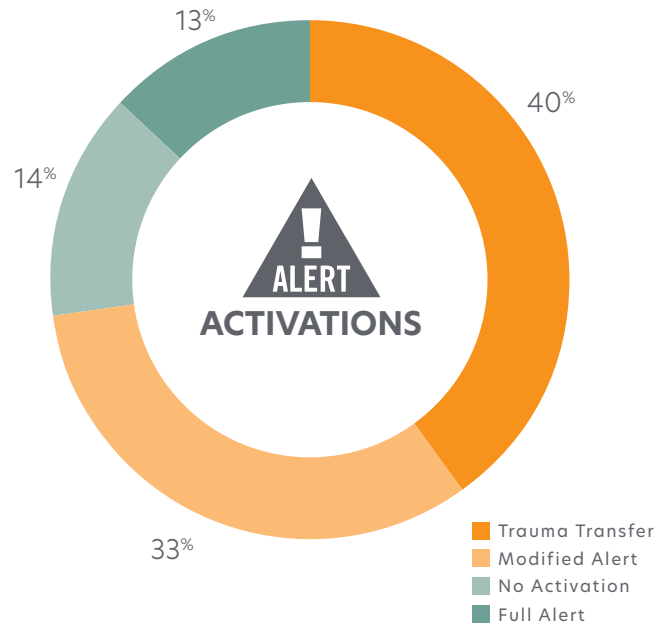
organs recovered for transplant

53

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 PROCESS

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 • Four 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, team 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, team 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 Office of Philanthropy at 865-305-6611 or giving@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

2022 TEE Up for Trauma Golf Tournament

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

Thank you to the event chair, Randal Dabbs, MD, of TeamHealth, 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 Office of Philanthropy at 865-305-6611 or by email at giving@utmck.edu.

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- » Meadows & Ohly
- » Medfinancial
- » Med-Trans
- » Messer Construction Co.
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UT Hospice