

Keep Moving Forward



2020 Trauma Report



**MEDICAL
CENTER**

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



Niki Rasnake BSN, RN, CEN
Trauma Program Manager



THE
COMMITTEE
ON **TRAUMA**



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

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Before a motorcycle crash in 2019, John Morris, executive chef at the medical center, regularly competed in ultra-marathons. Now, he's back to running nine miles a day and hopes to compete again. "Before the accident I'd say, 'I have to run today.' Now I say, 'I get to run today,'" he said.

Every Day Is a Gift

After a motorcycle crash, The University of Tennessee Medical Center's Executive Chef, John Morris, gained a new perspective on life – and the medical center.

For nearly five years, Executive Chef John Morris has worked with patients and the public as the head of The University of Tennessee Medical Center's dining program. Two years ago, after a motorcycle crash, he saw the medical center in a new light – as a patient for the first time.

Becoming a Trauma Survivor

In September 2019, John took his motorcycle for a ride in Knoxville, Tennessee. While on his bike, a truck pulled into traffic and hit him.

"I didn't even have time to respond," John said. "I remember the impact and I was awake until the EMTs sedated me to take me to the hospital."

The crash broke John's hip, fractured his leg and severely damaged his foot. The impact also fractured several ribs, causing parts of his chest to separate from the chest wall.



John began his recuperation at The University of Tennessee Medical Center, after a motorcycle crash that injured his hip, leg and foot.

The ambulance took John to The University of Tennessee Medical Center's Emergency Department, where the trauma team stabilized him.

He stayed on a ventilator for three days and, during that time, had surgeries to fix his hip, leg and foot.

Moving Forward, Relentlessly

Before the crash, John trained daily as an ultra-runner. Ultra-runners participate in races that are longer than the standard marathon distance of 26.2 miles. As an elite athlete, John eats a plant-based diet, exercises daily and focuses on what he calls "PMA," a positive mental attitude.

Because of his healthy lifestyle and excellent physical fitness, John recovered faster than the average person. But it's still taken John two years to get back on his feet. "Part of the learning experience has been patience," he said. "I wanted to go-go-go but healing takes a long time."

John still does physical therapy exercises daily, along with an extensive exercise routine. In 2020, he couldn't run, so he rode a stationary bike. "I put about 5,000 miles on my bike last year," he said.

He also works with a doctor who specializes in endurance athletes. "When I first saw the specialist, I walked with a walker," John said. "We approached the running process gradually. I started with simple exercises like just putting pressure on my foot. Now I'm back up to running nine miles a day."

"When you run an ultra-marathon, you don't stop," said John. He credits his healing to his positive mental attitude and relentless push forward. "That's been my attitude through all this: Keep moving forward."

Giving Back to Other Survivors

John wanted to connect with other trauma survivors, so he participated in the medical center's Trauma Survivors Network (TSN) support group. Then he decided to take the next step and share his experience with other patients. He was recently trained as a TSN peer visitor by TSN Clinical Coordinator Haley Carver, BSSW.

Peer visitors are former trauma patients and caregivers who are at least a year out from their trauma. They are trained and volunteer their time to share stories of recovery to hospitalized patients.

"Even though I talk with patients every day in my job as a chef, now I know what it's like to be a patient," he said. "I want my experience to help others."

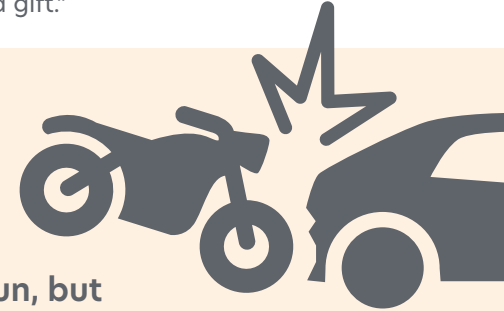
John also has a deeper appreciation for the skill and dedication of the medical teams he works with. "I can't say enough about the team members here," he said. "From the doctors to the nursing assistants, my care was great."

Appreciating Every Day

His perspective on life has shifted since the accident, too. "Before the accident I'd say, 'I have to run today!' Now I say, 'I get to run today,'" said John. "I was in a wheelchair and on crutches for so long that I appreciate everything more, from walking the dog to every run I take."

"While it seems like a cliché to say every day is special," he said, "every day really is a gift."

Motorcycle Crash Statistics



Motorcycles are fun, but they can be dangerous.



8 percent of homes have a motorcycle

84,000

people injured in motorcycle crashes in 2019

5,014

riders killed in 2019

Compared to people who ride in cars or trucks, motorcyclists are:

29

times more likely to die in a crash

4

times more likely to be injured in a crash

Helmets Save Lives

- In 2019, 61% of motorcyclists nationwide wore a helmet.
- In 2017 (latest data available), helmets saved the lives of 1,872 motorcyclists.
- If all riders had worn helmets, 749 lives could have been saved.



Sources
Insurance Institute for Highway Safety
Motorcycle Industry Council
National Highway Traffic Safety Administration

Answering the Call

When a motorcycle crash survivor began showing heart attack symptoms in the Emergency Department, nurse Amber Thompson acted quickly to save his life.

Amber Thompson, RN, has been a nurse with the Emergency Department (ED) for almost five years. Last July, an ambulance brought a 50-year-old man to the medical center after a motorcycle crash. The trauma team stabilized the patient and sent him for CT scans to determine the extent of his injuries.

“We were waiting in the hall for his X-ray,” Amber said, “when the patient said he felt dizzy and like he might pass out.” Amber reassured him, explaining that was common after a trauma.

“But then he went unresponsive,” said Amber. “From the heart monitors, I could see he had a dangerously irregular heartbeat.”

Amber radioed another Emergency Department nurse and asked her to alert the doctors that she was on the way with a patient. Then she climbed on the stretcher and started giving the patient CPR.



“While I was working, a nearby paramedic saw me. So I asked him to get us back to the Trauma Bay,” said Amber. She kept working on the patient while the paramedic rolled the stretcher down the hallway.

Back in the Trauma Bay, Amber and the trauma team kept performing CPR until the patient regained a normal heart rhythm and began breathing again. Then an EKG was ordered, which showed that the patient was having a heart attack.



Amber Thompson, RN

“It’s not unheard of to have a cardiac event after trauma,” said Amber. “That’s because the stress can overwork the heart. This heart attack was a surprise, though, because the patient never complained of chest pain, and his monitors didn’t show the normal symptoms of a heart attack.”

The team took the patient to the cardiac catheterization lab, where doctors used imaging equipment to view and repair the blood vessels of the heart. Tests showed that the patient had 100 percent blockage in one of the arteries going to his heart. The medical team was successful in re-establishing the flow of blood.

Because his artery was 100 percent blocked, if the patient hadn’t been at the hospital, he likely wouldn’t have survived the heart attack. The motorcycle crash brought him to the right place at the right time – and having a quick-thinking nurse with him – changed his outcome.

“To me, nursing is a calling,” said Amber. “I never wanted to be anything else.” When she shadowed Emergency Department nurses in school, she was inspired by their confidence and skills. “I love Emergency Department nursing because you have a chance to literally change someone’s life,” she said.

Trauma Survivors Network

The Trauma Survivors Network (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 at The University of Tennessee Medical Center 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 began using telephone peer visits to support 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. This support group is currently virtual and is held 5:30 pm-7 pm.

Snack & Chat – Family and friends of patients currently admitted to our Trauma Center are invited to relax, have a snack and learn more about the emotional impact of trauma. Mobile Snack & Chat occurs at 10 am on Thursdays when TSN visits 7, 9 and 10 East to serve trauma patient families and friends.

For more information about TSN programs please contact the medical center's TSN Coordinators at 865-305-9970 or TSNCoordinator@utmck.edu.

The national 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.

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



Peer visitor Mackenzie Johnson talks with trauma survivor Todd Cole at The University of Tennessee Medical Center.

Connecting During a Pandemic

During 2020, the world came to a halt to deal with the COVID-19 pandemic. Here at The University of Tennessee Medical Center, the Trauma Survivors Network (TSN) was more important than ever. TSN programming may have been limited, but services were still provided to trauma patients throughout the year.

- TSN's outpatient support group, Let's Chat, held three in-person support groups. The national TSN program offered virtual support groups starting in April 2020. In April and May, the medical center's TSN team began co-facilitating support groups with the national TSN program, which gave local TSN support group participants access to trauma survivors nationwide.
- TSN coordinators supported 1,213 patients with 23 percent receiving follow-up visits. During the initial visit, patients and their families received the Trauma Patient Handbook, a brochure about the TSN program and any resources or information the patient may need support with.
- Visitor restrictions affected TSN's peer visitation. To continue supporting patients, the TSN implemented phone peer visits. During 2020 there were seven peer visits with peer visitors. Peer visitors dedicated more than seven hours to the TSN program and conducting peer visits.

Leadership

Trauma Services



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



Blaine L. Enderson, MD
MBA, FACS, FCCM
Vice President of Emergency
& Trauma Services and
Critical Care



Karen Pryor, MSN, RN, CNML
Executive Director of
Emergency & Trauma Services
and Critical Care

Medical Critical Care



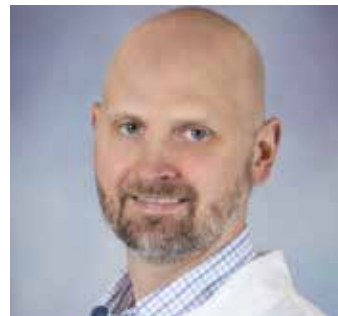
Paul R. Branca, MD
FCCP, D-AABIP
Medical Director

Trauma Surgical Critical Care



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

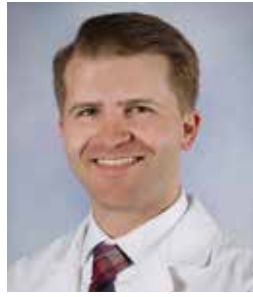
Trauma Surgeons



Davis P. Berry, MD



Reagan W. Bollig,
MD, FACS



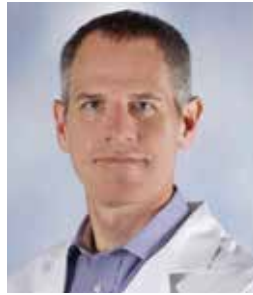
Alexander C.
Cavalea, MD



Brian J. Daley, MD
FACS, MBA, FCCP,
CNSP



James W. Goodin,
MD, FACS



Heath R. Many, MD,
FACS



C. Lindsay McKnight,
MD, FACS



Todd A. Nickloes,
DO, FACOS, FACS



R. Frank Roberts,
MD, FACS



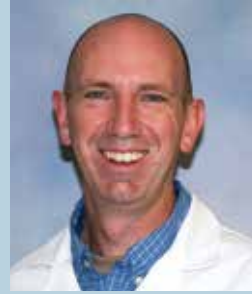
Stephanie E. Scott,
MD



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.



J. Doug Keller, DO
Trauma Anesthesia
Liaison



William E.
Snyder, Jr., MD
Trauma Neurosurgeon
Liaison



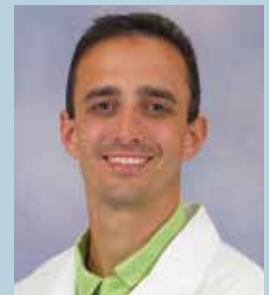
J. Michael
McCoy, DDS
Trauma OMFS*
Liaison



Brian M.
Tonne, MD
Trauma Orthopedic
Surgeon Liaison



Denise C.
Semashko, MD
Emergency Dept.
Medical Director
and Trauma Liaison



Steven P.
Knight, MD
Trauma Radiology
Liaison



Chaplain Dexter D. Mims (right) worked with team members in Pastoral Care and across the medical center to offer excellent medical care during the coronavirus pandemic.

Ministering During COVID-19

The Pastoral Care team provided comfort and connection to patients, families and team members during the COVID-19 pandemic.

The University of Tennessee Medical Center has the region's only accredited training center for Clinical Pastoral Education. The 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 toward providing the best holistic care for our patients, families and team members.

The Pastoral Care Department faced unique challenges during the COVID-19 pandemic. Yet, we helped our patients, families and team members find sacred moments in the chaotic experience of injury, treatment and recovery.

Our department remained committed to bedside care of the patient and support of all families and team members. To keep our residents connected and safe, our team moved the classroom elements of education online, but they still did their clinical work on the floor.

Clinical professionals have always been driven to care for their patients' needs. But this year, our team saw our frontline workers make even more selfless acts of compassion than usual. It is a privilege to work alongside real-life heroes.

We will also remember many patient stories from 2020. But one family's experience has stayed with us.

This family was in a car crash. That's scary enough, but it's even scarier when it happens a long way from home, in an unfamiliar city and during a pandemic.

The medical center admitted the father as a trauma patient. Because of the visitor restrictions in place to slow the spread of the COVID-19, Mom and the three children could only visit Dad via video conference and phone calls. Like many families in 2020, they endured this life-altering trauma from a distance.

The chaplain acted as a liaison, present at the father's bedside, and as a kind voice on the phone with the family. Day after day, we joined our patients and their families on their difficult journeys.

Eventually, the wife was able to see and talk with her husband. Reunited, the patient and his wife told the chaplain how necessary those calls, prayers and visits had been.

Moments like these restored a sense of community to this family and so many others. Despite the pandemic, we found many creative ways to keep families together through spiritual, emotional, and physical support. These are the hallmarks of excellent medical care support.

To Serve and Protect

Knox County Sheriff's Deputy, Travis Vaughn, acted quickly and courageously to save the life of an injured person in a motorcycle crash.

The Knox County Sheriff's Department (KCSD) trains their team members to use bleeding control methods to stop life-threatening blood loss. In fall 2020, a KCSD officer's bleeding control skills and training saved a person's life.

Knox County Sheriff's Department Officer Travis Vaughn responded to a call of a motorcycle crash in East Knoxville. The driver died at the scene of the crash, while the passenger was thrown clear from the crash. The passenger suffered serious and life-threatening injuries, including the loss of one of their arms above the elbow.

When Officer Vaughn arrived at the scene, he gave his tourniquet to the first responders to use. After they applied the tourniquet, Officer Vaughn noticed the person was still bleeding out. He tightened the tourniquet more until the bleeding stopped.

Zachary Beam, DO, was on duty with The University of Tennessee Medical Center trauma team when the patient was admitted. "The tourniquet use was excellent," he said. "Officer Vaughn helped save the patient's life."

As a result of his actions, Officer Vaughn received two Life Saver Awards from the Knox County Sheriff's Department. Gigi Taylor, RN, and Debi Tuggle, RN, from the medical



Members of the medical center's Stop the Bleed program presented Officer Travis Vaughn (fifth from left) with a Life Saver Award for tightening a tourniquet at an accident scene and saving a patient's life.

center's Stop the Bleed program presented him with one of those awards. The sheriff's office presented him with the other for his courageous efforts.

Beam congratulated the sheriff's department as well. "Kudos to Officer Vaughn's department for the bleeding control training they do with their team members," Beam said.

Stop the Bleed

Uncontrolled bleeding is the number one cause of death from traumatic injuries. A person who is bleeding can die from blood loss within five minutes. This makes it important to quickly stop the blood loss. During a crisis, no matter how quickly professional emergency responders arrive, bystanders will always be first on the scene.

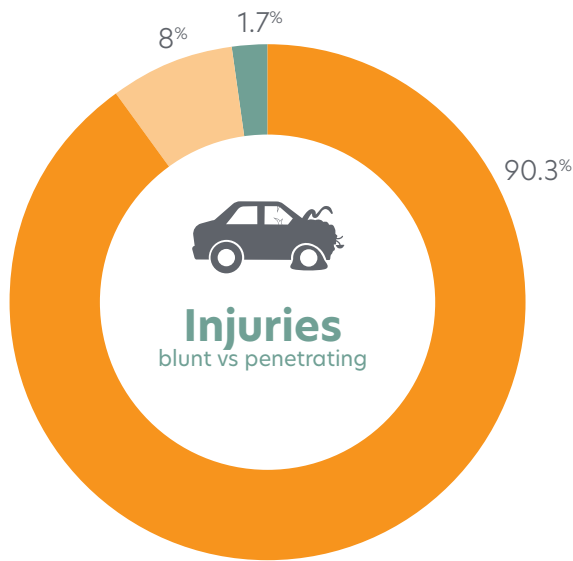
Launched in October of 2015 by the White House, Stop the Bleed is a national awareness campaign

and a call to action. The Stop the Bleed campaign cultivates grassroots efforts that encourage bystanders to become trained, equipped and empowered to help in a bleeding emergency before professional help arrives.

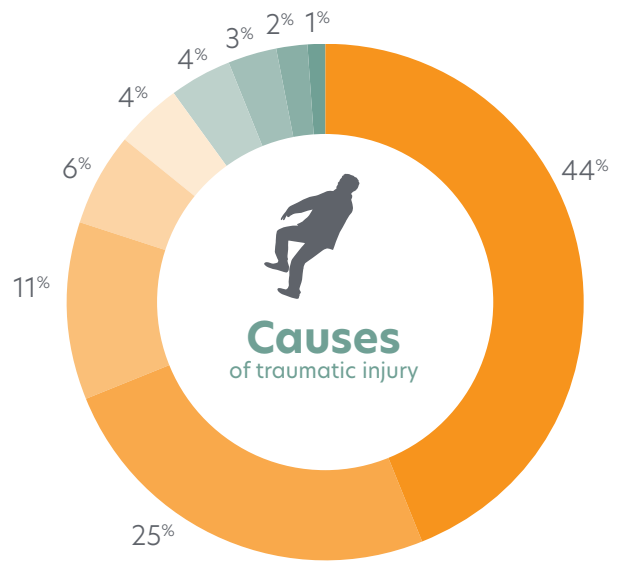
For more information on Stop the Bleed, contact Debi Tuggle, Trauma Services coordinator, at DTuggle@utmck.edu.

For more information: UTMedicalCenter.org/stopthebleed

Causes of Traumatic Injury



- Blunt
- Penetrating
- Other



- Fall
- Motor Vehicle
- Motorcycle
- Assault
- Gunshot
- Pedestrian
- Stab Wound
- Other

Top Three Mechanisms of Injury by Age Group

Age	1	2	3
0-13	Motor Vehicle Crash	Falls	All-Terrain Vehicle
14-17	Motor Vehicle Crash	Falls	Gunshot Wound
18-25	Motor Vehicle Crash	Falls	Gunshot Wound
26-45	Motor Vehicle Crash	Falls	Assault/Motorcycle Crash
46-65	Falls	Motor Vehicle Crash	Motorcycle Crash
>65	Falls	Motor Vehicle Crash	Machinery

Injury Severity Score

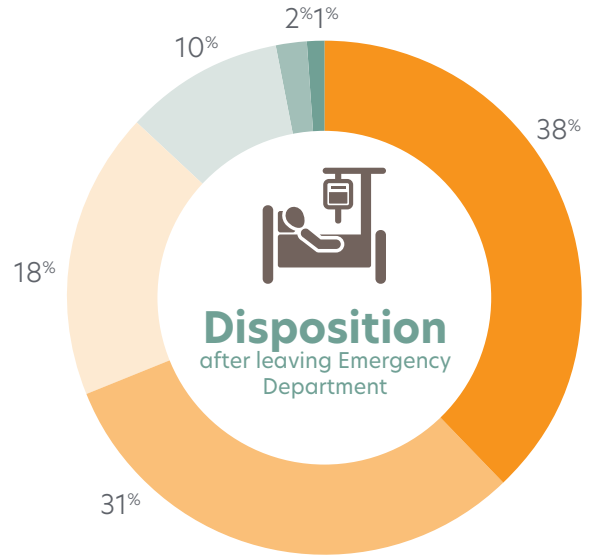
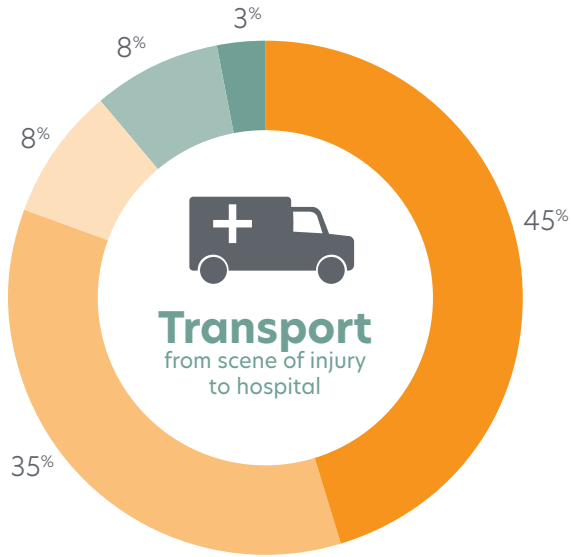
To meet Level I Trauma Center criteria, annual trauma admissions must equal at least 1,200 patients or 240 patients that have an injury severity score (ISS) of more than 15.

This is a scoring system that applies a numerical value to a patient's anatomical injuries.

In 2020, Trauma Services at The University of Tennessee Medical Center admitted 1,265 patients with Injury Severity Scores greater than 15, which is almost five times the national requirement for a Level I Trauma Center.

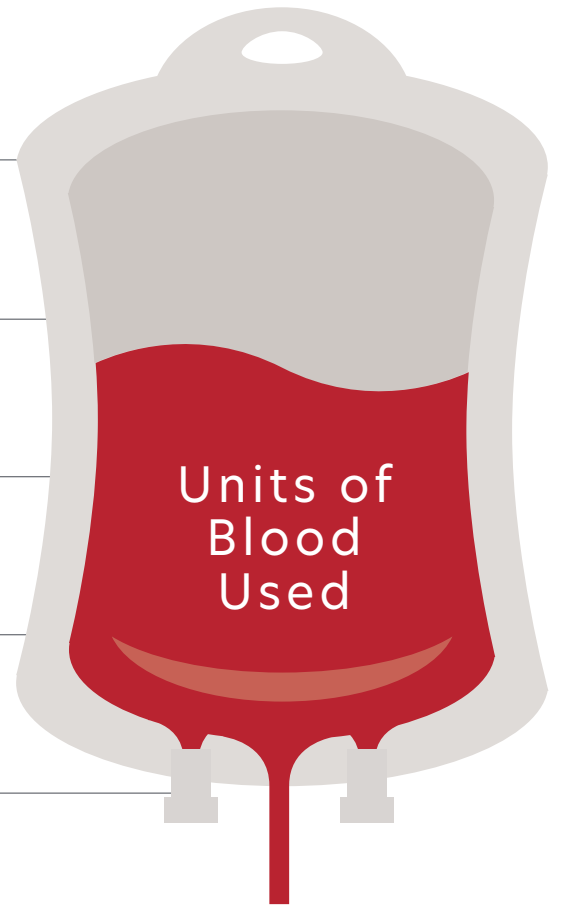
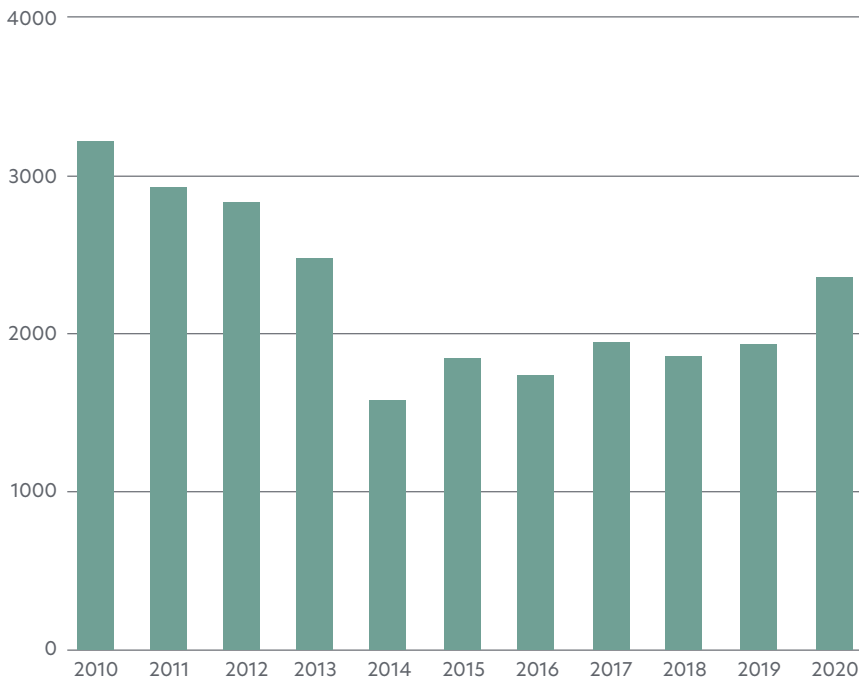
Trauma Patient Distribution by Injury Severity Score		
	ISS	Number of Patients
Minor	<8	1562
Moderate	8-15	2167
Serious	16-24	826
Severe	25-40	405
Critical-Maximum	41-75	34

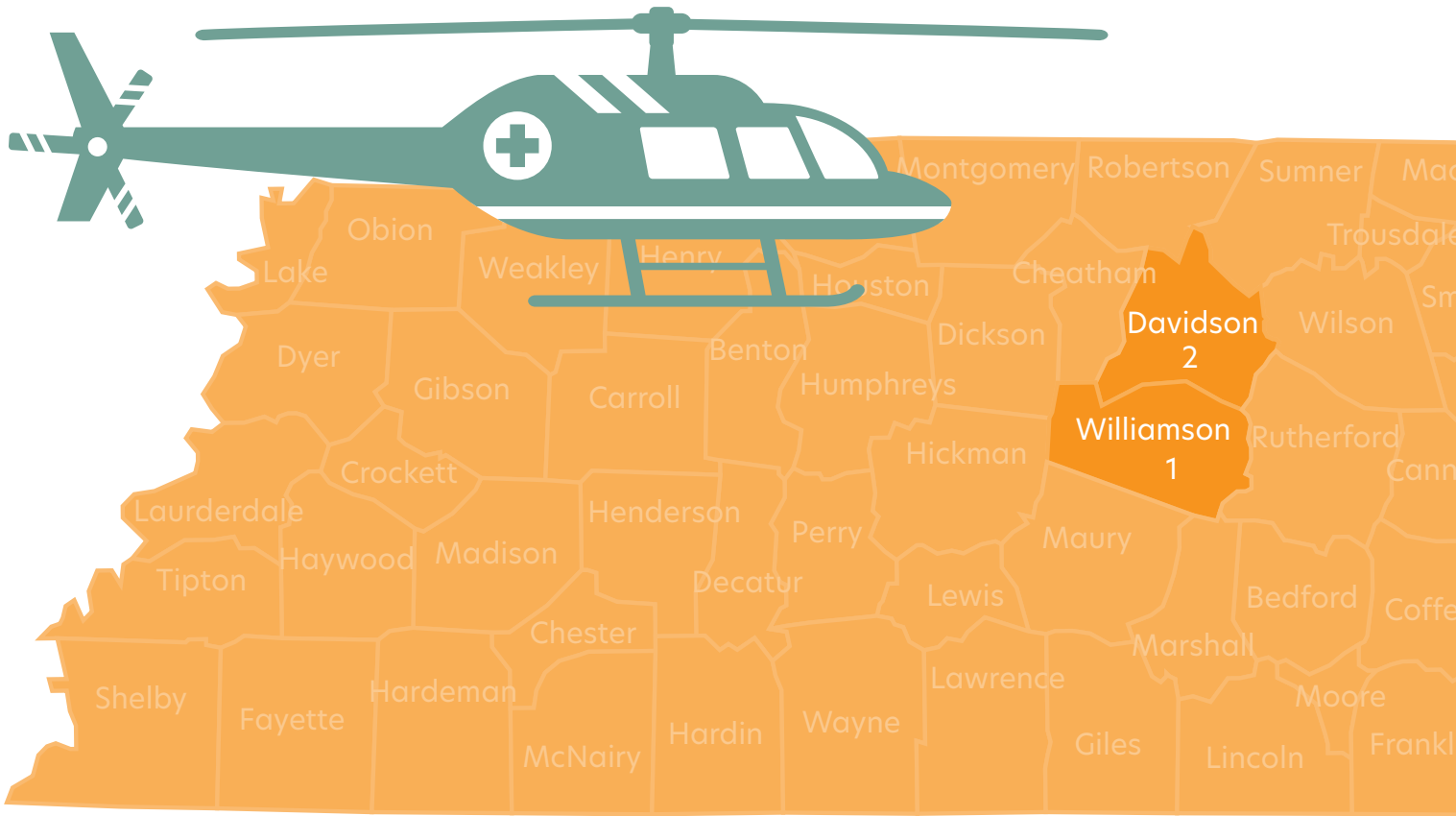
Arrivals and Hospitalizations



- Ambulance
- Referring Hospital
- UT LIFESTAR
- Private Vehicle
- Other Helicopter

- Acute Care
- Home
- ICU
- Operating Room
- Transfer
- Death

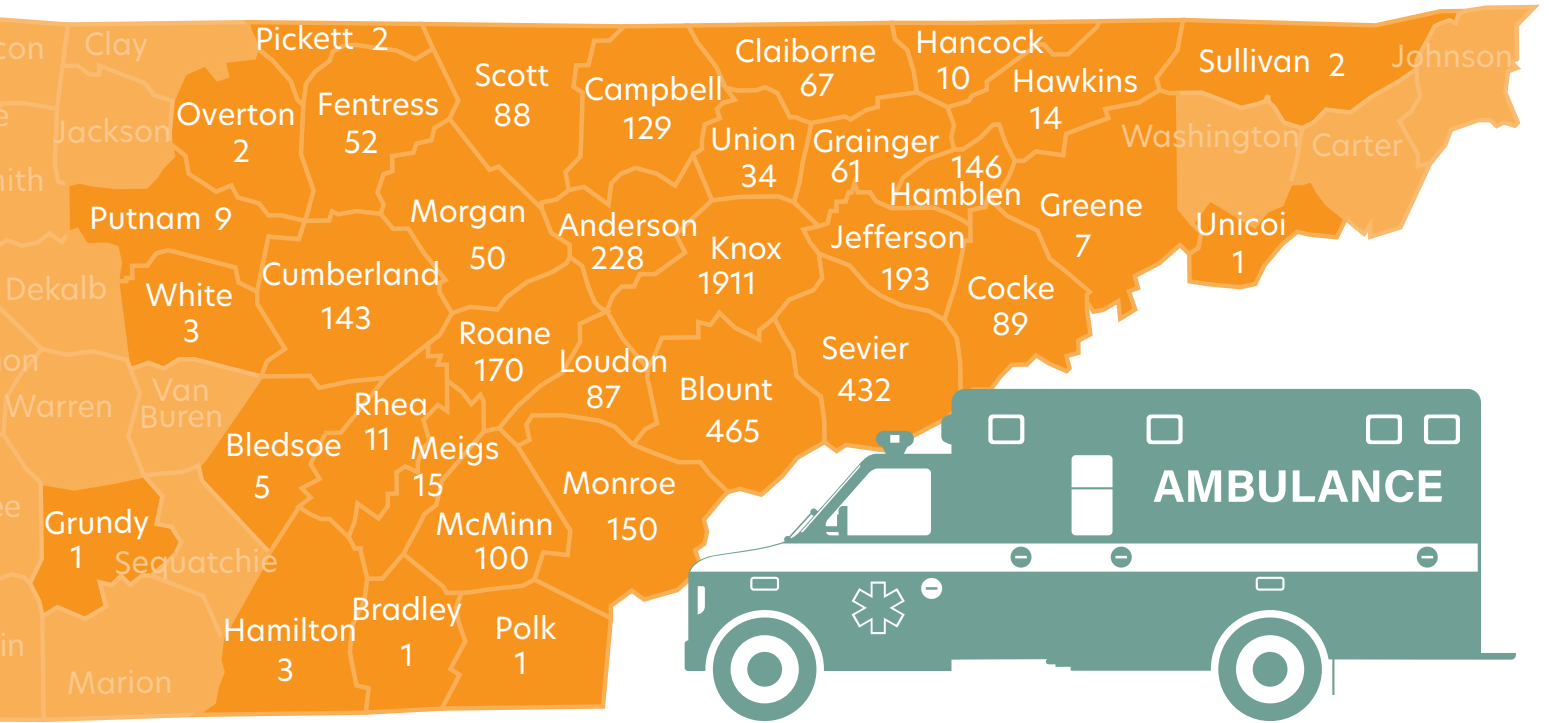




Referring Hospitals

Big South Fork Medical Center	89	Starr Regional Medical Center (Athens)	84
Blount Memorial Hospital	286	Starr Regional Medical Center (Etowah)	7
Claiborne Medical Center	70	Sweetwater Hospital	135
Cumberland Medical Center	257	Turkey Creek Medical Center	19
East Tennessee Children's Hospital	3		
Fort Loudon Medical Center	64	Out of Region	
Fort Sanders Regional Medical Center	213	Bristol Regional Medical Center	1
Hancock County Hospital	5	Cookeville Regional Medical Center	10
Hawkins Co. Memorial Hospital	5	Holston Valley Medical Center	3
Jefferson Memorial Hospital	106	Johnson City Medical Center	10
Jellico Medical Center	26	Laughlin Memorial	4
LaFollette Medical Center	126	Livingston Regional Hospital	1
LeConte Medical Center	228	Rhea Medical Center	2
Methodist Medical Center	154	Tennova Healthcare (Cleveland)	4
Morristown-Hamblen Healthcare System	175		
Newport Medical Center	101	Kentucky hospitals	75
North Knoxville Medical Center	109	Virginia hospitals	5
Parkwest Medical Center	135		
Roane Medical Center	116		

Trauma Patients by County of Residence

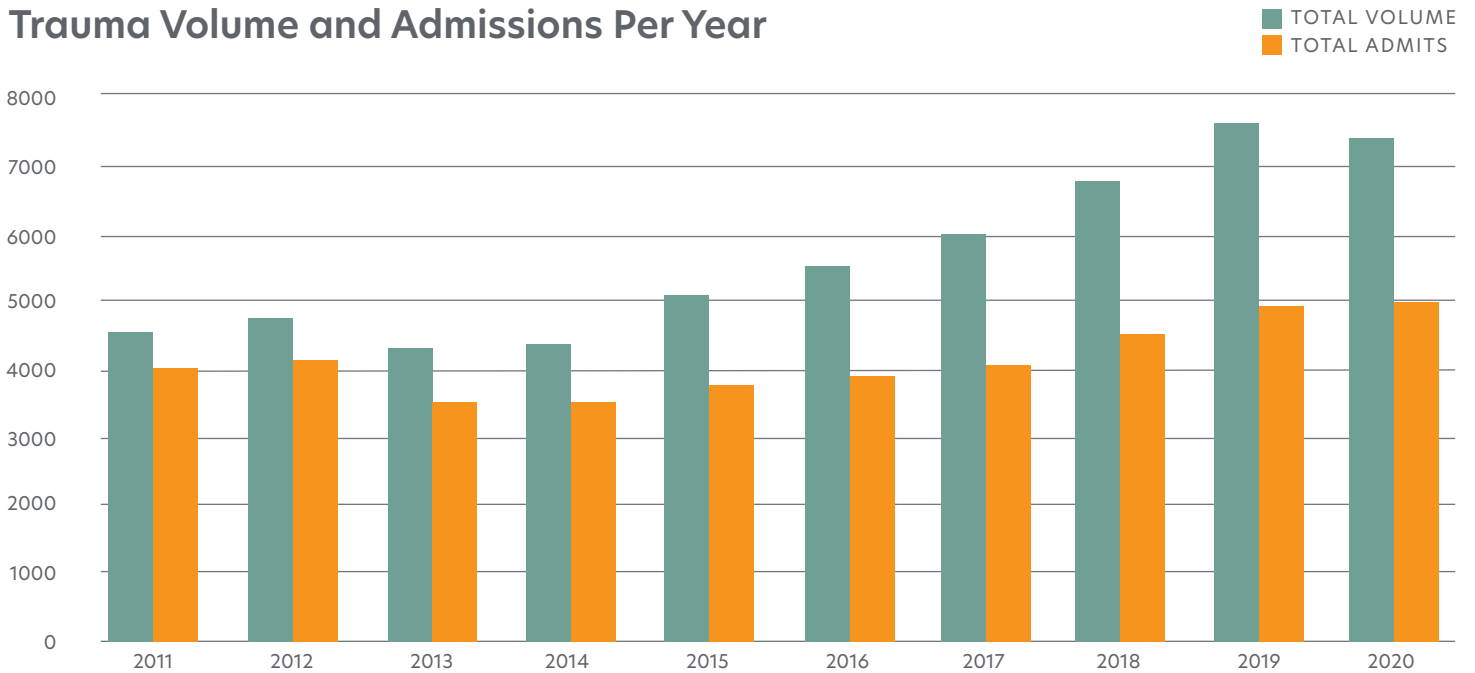


Trauma Patients' Home States

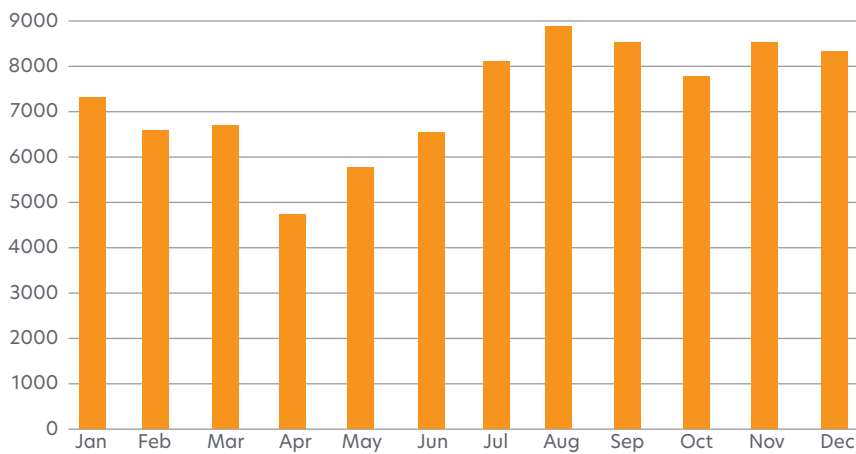
Alabama	17	North Carolina	70
Arkansas	2	Nevada	1
Arizona	2	New Hampshire	1
California	7	New Jersey	3
Colorado	1	New York	14
Connecticut	3	Ohio	52
Delaware	2	Oklahoma	2
Florida	47	Pennsylvania	11
Georgia	63	South Carolina	25
Iowa	1	South Dakota	1
Idaho	1	Tennessee	6,723
Illinois	26	Texas	13
Indiana	32	Utah	50
Kansas	1	Vermont	2
Kentucky	260	Virginia	42
Louisiana	16	Washington	1
Maryland	3	Wisconsin	4
Michigan	27	West Virginia	2
Minnesota	2	Wyoming	2
Mississippi	3		
Missouri	7	Outside U.S. Territory & Unclaimed	28
Montana	1		

Trauma Admissions and Visits

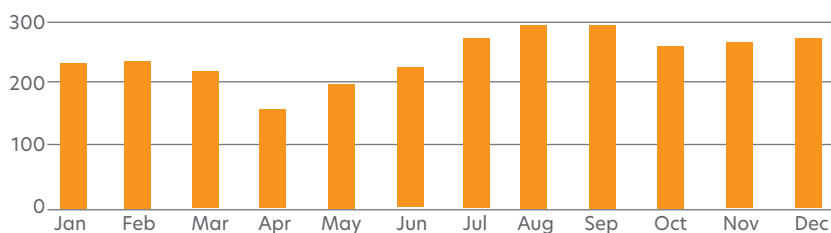
Trauma Volume and Admissions Per Year



Emergency Department Patient Volumes by Month



Emergency Department Average Daily Volumes by Month



On-Call Specialists

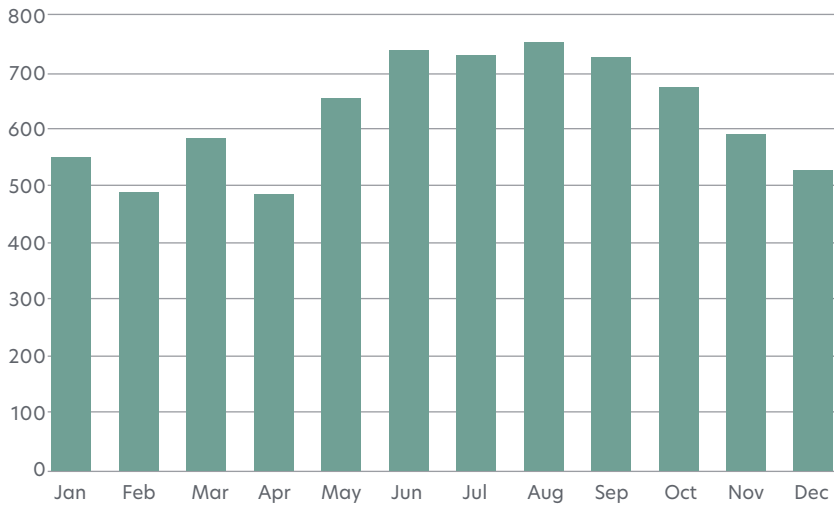
Top 3 Groups Receiving the Most Consults		
Specialty	Consultations	Operations
OMFS*	1,189	805
Neurosurgery	1,970	299
Orthopedics	3,360	2,080

*Oral and maxillofacial surgery

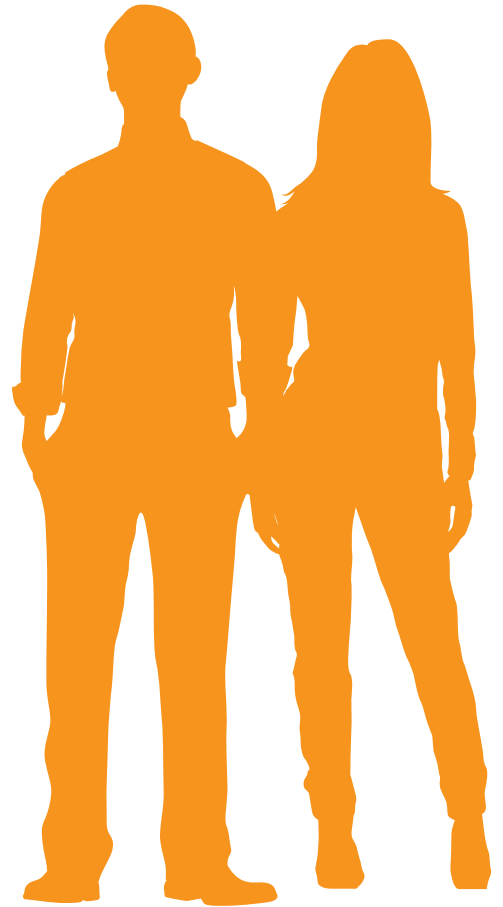
As a Level I Trauma Center, The University of Tennessee Medical Center is required to have general surgeons, Emergency Medicine physicians, Intensive Care physicians and anesthesiologists in-house at all times. Other specialists and a full range of equipment must also be available 24 hours a day, seven days a week, 365 days a year.

Trauma Patient Distribution

Patient Distribution by Month



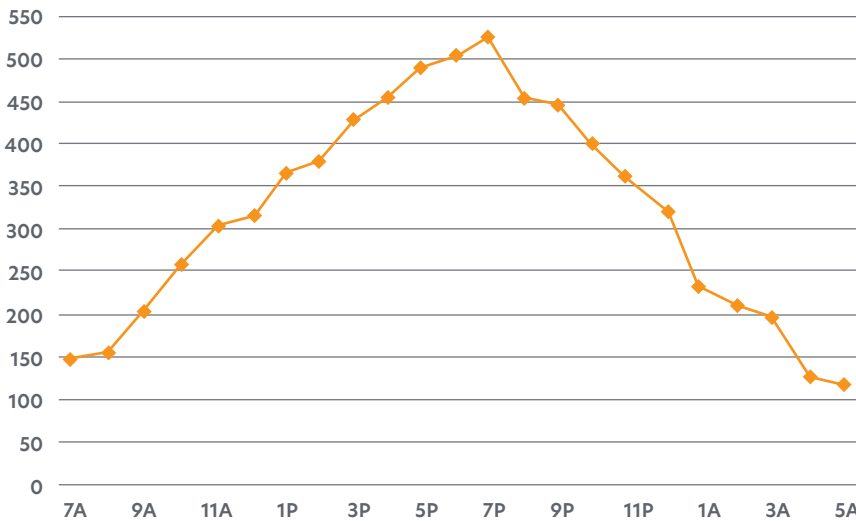
Gender Distribution



57%
Male

43%
Female

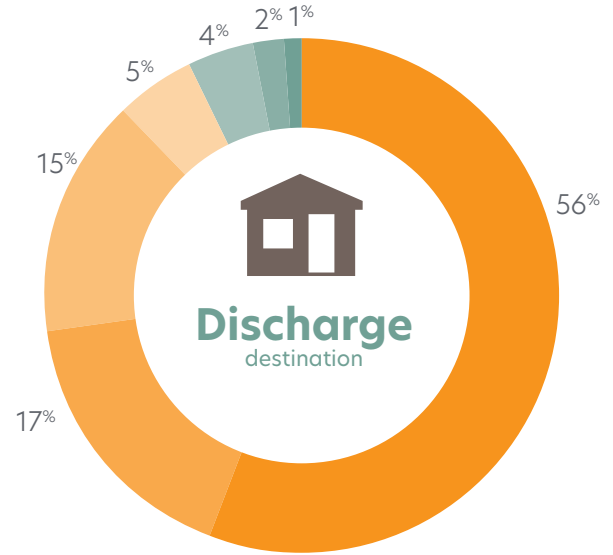
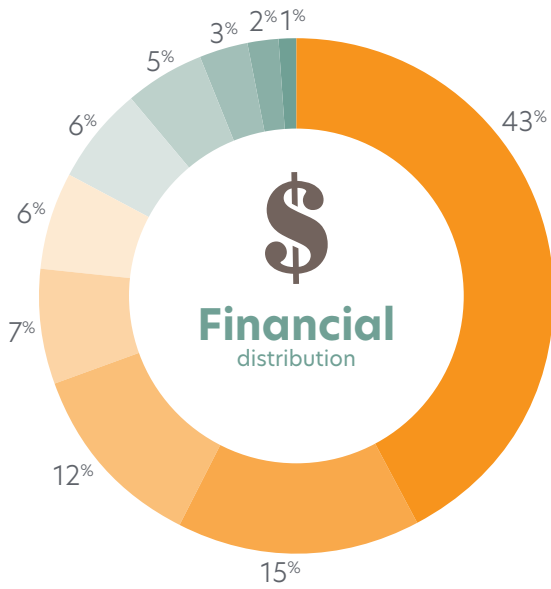
Patient Distribution by Hour of Day



Patient Distribution By Day of the Week



Trauma Center Statistics



- Medicare
- Medicaid/TN Care
- BCBS
- Other
- Auto

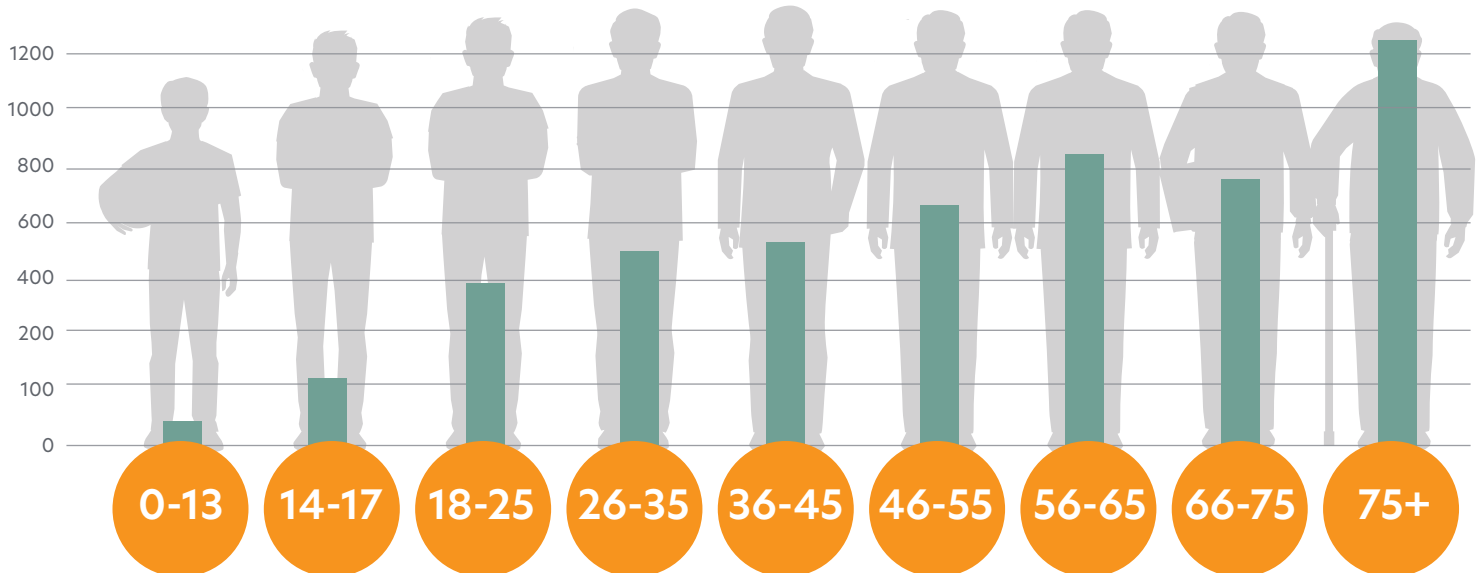
- Self Pay
- Commercial
- HMO/PPO
- Workers Comp
- Military

- Home
- Nursing Home
- Home Health
- Other

- Death
- Rehab
- Long Term Acute Care

The University of Tennessee Medical Center's Trauma Services provided uncompensated care to over 1,145 severely injured patients in 2020. The average gross charges for each of these cases was \$39,257.

Trauma Patients Distribution by Age



SBIRT Program

Trauma services levels up with its SBIRT program through brief interventions and community partnerships

Unhealthy alcohol use is one of the many reasons that traumatic injuries occur. In 2017, the Screening, Brief Intervention, Referral and Treatment (SBIRT) program was developed.





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 SBIRT program was developed to help identify the 25 percent of risky or hazardous alcohol users. Approaching patients during the “teachable moment” of their traumatic incident provides a higher chance to bring awareness to their alcohol 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. These drinkers are often missed because other medical practitioners fail to identify the patients that are not dependent on alcohol on a daily basis.

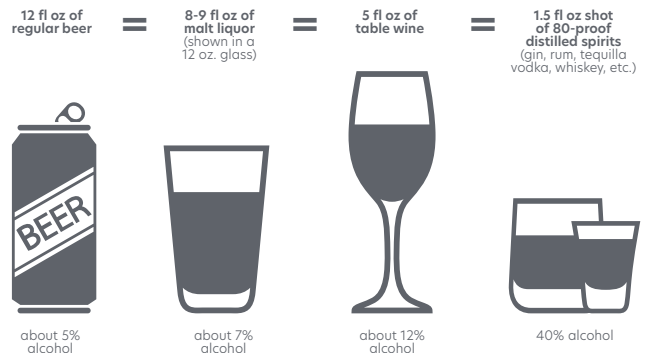
The implementation of the SBIRT program has been beneficial to the trauma patient population at The University of Tennessee Medical Center. All admitted trauma patients are screened for risky alcohol or drug use and those who screen positive receive a brief intervention. The brief intervention coordinator evaluates the patient’s readiness to change, if they want to cut back on their use or if they plan to abstain. If the patient is interested in treatment upon discharge, they are then referred to an external treatment facility that is best suited for their substance use.

In 2020, the medical center’s SBIRT program completed almost 2,900 screens, placed 29 referrals for trauma patients committed to substance use treatment post discharge, and provided 549 educational resources to trauma patients and their families.

It is our goal to provide the best care to our patients and that means being aware that emotional trauma is just as important as the physical trauma. The SBIRT program and the external partnerships that have been made help provide another chance to those who are often impacted by the negative stigma associated with substance use.

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
AND		
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.



Growth of the SBIRT Program: 2017-2020



Trauma Services Program Staff



Trauma Program Manager

Niki Rasnake, BSN, RN, CEN

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. The trauma program manager is also involved with research, analysis and facilitating protocol development within the trauma program. The trauma program manager represents the trauma program on hospital and state committees to enhance trauma care delivery and management for our patients.



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. The injury prevention/pediatric trauma coordinator represents the pediatric trauma service on hospital committees and represents the medical center on community and state committees.



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. Other duties include trauma registry data validation and generation of performance reports. 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. The trauma performance improvement coordinator collaborates with the multidisciplinary team in the daily care of trauma patients to enhance continuous quality improvement for the trauma program.



Trauma Outreach Coordinator

Gigi Taylor, MSN, RN, TCRN, CEN

The trauma outreach coordinator plays a significant role in assuring 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. The components of an outreach program may include public awareness, injury prevention education or professional education. The scope of education and outreach programs depends on a variety of factors for the region, including the needs of the region as well as available resources.



Brief Intervention Coordinator

Kayla Aloisi, LMSW

The brief intervention coordinator is the newest position in Trauma Services. 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. The brief intervention coordinator also works with the trauma clinic to collect post-traumatic stress disorder screens and follows up with those who screen in a high range to provide information and resources.

Trauma Registrars

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.



Becky A. Kali,
RHIT, CPC, CSTR
Lead Registrar



Linda Bushong,
RHIT



Jan Ely



Mandi Finchum,
RHIT



Tiffany Garrison,
RHIT, CPC



Vicki Harness,
CSTR, CCA



Yaritza Huichapa,
RHIT, CCS-P



Karen Jenkins



Ellie McCammon,
RHIT



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

The TSN clinical coordinator serves as a point of contact for program participants and office and clinical support personnel. Key responsibilities include: facilitating educational and support groups, coordinating outreach and educational efforts, and educating the hospital staff about the program. The clinical coordinator trains and manages TSN volunteers as peer visitors and community educators. The clinical coordinator recruits trauma survivors for support group and the peer visitation program.



TSN Development Coordinator

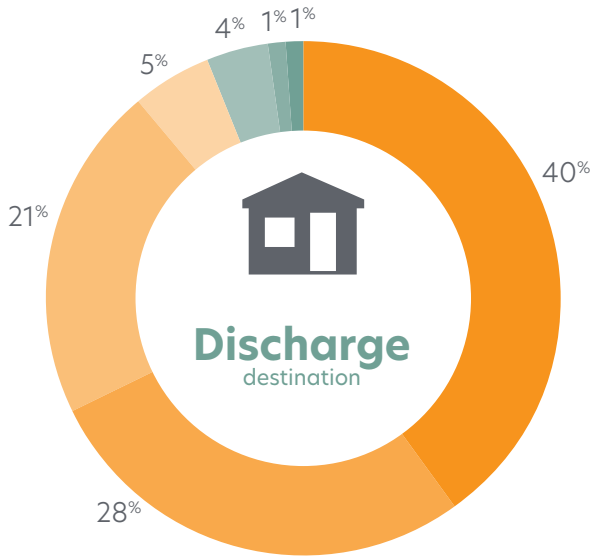
Elizabeth Waters, LAPSW

The TSN development coordinator is responsible for submitting and managing grant proposals for foundation and corporate sources. Key responsibilities include: coordinating day-to-day operations of the TSN program with the clinical coordinator; creating and maintaining database information for program evaluation and reporting; and co-facilitating the Survivor Support Group with the clinical coordinator. The TSN development coordinator also serves as a field instructor for social work students who provide support to the TSN and other Trauma Center initiatives.

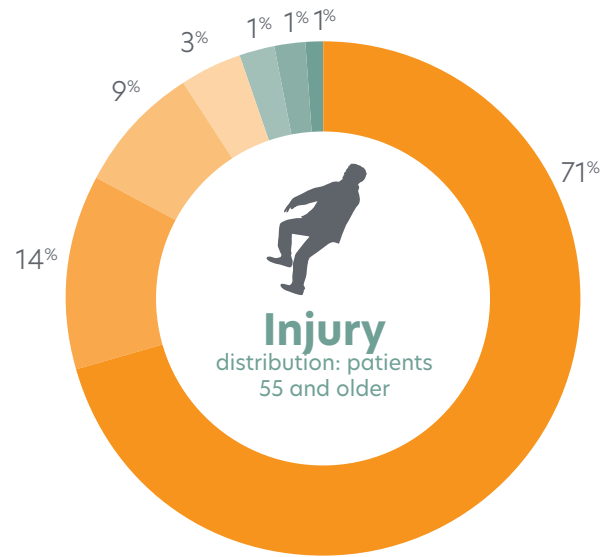
Trauma Patients 55 and Older

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	Number of Patients
Minor	<8	852
Moderate	9-15	1,386
Serious	16-24	434
Severe	25-40	208
Critical-Maximum	41-75	6

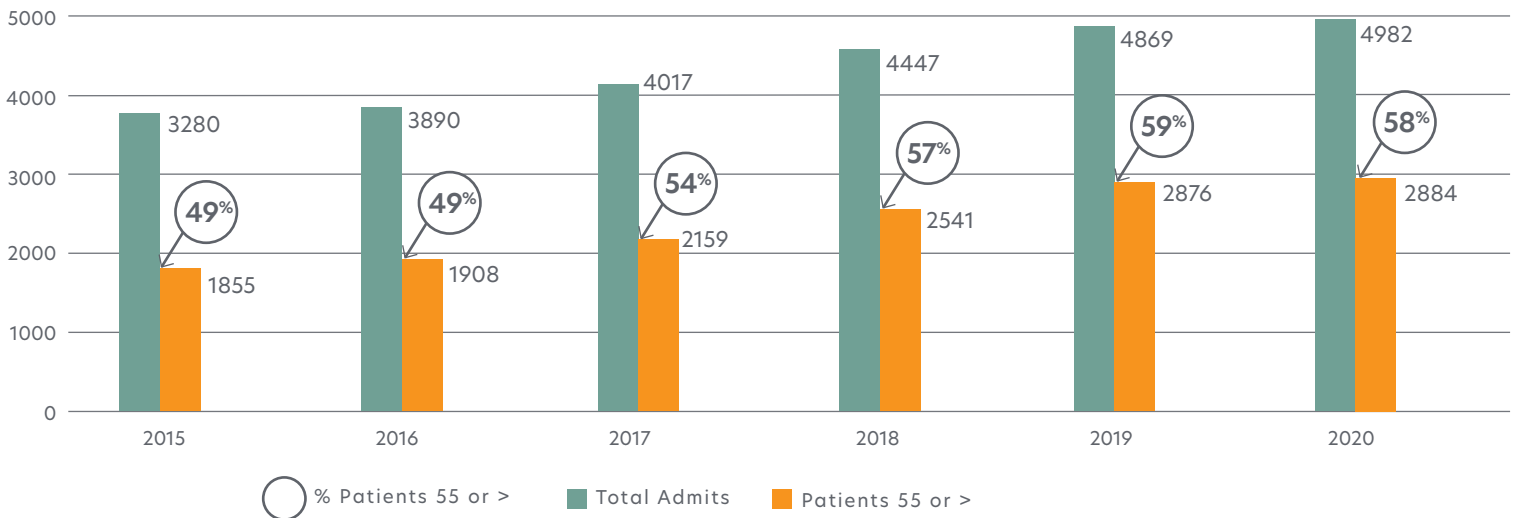


- Home
- Other
- Nursing Home
- Rehab
- Home Health
- Long Term Acute Care
- Death



- Fall
- Gunshot
- Motor Vehicle
- ATV
- Other
- Assault
- Motorcycle

Percentage Admissions 55 and Older



Injury Prevention

“Injury Does Not Occur by Accident”

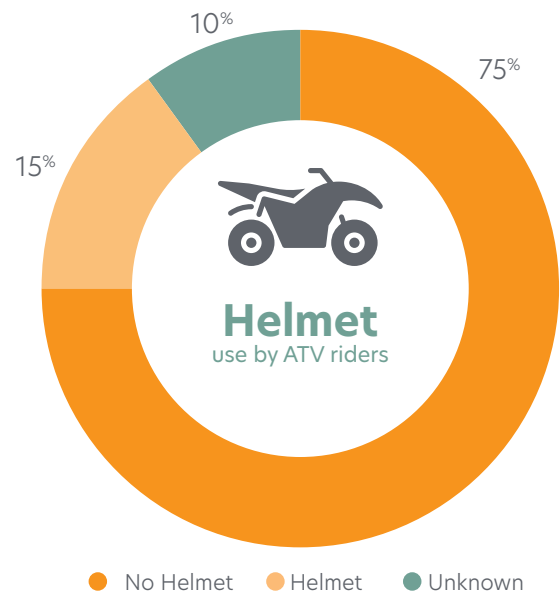
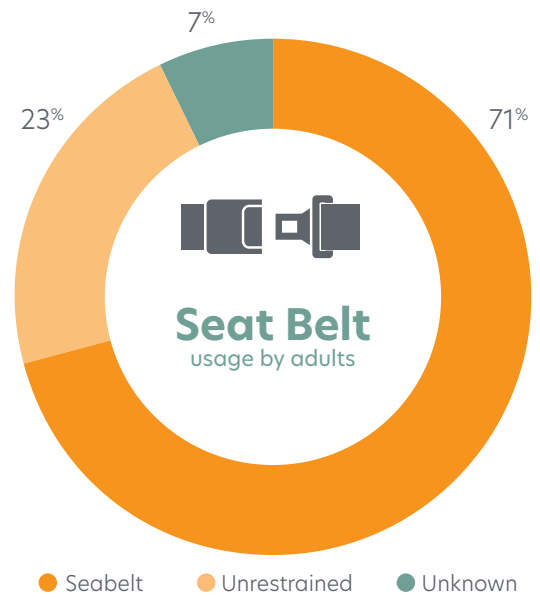
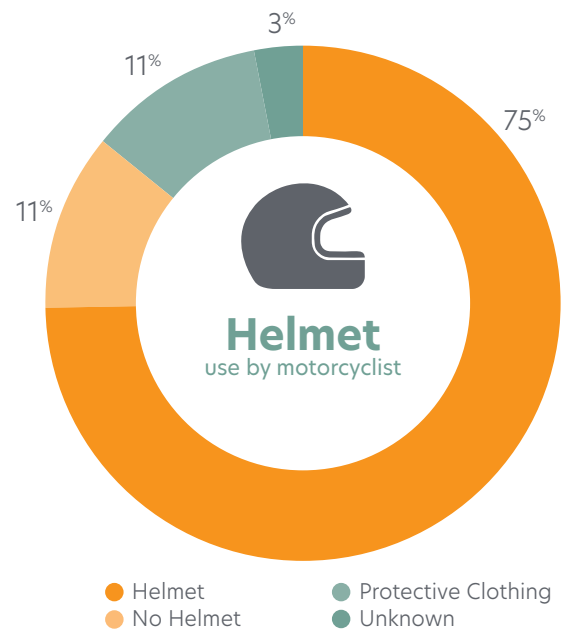
Though it may be unintentional, injury does not occur by accident. Trauma Centers have an important role in identifying injury patterns and risk factors in patients, families and communities. For many injuries, prevention is the best means of dealing with a public health problem.

At the medical center, we treat many patients who do not use protective equipment when driving or participating in recreational activities. In 2020, 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 2020, 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 2020, only 71% of the patients involved in motor vehicle crashes seen at the medical center were wearing seatbelts 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 2020 only 15% of the riders admitted to the medical center were wearing a helmet when their crash occurred.





Patrick Mack, 15, gave the gift of life to five people, giving his family hope during their grief.

Organ Donation: The Gift of Life

A young man's organs saved the lives of six people, including his cousin's.

On December 28, 2019, Lashonda Reeves and her sons, Eric Reeves and Patrick Mack, had car trouble on the interstate. While they were waiting for help, an 18-wheeler rear-ended them. They were transported to The University of Tennessee Medical Center, where Lashonda later died. Eric was treated and eventually began rehabilitation. The trauma team placed 15-year-old Patrick on life support.

Once it became clear Patrick wouldn't recover from his injuries, his family consented for him to be an organ donor.

When a family consents for a loved one to become an organ donor, Tennessee Donor Services asks family members if they know anyone who needs an organ. This process makes it possible for recipients to receive an organ from a friend or family member.

The Mack family knew three people who needed organs, and, against many odds, all three recipients were matches.

One of the recipients, a cousin, received one of Patrick's kidneys through a transplant at the Center for Transplant Services at the medical center. Later, the family found out

that they also knew a fourth person, the recipient of Patrick's heart. In the end, Patrick gave the gift of life to five total people and, out of the five, they knew four of the recipients personally. Patrick was able to donate both kidneys, his liver, his heart and both lungs.

Patrick's uncle, Fred James, said, "I'm so grateful we agreed to let Patrick be an organ donor. I was able to tell Eric that parts of Patrick are still living. That's given us all hope in a hard time."

Be a hero. Become an organ donor.



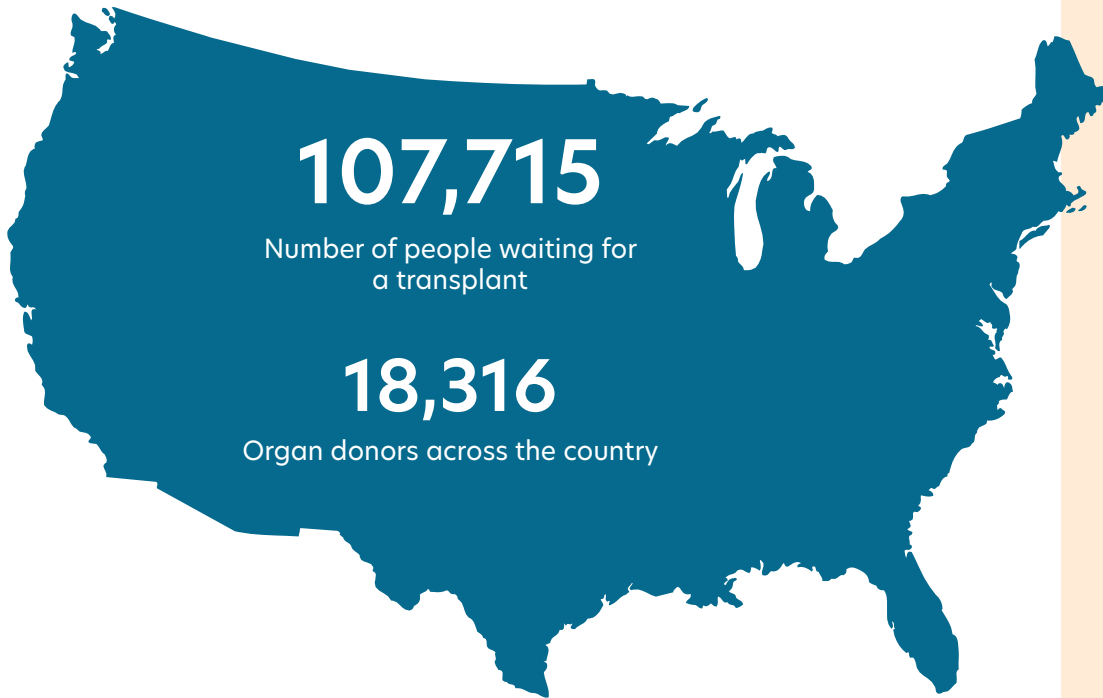
donatelifetn.org
877-552-5050



tds.dcid.org
877-401-2517

Organ Donation Update

2020 By the Numbers



Did You Know?



8 lives that 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 seconds

In Tennessee

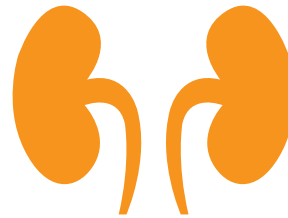


Number of people waiting for a transplant in Tennessee

449
Organ donors in Tennessee

1,164
Organ transplants in Tennessee

Organ Donation at the Medical Center



239

Number of people waiting for a kidney transplant

55
Kidney transplants performed

128
Organs recovered for transplant

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

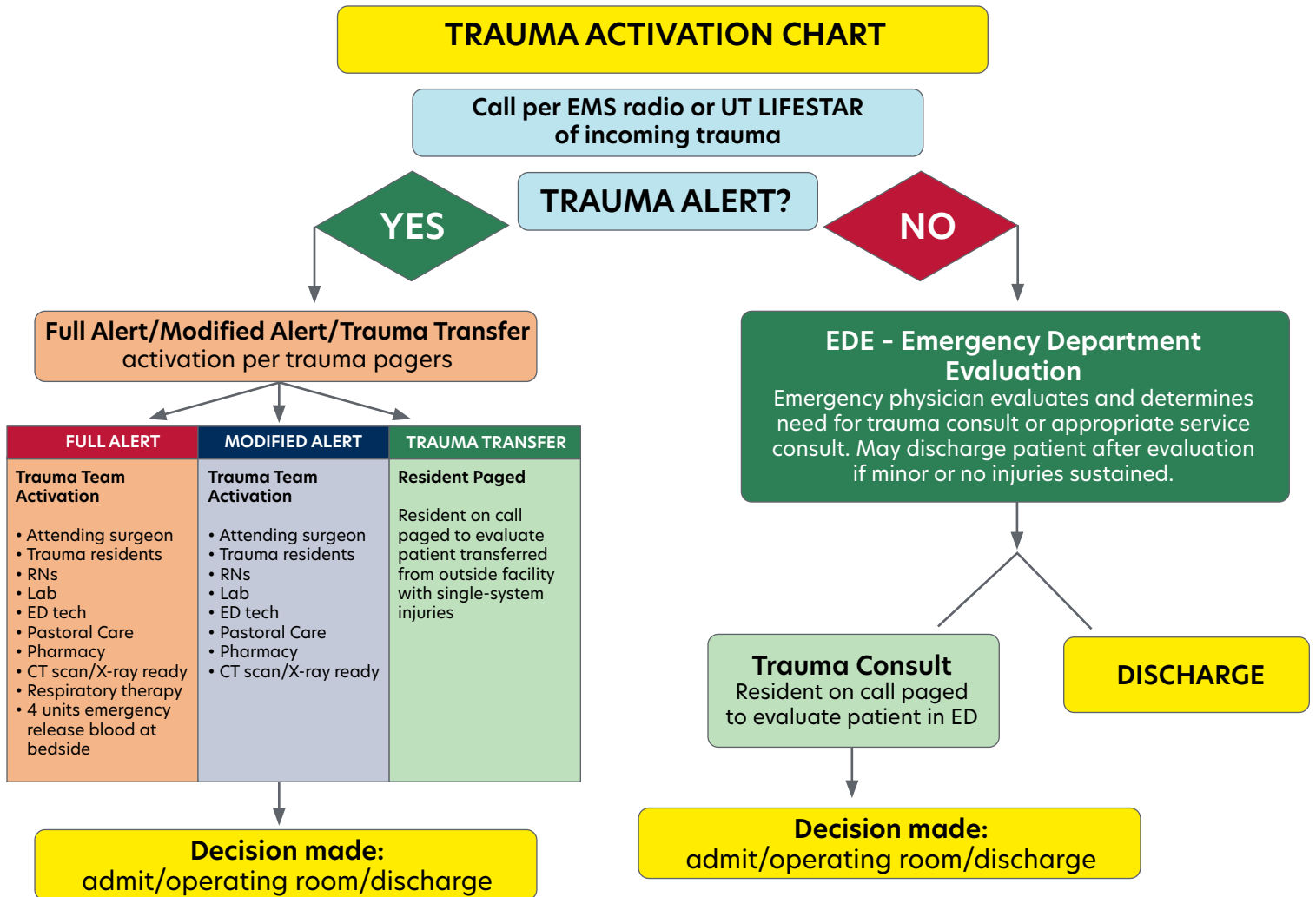
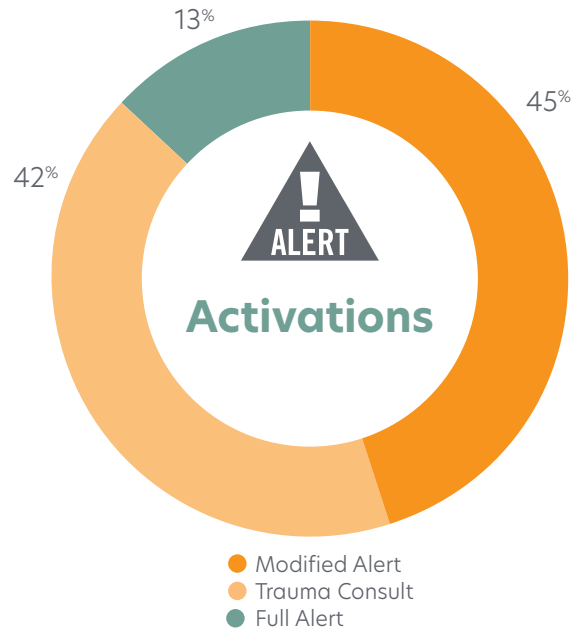
Our performance is measured by the impact we have on the lives of families who make transplantation possible, and the patients whose lives are saved and improved by their gifts. Each TDS employee commits every day to be selfless, hardworking, passionate and dependable.

Our Work

We are proud of our partnership with The University of Tennessee Medical Center. Our work together in 2020 resulted in 37 organ donors with 109 lifesaving organ transplants. In addition, the medical center also had 124 tissue donors in 2020.

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.



THE UNIVERSITY OF TENNESSEE MEDICAL CENTER

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?

"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

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.

THANK YOU!



Make A Donation

Scan the QR code (need to create 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



2020 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 Wilbanks, our corporate sponsors and more than 115 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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