



What is trauma?

Trauma refers to any bodily injury. Among the many different types of trauma are:

- motor vehicle crashes
- falls
- ATV and motorcycle crashes
- gunshot wounds and stabbings
- industrial accidents

According to the National Trauma Database's 2006 Annual Report, motor vehicle accidents accounted for 41.3 percent of all trauma cases nationwide from 2001 to 2005.

What is a trauma system?

A trauma system is an organized structure that spans the continuum of care and provides emergency care, specialized surgeons, recovery and rehabilitation to the severely injured. A statewide trauma system provides a foundation for disaster preparedness and prevention. Tennessee's trauma system is overseen by the Tennessee Department of Health.

Why does Tennessee need a trauma system?

A trauma center treats the most severely injured patients. For a critically injured person, the time between an injury and receiving treatment – the golden hour – is the most important predictor of survival or disability. A severely injured person's chance of survival diminishes with time despite the proximity of a local emergency department. Currently, there is a trauma center within 100 air miles of every Tennessee community.

Trauma centers, unlike emergency departments, require a host of resources, including specialized physicians and nurses, state-of-the-art equipment and space – all available around the clock, seven days a week. Tennessee needs a trauma system to ensure this level of care continues to be available to everyone in the state.

Impact of trauma in Tennessee

- Trauma (injury) is the leading cause of death in the United States for infants through 45-year-old adults.
- In 2005, motor vehicle crashes were the leading cause of injury, followed by falls.
- One serious motor vehicle crash victim could require a trauma surgeon and up to six additional specialists, such as a neurosurgeon and orthopedic surgeons.

- For every death caused by traumatic injury, there are three trauma patients who are severely disabled.
- More than 18,000 people were admitted to one of Tennessee's trauma centers in 2005.
- In the past five years, more than 48,000 Americans have died as a result of trauma.

Tennessee's current system

In 1988, a statewide trauma system was created in Tennessee. By 2002, there were six Level I centers, three Level II and four Level III centers across the state. Rising costs have forced many of these centers to eliminate their trauma services. Today, there are six Level I centers, one Level II and three Level III centers. Still, every Tennessee county is within 100 air miles of a Level I center.

Tennessee's trauma system is in financial distress, with costs soaring. In 2005, the total uncompensated trauma costs for Tennessee Level I trauma centers was \$37.6 million. That figure includes uncompensated costs from the uninsured and uncompensated TennCare care costs. In addition, Level I trauma centers incur an additional "readiness cost" of about \$14 million per center per year. The readiness costs include funding to meet equipment, space, physicians and 24/7 availability of surgery and other services.

Current locations

Level I

- Regional Medical Center at Memphis
- Vanderbilt University Medical Center
- UT Medical Center Trauma Center
- Erlanger Medical Center
- Wellmont Holston Valley
- Johnson City Medical Center

Level II

Wellmont Bristol Regional Medical Center

Level III

- Blount Memorial Hospital
- Athens Regional Medical Center
- Woods Memorial Hospital District

What is the difference between a Level I, Level II and Level III trauma center?

A Level I trauma center treats the most seriously injured trauma victims, and it has more rigorous requirements in terms of equipment and on-call specialists. Level II centers are designed to treat intermediate traumas, and Level IIIs treat the least seriously injured, stabilizing these and transferring them to a higher level of care.

Why the crisis?

Because of its specialized, round-the-clock nature, trauma care is expensive. Trauma centers require highly trained staff ready to meet incoming patients as they arrive, regardless of time of day. The Tennessee Hospital Association estimates "readiness costs" for Level I trauma centers

to be approximately \$14 million per center per year. The readiness costs include funding to meet equipment, space, physicians and 24/7 availability of surgery and other services. In 2005, the total uncompensated trauma costs for Tennessee Level I trauma centers was \$37.6 million. That figure includes uncompensated costs from the uninsured and uncompensated TennCare care costs.

For more information, visit our Web site: www.tntrauma.org.