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**STATE TRAUMA HOSPITALS ANNOUNCE EDUCATION CAMPAIGN**  
**System at Critical Crossroads, Lives at Stake**

CHATTANOOGA, Tenn. – Operating without direct funding, Tennessee’s trauma center network is at a critical crossroads, said health professionals today, who launched a statewide education campaign aimed at raising the profile and sounding the alarm bells regarding the system.

“Trauma is the number one cause of death for people from birth to age 45 in the United States,” said Dr. Donald Barker, trauma program medical director at Erlanger Health System. “Tennessee has six Level I trauma centers, but without funding to maintain these state-of-the-art facilities, some of them may be forced to close.” In the last 18 months, 32 trauma centers across the country have been forced to close due to funding issues.

About 18,000 patients receive care annually in Tennessee trauma centers. Of that total, about 15,000 receive definitive care in a Level I center, the rest in the state’s one Level II or three Level III centers. The largest number of trauma center patients are victims of automobile crashes.

Trauma centers are different from emergency rooms. Trauma centers require a host of resources, including specialized physicians and nurses, equipment and space – all available 24 hours a day, seven days a week.

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“Our medical center’s resources, such as operating rooms and labs, along with our highly trained medical staff are on-site and available around the clock to care for critically injured patients. Tennesseans expect us to be ready whenever they need us,” said Dr. Barker.

Patients have the greatest chance for recovery if they can be treated within one hour of the incident. This is known as the “golden hour.”

Dr. Barker added, “This is a costly service, but a necessary service.”

Dr. Michael Carr, pediatric trauma surgeon and medical director of pediatric trauma services at T.C. Thompson Children’s Hospital at Erlanger, concurred. “Last year 419 children were treated at Children’s Hospital for traumatic injuries,” Dr. Carr said, noting that 80 of those were involved in car crashes and 142 in falls.

Erlanger Health System President and CEO Jim Brexler said, “Erlanger’s commitment to trauma services is strong, but as costs increase for 24/7 physician and staff coverage and uncompensated care, we face some harsh financial realities. Without additional sources of funding, trauma centers like Erlanger could be forced to make difficult choices.”

“The Tennessee trauma system is at risk,” said Dr. Julie Dunn, chair of the state Trauma Care Advisory Council. “No one is immune from the specter of traumatic injury: the rich, poor, young, old, urban, suburban and rural. **The average person has a smaller risk of cancer than of having some kind of traumatic injury.**”

Tennessee’s trauma system funding problem is not unique. Health and elected officials are discussing similar problems across the country, including in neighboring states like Georgia and Mississippi.

### **Local trauma statistics**

- In 2005, Erlanger Health System, including T.C. Thompson Children’s Hospital, admitted more than 3,000 adults and children with traumatic injuries.
- More than half of the adults were involved in a motor vehicle crash.
- Six out of 10 adult trauma patients involved in a motor vehicle crash were not wearing a seat belt.
- Half of pediatric trauma patients involved in a motor vehicle crash were not properly restrained.
- Of the 15 pediatric ATV crash victims admitted to Children’s Hospital in 2005, only two were wearing helmets.
- Seven out of 10 of the 2005 adult admissions to Erlanger’s Trauma/Surgical Critical Care Service were male. More than half were under the age of 40.
- The majority of trauma cases at Erlanger were Tennesseans; but since the hospital is based in Chattanooga, near the borders of Georgia, Alabama and North Carolina, residents of other states depend upon Erlanger for trauma care.

“In addition to traumatic injuries from motor vehicle crashes, falls, motorcycle and ATV crashes are common,” said Dr. Barker. “Chattanooga is a popular vacation destination for families, as well as a major intersection point for I-75, I-24 and I-59. It makes sense that we would see a number of our patients involved in automobile crashes.”

At Erlanger, more trauma cases are admitted on weekends, illustrating the importance and necessity of having a highly trained trauma team in place around the clock. Warmer months are busier than colder months – reflecting the time when outdoor recreation and travel peaks, Dr. Barker said.

### **The trauma funding conundrum**

Tennessee implemented a trauma care system in 1988. 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 close. 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.

Trauma centers are disproportionately more expensive to operate than other hospital services. Administrators point to a growing number of trauma patients who lack the means to pay or are not covered by any kind of insurance.

In 2005, the 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. Level I trauma centers also incur a “readiness cost” of about \$14 million per center per year. The readiness costs include funding for equipment, space, physicians and 24/7 availability of surgery and other services.

The financial pressures on the trauma system are causing other problems as well. Specialty physicians are increasingly opting out of trauma services due to rising malpractice insurance rates and the brutal demands of being on call 24/7.

Like common misconceptions about trauma centers themselves, Dr. Dunn said most people think funding issues are all about TennCare. That’s not the case, she said.

“The age group most susceptible to trauma is increasingly underinsured or not insured at all,” said Dr. Dunn. “Hospitals have traditionally underwritten the shortfall, but they have their own funding issues. We have to begin now to look for some common sense, long-term funding mechanism to ensure our trauma system remains in place.”

Dr. Dunn said the trauma task force will continue discussions with the Bredesen administration and General Assembly to find a solution to the funding issue.

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