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

NASHVILLE, 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 adults in the United States,” said Richard Miller, MD, professor of Surgery and director of the Trauma Center at Vanderbilt University Medical Center. “Tennessee has six Level I trauma centers, and funding is needed to maintain these facilities. Without funding, some of them may be forced to close.”

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 accidents.

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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“The medical staff at our trauma center is on-site around the clock, every day of the year. They are prepared to care for the critically injured on a moment’s notice,” said Miller. “Tennesseans expect this level of care when their loved ones are injured. It may be a costly service, but it is a necessary service when a friend or family member is injured.”

Over the next several weeks, trauma centers across the state will embark on a massive education campaign to raise awareness of the trauma system and the financial pressures that threaten its continued viability.

“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 the risk that they will have some kind of traumatic injury.”

### **Basic facts about trauma**

“Adults under the age of 45 tend to be more prone to trauma injuries,” said Miller. “And, not surprisingly, more men than women tend to be injured in trauma related accidents.”

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.”

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. In the last 18 months, 32 trauma centers across the country have closed.

Today, every Tennessean is within 100 air miles of a Level I trauma center. And, it’s critical for some industries that a trauma center is nearby. NASCAR, for example, requires that all tracks be located close to a Level I trauma center or, in the case of a Level II trauma center, guarantee that the specialty physicians can be on-hand within 30 minutes.

### **Local trauma statistics**

At Vanderbilt in 2005, there were 4,140 admissions to the trauma center. The breakdown of those cases was:

- 35% motor vehicle crashes
- 16% falls
- 7% gunshot wounds
- 3% all-terrain vehicles
- 12% burns
- 6% motorcycle accidents
- 3% stabbing
- 3% assaults
- 15% other

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Sixty-eight percent of the 2005 admissions were male. Sixty-eight percent were age 44 or younger. The majority of patients were Tennesseans (3,461), with 34 other states represented.

Slightly more than half of the total admissions in 2005 at Vanderbilt occurred on Friday, Saturday or Sunday.

### **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 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.

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, 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 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.”

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

To learn more, visit our Web site, [www.tntrauma.org](http://www.tntrauma.org).

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