



**Contact:**

Amy Stevens  
Wellmont Health System  
(423) 230-8235

Keith Miles  
McNeely Pigott & Fox  
(615) 259-4000

**FOR IMMEDIATE RELEASE**

**February 12, 2007**

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

KINGSPORT, 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.

“Wellmont Health System, which operates Holston Valley Medical Center and Bristol Regional Medical Center, is unique in that it is the only health system in Tennessee that operates two trauma centers,” said Dr. Corydon Siffring, a board-certified critical-care surgeon and medical director of Holston Valley’s Level I trauma center. “Sufficient funding is critical for us to maintain our operations.”

About 18,000 patients receive care annually in Tennessee trauma centers. Of that total, about 15,000 receive definitive care in one of the state’s six Level I centers, 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.

-more-

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.

“We employ highly trained specialists and medical staff who are on call around the clock,” said Dr. Siffring. “This service is expensive, but we are here to treat critically injured Tennesseans who depend on our care.”

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**

“Trauma injuries tend to be found more in the young than the old, more in men than in women,” said Dr. Mark Woodard, a board-certified emergency medicine physician and medical director of the Bristol Regional emergency department, which houses Tennessee’s only Level II trauma center.

Trauma is the number one cause of death for people from birth to age 45 in the United States. 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. The proximity to a trauma center is an important factor for NASCAR, for instance.

### **Local trauma statistics**

#### **Holston Valley Medical Center-Level I trauma center**

In 2005, there were 854 admissions to the Holston Valley trauma center. The breakdown of those cases was:

- 47% motor vehicle crashes
- 11% falls
- 7% all-terrain vehicle accidents
- 6% motorcycle accidents
- 3% assaults

-more-

- 3% gunshot wounds
- 23% other

Of those admitted, 70 percent were male. Fifty-four percent were 40 or younger.

### **Bristol Regional Medical Center-Level II trauma center**

In 2005, there were 874 admissions to the Bristol Regional trauma center. The breakdown of those cases was:

- 47% motor vehicle crashes
- 23% falls
- 4% motorcycle accidents
- 3% gunshot wounds
- 2% sports injuries
- 21% other

Of those admitted, 54 percent were male. Fifty-one percent were under the age of 50.

“Most trauma is from motor vehicle accidents,” said Dr. Woodard. “Wellmont Health System is actually the official medical provider of Bristol Motor Speedway and provides full trauma support during two NASCAR races in Bristol each year. More than 160,000 people attend each race.”

### **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, 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.

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

###