Annual Report

FY 2014-2015

LOUISIANA
EMERGENCY RESPONSE NETWORK
Right Place. Right Time. Right Care.

LOUISIANA
EMERGENCY
RESPONSE
NETWORK

What is LERN?

The Louisiana Emergency Response Network (LERN) is an agency of state government created by the Louisiana Legislature in 2004 charged with the responsibility of developing and maintaining a statewide system of care coordination for patients suddenly stricken by serious traumatic injury or time-sensitive illness (such as heart attack or stroke). It is a system also designated to serve as a vital health care resource in the face of larger scale emergencies and natural disasters.

For the patients LERN serves – victims of trauma, heart attack, and stroke, and individuals caught in large scale emergencies and natural disasters – getting to the right place at the right time to receive the right care is a matter of life or death. LERN's mission is to build and continuously improve systems that help make sure Louisiana citizens have timely access to the care they need.

Stay informed with up-to-date information on the LERN organization, statistics from the LERN Communications Center, and an archive of past LERN Annual Reports and LERN e-newsletters at the LERN website.

lern.la.gov

Trauma

All Disasters Response

Stroke

STEMI

5 Letter from the Executive Director

9 A Tribute to Norman E. McSwain, Jr., MD

11 2014-2015 Board of Directors

13 Trauma System Update

21 All Disasters Response Update

25 Stroke System Update

29 STEMI System Update

33 Finances

35 Performance Indicators

37 Regional Commissions

Letter from the Executive Director

LERN conducts four board meetings per year, and each one is designed to provide our board members with timely updates on LERN operations, plans, and progress. Our meetings also serve as public forums where strategic issues and questions are presented for the board's consideration. Through these meetings the board provides guidance and (where appropriate) formal decisions – thereby exercising its statutory authority to build and oversee Louisiana's statewide system of care coordination for serious traumatic injury and time-sensitive illness. It is all of the utmost importance, and LERN's board members treat their responsibilities with fitting seriousness.

Nonetheless, I suspect you are beginning to wonder why I am taking this opportunity to explain the basics of LERN's board meetings. Here is why. Something quite extraordinary happened at a recent LERN board meeting – for lack of a better term, I am calling it a "quiet moment of Wow!" It was our December 2015 board meeting, and we were receiving end of year reports on all four component parts of the LERN mission – trauma, stroke, STEMI (heart attack), and all disasters response.

These positive developments were among the many signs of LERN's progress presented that day.

Trauma

- ✓ Louisiana's network of four state-designated trauma centers (in New Orleans, Shreveport, Alexandria, and Baton Rouge) will soon add two new trauma centers (in Hammond and Lafayette) and efforts are underway in other locales that could produce several more trauma centers in the next three years.

- ✓ LERN data provides clear evidence that the LERN Communications Center is a superior resource for getting traumatic injury patients to hospitals that can provide the right care at the right time.

All Disasters Response

- ✓ LERN's active role in strengthening Louisiana's disaster response capabilities included participation in nine live training exercises and drills across the state.

- ✓ LERN served as the state's information coordinator and directed patients to appropriate hospital facilities for 102 mass casualty events and routed 535 patients in 2014-15, including the Lafayette theater active shooter incident on July 23, 2015.

Stroke

- ✓ LERN has established, in a few short years, one of only 12 statewide stroke care networks in the nation that include multi-level stroke facility designations.

- ✓ LERN's stroke system efforts have helped to double the rate of Tissue Plasminogen Activator (tPA) administration in Louisiana for ischemic/occlusive stroke, which accounts for 80% of all strokes – (tPA) is the only FDA-approved medication to improve outcomes after ischemic/occlusive stroke.

STEMI

- ✓ LERN continues to build a validated list of STEMI Receiving and STEMI Referring Centers across the state. STEMI is the deadliest form of heart attack.

- ✓ LERN is sponsoring electrocardiography (EKG) education sessions across the state – nine sessions conducted in 2015 with 272 participants – supporting prehospital and in-hospital providers.

LERN Communications Center

- ✓ Call volume has been growing steadily since 2011. Total call volume grew from 15,602 in 2014 to 16,651 in 2015.

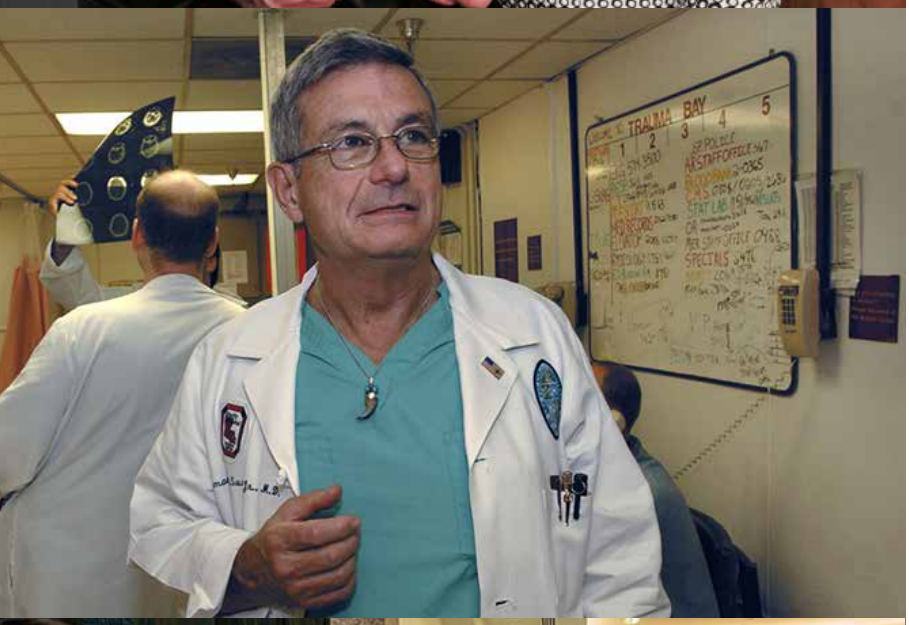
As the presentations continued, the evidence of real progress kept growing. You could begin to feel a sense of gratefulness in the board room – the kind of gratefulness that comes from realizing years of hard work are beginning to pay dividends for Louisiana's citizens – the kind of gratefulness that comes from realizing what an honor it is to be part of such a worthy effort.

This annual report includes more detailed descriptions and explanations of LERN's work and the results it is beginning to produce in service of Louisiana's citizens. I know the LERN board, staff, regional commissions, member hospitals, and EMS providers are proud of what has been accomplished in LERN's 11-year history. More importantly, I know they all realize we are really just getting started.

Best,

Paige Hargrove

Paige Hargrove, BSN, RN
Executive Director
LERN



"What have you done for the good of mankind today?"

- Norman E. McSwain, Jr., MD

A Tribute:
Norman E. McSwain, Jr., MD

Norman Ellsworth McSwain, Jr., MD was a pioneering medical leader who worked tirelessly for over a decade to help establish the Louisiana Emergency Response Network (LERN) in 2004. He had generously served on LERN's board of directors since that time, including service as board chair from 2012 to 2014.

Dr. McSwain's accolades are too numerous to list here, but he was internationally recognized in the field of prehospital trauma care and spoke frequently at trauma care conferences around the world. He fiercely advocated for a coordinated prehospital response, and in collaboration with the American College of Surgeons Committee on Trauma, founded the National Association of Emergency Medical Technicians' (NAEMT) Prehospital Trauma Life Support (PHTLS) program. PHTLS has trained more than one million providers in 64 countries since the first course in New Orleans in 1983.

Dr. McSwain is the only physician in the history of the American College of Surgeons to receive all five major trauma awards: Meritorious Service Award from the Advanced Trauma Life Support's Committee on Trauma, Committee on Trauma's Millennium Commitment Award, National Safety Council's Surgeon's Award for Service to Safety, named the Scudder Orator, and won the Committee on Trauma's Meritorious Achievement Award for state or provincial chairs. Additionally, his immense commitment to the military earned him an Air Force Commendation Medal.

He is remembered as colorful, passionate, and most determined to create a high-quality trauma network for the state of Louisiana. We feel a tremendous debt of gratitude for his service to our state.

Norman always greeted his friends with the question, "What have you done for the good of mankind today?" He believed we all could do something to benefit the common good every day. His legacy will continue through the work of LERN and the many people he mentored. The board will carry his spirit forward and continue his work of building a state trauma system for Louisiana.

William Freeman, MD
2016 Chairman of the Board

Welch Allyn

John P. Hunt, MD, MPH, FACS
Chairman of the Board
Professor of Surgery
Louisiana State University
Health Sciences Center – New Orleans
Nominating Entity: Louisiana State University
Health Sciences Center – New Orleans

William Freeman, MD
Vice-Chairman of the Board
Chief Medical Officer
C&M Medical Services
Nominating Entity: Louisiana American College
of Emergency Physicians

Peter Sullivan
Treasurer of the Board
Serviceline Administrator for
NeuroScience and Orthopedics
Our Lady of the Lake Regional Medical Center
Nominating Entity: Louisiana Hospital Association –
Rehab Constituency Group

Coletta Barrett, RN, FACHE
Executive Committee Member
Vice President of Mission
Our Lady of the Lake Regional Medical Center
Nominating Entity: Louisiana Alliance of
Information and Referral Systems

Jimmy Guidry, MD
Executive Committee Member
State Health Officer
Louisiana Department of Health and Hospitals
Nominating Entity: Louisiana Department
of Health and Hospitals

John T. Owings, MD, FACS
Executive Committee Member
Professor of Surgery, Trauma Medical Director
Louisiana State University
Health Sciences Center – Shreveport
Nominating Entity: Louisiana State University
Health Sciences Center – Shreveport

Tracy Wold, NRP
Executive Committee Member
Director of Operations
Pafford Emergency Medical Services
Nominating Entity: Louisiana Rural Ambulance Alliance

2014-2015 Board of Directors

LERN is governed by a 28-member board of directors that represents a diverse set of stakeholders. LERN's enabling legislation specifies a stakeholder organization to nominate qualified candidates (at least four) for each LERN Board seat. Nominees are submitted to the Governor for consideration and appointment to serve a three-year term.

Minutes from all board meetings are posted on the LERN website at LERN.la.gov.

LERN Board Members

Honorable Regina Ashford Barrow
Representative
Louisiana House of Representatives
Nominating Entity: Louisiana House of Representatives

Patrick C. Breaux, MD
Section Head, Consultative Cardiology
Ochsner Heart and Vascular Institute
Nominating Entity: Louisiana Chapter of the American College of Cardiology

Honorable Sherri Smith Buffington
Senator
Louisiana State Senate
Nominating Entity: Louisiana State Senate

Billy Conerly
Director of Emergency Department and Clinical Services
Lane Regional Medical Center
Nominating Entity: Louisiana Hospital Association – Service District Hospital

Joel Eldridge, DO
Coroner
Franklin Parish
Nominating Entity: Louisiana State Coroners Association

Kenneth J. Gaines, MD
Chairman, Department of Neurology
Ochsner Health Systems, Neurology Department
Nominating Entity: American Stroke Association

Dieadra J. Garrett, MD
Pediatric Surgeon
Women's and Children's Hospital – Lafayette
Nominating Entity: Louisiana State Medical Society

Craig C. Greene, MD
Assistant Clinical Professor of Orthopaedic Surgery
Baton Rouge Orthopaedic Clinic
Nominating Entity: Louisiana State Medical Society

Christopher Guilbeaux
Deputy Director of Preparedness, Response & Interoperability
Louisiana Governor's Office of Homeland Security and Emergency Preparedness
Nominating Entity: Louisiana Governor's Office of Homeland Security and Emergency Preparedness

Katherine Hebert
Chief Executive Officer
St. Martin Hospital
Nominating Entity: Rural Hospital Coalition

Tomas H. Jacome, MD
Trauma Medical Director
Our Lady of the Lake Regional Medical Center
Nominating Entity: Committee on Trauma, American College of Surgeons

Danita LeBlanc
Program Manager
Louisiana Department of Health and Hospitals
Nominating Entity: Louisiana Department of Health and Hospitals

Cindy Nuesslein, RN, MBA, FACHE
Chief Executive Officer
Interim Louisiana Hospital
Nominating Entity: Metropolitan Hospital Council

Honorable Karen Gaudet St. Germain
Representative
Louisiana House of Representatives
Nominating Entity: Louisiana House of Representatives

Carl J. Varnado, Jr.
Deputy Director
National Emergency Number Association
Nominating Entity: National Emergency Number Association

Honorable Mack "Bodi" White, Jr.
Senator
Louisiana State Senate
Nominating Entity: Louisiana State Senate

Kristin Whitty, PhD, APRN
Assistant Professor
Southeastern Louisiana University
Nominating Entity: Louisiana State Board of Nursing

Christopher W. Wroten, OD
Co-Owner
Bond-Wroten Eye Clinic
Nominating Entity: Optometry Association of Louisiana

Other Nominating Entities:
Louisiana Association of EMS Physicians – Medical
Louisiana Medical Association

Trauma System Update

A Message from

Robert Coscia, MD, FACS
LERN's Medical Director for Trauma

When I joined LERN as Medical Director in 2010, I immediately began to travel the state making presentations to promote the benefits of a sustainable statewide trauma care system. Inevitably, the first audience question I would receive during those presentations was, "How would you assess Louisiana's current trauma system?" My answer was, "We do not yet have a real statewide trauma system in Louisiana – we have to build one."

Six years later, I can report significant progress. Louisiana for many years had only two trauma centers – one attached to the LSU and Tulane medical schools in New Orleans and one attached to the LSU medical school in Shreveport. In 2012, we gained a third trauma center – Rapides Regional Medical Center in Alexandria, and in 2013, we added a fourth trauma center – Our Lady of the Lake Regional Medical Center in Baton Rouge.

Again in 2016, I can predict that Louisiana's network of state-designated trauma centers will grow. North Oaks Medical Center in Hammond and Lafayette General Medical Center in Lafayette are completing the final steps in the trauma center verification process administered by the American College of Surgeons Committee on Trauma (ACS-COT). Completion of this verification process is required for trauma center designation by the state of Louisiana.

It is quite likely that by the end of 2016 Louisiana will have six state-designated trauma centers. Such progress is only possible with the support of local communities and the commitment of dedicated hospitals, physicians, EMS providers, and policymakers. We thank all who are contributing to building of Louisiana's trauma system.

The three largest geographic holes in Louisiana's trauma center network are in the Northeast (Monroe region), the Southwest (Lake Charles region), and the Bayou (Houma/Thibodaux region). LERN is working with community and health care leaders in those regions to add, in the foreseeable future, to Louisiana's trauma center network.

– Robert Coscia, MD, FACS

LERN Communications Center

The LERN Communications Center (LCC) is staffed 24/7/365 and supports all four components of the LERN mission – trauma, all disasters response, stroke, and STEMI (heart attack). However, most of the call volume handled by the LCC is related to the daily episodes of serious traumatic injury occurring around the state. The following trend line chart demonstrates the steady growth of LCC call volume since 2011.

LERN Patient Monthly Volumes by Calendar Year

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
CY 2011	763	758	867	901	815	898	1046	1119	1139	1174	1124	1139
CY 2012	1020	1029	1319	1313	1404	1329	1332	1303	1241	1297	1153	1106
CY 2013	1161	1062	1285	1203	1253	1213	1205	1305	1204	1262	1139	1200
CY 2014	1153	965	1261	1350	1392	1316	1355	1362	1349	1492	1341	1266
CY 2015	1241	1125	1400	1431	1461	1394	1511	1396	1368	1593	1372	1359

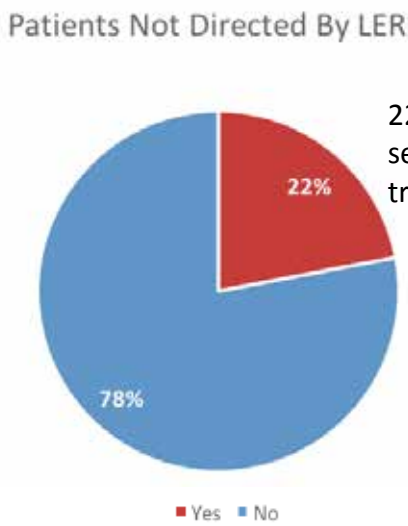
2011 – 11,743 | 2012 – 14,836 | 2013 – 14,492 | 2014 – 15,602* | 2015 – 16,651

***2014 and 2015 Volume Includes Stroke and STEMI**

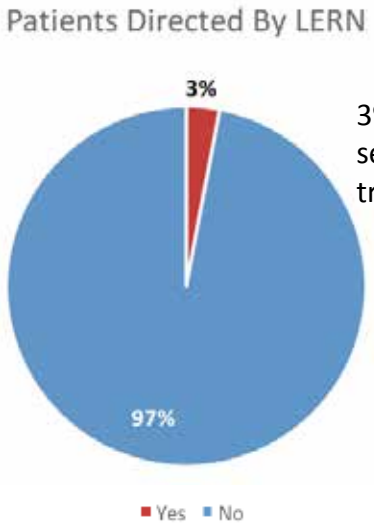
LERN Lowers Trauma Patient Transfer Rate

The LCC is designed to identify the hospital with the appropriate resources for each severely injured patient and communicate collaboratively with EMS and hospitals to get patients to the care they need. When severely injured patients are taken to hospitals that cannot adequately treat their injuries those patients must be transferred to a second hospital. Getting quickly to the right place to receive the right care is important for all trauma patients – and for some it is matter of life or death. The following pie charts show clearly the efficacy of the LCC in getting trauma patients to the right place the first time. Decreasing secondary transfers also reduces duplication of services.

Patients Requiring Secondary Transfer



22% required secondary transfer



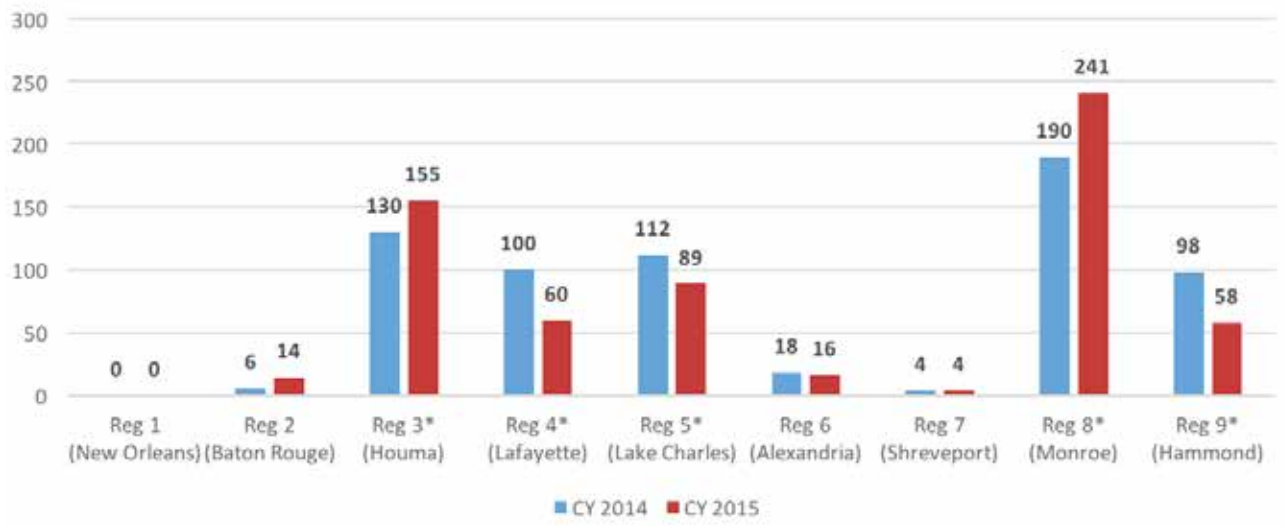
3% required secondary transfer

Louisiana's Trauma Centers Keep Patients Near Home

The medical danger posed by serious traumatic injury can increase when patients have to travel long distances for lifesaving care. Additionally, the patient's burden of recovery is made even heavier when he or she must be treated in another region of the state far from family and friends. The presence of a trauma center in a region virtually eliminates this problem. Louisiana currently has trauma centers in New Orleans (Region 1), Baton Rouge (Region 2), Alexandria (Region 6), and Shreveport (Region 7). The following bar chart illustrates the ability of those regions to keep their trauma patients close to home.

Patient Transfers by Region

- chart indicates transfers by Sending Region

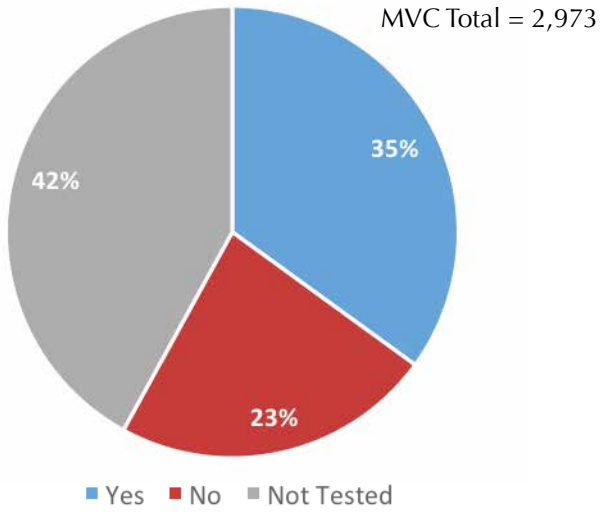


* Indicates Region without a trauma center

Alcohol Use and Motor Vehicle Crashes in Louisiana

In the 2014 trauma registry, there were 8,426 injured patients submitted. Of the 8,426, there were 2,973 patients injured in a motor vehicle crash. Of these 2,973 patients, 1,040 tested positive for either trace alcohol levels or alcohol levels beyond the legal limit. It is evident that alcohol related crashes/injuries continue to be a problem in Louisiana with 35% of all crashes involving alcohol. Six hospitals participated in the 2014 Trauma Registry report, up from four hospitals in 2012 and 2013.

Detected Alcohol Use for Motor Vehicle Crashes



Additional Information from LERN's Trauma Registry

LERN compiles data submitted to Louisiana's statewide trauma registry by participating trauma centers. LERN also produces annual state trauma registry reports that are available at LERN.la.gov. These reports include standard dataset information established by the National Trauma Data Bank (NTDB).

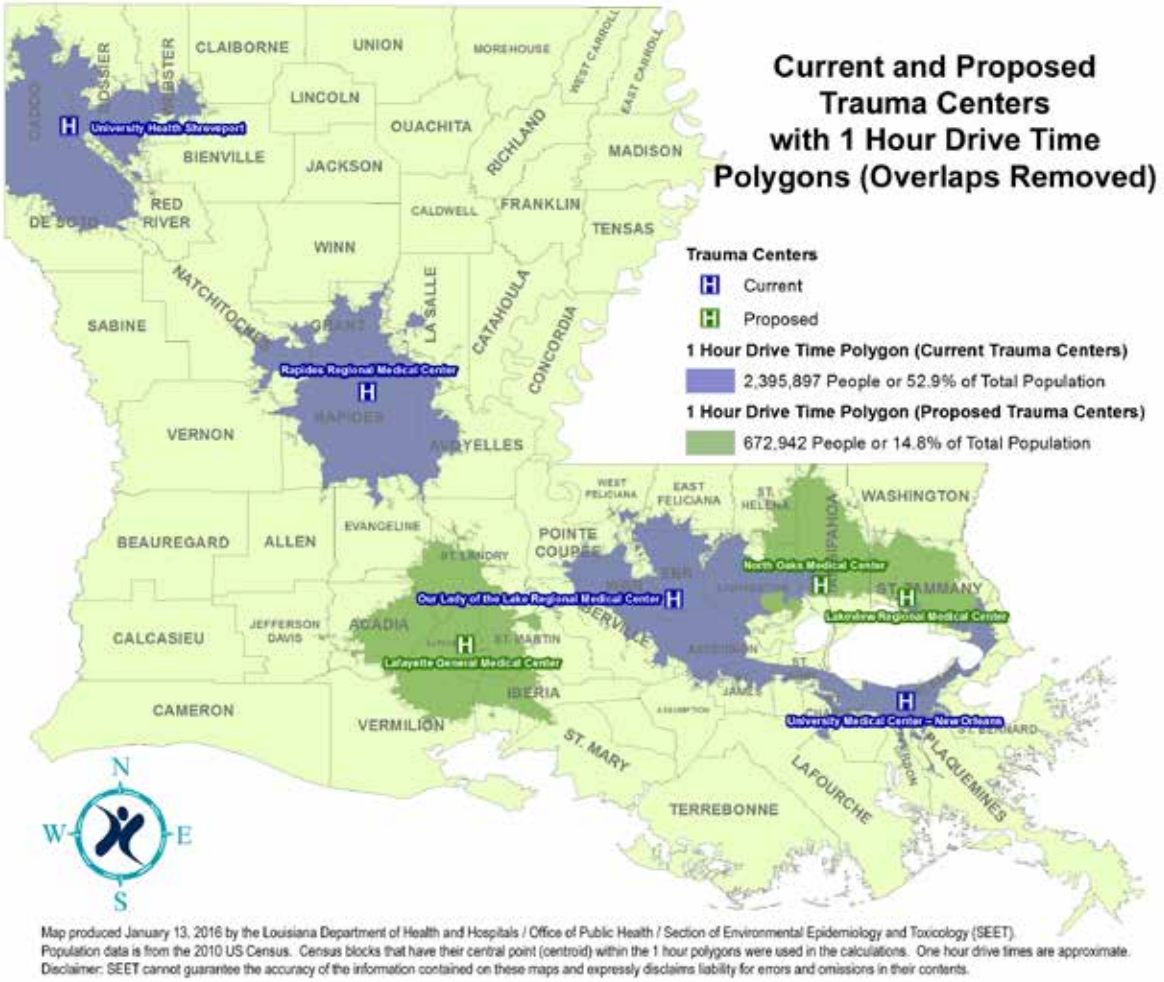
Louisiana Improves from 8th Highest to 11th Highest Rate of Injury Deaths in U.S.

The recently issued Trust for America's Health's *The Facts Hurt: A State-By-State Injury Prevention Policy Report* shows that the injury death rate in Louisiana (which includes drug overdoses, motor vehicle crashes, homicides, and other causes) decreased over the past four years. The 2012 report indicated an injury related death rate of 80.8/100,000 people in Louisiana, which has been reduced to 75.2 per 100,000 as of 2015. Although there is still much work to be done, this report indicates that the collaborative efforts of LERN and other stakeholders are moving Louisiana in the right direction.

One-Hour Drive Time Coverage in Louisiana

The map of Louisiana below illustrates the one-hour drive time coverage provided by our current trauma center (in purple) and the likely new trauma centers (in green).

This map also makes clear that the three largest geographic holes in Louisiana's trauma center network are in the Northeast (Monroe region), the Southwest (Lake Charles region), and the Bayou (Houma/Thibodaux region).



The Need for a Trauma Center in Region 8 (Northeast Louisiana)

Senate Concurrent Resolution (SCR) No. 42, passed during the 2015 Regular Session of the Louisiana Legislature, authorized and directed LERN to "organize and facilitate a working group of healthcare providers who deal with victims of trauma to develop recommendations for a Level III Trauma Center in Northeast Louisiana." SCR 42 lists several important facts that support the need for such a working group, including:

- There is currently no state-designated trauma center, verified by the American College of Surgeons (ACS), located in the northeastern part of the state – Department of Health and Hospitals (DHH) Region 8.

- The ACS Committee on Trauma recommends that all organized trauma systems (state, regional, metropolitan) support the general goal of providing trauma care coverage based upon the "golden hour," that critical first hour following injury.

- In 2014, over 50% of Region 8 LERN-identified trauma cases were transferred out of the region for care, thereby often extending transfer time beyond the optimal "golden hour."

The LERN-facilitated Region 8 Trauma Center Workgroup developed its final report of findings and recommendations in January 2016, which included the following core recommendation. The workgroup's full report is available online at LERN.la.gov.

Region 8 Trauma Center Workgroup Report Recommendation

Given the annual trauma patient volume in Region 8 and the annual number of trauma patient transfers out of Region 8, Northeast Louisiana should ideally have a Level II Trauma Center. A Level II Trauma Center provides comprehensive trauma care inclusive of general surgeons, orthopedic surgeons, and neurosurgeons. A Level II Trauma Center in Region 8 would allow most trauma patients to be treated closer to home and within the "golden hour," saving lives and reducing avoidable post-trauma complications.

Unfortunately, Level II Trauma Centers require a substantial investment in time and resources, and it is unlikely that any of the current hospitals in Region 8 will be able to make such a commitment in the near future. The establishment of a Level III Trauma Center is more realistic in the near term and will provide an important component in the region's journey to establishing a true trauma system.

LERN Trauma Education Initiatives FY 2014-2015

As a key part of its mission, LERN continues to provide a wide range of education opportunities, including the folllowing.

Trauma Nursing Core Curriculum (TNCC)

- Nine TNCC taught this Fiscal Year (FY)
- 97 nurses certified this FY
- Since 2012, LERN has conducted 80 TNCC classes and 912 registered nurses have obtained certification.

Emergency Nursing Pediatric Course (ENPC)

ENPC was a new initiative for LERN in FY 14-15. It has been a successful collaboration with the Bureau of EMS. Accurate assessment of a child with an acute illness or injury requires special knowledge and skills. ENPC gives nurses the tools to provide expert care for patients from birth to adolescence.

- Six ENPC classes taught this FY
- 119 nurses certified this FY
- Since 2014, LERN has facilitated 22 classes and 226 registered nurses have obtained certification.

Prehospital Trauma Life Support (PHTLF)

Developed in cooperation with the American College of Surgeons, PHTLS promotes critical thinking in addressing multi-system trauma and provides the latest evidence-based treatment practices.

- Four courses sponsored by LERN this FY
- 50 paramedics completed the training this FY
- Since 2012, LERN has facilitated 10 classes and a total of 159 paramedics have completed the training.

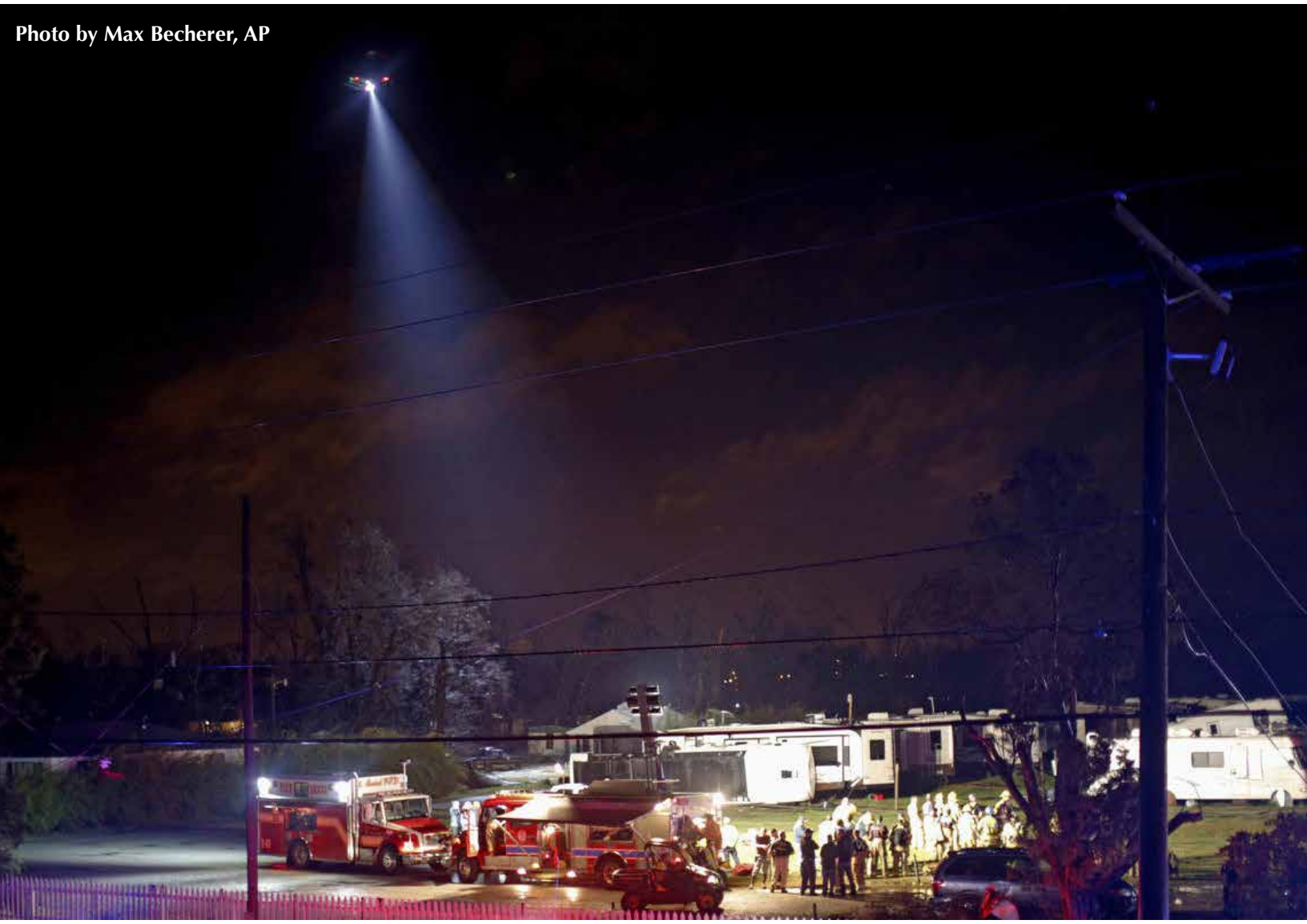
Rural Trauma Team Development Course (RTTDC)

The Rural Trauma Team Development Course (RTTDC) emphasizes a team approach to the initial evaluation and resuscitation of the trauma patient at a rural facility. With more than 60% of the country's trauma deaths occurring in rural areas, the course assists health care professionals in determining the need to transfer the patient to a higher level of care. Because Louisiana is a rural state and 32.3% of the population do not have access to a trauma center or trauma program within the "golden hour," LERN urges all rural hospitals to engage in this education. The intended audience includes individuals who are involved in the care of an injured patient, including physicians, nurse practitioners, physician assistants, nurses, prehospital personnel, technicians, and administrative support.

- Six RTTDC courses facilitated by LERN this FY
- 191 trauma stakeholders completed the training this FY
- Since 2012, LERN has facilitated 18 RTTD courses across the state. A total of 500 hospital and EMS staff have completed the course.

Trauma System Education: Community Events

- With support of the regional commissions, LERN provided trauma system education at 11 different community events.
- Education provided at regional Rotary Clubs, Lion's Clubs, nursing associations, churches, chemical industry, Councils on Aging, Chambers of Commerce, and Kiwanis Clubs.
- If your community is interested in trauma system education, please contact Paige Hargrove at paige.hargrove@la.gov.



Emergency medical teams work closely to coordinate time-sensitive care to those injured by the Prairieville tornadoes in February 2016

All Disasters Response Update

"[LERN] made sure no one hospital was overloaded.

'They were bringing patients to the front,' said Clint Braud, the Quality Improvement Coordinator for Acadian Ambulance. 'We had ambulances ready to go, so there really, there was no delay. Once we had a patient, they were in the ambulance and ready to be transported.'"

– Meg Farris/Eyewitness News , WWL-TV reporting on emergency response efforts during the severe weather in Southern Louisiana in February 2016

A Message from

Jimmy Guidry, MD

DHH State Health Officer & LERN Board Member

The definition of a mass casualty incident (MCI) is any event, be it an act of nature or manmade, that threatens to overwhelm area emergency medical resources due to the number and severity of casualties produced. LERN's role in an MCI is to serve as the medical communications hub – working collaboratively with responding EMS providers and hospitals across the region, state, and beyond (as necessary) to make sure all the injured are expeditiously delivered to hospital facilities that have the necessary resources and available capacity to provide the trauma care needed.

LERN's staff works year-round with our healthcare partners, state and local agencies, and community organizations from across Louisiana to make certain that when the next MCI occurs our combined efforts limit the potential harm from traumatic injuries and minimize the loss of life.

– Jimmy Guidry, MD

Photo by Bill Feig, The Advocate

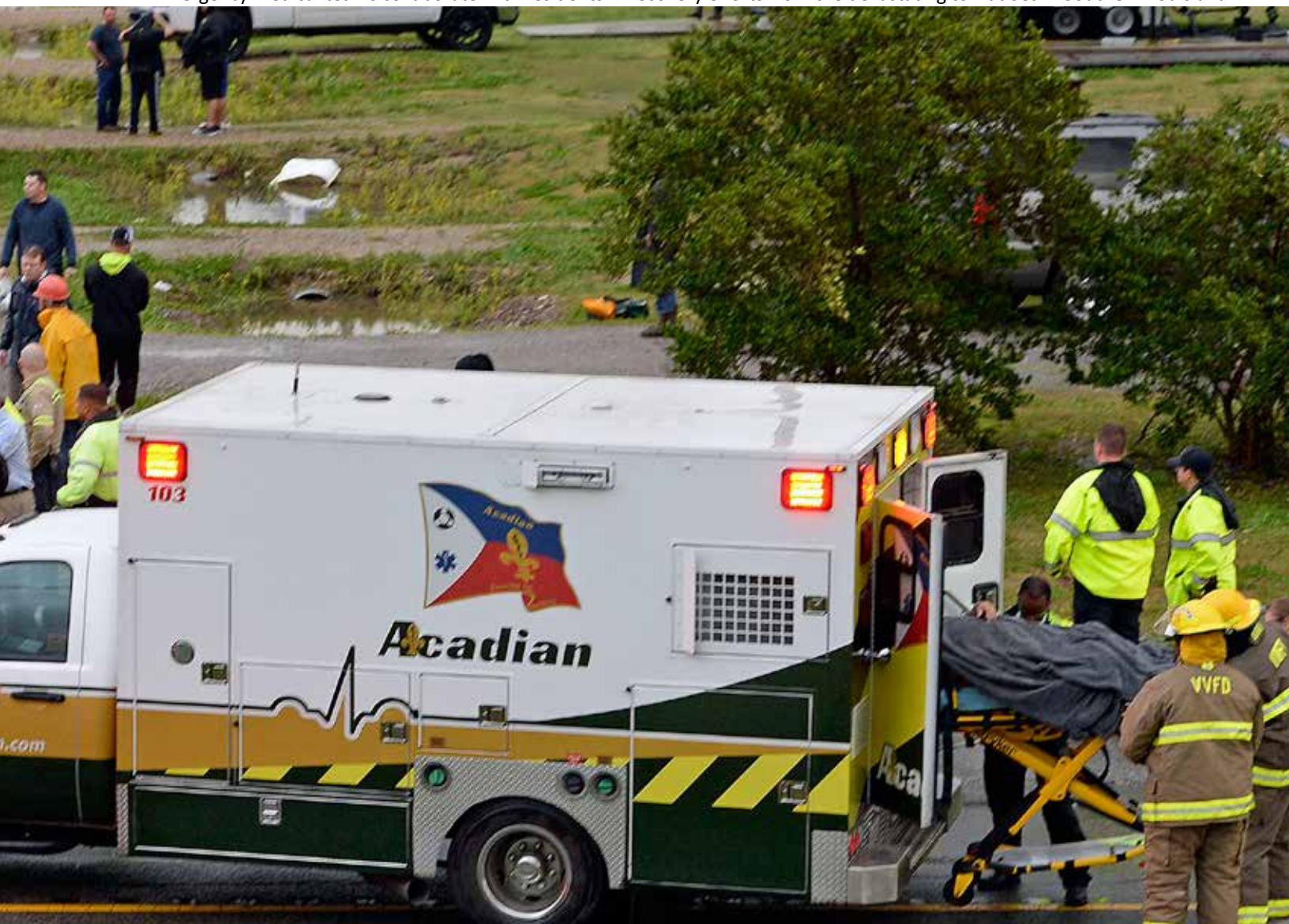
Preparing for All Disasters in Louisiana

LERN's Communications Center (LCC) has two central roles in the state's comprehensive effort to respond to disasters of all types – serving as the "first call" helpdesk and the 24/7/365 information coordinator for unfolding events.

These roles include providing up-to-the-minute information about an unfolding event to help our hospitals, other health care providers, and all stakeholder agencies best prepare for and respond to the emergency present. Additionally, the LCC coordinates messaging and notifications during the incidents as they occur and, perhaps most critically, the LCC coordinates patient flow/transport with EMS on the scene and hospitals throughout the region, and further, if the incident requires health care resources beyond the capabilities of the region.

Serving Louisiana's citizens in this all disasters response role requires LERN's commitment to ongoing preparation and training with local, regional, and statewide partners (health care providers, law enforcement, local and state government agencies, hazmat, etc.). Producing an optimal response to a disaster requires good communication and collaboration between the many response partners. The key is to practice, drill, and train together.

Emergency medical teams collaborate with residents in recovery efforts from the devastating tornadoes in Southern Louisiana



The following chart lists training exercises LERN has participating in with our disaster response partners across Louisiana.

Exercises/Drills	Region of Exercise	Date
Active Shooter Drill - Louisiana State University	Region 2	May 2014
Active Shooter Drill - East Baton Rouge/Central Middle	Region 2	February 2014
Active Shooter Drill - Acension Parish/Pecan Grove Elementary	Region 2	November 2015
Active Shooter Drill - Thibodaux/Edward Douglas White High	Region 3	June 2013
Active Shooter Drill - Luling/R. K. Smith Middle School	Region 3	January 2014
Railroad Accident Drill	Region 9	November 2015
Airport Drill	Region 5	November 2015
Hurricane Prepardness Drill	Statewide	August 2014
Hurricane Prepardness Drill	Statewide	April 2015
Active Shooter Drill - New Orleans/Audubon Elementary	Region 1	April 2015
Acadian Ambulance MCI Bootcamp - Motor Vehicle Crash	Region 4	December 2014
Acadian Ambulance MCI Bootcamp - Active Shooter	Region 4	December 2015
MCI Drill - Bus Accident	Region 8	October 2014
Airplane Crash Drill	Region 8	June 2014
Chempack Drill	Statewide	December 2014
Multi-Terrorism Attack Drill - MOHSEP*	Region 2	January 2015
Terrorist Attack Drill - Riverbend Nuclear Facility	Region 2	June 2014
Plane Crash Drill - Waterford Nuclear Facility	Region 3	June 2015

*Mayor's Office of Homeland Security and Emergency Preparedness

The benefits of LERN's participation in all disasters response training exercises pays dividends when a real disaster strikes. The following is a list of recent incidents that required LERN's resources to coordinate information and direct patient flow/transport.

Live Events	Number of Patients Directed by LERN
Williams Olefin Explosion	76
CF Industries Explosion	7
Lafayette Theater Active Shooter	9
Sunset Active Shooter	3
Lafayette High Baseball Team Bus Accident	9
Convent Tornado Incident	33

Stroke System Update

A Message from

Sheryl Martin-Schild, MD, PhD, FANA, FAHA
LERN's Medical Director for Stroke

Louisiana has made great progress towards our goal implementing a sustainable statewide system of care for providing access to time-sensitive treatment for stroke. We now have stroke champions in seven of our nine regions. Currently, there are 14 Primary Stroke Centers (Level II) and two Comprehensive Stroke Centers (Level I) in Louisiana.

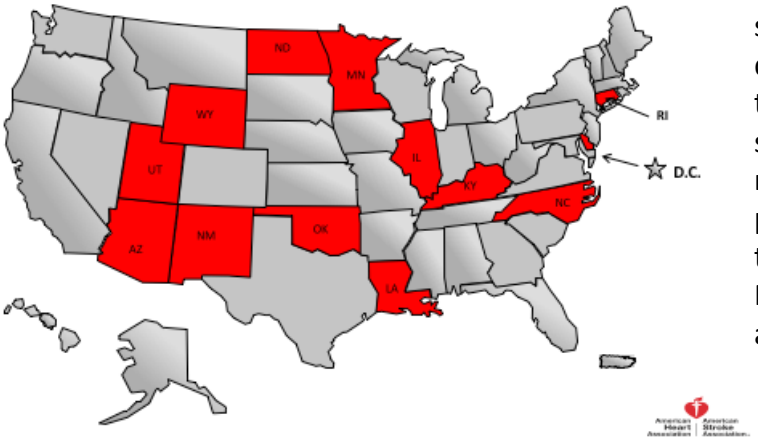
The treatment rate with intravenous tPA (clotbuster) for ischemic stroke has more than doubled in the last five years and the number of patients treated by the drip-and-ship strategy has also increased. Education has been provided to prehospital providers on the post-tPA Interhospital Transfer Guideline in order to maximize safety and provide documentation of vital signs and neurochecks in adherence with existing American Heart Association/American Stroke Association Guidelines and the Brain Attack Coalition recommendations. Mechanical thrombectomy for the treatment of large artery occlusions up to eight hours from symptom onset was proven to be of clinical benefit in five randomized clinical trials published in the last year. As a result, the number of interhospital transfers is increasing and relationships between Level II and III Stroke Centers and endovascular-capable centers (Level I and some Level II Stroke Centers) are enhancing collaborations and the sustainability of our statewide system of care.

Throughout the next year, I will further engage with our stroke champions and establish stroke champions for Regions 5 (Lake Charles) and 8 (Monroe). We anticipate additional Primary Stroke Centers in Regions 7 (Shreveport) and 8 (Monroe) and will continue working with Acute Stroke Ready Hospitals (Level III) interested in advancing to Primary Stroke Center certification in Regions 3 (Houma) and 5 (Lake Charles). We will continue to strengthen Louisiana's capacity to provide state-of-the art stroke care for its citizens and visitors.

– Sheryl Martin-Schild, MD, PhD, FANA, FAHA

AHA/ASA: *Expanded Systems of Care*

12 states and DC have enacted policies around the recognition of stroke facility designations

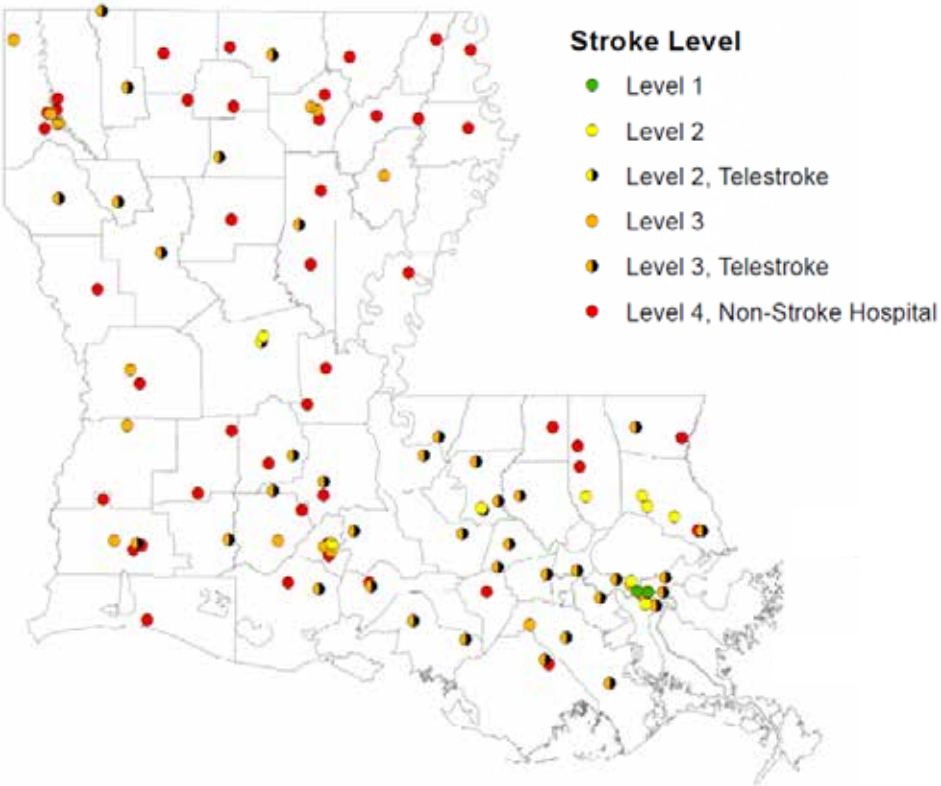


Louisiana Recognized at International Stroke Conference

The International Stroke Conference is the world's largest meeting dedicated to the science and treatment of cerebrovascular disease. In February of 2016, it was noted at the conference that Louisiana is one of 12 states and DC who enacted policies around the recognition of stroke facility designation. LERN promulgated rules (LAC 48:I.Chapter 187) for the requirements for Louisiana Stroke Center Recognition in December of 2014. These rules are located on the LERN website at LERN.la.gov.

Louisiana's Stroke System

Louisiana's statewide stroke system defines four levels of facility designation. The map below indicates the distribution of hospitals participating in Louisiana's stroke system, including:



Level IV: Non-Stroke Hospital – This facility is unable to rapidly diagnose or treat stroke patients 24/7/365 for thrombolytic therapy. These hospitals should be bypassed by EMS for patients exhibiting signs of stroke. Louisiana currently has 39 Level IV Stroke Centers.

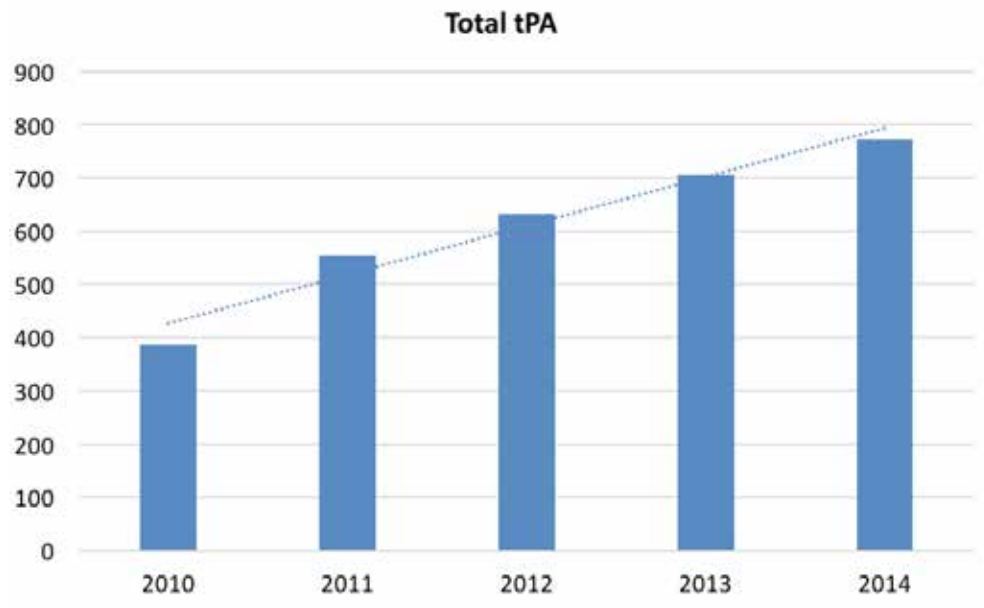
Level III: Acute Stroke Ready Hospitals – This facility is able to provide 24/7/365 timely access to stroke care, including thrombolytic therapy, but may not be able to meet all the criteria specified in LERN Level I and Level II stroke center requirements. Louisiana currently has 57 Level III Stroke Centers.

Level II: Primary Stroke Centers – This facility is able to provide 24/7/365 timely access to stroke care, like Level III stroke centers, but also with designated stroke unit, education requirements for staff, and organized stroke care with participation in quality improvement initiatives. This designation requires certification by the Joint Commission (or other approved certifying entity). Louisiana currently has 14 Level II Stroke Centers.

Level I: Comprehensive Stroke Centers – Highest level of stroke care including endovascular therapy and immediate access to neurosurgery services 24/7/365, requiring certification by the Joint Commission. Louisiana currently has two Level I Stroke Centers, both in Region 1.

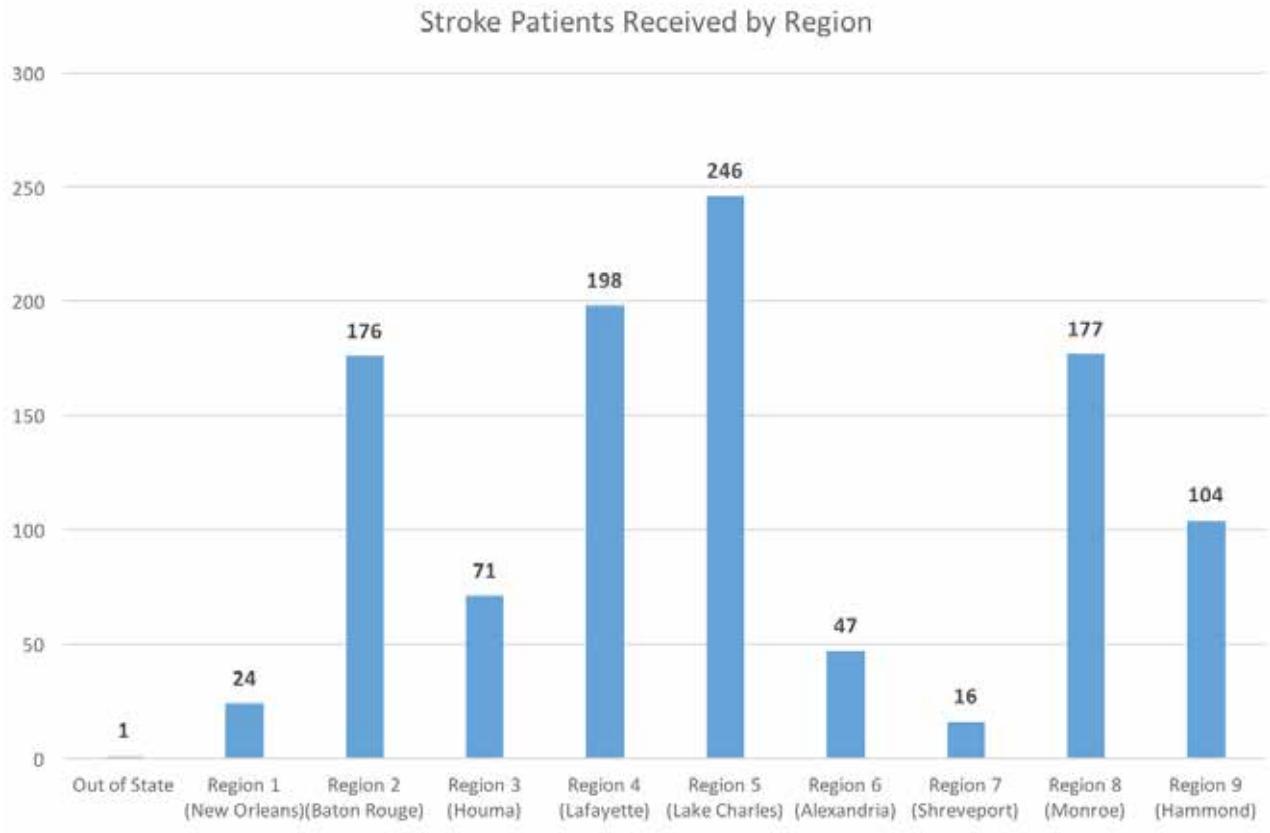
Rate of tPA Use Increases Dramatically in Louisiana

Tissue Plasminogen Activator (tPA) remains the only FDA approved medication to improve outcomes after ischemic/occlusive stroke, which accounts for 80% of all strokes. Since the outset, one goal of the state stroke system has been to improve tPA administration across the state for those patients presenting within the window of opportunity. Data obtained from the Louisiana Hospital Inpatient Data (LaHIDD) base indicates improved rates – nearly double the rate in 2010.



LERN's Communications Center Facilitates Transport of Stroke Patients

The following bar chart indicates the number of stroke patients in Louisiana that were transported to hospitals with the assistance of LERN's Communications Center. Each bar on the graph indicates the total of stroke patients routed by LERN per region.



STEMI System Update

"The EKG/LERN Class hosted by New Orleans East Hospital was outstanding. I have worked for 18 years as a ED/ICU/CCU and Flight Nursing and have an affinity for cardiac and EKG interpretation. The program both reinforced and expanded my knowledge of EKG and cardiac events. I hope this program is repeated so others at our facility can take part in future training."

– Scotty Eymard, RN, Ochsner

A Message from

Murtuza Ali, MD
LERN's Medical Director for STEMI

We continue to make progress toward an organized system of care for ST-elevation myocardial infarction (STEMI), the deadliest form of heart attacks. In addition to a well-established and validated list of STEMI Receiving and STEMI Referring Centers, LERN has partnered with willing hospitals across the state for voluntary data-sharing through a national STEMI registry run by the American College of Cardiology. We anticipate sharing data amongst participating hospitals using this statewide report in Spring 2016.

Our efforts in electrocardiography (EKG) education continue around the state, with extensive sessions targeted to prehospital and in-hospital providers. Feedback about these EKG educational opportunities continues to be very positive, and we plan to continue these sessions.

This year, we plan to repeat our statewide STEMI survey to assess resources for care across Louisiana; this was last done in 2011 and will allow us to update our gap analysis and direct our efforts where needed most. The survey has been sent out to all hospital and EMS Providers in Louisiana as of March 2016.

– Murtuza Ali, MD

Louisiana's STEMI System

STEMI is the acronym for ST-segment Myocardial Infarction, which is the deadliest form of heart attack. This type of heart attack is the result of a total closure of a major coronary artery and, of course, the immediate medical challenge is to get that artery open before the patient suffers severe permanent damage or death. There are two basic therapies available to open the artery – one is invasive (primary PCI, commonly known as coronary angioplasty) and other therapy is pharmacological.

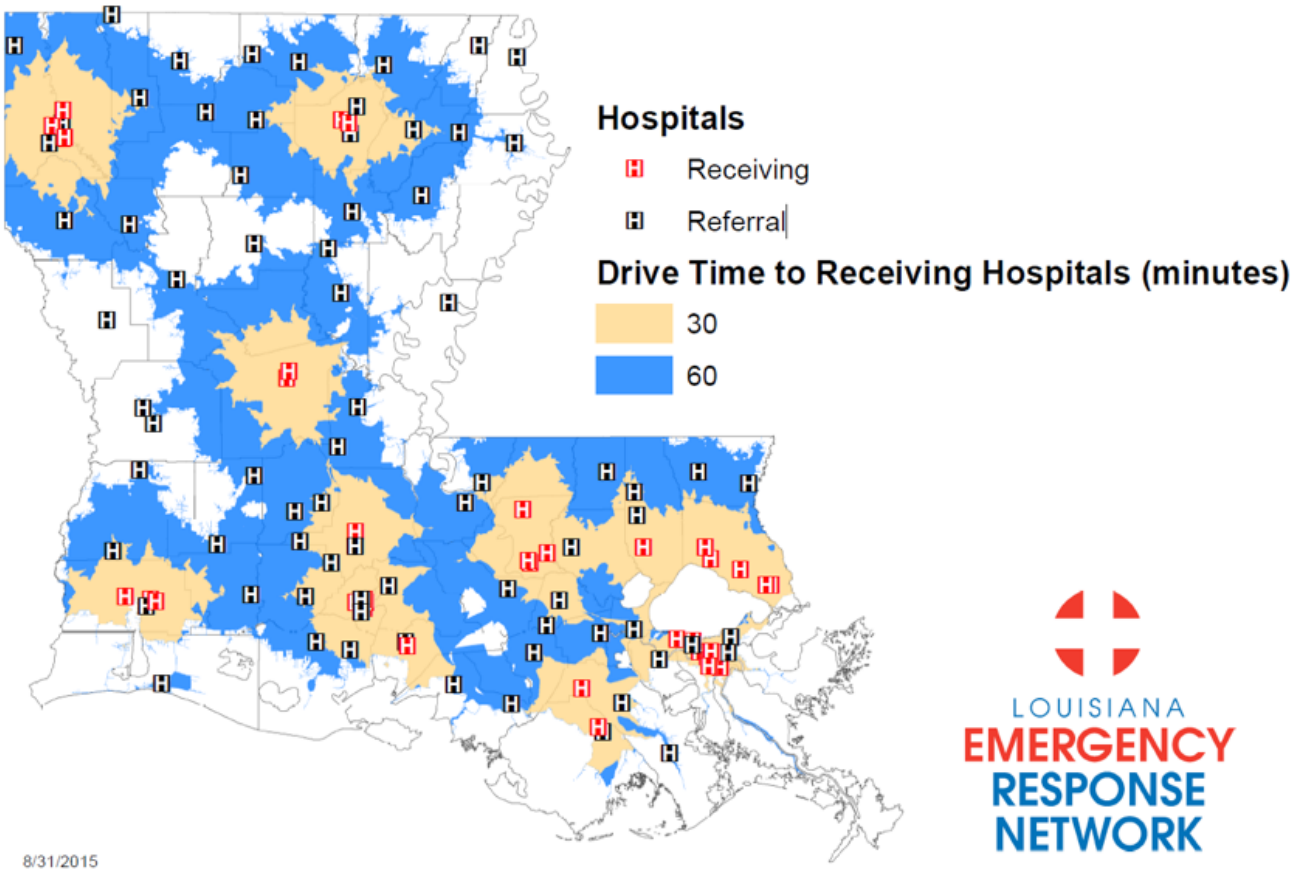
Unfortunately, around 30% of STEMI patients in the United States never receive either therapy, and of those patients who receive primary PCI, only 40% of them receive this therapy within the recommended 90-minute timeframe.

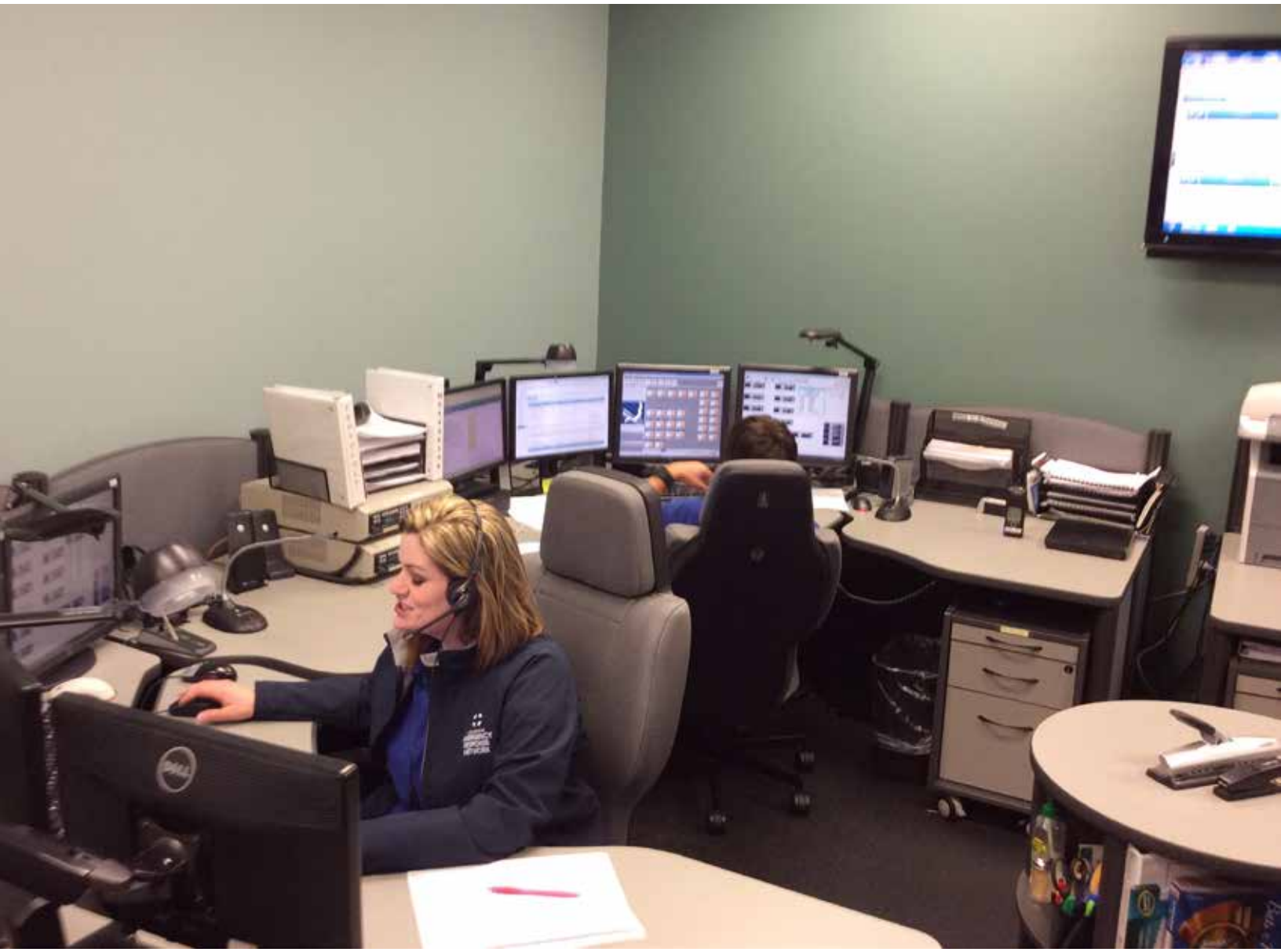
LERN is working collaboratively with hospitals, physicians, and EMS providers across Louisiana to promote effective treatment of STEMI patients. Today, we have in place a system for delineating hospital capabilities so that STEMI patients can be transported to facilities that offer the care needed. This system includes STEMI Referral Centers and STEMI Receiving Centers.

STEMI Referral Center – hospitals without 24/7/365 primary angioplasty capabilities, which utilize either a transfer-out or a thrombolytic strategy for reperfusion.

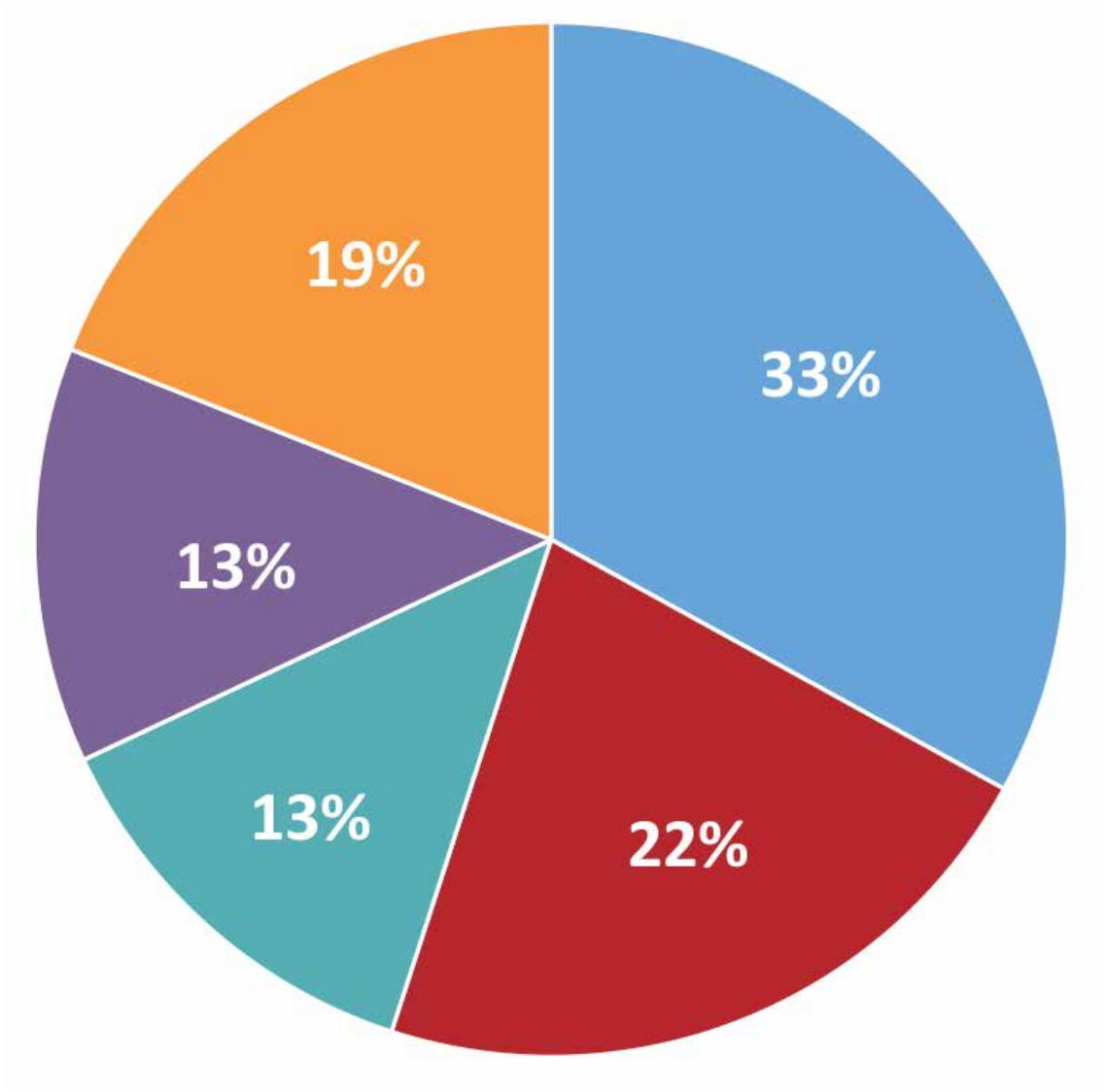
STEMI Receiving Center – hospitals with 24/7/365 primary angioplasty capabilities.

The following map indicates the distribution of STEMI Receiving and STEMI Referral Centers currently in Louisiana.





Finances



Central Office Salary and Benefits:
$521,271.73

Medical Leadership and Support:
$205,751.85

General Operating Expenses:
$304,482.04

Professional Services:
$203,807.85

Salary in Support of Regional Efforts:
$343,322.28

Total Operating Budget: $1,578,635.75

Performance Indicators

In FY 14-15, LERN reported three Performance Indicators in the Louisiana Performance Accountability System (LaPAS). These indicators are part of LERN's Quality Measurement System. They are tied to the participation by health care providers in the prehospital and hospital settings and the ability of LERN to direct traumatically injured patients to definitive care.

LERN obtains signed agreements of understanding with regional hospitals and EMS agencies to ensure compliance with LERN protocols as set forth by the LERN Board of Directors.

Performance Indicator 1:
This indicator reports the percentage of hospitals having emergency room services that participate in LERN:

- 114 (hospitals participating)/116 (total number of hospitals) = **98.3%**

Performance Indicator 2:
This indicator reports the percentage of EMS agencies that participate in LERN:

- 30 (EMS participating)/54 (total number of EMS agencies) = **55.6%**

Performance Indicator 3:
This indicator reports the percentage of time where traumatically injured patients that were directed by LERN to an Emergency Department for definitive care did not require transfer to another facility for higher level resources:

- Total patients directed by LERN = **13,188**

- Total patients transferred = **499**

- Percent of LERN directed patients not requiring transfer = **96.2%**

Regional Commissions

LERN is organized into nine geographic regions, and efforts in each region are guided by a Regional Commission – a regional advisory board of key trauma and time-sensitive illness stakeholders. Regional Commission meeting dates can be found on the LERN website at LERN.la.gov.

LERN Tri-Regional Coordinators
Each region has an assigned LERN Tri-Regional Coordinator who serves as a resource to its commission and a liaison to the LERN staff, medical directors, and Board of Directors.

For more information about Regional Commissions, please contact your Tri-Regional Coordinator.

Region 1

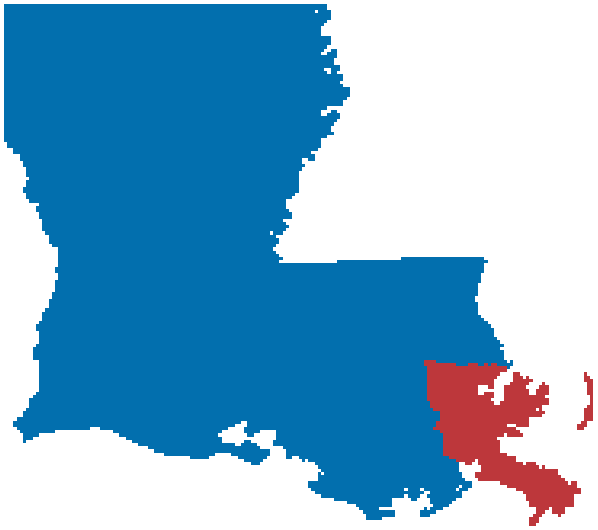
Yvette Legendre
Tri-Regional Coordinator
(yvette.legendre@la.gov)

Officers

Joseph F. Uddo Jr., MD
Chairman

Jeffery Elder, MD
Vice-Chairman

Stephen J. Gordon, ENP
Secretary



Members

Murtuza Ali, MD
Jeffrey Coco, MD
Cindy Davidson, JD
Peter Deblieux, MD
Darryl Delatte
Carl Flores, NREMT-P
Euclide Gaines, RN
Mike Guillot, NREMT-P
Alan Marr, MD, FACS
Sheryl Martin-Schild, MD, PhD, FANA, FAHA
Roland S. Waguespack, III, MD, MBA, FAAEM, FACEP

Region 2

Ted Colligan
Tri-Regional Coordinator
(ted.colligan@la.gov)

Officers

Johnny Jones, MD
Chairman

Michael Fahr, MD
Vice-Chairman

Connie DeLeo
Secretary

Members

Joseph Acosta, MD
Tammy Armand
Sadye Nichols, RN, MSN
Jon Brazzel, NREMT-P, FP-C
Stewart Cayton, MD
Chris Fitzgerald, NREMT-P
Chad Guillot
Lance LaMotte, MD, FACC
Ernest Mencer, MD
Chad Olinde, CPA, MBA
Marilyn Reynaud, MD
James Rhorer, MD
Anthony Summers, CEM, LEM-P, ENP, NREMT-B

Region 3

Yvette Legendre
Tri-Regional Coordinator
(yvette.legendre@la.gov)

Officers

Thomas Falterman, MD
Chairman

Chad Davis, NREMT-P
Vice-Chairman

Kim Beetz
Secretary

Members

William Bisland, MD
Mark Boudreaux
Brady Daigle, NREMT-P
Earl Eues, Jr.
Michael Gary, RN
Jarred Jenkins, NREMT-P, RN
Teresita McNabb, RN
Vinod Nair, MD
Digvijaya Navalkele, MD, MPH
Beth Norris, RN
W.S. “Chip” Riggins Jr., MD, MPH, FAAFP, FACPM
Ken Rousseau, MS-HCM, NREMT-P
Donna Tesi, MD
Stephen Zachary, RN

Region 4

Ted Colligan
Tri-Regional Coordinator
(ted.colligan@la.gov)

Officers

Scott Hamilton, MD
Chairman

Tina Stefanski, MD
Vice-Chairman

Anjanette Hebert
Secretary

Members

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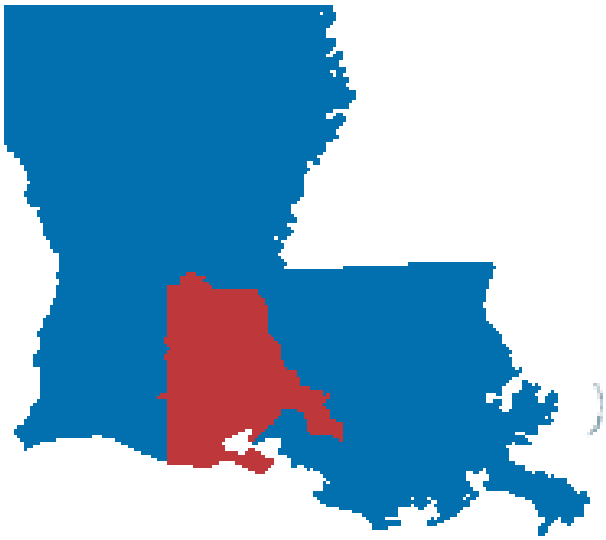
Paul Azar, Jr., MD
Joey Barrios, MD
Terry Broussard, RN
Kevin Courville, MD
Leo deAlvare, MD
James Garcelon, MD
Leslie Kram Greco, DO, FACEP
Colonel Prescott Marshall
Jude Moreau
Mark F. Olivier, MD, FACEP, FAAFP
Steve Quebedeaux, NREMT-P
John Simar, RN
John L. Witt III, NREMT-P, CCP



Region 5

Ted Colligan
Tri-Regional Coordinator
(ted.colligan@la.gov)

Officers

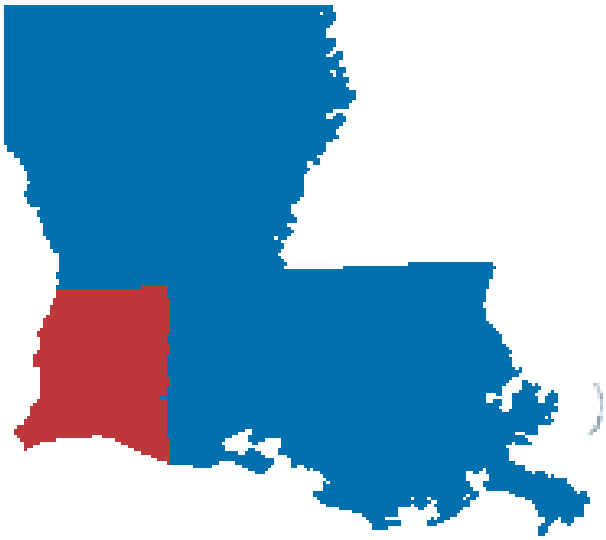
Billy Vincent, NREMT-P
Chairman

Frederick Dent
Vice-Chairman

Ruth Carnes
Secretary

Members

Rhonda Coleman, NREMT-P
Robert Daughdril, NREMT-P
Bertrand Foch, MD
Liz Harmon
Scott Kyle, NREMT-P
Richard McGuire
Thomas Mulhearn, IV, MD, FACC
Joseph O'Donnell, MD
Juan Ramirez, MD
Van Snider, MD



Region 6

Deb Spann
Tri-Regional Coordinator
(deborah.spann@la.gov)

Officers

Jeremy Timmer, MD
Chairman

Jeff Pogue
Vice-Chairman

Mary Tarver
Secretary

Members

Ellis Boothe
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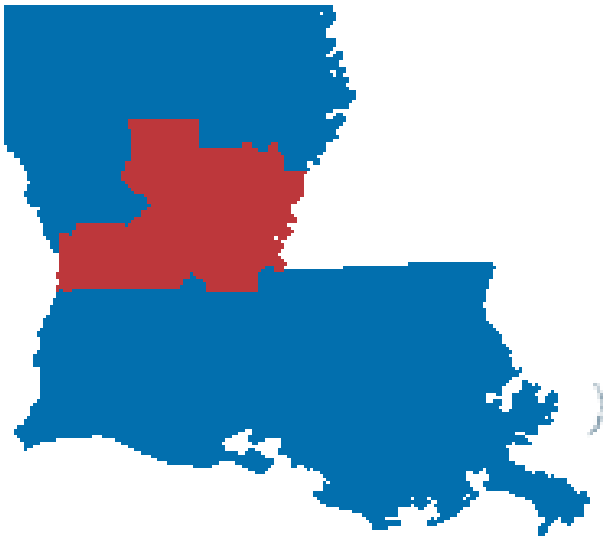
Gonzalo L. Hidalgo, MD
David Holcombe, MD
Donna Lemoine, RN
Philip Lindsay, MD
Larry Parker, MD
Gary Peters
Brenda Smith
Vickie Stagg, RN
Sonya Wiley
Melissa Wold, RN



Region 7

Deb Spann
Tri-Regional Coordinator
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Officers

Dawn McKeown, RN
Chairman

Jeffrey Watson
Vice-Chairman

Martha Carter
Secretary

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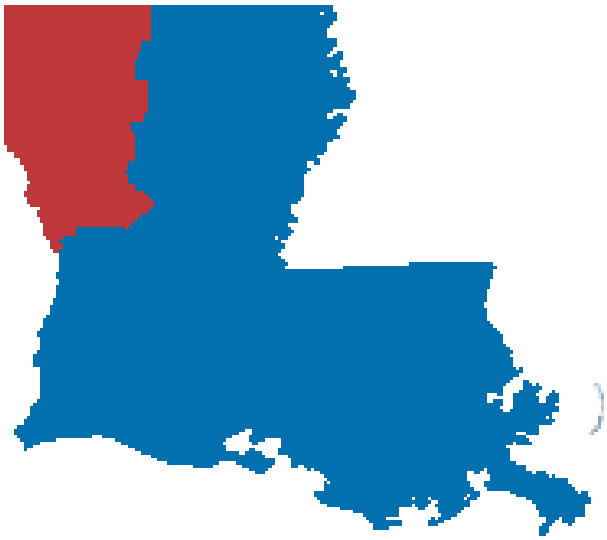
Keith Carter, EMT-P
Derrel Graham, MD
David Jones
Max Morandi, MD
Richard Renfroe, TSgt USAF
Christopher Shane Terral, EMT-P
Anna Warren, RN
Jeff Watson, EMT-P
Martha Whyte, MD
Spence Willis, MD



Region 8

Deb Spann
Tri-Regional Coordinator
(deborah.spann@la.gov)

Officers

Patrick King, RN
Chairman

Eric Daniel, RN
Vice-Chairman

April S. Winborne, RN, CHPN
Secretary

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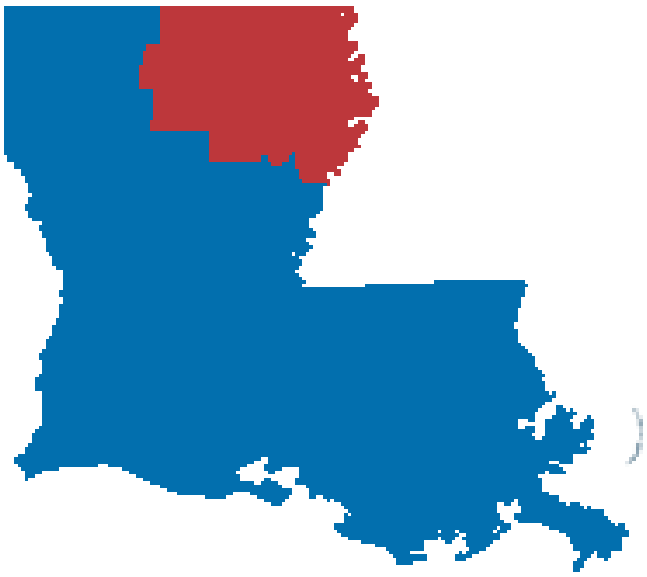
Richie Allen, NREMTP
Mike Brame
Thomas Causey, MD, FACC
Daniel Haynes, NREMTP
Shelly Jones, MD
Craig Lott
Janice Posey
Patrick Taylor, MD



Region 9

Yvette Legendre
Tri-Regional Coordinator
(yvette.legendre@la.gov)

Officers

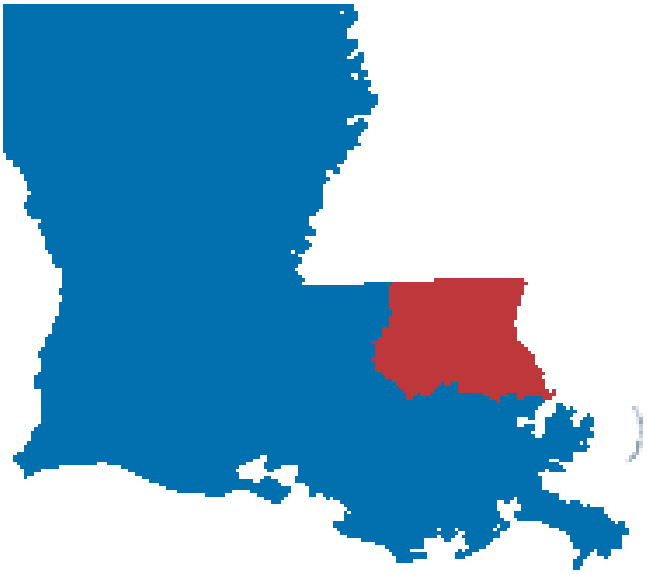
Chad Muntan, MD
Chairman

Jay Smith, MD
Vice-Chairman

Keith Peek
Secretary

Members

Luis Alvarado, MD
Vasanth Bethela, MD
Juan Duchesne, MD
Ramy El Khoury, MD
Mark Gaudet, RN, NREMT-P
Rodney Hart
Gina Lagarde, MD
David Marcus, NREMT-P
John P. Taylor, NREMT-P



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