

ANNUAL REPORT

FY 2018 - 2019



LOUISIANA
**EMERGENCY
RESPONSE
NETWORK**

Right Place. Right Time. Right Care.



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 healthcare resource in the face of larger scale emergencies and natural disasters.

For the patients LERN serves – victims of trauma, heart attack, 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: www.lern.la.gov

I. LETTER FROM THE EXECUTIVE DIRECTOR	05
II. LERN BOARD OF DIRECTORS	07
III. TRAUMA SYSTEM UPDATE	11
IV. ALL DISASTERS RESPONSE UPDATE	25
V. STROKE SYSTEM UPDATE	31
VI. STEMI SYSTEM UPDATE	39
VII. FINANCIAL	45
VIII. PERFORMANCE INDICATORS	47
IX. REGIONAL COMMISSIONS	49

LETTER FROM THE EXECUTIVE DIRECTOR

LERN’s unique role in Louisiana healthcare is building strong statewide care-coordination systems for the purpose of improving the patient outcomes that result from traumatic injury, stroke, heart attack, burn, and mass casualty incidents. These serious threats to our wellbeing have one thing in common – the medical response must be immediate. If not, patients suffer avoidable harm and, in the worst case, avoidable death.

When time is of the essence, medical response resources must be nearby. Therefore, building Louisiana’s statewide care-coordination networks has been a priority since LERN was created by the Legislature in 2004. Our progress has been substantial. For example, less than a decade ago only 44% of Louisiana’s population had 60-minute drive time access to a trauma center. Louisiana’s network of trauma centers has grown from two centers in 2011 to nine centers and today provides 60-minute drive time access to 83% of our citizens.

The newest additions to the trauma network include St. Tammany Parish Hospital on the Northshore and Lake Charles Memorial Hospital in Calcasieu Parish. Congratulations to both hospitals for the multi-year effort required to achieve Level III trauma center status. More additions are on the horizon.

Presently, Louisiana does not have any Pediatric Trauma Centers. LERN recognizes this void and is actively collaborating with our hospital partners to promote the idea of a pediatric trauma network. Two hospitals, Ochsner LSU Health Shreveport and Our Lady of the Lake Children’s Hospital in Baton Rouge, have formally begun the process of attaining verified pediatric trauma center status. As a result, Louisiana could have two of these specialized trauma centers by 2021.

LERN’s care-coordination role is critically important because patient outcomes are the result of professional teamwork that includes 911, first responders, EMS, LERN, hospital emergency departments, trauma centers, stroke centers, STEMI (heart attack) centers, burn centers, physicians, nurses, and the full array of other healthcare professionals.

Good care coordination does not just happen. It is the result of continuous, collaborative preparation by medical response professionals – planning together, developing protocols together, training together, learning together, drilling and testing together. LERN plays a central role in this ongoing preparation by leading the development of statewide protocols that promote medical response consistency. LERN also actively participates in statewide, regional, and local drills and planning sessions.

LERN is additionally now an indispensable provider of the relevant education and training programs that build medical response expertise and expand medical response capacity across the state. For example, last year LERN taught 136 trauma-related classes that included 4,883 students. The demand for LERN’s training programs continues to grow and is especially needed in Louisiana’s small rural communities.

This annual report includes information and data that explains in greater detail LERN’s work and progress. The report also identifies the 176 dedicated women and men who volunteer their time and expertise to lead LERN through their service on LERN’s Board of Directors and LERN’s nine regional commissions. The LERN model is successful because of them.

Paige Hargrove, BSN, RN
Executive Director




LERN BOARD OF DIRECTORS



EXECUTIVE COMMITTEE MEMBERS:

Karen O. Wyble, RN, MSN, MHA, MBA

Chairman of the Board

Chief Operating Officer

St. Martin Hospital

Nominating Entity: Rural Hospital Coalition

Jimmy Guidry, MD

Executive Committee Member

State Health Officer

Louisiana Department of Health

Nominating Entity: Louisiana Department of Health

Deiadra J. Garrett, MD

Vice-Chairman of the Board

Pediatric Surgeon

Our Lady of Lourdes Women's and Children's Hospital

Nominating Entity: Louisiana State Medical Society

John P. Hunt, MD, MPH, FACS

Executive Committee Member

Professor of Surgery and Trauma Medical Director

Louisiana State University Health Sciences Center –
New Orleans

Nominating Entity: Louisiana State University Health
Sciences Center – New Orleans

Tracy Wold

Treasurer of the Board

Director of Operations

Pafford Emergency Medical Services

Nominating Entity: Louisiana Rural Ambulance Alliance

John D. Jones, MD

Executive Committee Member

Emergency Department Medical Director

Baton Rouge General Medical Center

Nominating Entity: Verified Burn Center

William Freeman, MD

Immediate Past Chairman of the Board

Chief Medical Officer

C&M Medical Services

Nominating Entity: Louisiana American College of
Emergency Physicians

BOARD MEMBERS:

Honorable Regina Ashford Barrow

State Senator
Louisiana State Senate
Nominating Entity: Louisiana State Senate

Schaun Chevis, MSW

Program Manager/Emergency
Preparedness Coordinator
Louisiana Department of Health
Nominating Entity: Louisiana Department of Health

Janet D. Clark

Director of Inpatient Rehabilitation Programs
Touro Infirmary Hospital
Nominating Entity: Louisiana Hospital
Association Rehabilitation Constituency Group

Gerald A. Cvitanovich, MD

Coroner
Jefferson Parish
Nominating Entity: Louisiana State
Coroners Association

David Daly, Jr., MD

Cardiologist
Cardiology Specialists of Acadiana
Nominating Entity: Louisiana Chapter of the
American College of Cardiology

Paul Gladden, MD

Associate Professor & Chief of Orthopedic
Trauma Surgery
Tulane University School of Medicine
Nominating Entity: Louisiana State Medical Society

Honorable Jonathan I. Goudeau

State Representative
Louisiana House of Representatives
Nominating Entity: Louisiana House of Representatives

Christopher Guilbeaux

Deputy Director of Preparedness, Response &
Interoperability
Louisiana Governor’s Office of Homeland
Security & Emergency Preparedness
Nominating Entity: Louisiana Governor’s
Office of Homeland Security & Emergency
Preparedness

Tomas H. Jacome, MD

Trauma Medical Director
Our Lady of the Lake Regional Medical Center
Nominating Entity: Committee on Trauma,
American College of Surgeons

Lester Wayne Johnson, MD

Vice Chancellor for Academic Affairs
LSU Health Sciences - Shreveport
Nominating Entity: LSU Health Sciences - Shreveport

Brandon J. Mauldin, MD

Chief Executive Officer
Tulane University Hospital and Clinic
Nominating Entity: Tulane University Health
Sciences Center

Dawn D. McKeown, RN, MSN

Trauma Program Manager
University Health – Shreveport
Nominating Entity: Louisiana State Board of Nursing

Honorable Buddy Mincey, Jr.

State Representative
Louisiana House of Representatives
Nominating Entity: Louisiana House of Representatives

Charles Nassauer, OD

Owner
All Vision and All Care Eye Center
Nominating Entity: Optometry Association of America

Gregory K. Stock, FACHE

Chief Executive Officer
Thibodaux Regional Medical Center
Nominating Entity: Louisiana Hospital
Association – Service District Hospital

Carl J. Varnado, Jr.

Deputy Director
National Emergency Number Association
Nominating Entity: National Emergency
Number Association

Honorable Mack “Bodi” White, Jr.

State Senator
Louisiana State Senate
Nominating Entity: Louisiana State Senate

Robert K. Wolterman, BS, MBA, MHA

Chief Executive Officer
Ochsner Medical Center
Nominating Entity: Metropolitan Hospital Council

Richard M. Zweifler, MD

Chairman, Department of Neurology
Ochsner Health Systems, Neurology Department
Nominating Entity: American Stroke Association

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

TRAUMA SYSTEM UPDATE



A MESSAGE FROM

MICHAEL SUTHERLAND, MD, FACS

LERN TRAUMA MEDICAL DIRECTOR



It is my pleasure to offer this report as LERN's Medical Director for Trauma. LERN is diligently working to further develop the trauma system throughout the state. We are aggressively using data to inform decision making

within the system and leveraging the power of the Trauma Quality Improvement Program Collaborative to drive statewide performance improvement processes and sharing of best practices to enhance the care of the injured patient.

Building on the framework of the existing Trauma System we have realized numerous successes in growing the system, including:

- St. Tammany Hospital in Region 9 has completed their Level III verification visit from the American College of Surgeons (ACS) and is now a designated Level III Trauma Center.
- Lake Charles Memorial Hospital in Region 5 has been verified as a Level III Trauma Center.
- With the addition of these two new Trauma Centers, 83% of the state's population now has 1-hour drive access to a Trauma Center.
- We continue to meet with hospitals in the two regions without Trauma Centers or Trauma Programs – Region III (Southeast/Bayou) and Region VIII (Northeast/Monroe).
- The collaboration among the state burn centers has resulted in a statewide protocol for routing and initial care for burn patients. Expanding the lessons learned from the trauma system to this specific group of injured patients.

The Trauma Quality Improvement Program (TQIP) Collaborative has continued to meet and we are working to engage all centers with the data in their individual TQIP reports to enhance the performance of the state as a whole. This allows the system to use risk-adjusted data to identify best practices and improve outcomes throughout Louisiana. Sharing best practices and working together to improve care delivered to the injured patient is accelerating the maturation of the programs throughout the state.

This year we were fortunate to hire a database administrator for LERN. This position and specifically Xiaoping Nie's expertise allow us to gain insight into our data that we use to target interventions and enhancements to the trauma system to meet recognized needs. I anticipate that this data role and the reports generated will expand this year and into the future. With this new level of data expertise, we have a much greater ability to grow thoughtfully.

Our trauma system is strong and has grown rapidly to cover the vast majority of the state. We are using the expertise of our trauma centers and the power of our data to define goals and look to future opportunities to improve the care of the critically injured patient in Louisiana. We are dedicated to building on our existing strength, demonstrating the value of the system, improving care for our citizens, and expanding the system to best serve all people in the state.

Michael Sutherland, MD, FACS
LERN Medical Director – Trauma

STATEWIDE COVERAGE

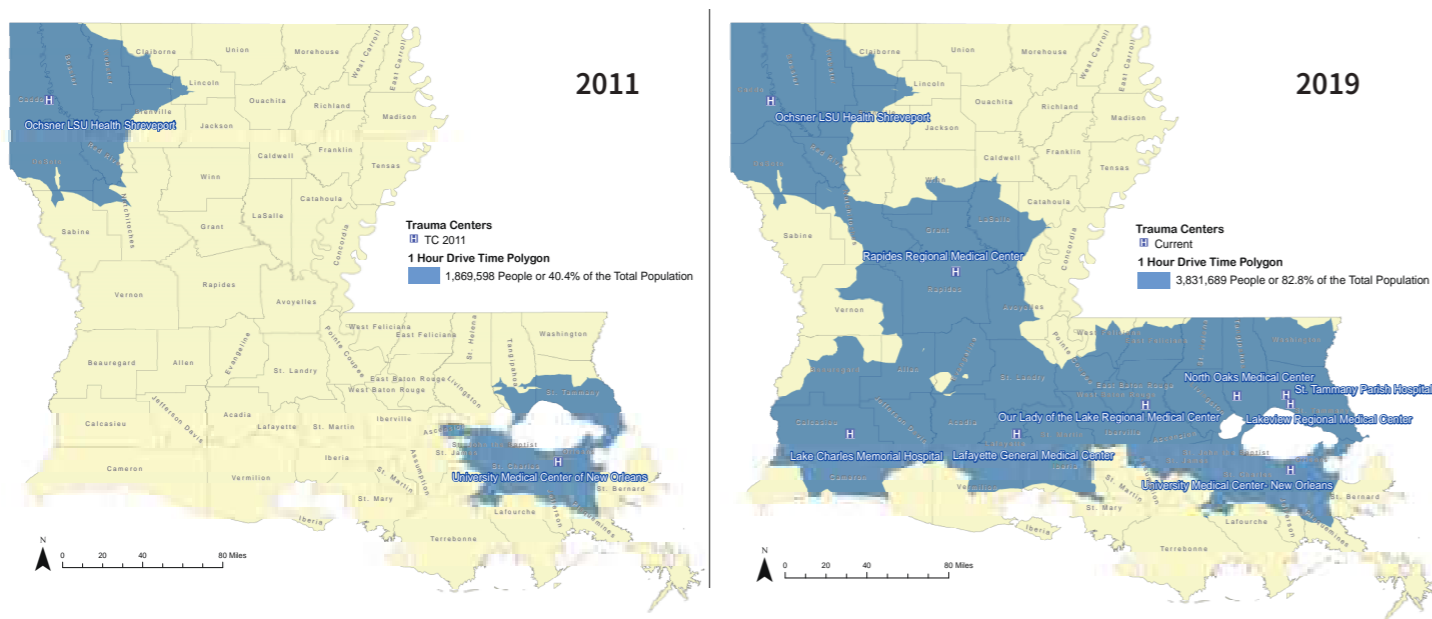
In 2011, Louisiana had two Level I trauma centers located on opposite ends of the state in Shreveport and New Orleans. These two centers provided 40% of the state’s population access to a trauma center with a one hour drive time – otherwise known as the “golden hour”. Today, Louisiana’s Trauma System includes nine trauma centers. This past year, St. Tammany Parish Hospital and Lake Charles Memorial Hospital achieved Level 3 trauma center verification. These additions provide 83% of the population with access to a trauma center within the “golden hour”. **Figure 1** and **Figure 2** provide a visual of trauma center expansion in Louisiana.

The nine verified trauma centers in Louisiana are:

- **University Medical Center – New Orleans** Region 1 | **Level 1 Trauma Center**
- **Our Lady of the Lake Regional Medical Center** Region 2 | **Level 2 Trauma Center**
- **Lafayette General Medical Center** Region 4 | **Level 2 Trauma Center**
- **Lake Charles Memorial Hospital** Region 5 | **Level 3 Trauma Center**
- **Rapides Regional Medical Center** Region 6 | **Level 2 Trauma Center**
- **Ochsner LSU Health Shreveport** Region 7 | **Level 1 Trauma Center**
- **North Oaks Medical Center** Region 9 | **Level 2 Trauma Center**
- **Lakeview Regional Medical Center** Region 9 | **Level 3 Trauma Center**
- **St. Tammany Parish Hospital** Region 9 | **Level 3 Trauma Center**

FIGURE 1 & FIGURE 2

STATEWIDE TRAUMA COVERAGE EXPANSION
2011 TO PRESENT



PEDIATRIC TRAUMA SYSTEM

The LERN Board is proud of the progress made in building out the state trauma system, but also recognizes the uniqueness of the pediatric trauma patient. More children die of injury than of all other causes combined. Many injured pediatric patients have special needs that are optimally provided in the environment of a children’s hospital with demonstrated expertise in, and commitment to, pediatric care and trauma care. For these reasons, LERN focused on the need for pediatric trauma centers strategically located in Louisiana.

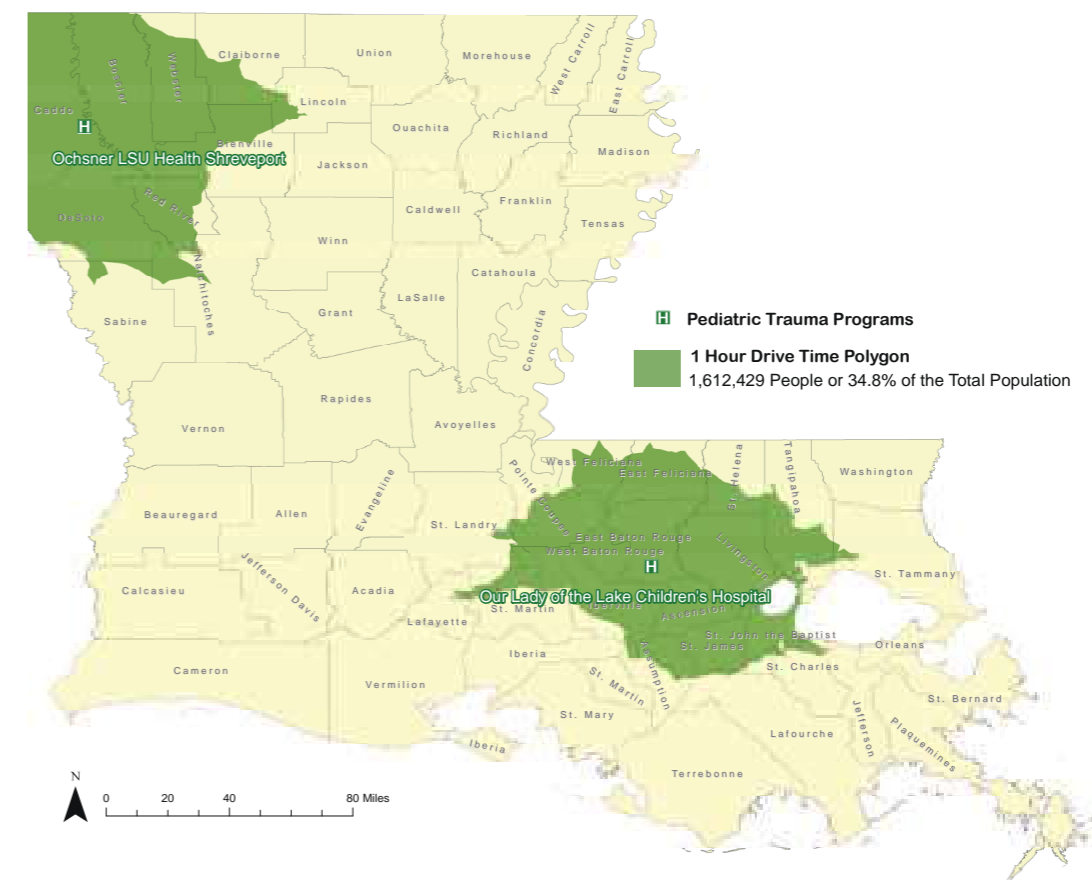
In 2019, LERN collaborated with our hospital partners to establish these advanced pediatric centers. Ochsner LSU Health – Shreveport and Our Lady of the Lake Children’s Hospitals have both attested to meeting LERN’s Pediatric Trauma Program benchmarks, which are based on criteria set by the American College of Surgeons.

The “trauma program” label is an interim status until fully verified by the American College of Surgeons. Per state rules and regulations LAC 48: I, Chapter 197, § 19707(D): “To maintain trauma program recognition, the hospital must request an ACS verification or consultation site visit at the time of the attestation or within 30 days thereafter, with the consultation or survey to occur within 12 months of the attestation or as close to 12 months as the ACS schedule allows. Written documentation of the request and scheduling must be submitted to LERN”.

Figure 3 Provides a visual of the pediatric trauma program expansion in Louisiana.

FIGURE 3

LOUISIANA'S PEDIATRIC TRAUMA PROGRAM MAP

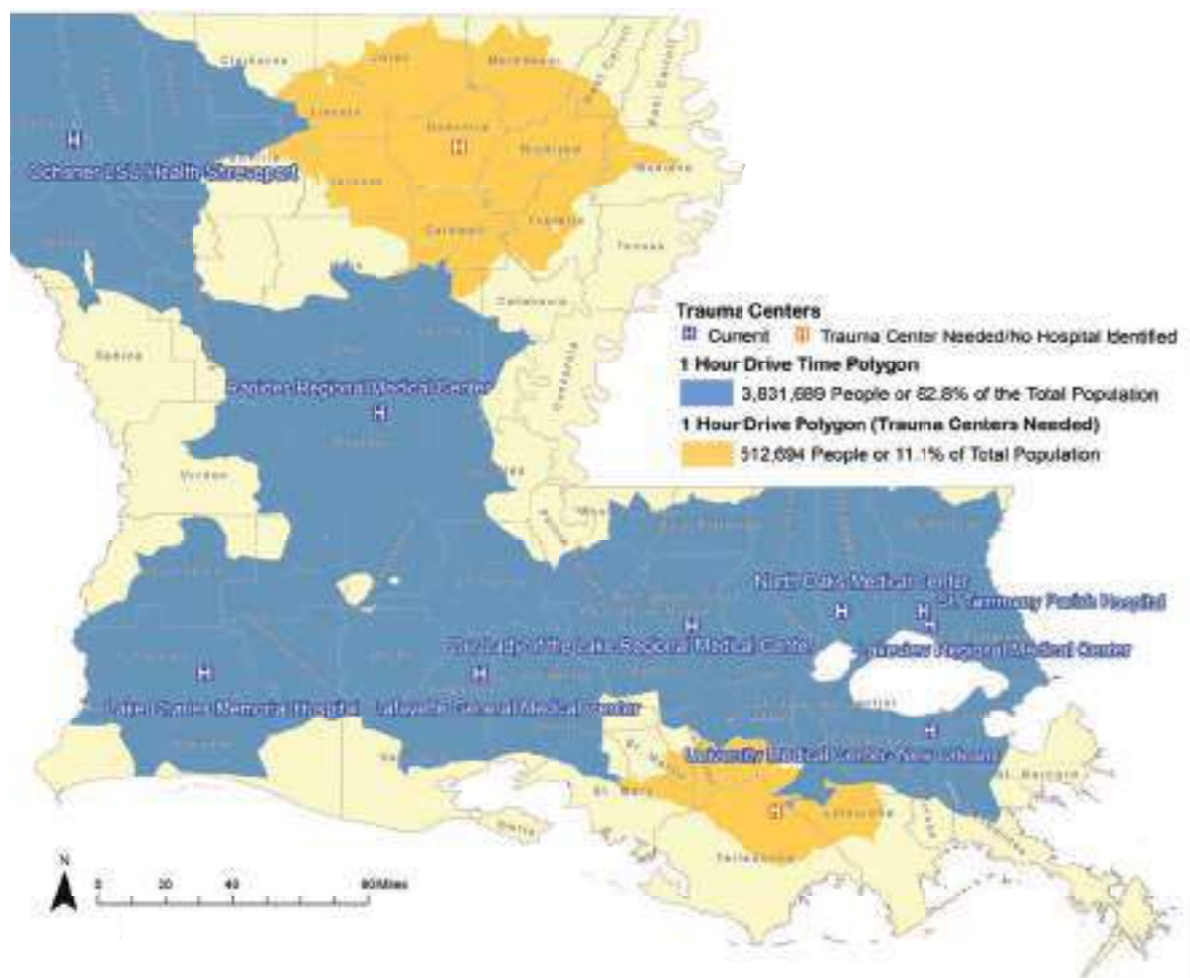


THE LERN BOARD'S VISION AND NEXT STEPS

The LERN Board's vision (Figure 4) is to achieve an ACS verified trauma center in each LDH region. As depicted in figures 1 and 2, we have made significant progress towards this goal. We continue to strive to fill the biggest void in Region 8, the Monroe area. For patients injured in Northeast Louisiana, there is significant distance to the Level I trauma center in Shreveport or to the Level II Trauma Center in Alexandria. The time-sensitive nature of trauma requires that we fill this void. LERN is committed to our vision, and we will continue efforts to establish a trauma center in Region 8 and Region 3 (Houma/Thibodaux).

Figure 4 depicts Louisiana's ideal trauma system which includes current trauma centers (illustrated in blue), and additional needed trauma centers (illustrated in gold).

FIGURE 4
LOUISIANA'S IDEAL TRAUMA SYSTEM
(WITHIN 60-MINUTE DRIVE TIME)



TRAUMA EDUCATION

Trauma is the leading cause of death for Americans between the ages of 1 and 46 years, the third cause of death across all age groups¹. Irrespective of one's age, economic status, or race, injuries occur to almost everyone in their lives². Trauma centers and trauma systems support the integration of high-quality prehospital and hospital care by participation in trauma training. Each trauma center needs to develop and maintain a competent workforce, ensuring that all clinical health care providers are trained in appropriate trauma principles and procedures³. LERN provided trauma education across the state to facilitate an educated trauma workforce. In calendar year 2019, LERN led 136 trauma courses. This effort resulted in 4,883 students receiving trauma education. The following tables capture our efforts in 2019, and the cumulative efforts spanning 2012-2019.

FIGURE 5
LERN TRAUMA EDUCATION — CY2019

Course Name	# of Classes	# of Students	Regions
Trauma Nursing Core Curriculum (TNCC)	35	375	1, 2, 3, 4, 5, 6, 7, 8, 9
Emergency Nursing Pediatric Course (ENPC)	21	78	2, 4, 5, 6, 7, 8
Rural Trauma Team Development Course (RTTDC)	2	28	2, 4
Hemorrhage Control (law enforcement)	1	25	8
Hemorrhage Control (Public)	3	1,745	7, 8
Stop the Bleed	81	2,313	2, 3, 4, 5, 6, 7, 8
(TCAR)	1	21	Trauma Centers and Programs
(ATCN)	1	14	Trauma Centers
EMS Education Day	1	75	9
TOTAL:	136	4,883	

“ I have taken the TNCC course 4 times now and this was by far the best course. Deb and Yvette's real life stories bring the content to reality and helped so much with the application of the TNCC course content. I highly recommend the LERN instructors, especially to first-time course takers. ”

1. Centers for Disease Control and Prevention. (2015). Injury prevention & control: Data and statistics (WISQARSTM). Retrieved from <http://www.cdc.gov/injury/wisqars/>
 2. Centers for Disease Control and Prevention. (2014). Injury prevention and control: Saving lives and protecting people from violence and injuries. Retrieved from <http://www.cdc.gov/injury/overview/index.html>
 3. Resources for Optimal Care of the Injured Patient <https://www.facs.org/~media/files/quality%20programs/trauma/vrc%20resources/resources%20for%20optimal%20care.ashx>

FIGURE 6

LERN EDUCATION FOOTPRINT
2012 - 2019

Course Name	# of Classes	# of Students
Trauma Nurse Core Curriculum (TNCC)	208	2,187
Emergency Nurse Pediatric Course (ENPC)	69	648
Rural Trauma Team Development Course (RTTDC)	22	601
Pre-Hospital Trauma Life Support	11	162
Trauma & Pediatric Care After Resuscitation (PCAR/TCAR)	7	246
Trauma Certified Registered Nurse	1	80
AIS Course for Trauma Registrars	2	46
12 Lead EKG Course	66	1,877
Hemorrhage Control (law enforcement)	34	946
Hemorrhage Control (Public)	3	1,745
Stop the Bleed	152	4,638
Advanced Trauma Certified Nurse (ATCN)	1	14
TOTAL:	428	13,190

THE LERN COMMUNICATION CENTER

La. R.S. 40:2845, states that the LERN Board shall establish and maintain a statewide trauma system that shall include a centralized communication center for resource coordination of medical capabilities for participating trauma centers as defined by R.S. 40:2171 and emergency medical services. As such, LERN has operated a communication center since 2009.

The LERN Communication Center (LCC) serves as the core resource of LERN’s logistical operation. When a pre-hospital provider (EMS) or hospital determines a patient meets trauma criteria as defined in the LERN Trauma Destination Protocol, the LCC is engaged to match the patient to the hospital with the most appropriate level of care. The LCC utilizes the Resource Management Tool in Louisiana’s ESF-8 Portal to match patients to the most appropriate hospital resources. Trauma patients typically need the specialized care of general surgeons, orthopedic surgeons, or neurosurgeons. These resources are not readily available across the state, especially in rural areas. Because time is critical for trauma patients, the LCC matches each patient’s clinical needs to the resources required for treatment. Often, this requires bypassing the closest hospital to get the patient to the definitive care he/she needs. In 2014, the LCC began providing this same service for patients experiencing two time-sensitive illnesses – stroke and STEMI (heart attack). In April 2019, we began providing the same services for burn patients.

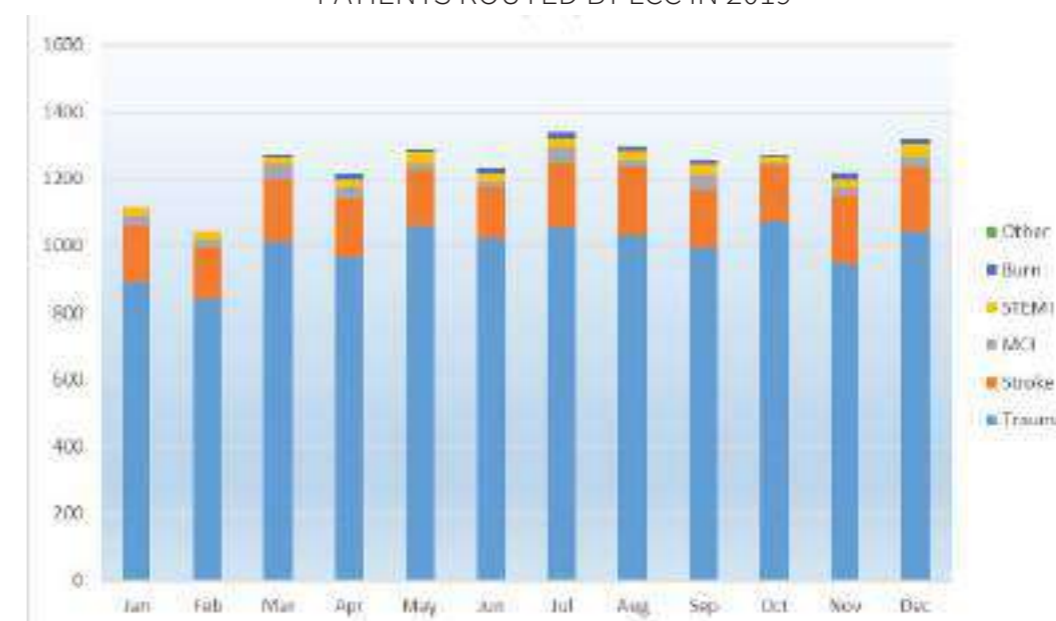
The LCC communications infrastructure is designed to interface with the state’s current communications technology systems – to support LERN’s day-to-day network operations and the statewide interoperability mission in times of disaster. The LCC continues to serve as the “first call” help-desk and the 24/7/365 information coordinator for unfolding events in Louisiana. This task ranges from resetting passwords so hospitals, nursing homes, and others can report bed statuses during disasters to notifying administration and response teams of events.

COMMUNICATION CENTER VOLUME

The LERN Communication Center routed 14,872 patients in CY 2019. We had a 5% increase in volume from CY 2018. Trauma patients account for the majority of patients routed via the LCC, followed by stroke, STEMI and Mass Casualty Incidents.

FIGURE 7

PATIENTS ROUTED BY LCC IN 2019



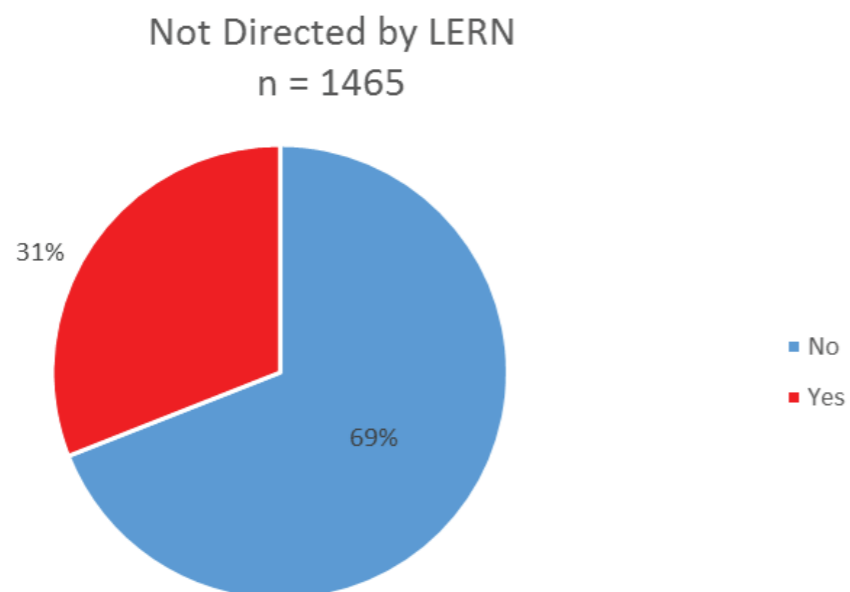
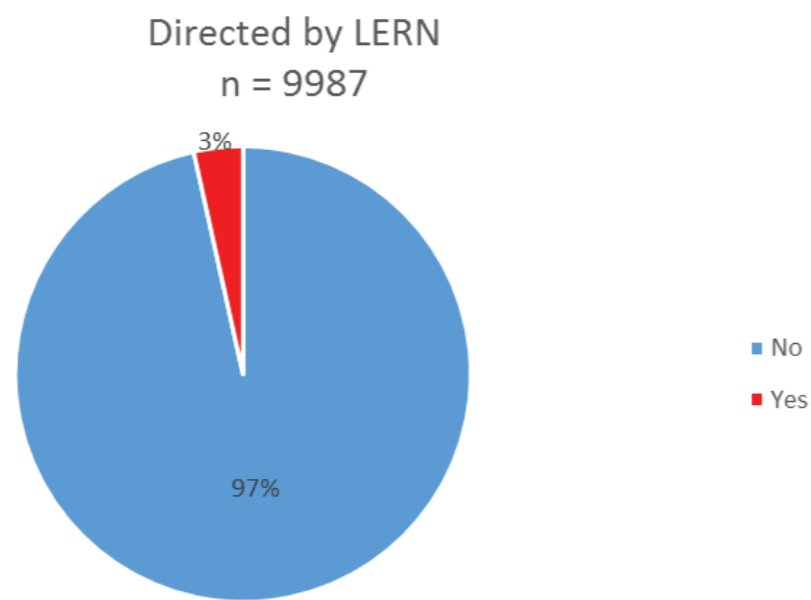
“ On behalf of St. Tammany Parish Hospital thank you for your coaching, counsel and support for the development of our Trauma Program. All of your focus areas proved relevant to the survey process and we could not have gotten through it without you. Thanks again and all good wishes. ”

PATRICK J. TORCSON, MD, MMM, SFHM
SR. VICE PRESIDENT/CHIEF MEDICAL OFFICER
BATON ROUGE GENERAL

SECONDARY TRANSFERS

Through our efforts we continue to meet our performance metric goal of less than 5% secondary transfer rate. Research indicates that a considerable number of transferred trauma patients undergo potentially preventable, repeated CT scans, adding radiation doses to patients and costs to the healthcare system. More consequently, time is critical for trauma patients. The ideal is treatment within the golden hour. Since CY 2015, the LCC consistently reports a secondary transfer rate (of LERN-directed patients) of less than 3%. A secondary transfer of 31% is reported for trauma patients not directed by the LCC, an increase from 24% last year.

FIGURE 8
PATIENTS REQUIRING TRANSFER IN 2019



STOP THE BLEED CAMPAIGN

STOP THE BLEED is a national awareness campaign and call to action launched by the Department of Homeland Security. The goal of STOP THE BLEED is to promote grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before the professional emergency responders arrive.



No matter how rapid the arrival of professional emergency responders, bystanders will always be first on the scene. A person who is bleeding can die from blood loss within five minutes, making it imperative to know how to quickly stop the blood loss.

The STOP THE BLEED campaign is an initiative to provide bystanders of emergency situations with the tools and knowledge to stop life threatening bleeding. Research has shown that bystanders, with little or no medical training, can become heroic lifesavers. Improving public awareness about how to stop severe bleeding and expanding personal and public access to Bleeding Control Kits can be the difference between life and death for an injured person.

Together with our regional partners, in CY 2109, LERN taught **152** Stop the Bleed Classes to a total of **4,638** students.

Through a grant provided by the Living Well Foundation, over a two-year time frame, we were able to place **27** Bleeding Control stations in various schools in Ouachita Parish and surrounding areas.

Through the generosity of Ochsner, Dow Chemical, and Mexichem, we were able to place 11 bleeding control kits in Iberville Parish Schools. LERN is looking for funding opportunities across the state to provide these Bleeding Control kits in schools.

Here are a few picture of our efforts:



STATE BURN SYSTEM

Recognizing the uniqueness of the burn patient population and the scarceness of resources to care for severe burns, the LERN Board directed the Executive Director to work with our burn partner hospitals to formalize a system for burn care in Louisiana. Given this directive, we turned to the experts: the physician Burn Medical Directors from the Baton Rouge General Burn Center, Ochsner LSU Health Shreveport, Our Lady of Lourdes and University Medical Center New Orleans. Under their guidance, we developed a Burn Destination Protocol, a Pre-Hospital Burn Guideline, and an ED Burn Guideline (Figures 9, 10, & 11).

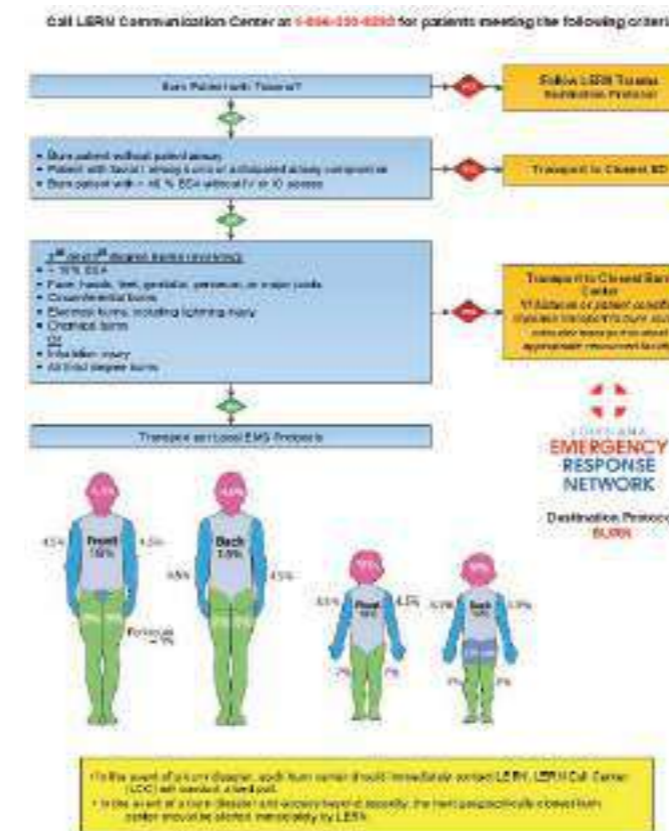
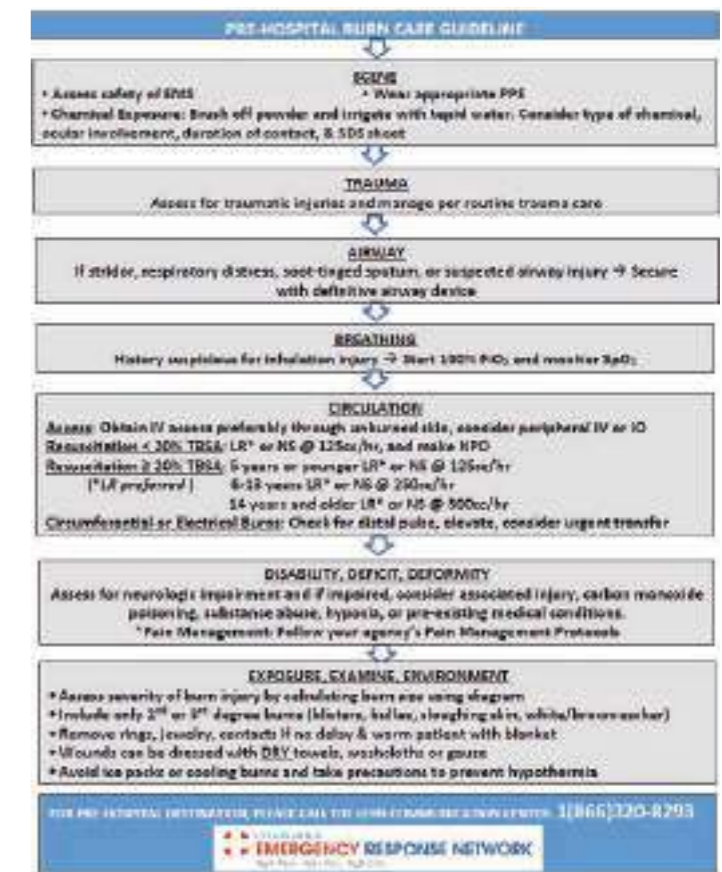


FIGURE 9
BURN DESTINATION
PROTOCOL



FIGURE 10
PRE-HOSPITAL BURN
GUIDELINES



TRAUMA SYSTEM UPDATE

TRAUMA SYSTEM UPDATE

Agencies, organizations, and individuals interested in joining Louisiana's STOP THE BLEED effort can contact the LERN office for more information and to discuss how to get involved.
Phone: 225-756-3440 | email: paige.hargrove@la.gov | lern.la.gov



FIGURE 11
ED BURN GUIDELINES

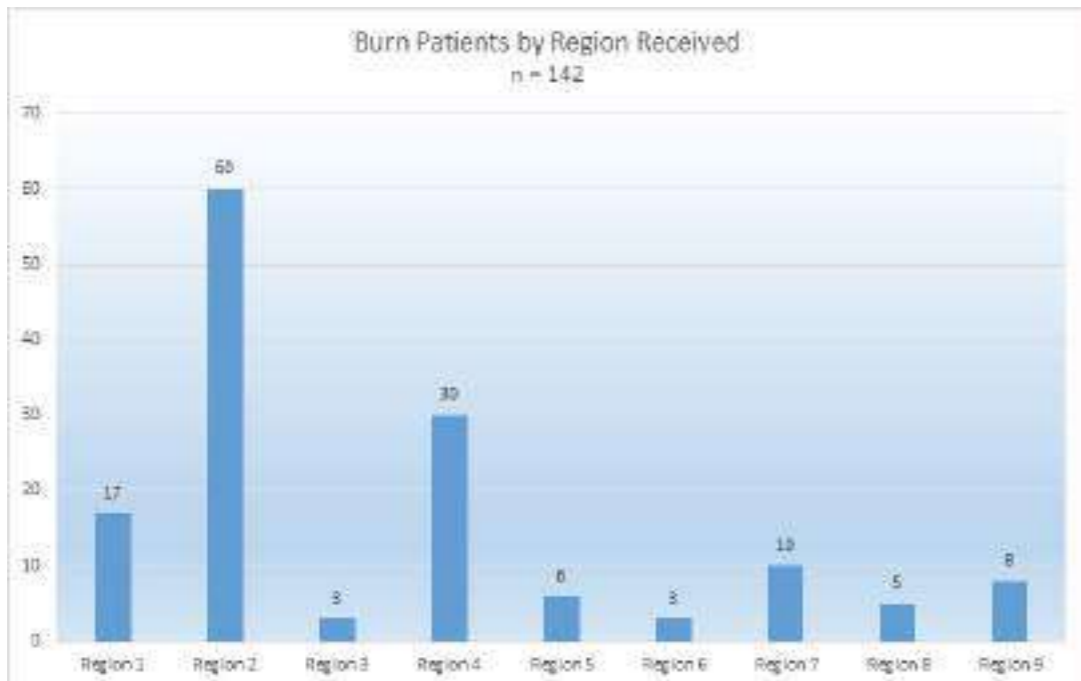
BURN SYSTEM LEADERS



L to R (front): Randy Kearns (Univ. of New Orleans), Paige Hargrove (LERN Executive Director), Jeffrey Carter, MD (UMC-NO Burn Medical Director), Joey Barrios, MD (Our Lady of Lourdes Burn Medical Director), Nicole Brown, RN (Baton Rouge General), Chris Hector (LERN), Kathryn Mai (UMC-NO), Jeffrey Elder, MD (UMC- NO Emergency Medicine), L to R (Back): Kristina Moorman (Our Lady of Lourdes), Michelle Benoit (Our Lady of Lourdes), Jason Allemand (LERN Communication Center Supervisor), Jeremy Landry (UMC-NO Burn Unit Director), and Tracee Short, MD (Baton Rouge General Burn Medical Director). Not pictured: Kevin Sittig, MD (Ochsner LSU Health Shreveport Burn Medical Director).

LERN provided statewide education on the state burn protocols and began routing all burns via the LERN Call Center on April 1, 2019. In CY 2019, the LCC routed 142 burn patients to definitive care.

FIGURE 12
BURN PATIENTS BY REGION RECEIVED IN 2019



TRAUMA SYSTEM UPDATE

TRAUMA SYSTEM UPDATE

ALL DISASTER RESPONSE UPDATE

IV

A MESSAGE FROM

JIMMY GUIDRY, MD

LDH STATE HEALTH OFFICER & LERN BOARD MEMBER



I am often asked about the definition of the term mass casualty incident (MCI). Specifically, people want to know the minimum number of casualties required before an event earns the label of mass casualty incident. The short answer to that question is that there is no set minimum number.

The best definition of an MCI, which is the definition LERN utilizes, is any incident that produces a volume of casualties that exceed the local resources normally available. This MCI definition considers the number of injuries, the severity of those injuries, and the resources available locally to properly address those injuries. This flexible MCI definition ensures that all communities in Louisiana get the additional support they need when the number and/or severity of incident injuries exceed local capabilities to respond.

The LERN Communication Center (LCC) managed 63 mass casualty incidents (MCIs) involving a total of 249 patients in 2019. LERN managed 62 MCIs in 2018. LERN works year-round with local, regional, and state partners to make sure when an incident occurs, we can effectively respond together.

LERN's role during an MCI includes serving as the communications hub alerting local agencies and healthcare providers. LERN also coordinates MCI scene management with all responding organizations. Finally, LERN facilitates the movement of MCI patients to the most appropriate and available hospital resources so they can receive the definitive care they need.

The services LERN provides are invaluable to me as the State Health Officer and to the citizens of Louisiana.

Jimmy Guidry, MD
State Health Officer

LERN'S ROLE DURING MASS CASUALTY INCIDENTS (MCI)

LERN's dedication to the citizens of Louisiana during disasters and mass casualty incidents remains a high priority of the LERN Communication Center (LCC). LCC staff continually work with EMS, hospital, and emergency preparedness partners to ensure proper coordination throughout these unfortunate events.

In CY 2019, the LERN Communication Center managed 63 MCI events statewide involving 246 patients.

LERN also manages the EMS Tactical Operations Center (EMS-TOC) during large scale events that require a larger prolonged response. Responsibilities of the EMS-TOC:

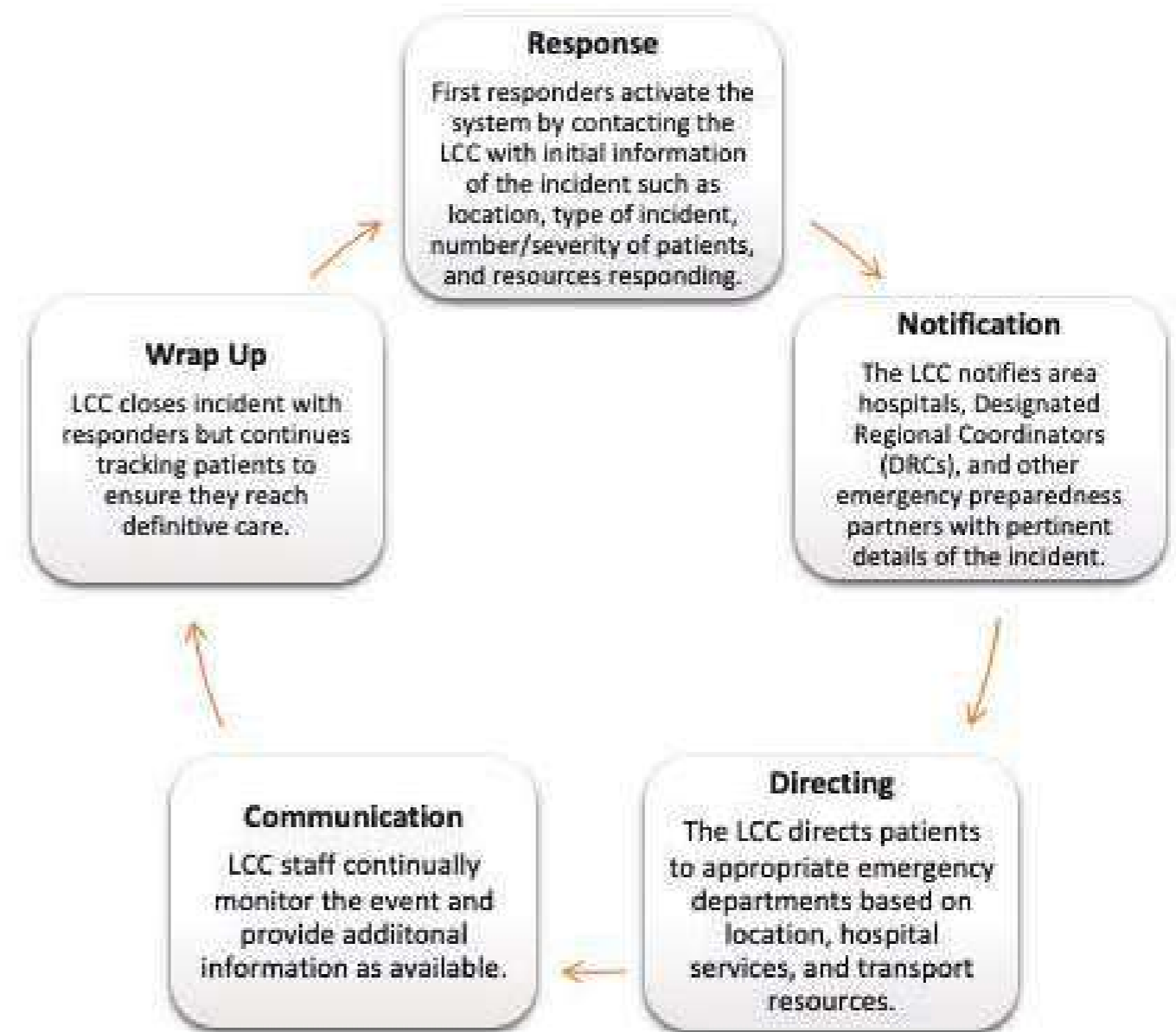
- Coordination of ambulance assets during a declared event
- Collaborate with Bureau of EMS Ambulance Processing Site regarding number of available assets
- Communicate with and track all ground ambulances provided under state contract from staging, to assigned, post mission and back to staging upon completion or demobilization
- Coordinate federal assets with federal liaison
- Communicate with Designated Regional Coordinators throughout the state to process mission requests
- Document in real time all assets assigned to state operations in each region
- Provide situation report to leadership as requested



As part of our disaster preparedness efforts, LERN works with providers across the state to teach "Stop the Bleed". This national initiative focuses on instructing lay citizens how to respond during a bleeding emergency. In CY 2019, LERN facilitated 81 classes, reaching 2,313 students.

FIGURE 13

THE LERN COMMUNICATION CENTER ASSISTS IN MANAGEMENT OF MCI'S BY:



LERN DRILLS AND LIVE EVENTS

Our agency works closely with our stakeholders throughout the state to develop, implement, and practice response plans. Our success revolves around participation in drills that challenge our roles and the coordination of the system as a whole. In 2019 LERN participated in drills and live events across the state. We are always looking for additional opportunities to exercise our procedures for mass casualty.

If you have an upcoming drill and would like LERN to participate, please contact our office at (225) 756-3440.

Region	Event Type	Event Description	<i>*denotes live event</i>
1	Airport Explosion	Louis Armstrong International Airport	
2	Full Scale	Active Shooter/Terrorist, Attack/Bombing - LERN routed pts/sent alerts	
2	Table Top	Drill - Explosion (Hospital Surge)	
2*	School Gas Leak	LCC Routes 28 Students to Area Hospitals for Evaluation	
3	Region Wide	Active Shooter Exercise x2, Waterford 2 Nuclear Drill	
4	Region Wide	FluBola Exercise, MCI Bootcamp x 2 days	
4*	Hospital Evacuation & MCI	Evacuation of Iberia Medical Center, Plane Crash	
5	Evacuation	Refinery Explosion, Tested Portal, Hazmat	
6	MCI Bootcamp	Active Shooter Exercise	
7	MCI Bootcamp	Active Shooter Exercise and Airport Explosion	
8	Hospital Exercise	Hospital Surge Exercise	
8	Active Shooter	Drill - School Shooter at Ouachita High School	
LERN	Table Top	Table Top Exercise with LRA/Partners for EMS-TOC	

On October 9, 2019, members of the Region 4 Healthcare Coalition and Louisiana State ESF-8 Emergency Preparedness Team gathered to exercise deploying and assembling the ESF-8 Western Shelter, the Mortuary Enhanced Remains Cooling System (MERC), and the Decontamination Shower of the ESF-8 Decon trailer. These items are assets housed in Region 4 that are available for local, regional, or state-wide responses to disasters or other events.



STROKE SYSTEM UPDATE



A MESSAGE FROM

SHERYL MARTIN-SCHILD, MD, PHD, FANA, FAHA

LERN STROKE MEDICAL DIRECTOR



Ten years ago, LERN began building a statewide care coordination system for Stroke – from scratch. In 2011, LERN convened a volunteer group of experts (the Stroke Working Group)

representing physician practices, health systems, and EMS organizations from across Louisiana. By March 2014:

- The designers delineated the requirements for hospital stroke levels (recently evolved due to inclusion of Thrombectomy-capable Stroke Centers)
- Hospitals attesting to Acute Stroke Ready Hospital capability began submitting quarterly emergency department stroke data to LERN in 2014 (this process became mandatory in 2017)
- Louisiana’s Hospital Inpatient Discharge Database was queried annually and analyzed for trends in stroke demographics and treatment rate with thrombolytic and thrombectomy

Here are some of highlights of our System’s successes:

- LERN’s care coordination system includes five different levels of hospitals prepared to receive Stroke patients. A total of 83 hospitals are included in these five levels.
- 86% of Louisiana’s citizens now have 60-minute drive time access to a certified Stroke center (PSC, TSC, or CSC).

- The percentage of patients with ischemic stroke who received recanalization therapy increased from 4% in 2010 to 20% by 2017 (sustained in 2018).
- The percentage of patients with ischemic stroke who received thrombectomy increased from 0.8% in 2014 to 6.6% in 2018.
- The median “door to needle” time, a critical measure of timely stroke care, has reduced from 75 minutes in 2014 to 49 minutes in the first half of 2019, potentially saving 52,000,000 brain cells for each patient treated more efficiently.

The American Stroke Association endorses a target of under 45 minutes for median “door to needle” time. Continuing our work together, I am confident Louisiana’s Stroke system hospitals will hit that significant target soon.

Our goals in 2020 include further increase in recanalization therapy rates, further reduction in median door-to-needle time, improvement in door in-door out for patients transferred for thrombectomy with ischemic stroke due to large vessel occlusion, establishing a Primary Stroke Center in Regions 3 and 8, and improving access to thrombectomy in central Louisiana to minimize brain lost in lengthy secondary transfers.

I look forward to continuing to lead these efforts.

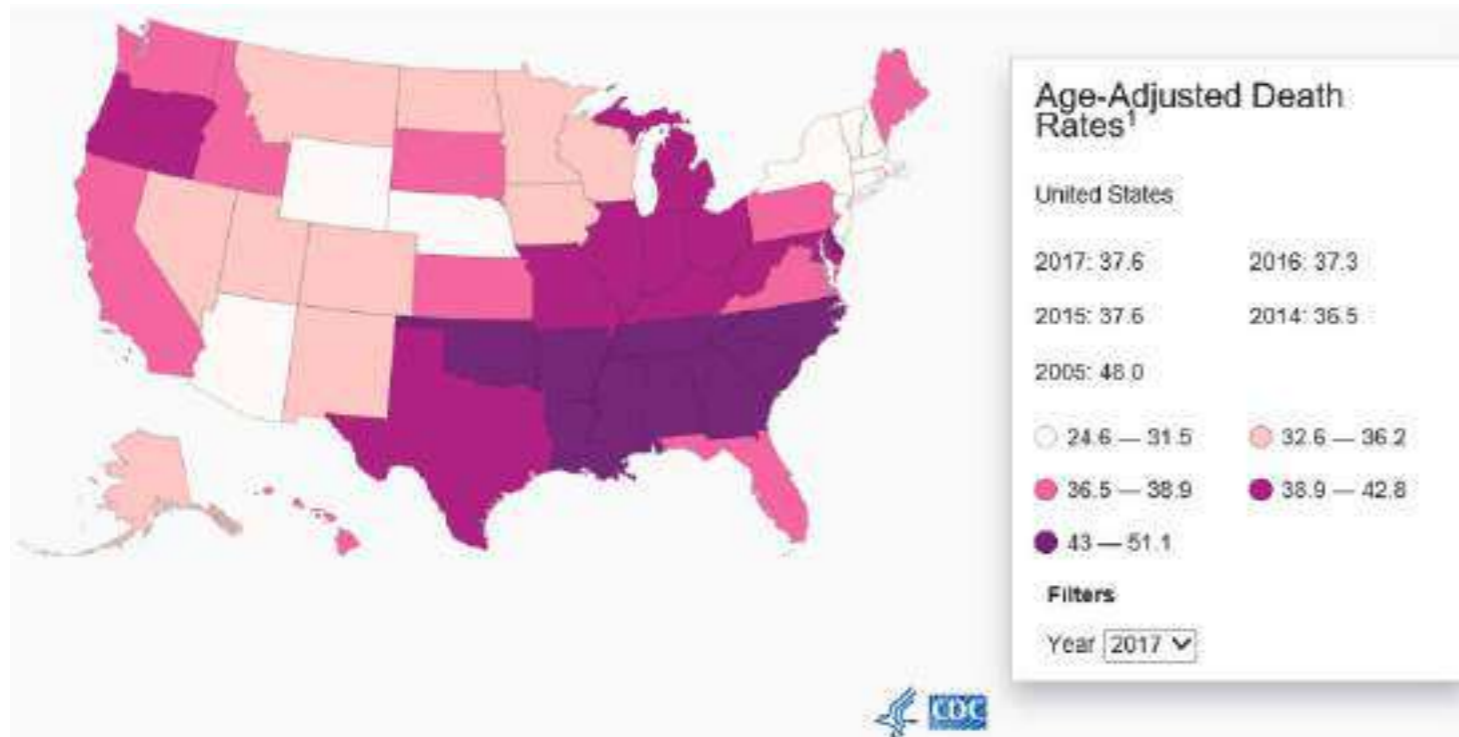
Sheryl Martin-Schild, MD, PhD, FANA, FAHA
LERN Stroke Medical Director

LOUISIANA STROKE SYSTEM

In 2010, the Louisiana Legislature expanded the LERN Board’s functions, powers and duties to include working with the Department of Health to develop a stroke system designed to promote rapid identification of, and access to appropriate stroke resources statewide. LERN works with our EMS and Hospital partners to implement this system and to improve stroke outcomes for our citizens. This work cannot be understated as Louisiana ranks among the highest states in the country for stroke mortality (See **Figure 14**).

Per the CDC, in 2017, Stroke was the 5th leading cause of death in Louisiana and ranked 3rd in the country for stroke mortality. The Louisiana Health Report card indicates, in 2017, rates of heart disease and stroke were 24.6% higher in Louisiana than the US average.

FIGURE 14
STROKE PATIENTS MORTALITY BY STATE
2016 - 2018



WHY IS STROKE CONSIDERED A TIME SENSITIVE ILLNESS?

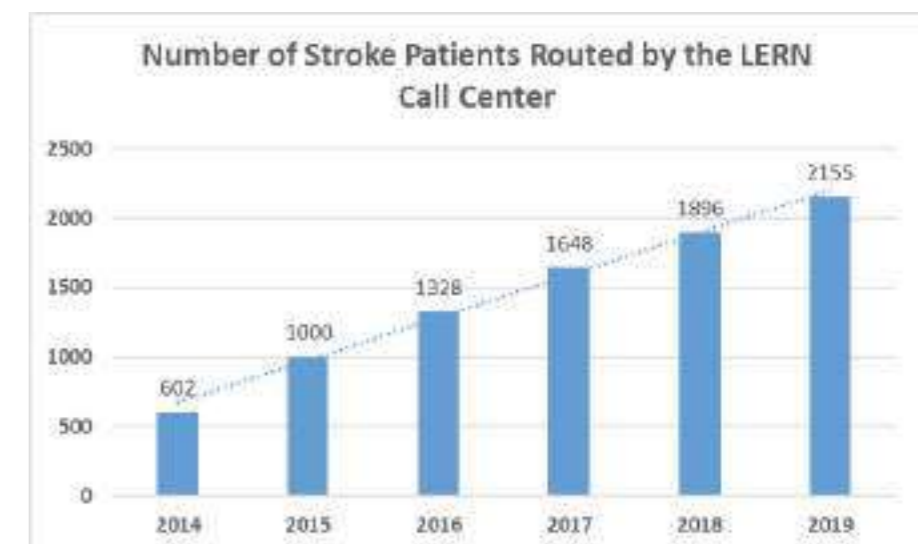
Whenever a stroke occurs, the time between the onset of symptoms and access to definitive care is critical. The term “window of opportunity” is often used to describe the first four and a half hours after the onset of symptoms. Stroke patients receiving definitive care within this four and a half hour “window” have an increased chance of independence, but it is important to understand that with every minute that passes, millions of brain cells die and the effectiveness of the treatment is reduced. Tissue plasminogen activator (tPA) is the only FDA approved medication for the treatment of an occlusive stroke within the first few hours. In the setting of ischemic stroke, tPA causes the components of a clot to break apart, restoring blood flow to the brain, but it must be administered within the first few hours of onset to be effective.

FIGURE 15
STROKE TIME FRAME
OF CELLULAR LOSS

Time Frame	Neurons Lost	Ages the Brain by:
Every second	32,000	8.7 hours
Every minute	1.9 million	3.1 weeks
Every hour	120 million	3.6 years
Every 10 hours*	1.2 billion	36 years

In addition to the administration of tPA, mechanical thrombectomy is standard-of-care for certain patients with strokes due to large vessel occlusion. Mechanical thrombectomy is a procedure during which clots that block large arteries are removed during an angiogram, resuming blood flow to the brain. These interventions increase patient’s chances of an independent outcome up to 24 hours after the time the patient was last seen normal (LSN). LERN adapted from focusing on provision of recanalization therapy in the first 4.5 hours to identification of patients who may benefit for mechanical thrombectomy up to 24 hours after LSN. Through your LERN State Stroke System, the LERN Call Center tracks stroke resources (both tPA and mechanical thrombectomy) statewide and directs EMS providers to the most appropriate resource – facilitating rapid identification and treatment for stroke patients. In CY 2019, LERN routed 2,155 stroke patients to definitive care (14% increase from CY 2018). **Remember, every minute matters – two million brain cells die every minute during a stroke.**

FIGURE 16
STROKE PATIENTS
ROUTED BY THE LCC



STROKE SYSTEM UPDATE

STROKE SYSTEM UPDATE

STROKE SYSTEM CHANGES IN 2019

The LERN Board approved new nomenclature to identify stroke hospitals within the Louisiana Stroke System. This transition was necessary to accommodate Thrombectomy Capable Stroke Centers, which two hospitals in Louisiana have achieved through the Joint Commission.

We retired the old Stroke Levels one through four (I-IV) and transitioned to the following nomenclature.

- **Comprehensive Stroke Center or CSC** (Formerly Level I Stroke Center)
- **Thrombectomy Capable Stroke Center or TSC** (Did not previously exist)
- **Primary Stroke Center with Endovascular Resources or PSC-E** (Formerly Level II Stroke Center)
- **Primary Stroke Center or PSC** (Formerly Level II Stroke Center)
- **Acute Stroke Ready Hospital or ASRH** (Formerly Level III Stroke Center)
- **Stroke Bypass Hospital** (Formerly Level IV Stroke Center)

Figure 17 depicts these advanced, certified stroke centers and drive times of 30 and 60 minutes.

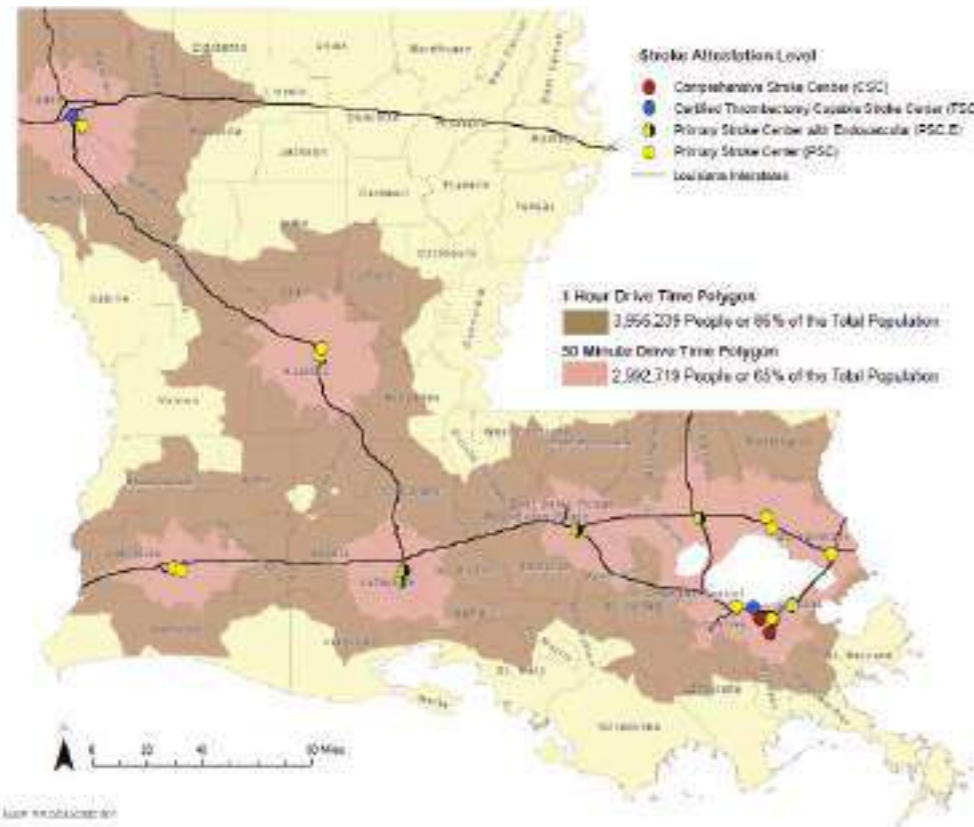


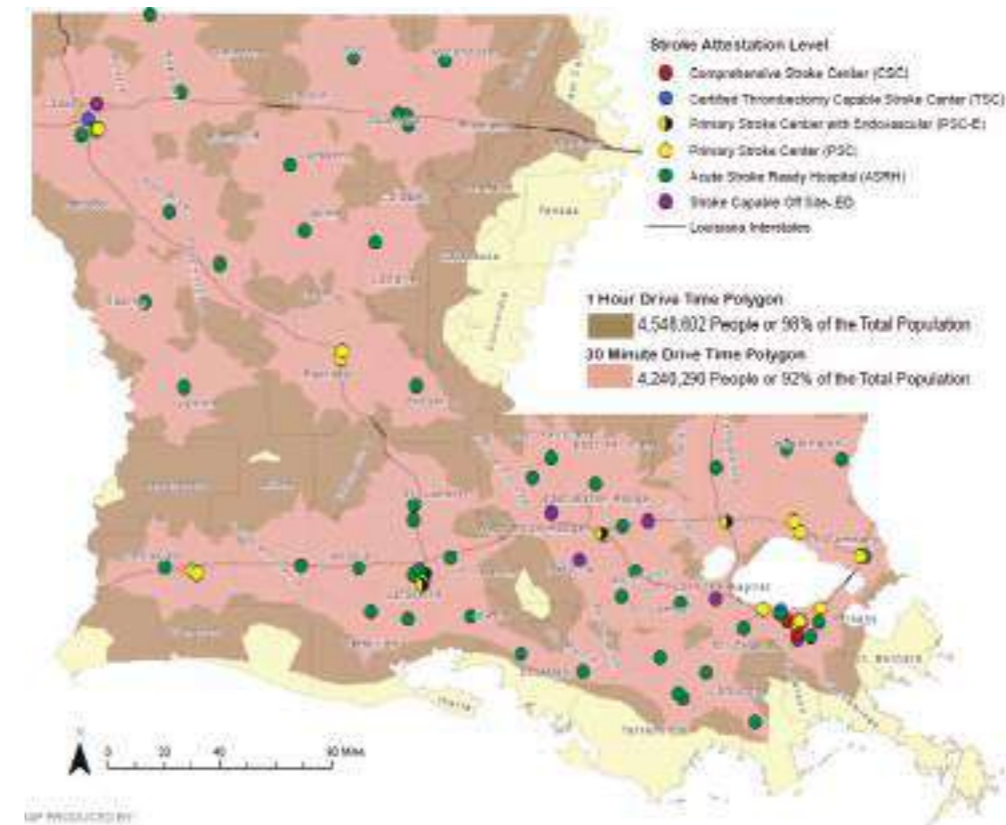
FIGURE 17
2020 DRIVE TIMES TO COMPREHENSIVE, CERTIFIED THROMBECTOMY, PRIMARY STROKE W/ ENDOVASCULAR, AND PRIMARY STROKE CENTERS

Currently, 86% of the state’s citizens have access to a certified stroke center (CSC, TSC, PSC-E, or PSC) within a 60 minute drive time (120,000,000 brain cells). Because every minute matters, the LERN Stroke Destination protocol directs stroke patients to the closest stroke capable hospital, which includes Acute Stroke Ready Hospitals – a vital part of the state stroke system.

Acute Stroke Ready Hospitals (ASRH) provide timely access to stroke care but may not be able to meet all the criteria specified in CSC, TSC, and PSC-E guidelines. These centers provide acute stroke care in urban and rural areas where transportation and access to time-sensitive treatment are limited. ASRH’s are capable of timely diagnosis and treatment with tPA in appropriate stroke patients. Many admit and complete the inpatient evaluation and management of stroke patients, but many others use the model referred to as “drip and ship” where the patient receives tPA at the ASRH, and then transfers to a higher level of care, particularly when identified as a potential candidate for mechanical thrombectomy. Because the effectiveness of treatment is time-dependent, ASRH centers are not to be bypassed to go to a more distant LERN CSC, TSC, PSC-E or PSC Hospital unless 1) the patient is <6 hours from the last seen normal time, 2) a screen for large vessel occlusion is positive, and 3) it would take <15 additional minutes of transportation time to reach a hospital with endovascular therapy. There are 54 ASRH’s in Louisiana – so very important to the communities they serve.

Figure 18 depicts a map inclusive of ASRH’s, which increase the proportion of Louisiana’s population from 86% to 98% with access to either a CSC, TSC, PSC, PSC-E, or an ASRH within a 60-minute drive time.

FIGURE 18
2020 DRIVE TIMES TO COMPREHENSIVE, CERTIFIED THROMBECTOMY, PRIMARY STROKE W/ ENDOVASCULAR, AND ACUTE STROKE-READY HOSPITALS



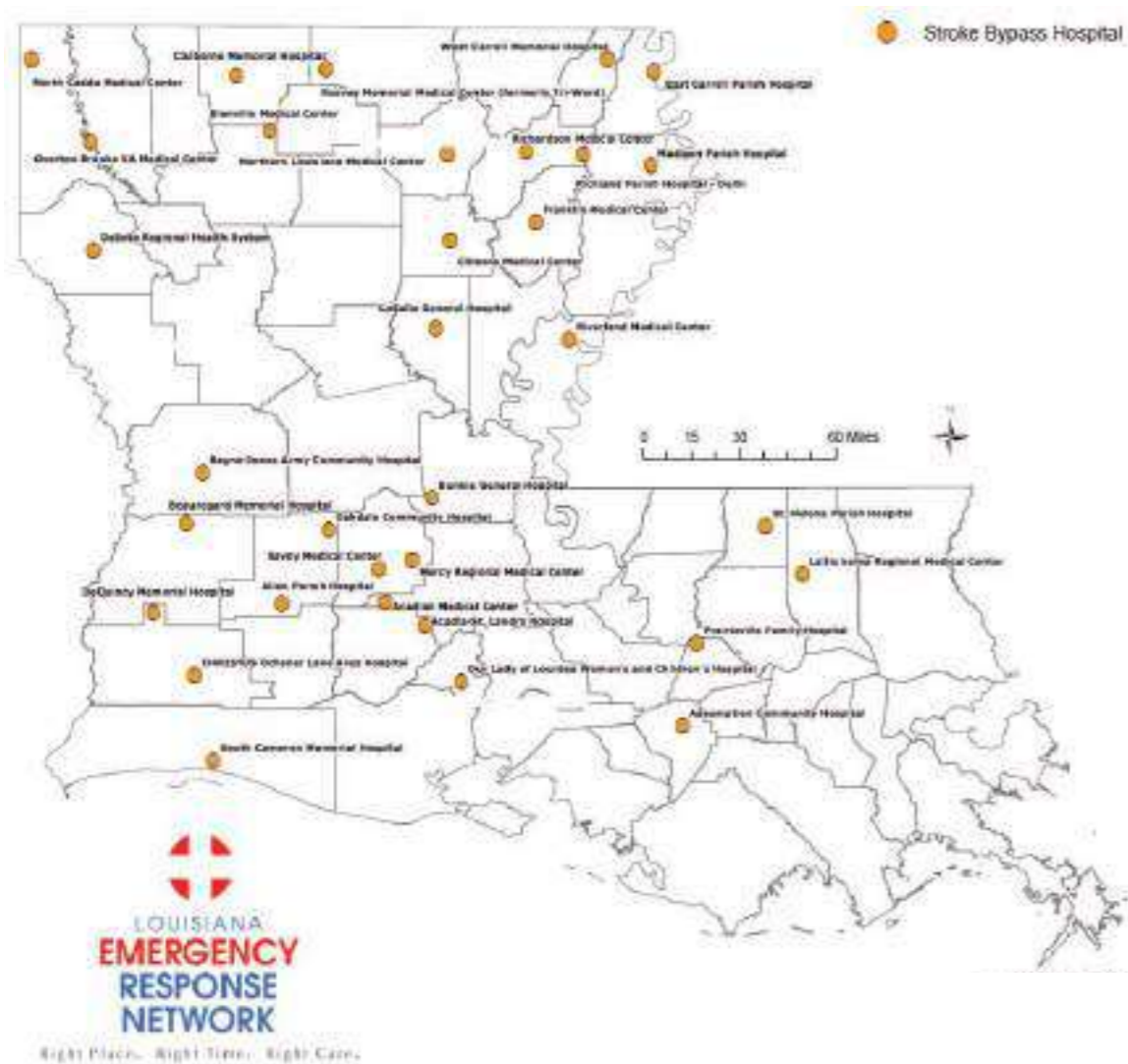
Stroke Bypass Hospitals also play a significant role in our state system of care. These facilities are considered a Non-Stroke Hospital. EMS should not bring patients exhibiting signs or symptoms of stroke to a Stroke Bypass Hospital except for instances where the clinical situation requires stopping at the closest emergency department. The CEO's of these hospitals recognize that every minute matters in a stroke patient.

In some rural areas it is very difficult to perform a CT Scan on site within 25 minutes and have it interpreted within 45 minutes of arrival – 24/7/365. For this reason, the LERN Destination Protocol bypasses these hospitals to reach hospitals capable of providing these time sensitive interventions. LERN works with these bypass hospitals to help them meet ASRH requirements, if desired. Recognizing that many stroke patients present to the hospital by private vehicle, LERN also provides education to help these bypass hospitals quickly identify stroke patients and then calls the LERN Call Center then helps facilitate rapid transfers to a higher level of care.

There are 31 stroke bypass hospitals in Louisiana. **Figure 19** depicts a map of the Stroke Bypass Hospitals.

FIGURE 19

LERN STROKE BYPASS HOSPITALS



STROKE QUALITY MEASURES

Much of our focus this past year has been on stroke data collection and further developing a data registry to track and measure acute stroke care and improve process measures related to rapid identification of stroke patients, administration of tPA in eligible patients, and rapid transfer of patients who are candidates for mechanical thrombectomy.

LERN began collecting stroke data from Acute Stroke Ready Hospitals (formerly Level 3) in 2014. The table below is aggregate data through Q2, 2019. Key achievements are:

- **Median Door to Needle Time (DTN):**
 - The median DTN has reduced from 75 minutes in 2015 to 49 minutes in Q1/Q2 of 2019 (Q3/Q4 pending analysis), representing improvement of 26 minutes (potentially 52 million brain cells per patient treated in 2019 compared to 2014). The proportion of patients who are treated within 60min (and within 45min) of arrival has increased significantly over time. The American Stroke Association endorses a target DTN of <45minutes. LERN aims to achieve this target on a Statewide level.

AGGREGATE ACUTE STROKE READY HOSPITAL QUARTERLY DATA THROUGH Q2 2019

tPA	2014 N=375	2015 N=795	2016 N=1438	2017 N=1763	2017 after exclude delays	Q1/Q2 2018 N=2406	Q1/Q2 2018 after exclude delays	Q3/Q4 2018 N=2018	Q3/Q4 2018 after exclude delays (25.1%)	Q1/Q2 2019 N=2366	Q1/Q2 2019 after exclude delays (31.6%)
N	37	88	167	196	166	271	214	247	185	231	158
% all cases	9.9	11.1	11.6	11.1		11.3		12.2		9.8	
Median (IQR) DTN	75 (59- 86)	64 (53- 95)	71 (46- 96)	73.5	70 (48-81)	63	58 (45-75)	61 (48-81)	55 (41-70)	57 (41-79)	49 (41-61)
% <= 60min	29.7	47.7	37.1	31.1	45.2	46.5	58		63.2	54.1	74.1
% <= 45min	0	17.0	23.3	12.8	23.5	20.7	26.4		28.6	28.6	40.0

- **2018 Louisiana Inpatient Hospital Discharge Data (LaHIDD)**
 - 20% of all patients with Acute Ischemic Stroke received some form of recanalization. This is an increase from 8.2% in CY 2014 and 4% in CY 2010.
 - In 2010, one out of every 25 patients discharged after ischemic stroke received recanalization therapy; in 2017 and 2018, one out of every 5 patients was treated with recanalization therapy (intravenous and/or intra-arterial therapy).

References:

<https://www.cdc.gov/nchs/pressroom/states/louisiana/louisiana.htm>
http://ldh.la.gov/assets/oph/Center-PHI/2018_Health_Report_Card.pdf

STROKE SYSTEM UPDATE

STROKE SYSTEM UPDATE

STEMI SYSTEM UPDATE

VI

A MESSAGE FROM

CHRISTOPHER J. WHITE, MD, MACC, MSCAI, FAHA, FESC, FACP LERN STEMI MEDICAL DIRECTOR



My name is Chris White and I am honored to begin my service as LERN STEMI Medical Director. I come to this role as a practicing physician, a professor of medicine, and System Chairman for Cardiovascular Disease at Ochsner Health.

Stroke data collection tool as a model. This data collection process will be piloted on a relatively small scale to validate our design. A full statewide rollout is expected in 2021. This effort is an important next step in the development of LERN's STEMI system that will prove the value of this system and facilitate the continuous improvement of the system also.

LERN's role in healthcare education continues to grow and we must strive to meet that demand. Therefore, another top priority is to continue LERN's essential role in 12-Lead ECG (electrocardiogram) education statewide.

As always, there is much to be done. I am grateful for this opportunity to serve the LERN mission and excited to get started.

Christopher J. White, MD, MACC, MSCAI, FAHA, FESC, FACP
LERN STEMI Medical Director

STEMI is the deadliest form of heart attack. An explanation of why is provided later in this section. Prior to 2010 there was no formalized care coordination system for STEMI in Louisiana. LERN began building the statewide STEMI system in 2010 led by Murtuza "Zee" Ali, M.D. The progress reflected in the STEMI section of this annual report is tangible evidence of Dr. Ali's ten-year commitment to the LERN mission. The whole state has benefited from Dr. Ali's work and I appreciate the foundation built as I begin my time as the LERN STEMI Medical Director.

Patients who present with STEMI deserve the opportunity to receive time-sensitive treatment and a key to maintaining and continuously improving STEMI care coordination systems is data. More specifically, the key is collecting and analyzing performance data for the purpose of identifying and addressing opportunities for improvement across the system.

One of my initial goals for LERN's STEMI system is the implementation of a process to collect this data from LERN's participating STEMI Receiving Centers. This work is now underway. LERN's STEMI data collection tool is being developed utilizing the successful LERN

WHY STEMI HEART ATTACKS ARE SO DEADLY

Unlike skin or hair, once heart muscle is damaged, it will never grow back. All heart attacks are serious, but one type of is the most dangerous of all and it's known as a STEMI (ST segment elevation myocardial infarction), or a widowmaker heart attack. The artery is completely – 100% blocked! If the vessel is opened up within the first few hours of the blockage, the patient will have a better chance of survival and less muscle damage. **Figure 20** compares a normal artery, an artery that is 80% blocked and an artery that is completely blocked.

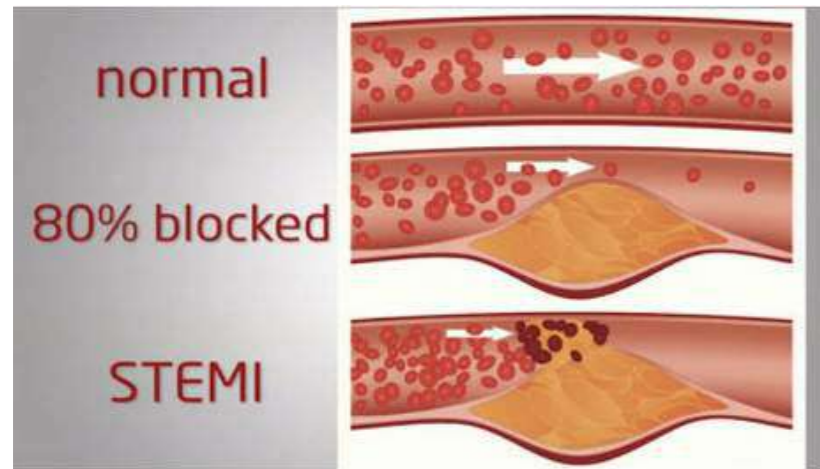


FIGURE 20
COMPARISON
OF NORMAL TO
DISEASED ARTERIES

Given the mortality and morbidity associated with this form of heart attack, in 2010, the Louisiana Legislature charged the Louisiana Emergency Response Network with the development of a STEMI system designed to promote rapid identification of, and access to, appropriate STEMI resources statewide.

ACCESS TO STEMI RECEIVING CENTERS

The LERN Board, with our physician, hospital, and EMS partners developed a list of thirteen requirements for STEMI Receiving Centers. Every two years, every hospital CEO must sign an affidavit indicating if they meet STEMI Receiving Center requirements or if they are a STEMI Referral Center. All 13 requirements are important, but here are some of the most significant attributes of a STEMI Receiving Center:

1. Have 24/7 Cardiac Catheterization Lab (CCL) availability within 30 minutes of notification (including interventional cardiologist present at start of the case).
2. Have single call pre-hospital activation of CCL by paramedic or ED Physician for those patients transported by emergency medical services.
3. Accept all STEMI patients regardless of bed availability (from EMS and STEMI Referral Centers).
4. Have on-going multidisciplinary team meetings to evaluate outcomes and quality improvement data for all STEMI patients. Operational issues should be reviewed, problems identified, and solutions implemented.

5. Provide concurrent feedback to EMS and STEMI Referral Centers (including data sharing with EMS or referral Center at the end of case, quarterly meetings to review cases, and data exchange with the EMS/STEMI Referral Center).
6. Develop a plan with local prehospital providers to ensure inter-hospital transfers and fibrinolytic-ineligible patients receive highest priority response and are communicated enroute to bypass STEMI Referral Centers (where appropriate).

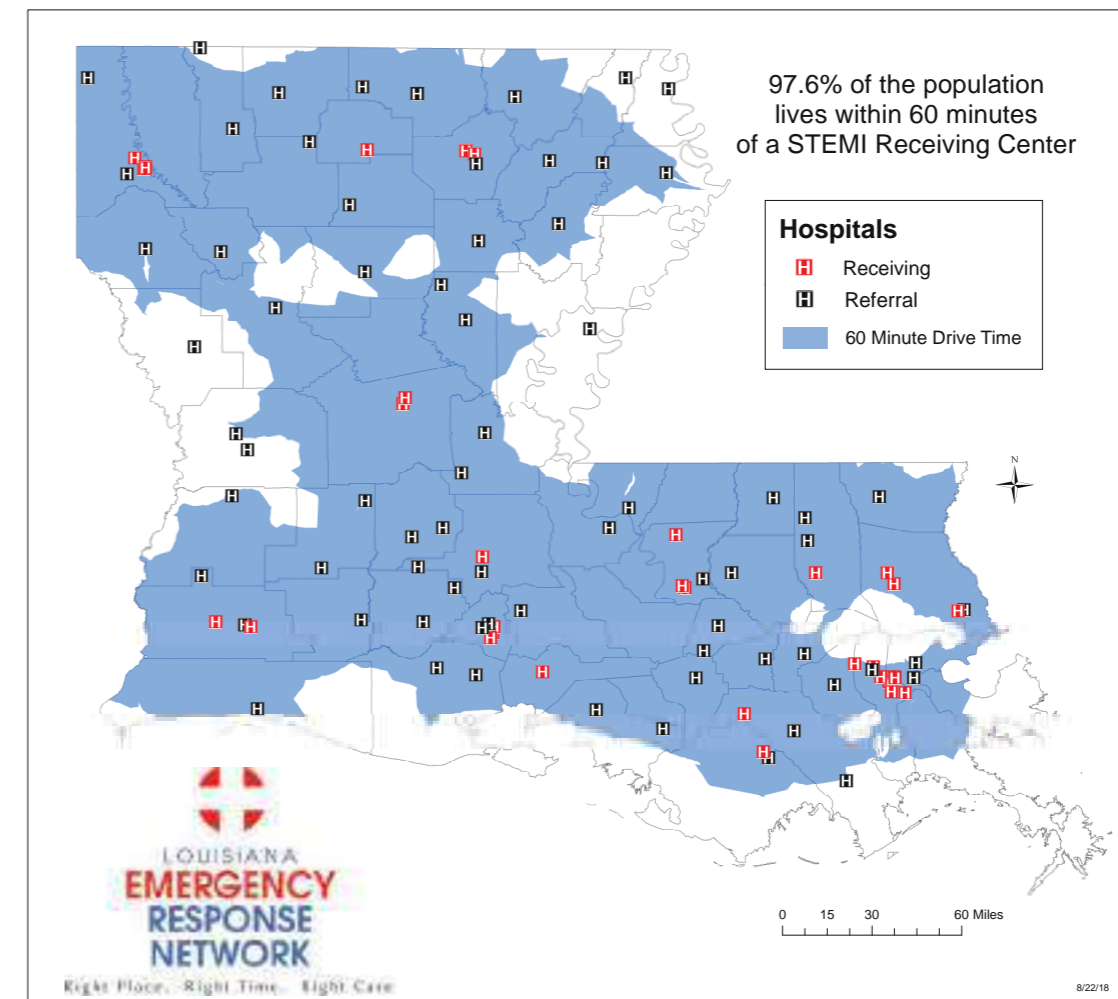
For a list of all 13 requirements, visit the LERN website at lern.la.gov/wp-content/uploads/LERN_STEMI_Receiving_Center_Requirements1.pdf

Figure 21 depicts the STEMI Receiving and Referral Centers as attested to by Chief Executive officers across the state.

FIGURE 21

STEMI MAP WITH TRAVEL TIME TO PCI

Hospital STEMI Receiving Center Attestation with Travel Time to PCI Capable Hospitals



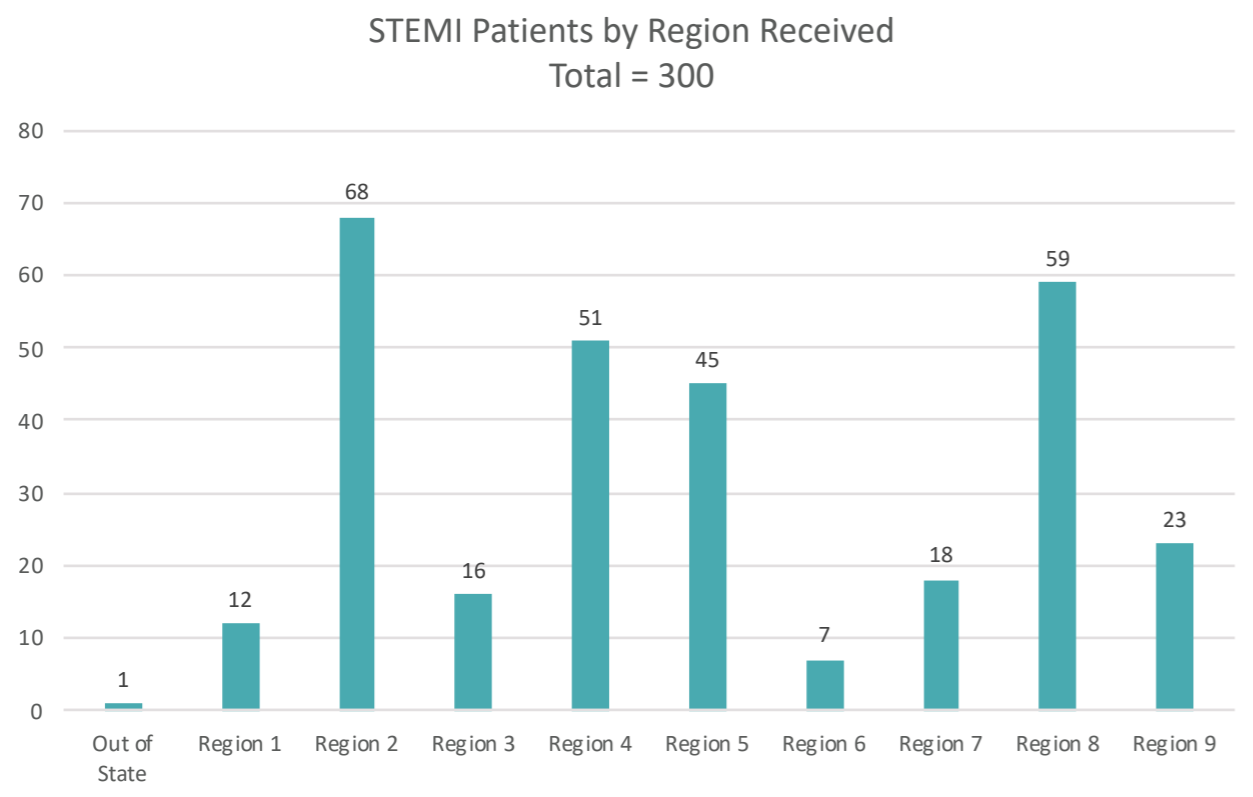
97.6% of the population lives within 60 minutes of a STEMI Receiving Center

Hospitals
H Receiving
H Referral
 60 Minute Drive Time

ACCESS TO STEMI RECEIVING CENTERS

The LERN Call Center assists in directing STEMI patients. In CY 2019, the LCC directed 300 STEMI Patients. STEMI resources rarely change, therefore EMS are well informed of community STEMI resources. In any event, the LCC always stands ready to assist with direction when needed.

FIGURE 22
STEMI PATIENTS ROUTED BY THE LCC



STEMI EDUCATION

LERN is thankful for the continued support and engagement of our STEMI partners across the state. Through your efforts and dedication, we taught 13 classes in CY 2019 (330 students). Since CY 2015, we have taught a total of 66, 12 Lead ECG classes for a total of 1,877 students. The students consist of nurses, paramedics, and respiratory therapists.

12-Lead EKG Education Courses

Year	Classes	Students	Regions
2015	9	272	1, 6, 7
2016	17	545	1, 2, 3, 6, 7, 9
2017	12	327	1, 3, 4, 5, 6, 7, 8
2018	15	403	2, 3, 4, 5, 6, 8, 9
2019	13	330	1, 6, 7, 8
TOTALS:	66	1,877	All Regions



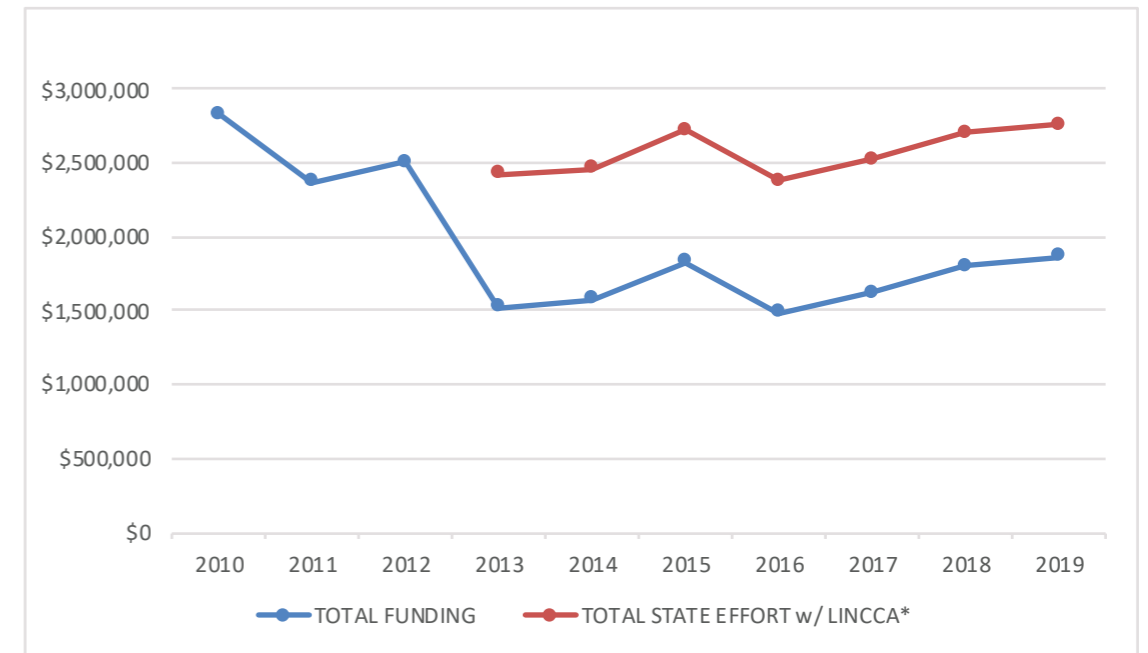
FINANCIAL

VII

FUNDING

LERN funding today comes from two relatively unstable sources – the state general fund (SGF) and federal LINCCA (Low-Income and Needy Care Collaboration Agreement) funds. Since fiscal year ending 2009, total LERN funding has decreased by 36% from approximately \$3.9 million in FYE 2009 to approximately \$2.5 million in FYE 2018. During that same time period state general funds to LERN have decreased 59% from approximately \$3.9 million to \$1.6 million. The following chart illustrates these declines.

FIGURE 23
LERN-10 YEAR
BUDGET
HISTORY

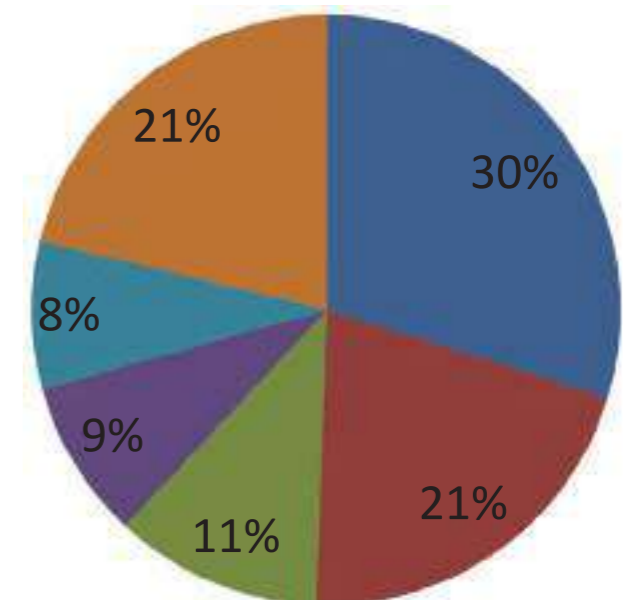


CURRENT OPERATIONS

Current funding supports operations across LERN’s four distinct areas of focus – trauma, stroke, STEMI, and all disasters response.

Total Operating Budget:
\$1,801,664

- Central Office Salary and Benefits
\$537,408.27
- Salary in Support of Regional Efforts
\$359,735.80
- Medical Leadership and Support
\$205,794.42
- Professional Services
\$156,660.30
- Capital Expenditures
\$146,067.47
- General Operating Expenses
\$382,441.45



PERFORMANCE INDICATORS

VIII

PERFORMANCE INDICATORS – FY 2018–2019

In FY 2018 – 2019, LERN reported four Performance Indicators in the Louisiana Performance Accountability System (LaPAS). These indicators are part of LERN’s Quality Measurement System. They are tied to participation by healthcare providers in the pre-hospital and hospital settings and LERN’s ability 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 (LAPAS CODE 22965)

This indicator reports the percentage of hospitals having emergency room services that participated in LERN in FY 2018 – 2019.

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

PERFORMANCE INDICATOR 2 (LAPAS CODE 22328)

This indicator reports the percentage of EMS agencies that participated in LERN in FY 2018 – 2019.

- **36** (EMS participating)/**54** (total number of EMS agencies) = **66.7%**

PERFORMANCE INDICATOR 3 (LAPAS CODE 22329)

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. This data is reflective of FY 2018 – 2019.

- Total patients directed by LERN = **9,806**
- Total patients transferred = **333**
- Percent of LERN directed patients not requiring transfer = **96.6%**

PERFORMANCE INDICATOR 4 (LAPAS CODE 25347)

This indicator reports the percentage of EMS agencies that submit data to the State EMS Registry.

- **41** (EMS participating)/ **54** (total number of EMS agencies) = **75.9%**

REGIONAL COMMISSIONS

IX

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. LERN 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 LERN Regional Commissions, please contact your Tri-Regional Coordinator.



LERN REGIONAL COMMISSIONS

REGION 1

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



Commission Member	Organization Representing	Position
Jeffrey Elder, MD (Chairman)	Louisiana State Medical Society	Emergency Medicine Physician – UMC New Orleans and Clinical Instructor of Medicine/LSU Section of Emergency Medicine
Alan Marr, MD, FACS (Vice-Chair)	American College of Surgeons	Associate Professor of Clinical Surgery LSUHSC Department of Surgery
Murtuza Ali, MD	LA Chapter of American College of Cardiology	Interventional Cardiologist/ Assistant Professor of Medicine at LSU School of Medicine
Chad Breaux	National Emergency Number Association	Director Jefferson Parish Sheriff's Office
Jeffrey Carter, MD	Burn Center Representative	Burn Surgeon and Medical Director of Burn Center UMC New Orleans
Jeffery Coco, MD	Hospitals > 100 Beds	Chief Medical Officer Touro Infirmary
Cindy Davidson, JD	Health & Human Services Designated Regional Coordinator	Administrative DRC-OPH Region – Metropolitan Hospital Council
Peter DeBlieux, MD	Trauma Center Representative	Chief Experience Officer – UMC New Orleans, Professor of Clinical Medicine LSUHSC, and Director of Resident & Faculty Development for LSUHSC Emergency Medicine Dept.
Norman Pineda	GOHSEP	Region 1 GOHSEP Coordinator
Carl Flores, NRP	LA Assn. of Nationally Registered Emergency Medical Technicians (LANREMT)	President/CEO at CAF Consulting
Gregory Fernandez, MD	Rural Hospital Coalition	Emergency Department Medical Director, St. Bernard Parish Hospital
Joseph Kanter, MD, MPH	LDH-Office of Public Health	Region 1 Administrator/Medical Director LDH Office of Public Health
Sheryl Martin-Schild, MD, PhD, FANA, FAHA	American Stroke Association	Medical Director of Neurology & Stroke New Orleans East Hospital and Touro Infirmary
Andre Mouledoux, MD	Service District Hospitals	EMS Medical Director, East Jefferson General Hospital
Emily Nichols III, MD	Local Ambulance Service	Medical Director of Emergency Services, City of New Orleans
Roland S. Waguespack, III, MD, MBA, FAAEM, FACEP	American College of Emergency Physicians	Emergency Medicine Physician – East Jefferson General Hospital

Hospital	Trauma	Stroke	STEMI	BURN
Children's Hospital New Orleans		N/A	N/A	
East Jefferson Hospital		TSC	Receiving	
University Medical Center – New Orleans	Level 1	PSC	Receiving	+ Burn Center
Ochsner Baptist Medical Center		ASRH	Receiving	
Ochsner Medical Center		CSC	Receiving	
Ochsner Medical Center - Kenner		PSC	Receiving	
Ochsner Medical Center -Westbank		ASRH	Receiving	
New Orleans East Hospital		PSC	Referral	
Touro Infirmary		PSC	Receiving	
Tulane Medical Center		CSC	Receiving	
Tulane Lakeside		ASRH	Referral	
West Jefferson Medical Center		CSC	Receiving	
St. Bernard Parish Hospital		ASRH	Referral	

REGION 2

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



Commission Member	Organization Representing	Position
Brent Guiffre, MD (Chairman)	Service District Hospital	Medical Director Lane Regional Medical Center
Jeffrey Grunner, MD (Vice-Chair)	Trauma Center Representative	Trauma Surgeon – Our Lady of the Lake Regional Medical Center
Alyson Hughes (Secretary)	Health & Human Services Designated Regional Coordinator	Emergency Management Coordinator /Baton Rouge General & R2 Hospital Designated Regional Coordinator
Jon Brazzel, NRP, FP-C	Emergence Medical Response	Chief of Operations Baton Rouge EMS
Chris Fitzgerald, NRP	Rural Ambulance Representative	EMS Director - West Feliciana Parish Hospital EMS
Darren Guidry	Local Ambulance Services	Region 2 Coordinator/Regional Support Section Chief - GOHSEP
Chad Guillot	Local Ambulance Services	EMS Director - East Baton Rouge Parish Department of EMS
Valerie Jarreau, RN, MSN	Rural Hospital Coalition	Chief Nursing Officer - Pointe Coupee General Hospital
Lance LaMotte, MD, FACC	LA Chapter of American College of Cardiology	Cardiologist
J.D. Leach	Law Enforcement	SWAT Incident Commander - Baton Rouge Police Department
Jeffrey Littleton, MD	American College of Surgeons	Surgeon - Baton Rouge General Medical Center (Bluebonnet)
Dawn R. Marcelle, MD, MPH	Office of Public Health	Regional Medical Director -Louisiana Department of Health
Sadye Nichols, RN, MSN	Hospitals > 100 Beds	Regional Vice President at SCP Health
James Rhorer, MD	Louisiana State Medical Society	ED Medical Director - Our Lady of the Lake Regional Medical Center
Tracee Short, MD	Burn Center	Medical Director - Baton Rouge General Burn Center
Anthony Summers, CEM, ENP	National Emergency Number Association	Assistant Director West Baton Rouge Office of Homeland Security Emergency Preparedness and 911

Hospital	Trauma	Stroke	STEMI	BURN
Baton Rouge General Medical Center (Bluebonnet)		PSC	Receiving	ABA Verified Burn Center
Lane Regional Medical Center		ASRH	Receiving	
Ochsner Medical Center – Baton Rouge		ASRH	Receiving	
Ochsner Medical Complex - Iberville		Stroke Capable Off-Site ED	Referral	
Our Lady of the Lake Regional Medical Center	Level 2	PSC-E	Receiving	
Our Lady of the Lake Children's Hospital	Level 2 Program		N/A	
Our Lady of the Lake – North Emergency Room		Stroke Capable Off-Site ED	Referral	
Pointe Coupee General Hospital		ASRH	Referral	
Prairieville Family Hospital		Stroke Bypass	Referral	
Prevost Memorial Hospital		ASRH	Referral	
Our Lady of the Lake – Ascension		ASRH	Referral	
West Feliciana Parish Hospital		ASRH	Referral	

REGION 3

Yvette Legendre
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REGION 4

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



LERN REGIONAL COMMISSIONS

Commission Member	Organization Representing	Position
Mike Guillot, NRP (Chairman)	Rural Ambulance Alliance	Emergency Services Director, St. Charles Parish Hospital
Beth Norris, Rn (Vice-Chairman)	Service District Hospital	Director of Nursing Thibodaux Regional Medical Center
Danielle Duplantis, RN (Secretary)	Emergency Nurses Association	Emergency Department Director Thibodaux Regional Medical Center
Jeffrey Kuo, MD	Louisiana State Medical Society	Medical Director Ochsner Regional Referral Center
Kim Beetz	Health and Human Services Designated Regional Coordinator	Administrative Designated Regional Coordinator
Earl Eues, Jr.	GOHSEP	Director Terrebonne Parish OHSEP
William Bisland, MD	American College of Surgeons	Thibodaux Surgical Specialists
Mark Boudreaux	National Emergency Number Association (911)	TPCD Director
Chad Davis, NRP	Emergency Medical Response	Operations Supervisor Acadian Ambulance
Brady Daigle, NRP	Local Ambulance Service	Operations Manager Lafourche Ambulance District 1
Buffy Lafont, RN, BSN, CEN	Rural Hospital Coalition	Emergency Department Director, Lady of the Sea General Hospital
Brian Roberts, MD	American College of Emergency Physicians	Emergency Department Medical Director - Terrebonne General Medical Center
Teresita McNabb, RN	Hospitals > 100 Beds	VP of Nursing Services Terrebonne General Medical Center
Vinod Nair, MD	LA Chapter of American College of Cardiology	Cardiologist, Cardiovascular Institute of the South
W.S. "Chip" Riggins, Jr., MD, MPH	Department of Health, Office of Public Health	Region 3 Medical Director

Hospital	Trauma	Stroke	STEMI	BURN
Assumption Community Hospital		Bypass	Referral	
Franklin Foundation Hospital		ASRH	Referral	
Lady of the Sea General Hospital		ASRH	Referral	
Leonard J. Chabert Medical Center		ASRH	Referral	
Ochsner St. Anne General Hospital		ASRH	Referral	
Ochsner Medical Complex – River Parishes		Off-site ED/ Stroke capable	Referral	
St. Charles Parish Hospital		ASRH	Referral	
St. James Parish Hospital		ASRH	Referral	
Ochsner St. Mary's Hospital		ASRH	Referral	
Terrebonne General Medical Center		ASRH	Receiving	
Thibodaux Regional Medical Center		ASRH	Receiving	

LERN REGIONAL COMMISSIONS

Commission Member	Organization Representing	Position
Mark F. Olivier, MD, FACEP, FAAFP (Chairman)	American College of Emergency Physicians	Schumacher Group Risk Management Medical Advisor
William Ritchey (Vice-Chair)	Law Enforcement	Police Officer Lafayette Sheriff's Dept.
John Armand, RN (Secretary)	Registered Nurse Practicing In Emergency or Critical Care	Director of Security & Disaster Preparedness Opelousas General Hospital
Joey Barrios, MD	Burn Center	General Surgeon, Medical Director Burn Unit Our Lady of Lourdes RMC
Tina Stefanski, MD	LDH-OPH Regional Medical Director	Region 4 LDH/OPH Medical Director
Donald Simon Jr., BS, NRP	HHS Designated Regional Coordinator	Manager of Safety, Security & Emergency Preparedness Our Lady of Lourdes RMC
Paul Azar, Jr., MD	Louisiana State Medical Society	Ophthalmologist
Michael Burley, NRP, CCP	Local Ambulance Service	Quality Improvement Coordinator Acadian Ambulance Service
Kevin Courville, MD	American College of Cardiology	Cardiologist
James Garcelon, MD	American College of Surgeons	General Surgeon
Jennifer Gerard, RN	Rural Ambulance Alliance	Director of Nursing, Abrom Kaplan Memorial Hospital
Scott Hamilton, MD	Louisiana State Medical Society	Director of Pediatric Emergency Services Lafayette General Medical Center
Jonathon A. Koob, MHA, BSN	Louisiana Hospital Association	Director of Critical Services Lafayette General Medical Center
Leslie Kram Greco, DO, FACEP	Service District Hospitals	ED Medical Director Iberia Medical Center
George Grice	Emergency Medical Response	Operations Supervisor Med Express Ambulance Service
Colonel Prescott Marshall	GOSHEP	Director Iberia Parish OHSEP/911
Jude Moreau	National Emergency Number Association	Executive Director St. Landry Parish Communications District (E-911)
Mark Morris, RN, Paramedic	Air Medical	Air Med Clinical Care Coordinator Acadian Air Med
Steve Quebedeaux NRP	Rural Ambulance Representative	Director/St. Landry EMS
Jacqueline Venable, RN	Trauma Center Representative	Trauma Program Manager Lafayette General Medical Center

Hospital	Trauma	Stroke	STEMI	BURN
Abbeville General Hospital		ASRH	Referral	
Abrom Kaplan Memorial Hospital		ASRH	Referral	
Acadian Medical Center		Bypass	Referral	
Acadia – St. Landry Hospital		Bypass	Referral	
Acadia General Hospital		ASRH	Referral	
Heart Hospital of Lafayette		ASRH	Receiving	
Iberia Medical Center		ASRH	Receiving	
Lafayette General Medical Center	Level 2	PSC-E	Receiving	
Mercy Regional Medical Center		Bypass	Referral	
Opelousas General Hospital		ASRH	Referral	
Opelousas General Hospital – South Campus		ASRH	Referral	
Our Lady of Lourdes Regional Medical Center		PSC-E	Receiving	+ Burn Center
Our Lady of Lourdes Off Site ED - Scott		Stoke Capable Off-Site ED	Referral	
Lafayette General Orthopedic Hospital		ASRH	Referral	
Savoy Medical Center		Bypass	Referral	
St. Martin Hospital		ASRH	Referral	
University Hospital & Clinics		ASRH	Referral	
Our Lady of Lourdes Women's & Children's Center		Bypass	Referral	+ Ped Burns

REGION 5

Ted Colligan
LERN Tri-Regional Coordinator
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REGION 6

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



Commission Member	Organization Representing	Position
Billy Vincent, NRP (Chairman)	Local Ambulance Services	Field Training Officer - Southwest Louisiana - Acadian Ambulance Service
Frederick Dent (Vice-Chair)	Emergency Medical Response	Detective/Emergency Medical Response Calcasieu Parish Sheriff Department
Ruth Carnes (Secretary)	Hospitals < 60 Beds	Human Resources Director Jennings American Legion Hospital
Lacey Cavanaugh, MD	Office of Public Health	Regional Medical Director, Louisiana Department of Health
Paul B. DeStout, MPH, 1SG (RET)	GOHSEP	Calcasieu Parish GOHSEP
Liz Harmon	Health & Human Services Designated Regional Coordinator	Administrative Hospital DRC Regions 4 & 5 - Hospital Preparedness Program
Scott Kyle, NRP	Hospitals >100 Beds	Regional Safety Officer - Emergency Management - CHRISTUS Ochsner St. Patrick Hospital
Tracie Kyle, BSN, RN, CEN	Local Trauma Center	Trauma Program Manager, Lake Charles Memorial Hospital
Geoff Landry	Service District Hospital	Program Director - Wound Healing Center at West Calcasieu Cameron Hospital
Melvin j. Marque, III, MD	American College of Emergency physicians	Owner and Medical Director Lake Charles Urgent Care
Richard McGuire	National Emergency Number Association	Assistant Director - Calcasieu Parish Safety communications District
Thomas Mulhearn, IV, MD, FACC	LA Chapter of American College of Cardiology	Cardiologist
Richard Shimer, MD	American College of Surgeons	Trauma Medical Director - Lake Charles Memorial Hospital

Hospital	Trauma	Stroke	STEMI	BURN
Allen Parish Hospital		Bypass	Referral	
Beauregard Memorial Hospital		Bypass	Referral	
CHRISTUS Ochsner Lake Area Hospital		Bypass	Referral	
DeQuincey Memorial Hospital		Bypass	Referral	
Jennings American Legion Hospital		ASRH	Referral	
Lake Charles Memorial Hospital	Level 3	PSC	Receiving	
Oakdale Community Hospital		Bypass	Referral	
Ochsner CHRISTUS St. Patrick Hospital		PSC	Receiving	
South Cameron Community Hospital		Bypass	Referral	
West Calcasieu Parish Hospital		ASRH	Receiving	

Commission Member	Organization Representing	Position
Jeremy Timmer, MD (Chairman)	Louisiana State Medical Society	Trauma Medical Director: Rapides Regional Medical Center
Jeff Pogue (Vice-Chair)	Local Ambulance Services	Operations Manager Acadian Ambulance
Mary Tarver	Health & Human Services Designated Regional Coordinator	Region 6 Hospital DRC
Robert Freedman, MD, FACC	LA Chapter of American College of Cardiology	Cardiologist
Michelle Butler, RN	Trauma Center Representative	Rapides Regional Medical Center
Brandon "Jay" Caskey, FPC	Air Medical	Flight Paramedic/FPC Life Air
April Cotton, RN	Hospitals < 60 beds	Perioperative Nurse Manager Hardtner Medical Center
James Hebert, MD	LA Chapter American College of Emergency Physicians	ED Physician
Gonzalo L. Hidalgo, MD	American Stroke Association	Neurologist, St. Frances Cabrini
David Holcombe, MD	LDH-OPH Regional Medical Director	Region 6 OPH Medical Director
MAJ Michelle O'Neill	Military Representative	Emergency Department Director, Bayne Jones Army Community Hospital
Mark Majors	LA Assoc. of Nationally Registered Emergency Medical Technicians	Owner: Med Express Ambulance
Kenneth Moore	GOHSEP	Regional Director: Vernon Parish OHSEP
Daniel Scott Moreau	Law Enforcement Representative	Public Information Officer: Louisiana State Police
Shawn Moreau, MSN, RN, CEN, TCRN	Hospitals > 100 Beds	Trauma Program Director, EMS Liaison: Rapides Regional
Gary Peters	Rural Ambulance Alliance	Operations Manager Advanced EMS
Brenda Smith	Service District Hospital	Director of General Services: LaSalle General Hospital
Vickie Stagg, RN	Emergency Nurses	ER Nurse: Rapides Regional
Jeffrey Traina, MD	Louisiana State Medical Society	Physician: Advanced Orthopedic & Sports Medicine Center
Sonya Wiley	National Emergency Number Association	Director – Rapides Parish

Hospital	Trauma	Stroke	STEMI	BURN
Avoyelles Hospital		ASRH	Referral	
Bayne-Jones Army Community Hospital		Bypass	Referral	
Bunkie General Hospital		Bypass	Referral	
Byrd Regional Hospital		ASRH	Referral	
CHRISTUS St. Frances Cabrini Hospital		PSC	Receiving	
Hardtner Medical Center		ASRH	Referral	
LaSalle General Hospital		Bypass	Referral	
Rapides Regional Medical Center	Level 2	PSC	Receiving	
Riverland Medical Center		Bypass	Referral	
Winn Parish medical Center		ASRH	Referral	

LERN REGIONAL COMMISSIONS

LERN REGIONAL COMMISSIONS

REGION 7

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



Commission Member	Organization Representing	Position
Jeffrey Watson (Chairman)	Louisiana Ambulance Alliance	Chief of Bossier City EMS
Shane Terral, BS, NRP (Vice-Chair)	Air Medical	Clinical Care Coordinator, Life Air Rescue
Knox Andress, RN	Hospital Designated Regional Coordinator	Region 7 Hospital DRC
Jeff Atkins, RH	Hospitals < 60 Beds	Emergency Medicine Nurse
Avery Callahan, DO	American College of Emergency Physicians	Emergency Medical Physician, Ochsner LSU Health Shreveport
Susan Cash, RN, BSN	Hospitals > 100 Beds	Director Emergency Services WK Health System
Willis Carter	National Emergency Number Association	Director Natchitoches Parish 911
F. Dean Griffin, MD	La. State Medical Society	Professor of Clinical Surgery LSU Health Science Center Shreveport
David Jones	Service District Hospital	CEO North Caddo Medical Center
Robert Jump	GOHSEP	Regional Director Caddo Parish Office of Homeland Security & EP
John P. Lane	LA Association of Nationally Registered Emergency Medicine Technicians	Chief of Shreveport Fire Department
Sandra Putman, RN	Trauma Center Representative	Vice President of Trauma Ochsner LSU Health Shreveport
Richard Renfroe	Military Representative	NCOIC Barksdale EMS
Navdeep Samra, MD	American College of Surgeons	Assistant Program Director for General Surgery Residency LSU Health Shreveport
Martha Whyte, MD	LDH – Office of Public Health	Region 7 OPH Medical Director

Hospital	Trauma	Stroke	STEMI	BURN
Bienville Medical Center		Bypass	Referral	
CHRISTUS Coushatta		ASRH	Referral	
CHRISTUS Health Shreveport		ASRH	Receiving	
DeSoto Regional Health System		Bypass	Referral	
Claiborne Memorial Hospital		Bypass	Referral	
Ochsner LSU Health Shreveport	Adult Level 1, Pediatric Level 2 Program	TSC	Receiving	Regional Center
Minden Medical Center		ASRH	Referral	
Natchitoches Regional Medical Center		ASRH	Referral	
North Caddo Medical Center		Bypass	Referral	
Overton Brooks VA Medical Center		--	--	
Sabine Medical Center		Bypass	Referral	
Springhill Medical Center		ASRH	Referral	
Willis-Knighton Medical Center		ASRH	Receiving	
WK South & Center for Women		ASRH	Referral	
WK Bossier Health Center		ASRH	Receiving	
WK Pierremont Health Center		PSC	Receiving	

REGION 8

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



Commission Member	Organization Representing	Position
Nicholas Sosso, NRP, FPC (Chairman)	Emergency Medical Services	Quality Improvement Coordinator - Acadian Ambulance
Olivia Caskey, NRP (Vice-Chair)	Air Medical	Program Director Air Evac
Mike Brame (Secretary)	Health & Human Services Designated Regional Coordinator	Hospital DRC - Region 8 St. Francis Medical Center
Teresa Dugdale Daniel, RN-BC	Louisiana Hospital Association Hospitals > 100 Beds	Chest Pain/Stroke Coordinator St. Francis Medical Center
Mandy Grey, RHIT, CCS	Hospitals < 60 Beds	Chief Operating Officer West Carroll Health System
Lisa Griffin, RN, BSN	Emergency Nurses Association	RN Manager – Emergency Department University Health Conway
Jade Gabb	National Emergency Number Association (911)	Director Ouachita Parish 911
Tracy G. Hilburn	GOSHEP	Region 8 Coordinator/ Deputy Director, Ouachita Parish OHSEP
Jancie Posey	Emergency Medical Response	Educator - Northeast Louisiana Ambulance
Michael Reichardt	Law Enforcement	State Trooper
Hugo Cuellar-Saenz, MD, PhD	American Stroke Association	Associate Professor of Neurology and Radiology, Ochsner LSU Health
Patrick Taylor, MD	LA Chapter American College of Emergency Physicians	ED Medical Director Northern Louisiana Medical Center
Jessica Trichel, NRP	Rural Ambulance Alliance	Operations Manager - Pafford EMS
Marc Todd, RN, EMT-P	Service District Hospitals	Emergency Department Director - Franklin Medical Center

Hospital	Trauma	Stroke	STEMI	BURN
Citizens Medical Center		Bypass	Referral	
Ochsner LSU Health Monroe		ASRH	Referral	
East Carroll Parish Hospital		Bypass	Referral	
Franklin Medical Center		Bypass	Referral	
Glenwood Regional Medical Center		ASRH	Receiving	
Jackson Parish Hospital		ASRH	Referral	
Madison Parish Hospital		Bypass	Referral	
Morehouse General Hospital		ASRH	Referral	
Northern Louisiana Medical Center		Bypass	Receiving	
Reeves Memorial Medical Center		Bypass	Referral	
Richardson Medical Center		Bypass	Referral	
Richland Parish Hospital - Delhi		Bypass	Referral	
St. Francis Medical Center		ASRH	Receiving	
Union General Hospital		ASRH	Referral	
West Carroll Memorial Hospital		Bypass	Referral	

REGION 9

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



Commission Member	Organization Representing	Position
Chad Muntan, MD (Chairman)	American College of Emergency Physicians	Emergency Department Medical Director Lakeview Regional Medical Center
Marquinn Duke, MD (Vice-Chair)	Trauma Center Representative	Trauma Medical Director North Oaks Medical Center
Keith Peek (Secretary)	Health & Human Services Designated Regional Coordinator	Region 9 Administrative Designated Regional Coordinator
Louis Alvarado, MD	Louisiana State Medical Society	Internal Medicine/Hospitalist Riverside Medical Center & Lakeview Regional Medical Center
Brandon Cambre, MD	Hospital > 100 Beds	Emergency Medicine Physician North Oaks Regional Medical Center
Michelle Collins, NRP	Local Ambulance Service	Associate Quality Improvement Coordinator - Northshore Acadian Ambulance Service
Katie Sheets, RN, BSN, CCRN-K	Service District Hospitals	Vice-President of Education at Pomphrey Consulting
Ramy El Houry, MD	American Stroke Association	Vascular Neurologist Physician and Founder of Neurocovery and Neurocare of LA
Rodney Hart	National Emergency Number Association (911)	Director - St. Tammany Parish Communication District
Marco Hidalgo, MD	American College of Surgeons	Trauma Medical Director Lakeview Regional Medical Center
Gina Lagarde, MD	Louisiana Department of Health/Office of Public Health	Region 9 OPH Medical Director
David Marcus, NRP	Rural Ambulance Alliance	Education Coordinator - Northshore EMS, Region 9 EMS DRC
Dawson Primes, LEM	Governor's Office of Homeland Security & Emergency Preparedness	Director - Tangipahoa Parish Office of Homeland Security & Emergency Preparedness
Capt. John Riles	Law Enforcement	Louisiana State Police – Captain Troop L
Derek Rousseau, BSN	Emergency/Critical Care Registered Nurse	Associate ED Director Lakeview Regional Medical Center
Ken Salzer	Emergency Medical Response	Chief of EMS - St. Tammany Parish Fire District #4
Jimmy Seibert, RN	Rural Hospital Coalition	Chief Nursing Officer Riverside Medical Center

Hospital	Trauma	Stroke	STEMI	BURN
Our Lady of the Angels		ASRH	Referral	
Hood Memorial		ASRH	Referral	
Lakeview Regional Medical Center, a campus of Tulane Medical Center	Level III	PSC	Receiving	
Lallie Kemp Regional Medical Center		Bypass	Referral	
North Oaks Medical Center	Level II	PSC-E	Receiving	
Ochsner Medical Center- North Shore		ASRH	Referral	
Our Lady of the Lake - Livingston		Stroke Capable Off-site ED	Referral	
Riverside Medical Center		ASRH	Referral	
Slidell Memorial Hospital		PSC	Receiving	
St. Helena Parish Hospital		Bypass	Referral	
St. Tammany Parish Hospital	Level III	PSC	Receiving	
St. Tammany Parish Hospital - Mandeville Emergency Department		Bypass	Referral	

“ You set a high standard with your highly effective and informative meetings! Always appreciate the amount of work you and the team do, largely behind the scenes, to make LERN work for the safety of all LA citizens. ”

SHELLEY RYAN GRAY BN, RN
MATERNAL CHILD HEALTH COORDINATOR, REGION 7
LOUISIANA DEPARTMENT OF HEALTH





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