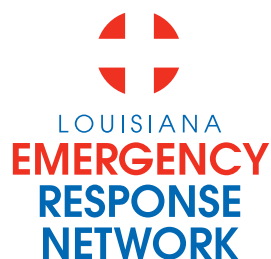


# ANNUAL REPORT

FY 2009-2010

Right Place. Right Time. Right Care.



# OUR VISION

*To build and oversee a comprehensive  
trauma system for the State of Louisiana.*

## Louisiana will have a comprehensive and

integrated trauma network that decreases trauma-related deaths and incidents of morbidity and mortality due to trauma by maximizing the integrated delivery of optimal resources for patients in need acute trauma care. The network will address the daily demands of trauma care and support disaster response.





# OUR MISSION

The mission of the  
Louisiana Emergency  
Response Network (LERN)

is to defend the public health, safety, and welfare  
by protecting the people of the state of Louisiana  
from unnecessary deaths and morbidity due  
to trauma and time-sensitive illness.

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LERN coordinates the patients' **day-to-day emergent care** needs, directing patients to the facility with the appropriate resources to provide definitive trauma and **time-sensitive care**.



# LETTER FROM THE CHAIRMAN OF THE BOARD

## The Louisiana Emergency Response Network

(LERN) is an agency of state government created by the Louisiana Legislature in 2004. It is 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. Getting to the right place at the right time to receive the right care is a matter of life or death for these patients.

LERN is an emerging organization that is being developed in accordance with the nationally recognized trauma system model created by the American College of Surgeons (ACS). Currently, the vast majority of Louisiana's Emergency Medical Service provider organizations and hospitals voluntarily participate in LERN – utilizing LERN's pre-hospital protocols and collaborating with LERN's communications centers to efficiently deliver trauma patients to the hospital-based resources that can best address their specific injuries.

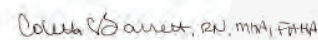
Like many state government agencies, LERN has faced recent budget cuts. We accomplished much in 2010 despite this challenge, including passage of legislation authorizing the development of a statewide trauma registry and the protection of patient data to support ongoing trauma system performance improvement. Additionally, LERN launched two additional

Regional Commissions in 2010. We now have seated commissions operating in all nine regions of the state.

Our goals for 2011 include increasing the number of verified trauma centers in Louisiana, educating rural health care delivery providers on trauma and time-sensitive illness patient care, implementing the statewide trauma registry, collaborating with the Office of Public Health (OPH) to consolidate injury prevention functions in the state of Louisiana within LERN, and creating a comprehensive state trauma plan that will guide the further development of LERN operations.

The promise of LERN is to save lives. More than 12,000 patient lives were impacted this past year by LERN. While we have made significant progress in the journey to create a fully-integrated Trauma and Time-Sensitive Illness Response System, there is much work left to be done. The dedicated citizens who serve on the LERN Board of Directors and on the nine Regional Commissions are beginning to make good on the promise – to save lives!

Respectfully submitted,



Coletta C. Barrett, RN, FACHE  
Chairman of the Board

Our communication centers currently serve **53 parishes** and 3.2 million citizens or **72 percent** of Louisiana's citizens.



# PROFILE ON ROBERT L. COSICA, MD, FACS, MEDICAL DIRECTOR

## In November 2010,

Robert L. Coscia, MD, FACS, joined LERN as Medical Director. He brings to the LERN team more than 40 years of experience as a trauma surgeon and a background in managing and developing trauma programs.

In the United States today, there is a single nationally-recognized model for the development of trauma programs and trauma systems – that model was developed over the past 25+ years by the American College of Surgeons Committee on Trauma. The book describing this model, commonly referred to as the “Green Book,” is *Resources for Optimal Care of the Injured Patient*. On the inside cover, you will find Dr. Coscia listed as a contributing author and a member of the book’s Editorial Review Panel.

In addition to his work on the “Green Book,” Dr. Coscia has published numerous articles on improving trauma procedures and systems. He was recognized in 1994 by the American College of Surgeons Committee on Trauma (ACS COT)

for his contributions to the field with the Trauma Achievement Award. He currently serves as a senior reviewer (of trauma centers) for ACS COT.

Dr. Coscia began his career in Dallas, Texas at Parkland Memorial Hospital after graduating from the University of Tennessee School of Medicine. He also completed his surgical residency at Parkland Health & Hospital System. After serving as Chief Resident at Parkland, Dr. Coscia joined the Air Force and was stationed at Elmendorf Air Force Base in Anchorage, Alaska. Since his military service, he has been on the staff of several hospitals, serving as medical director of their trauma programs. Before joining LERN, Dr. Coscia was an Assistant Professor in the Department of Surgery, Division of Burn/Trauma/Critical Care at the University of Texas in Dallas, Texas.

So, how did Dr. Coscia find his way to Louisiana and LERN? He offers three answers to this question. “I have family in Louisiana, I love the food, and LERN represents a great opportunity to build a comprehensive trauma system for the state. I want to help to get that job done.”



# STRUCTURE AND EXPERTISE OF LERN

## In the United States, trauma occurs in epidemic

proportions. Trauma is the most common cause of death in people from 1 to 44 years of age<sup>1</sup> and is the fifth leading cause of death among all age groups. In fact, our children and youth between 15 and 24 years of age have a greater risk of dying from unintentional injury than any other cause. In terms of productive life lost, prolonged or permanent disability, and financial cost, trauma is one of the most important threats to public health and safety in the United States.

According to ACS COT, a solution to this problem is to create an inclusive trauma system with a comprehensive approach to trauma care. Its emphasis would be on the need for multiple levels of trauma care facilities and emergency medical services that coordinate the care of injured patients. In other words, create a statewide infrastructure that “gets the injured patient to the right place for the right care at the right time.”

Louisiana’s journey to create such a system began in the late fall of 2002 with a group of major stakeholders interested in improving trauma care in the state. This group began to discuss data and evaluate trauma care delivery in Louisiana. In the spring of 2003, Governor Mike Foster created the Regional Trauma-Patient Care Statewide System Task Force (Executive Order No. MJF 2003-6). The state legislature established LERN in the 2004 Regular Session.

## *LERN’s Board*

The LERN Board serves as a governing body to provide oversight, direction and implementation of a statewide trauma system. LERN’s 28-member Board is appointed by the Governor with its members representing stakeholder organizations throughout the state. They provide the expertise and leadership for system development. A full list of LERN Board members is included at the end of this report.

The current gubernatorial appointees have expertise recognized both locally and nationally and are leaders within Louisiana’s health care community. They are physicians, hospital executives, emergency medical providers, and emergency preparedness specialists. The LERN Board members are volunteers; they do not receive compensation for their service.

The structure of a trauma system, according to other state models and ACS COT, requires many health care disciplines to work in concert, creating a true collaboration for improved outcomes in morbidity and mortality – the primary mission of LERN.

## *LERN’s Structure*

The task of designing and implementing a system of trauma care throughout the state cannot be accomplished in a silo. Many health care stakeholders are needed to assist in the development of the various

<sup>1</sup> U.S. Department of Health and Human Services Centers for Disease Control and Prevention, “Access to Trauma Centers in the United States,” September 2009 publication.



system components and include, but are not limited to, education, information management systems and injury research prevention. To accomplish the tasks of building and maintaining such a system, the LERN Board, as guided by the legislation, appointed nine Regional Commissions to serve in an advisory capacity.

These commissions mirror the LERN Board in membership and expertise. The regional representatives are also leaders within their respective health care communities and are an integral resource in supporting LERN's mission. The commissions are involved with specific tasks such as field triage and hospital protocol design, communicating LERN's mission to various stakeholders, and assisting LERN's operational staff in developing regional policies and procedures consistent with LERN's strategic goals.

The LERN organizational structure includes a medical director position to establish medical policy and procedures, an administrative director for oversight of system operations, a finance manager, two associate medical directors, 24 hours a day/seven days a week/365 days a year physician coverage for each communications center, three tri-regional registered nurse coordinators in the field to coordinate regional commissions and stakeholders, and an administrative assistant.

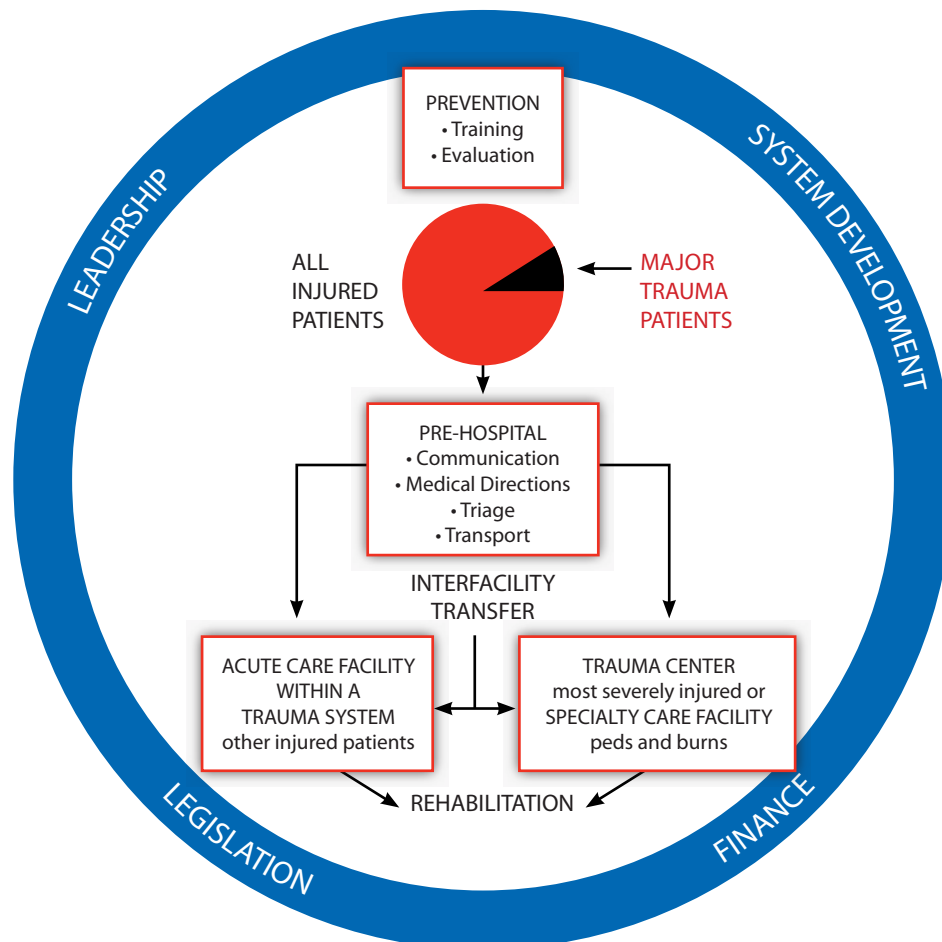
The LERN staff must meet the challenge of coordinating and facilitating the various health care entities needed to support the system and manage day-to-day operations. LERN's staff has a wide range of knowledge and expertise in many aspects of health care delivery, including pre-hospital and hospital emergency care, as well as emergency preparedness management. Located in Shreveport and Baton Rouge, the communications centers are staffed with nationally-certified paramedics 24 hours a day/seven days a week/365 days a year. The communications centers use real-time information from EMS providers and hospitals to get the injured patient to the right place for the right care at the right time.



### *Financial Efficiency*

Effective Fiscal Year (FY) 08-09, LERN became a separate budget unit under the Department of Health and Hospitals (DHH). Prior to that, LERN had functioned as a program under the Office of Public Health (OPH) and its budget was a part of its total agency appropriation. Now in its second year of operation independent of OPH, LERN has shown that by partnering with DHH and through the prudent use of contracted services, the state's investment is maximized to continue LERN's growth and development while supporting the state's need to maintain a balanced budget. LERN has absorbed each round of budget cuts in FY 09-10 and has continued to do more with less. LERN's budget dollars have been used more effectively to further its mission in establishing a statewide trauma system in Louisiana and reducing the incidents of mortality and morbidity for our citizens.

# MODEL TRAUMA SYSTEM



Trauma is the most **common cause of death** in people from 1 to 44 years of age and is the **fifth leading cause** of death among all age groups.

# OPERATIONAL MILESTONES

## *Communications Centers*

### The communications centers of LERN are the

core of its logistical operation. Staffed with nationally certified paramedics 24 hours a day/seven days a week/365 days a year, the centers use real-time information from EMS providers and hospitals to guide transport of injured patients to a hospital with readily available resources. The Shreveport communications center opened in January 2008, FY 07-08. Six months later, at the beginning of FY 08-09, the communication center in Baton Rouge became operational.

## *Regional Commissions*

Region 7 – the Shreveport area – was the first region to “go live” in FY 07-08. During FY 08-09, LERN added an additional six regions to the “live” roster. Each of these regions has 100% voluntary cooperation rates for hospitals and emergency medical services providers. At the end of this fiscal year, LERN will cover 53 parishes (83%) and 3,208,880 of Louisiana’s citizens (72%).

# REGIONS

## “GO LIVE” CHART

Louisiana Region	“Go Live” Date	#of Parishes Covered	Population Covered by Region
Region 7 Shreveport	FY 08 existing	9	534,898
Region 4 Lafayette	July 2008	7	582,164
Region 5 Lake Charles	October 2008	5	286,290
Region 2 Baton Rouge	January 2009	7	653,070
Region 6 Alexandria	February 2009	8	301,972
Region 8 Monroe	May 2009	12	347,751
Region 9 Covington/Slidell	June 2009	5	529,729
<b>Total Served</b>		<b>53</b>	<b>3,235,874</b>



The communications centers of LERN are **the core** of its logistical operation.

# LERN BY THE NUMBERS

83%

Louisiana parishes covered by LERN

72%

Louisiana population<sup>2</sup> covered by LERN

78%

DHH Health Care Regions participating in LERN

116

Hospitals with Emergency Department (ED) services, statewide

81

LERN hospital agreements

70%

Percentage of hospitals with EDs participating in LERN

67

EMS agencies per DHH Standard Sections

52

EMS agencies located in participating regions

78%

Percentage of statewide EMS agencies participating in LERN

<sup>2</sup>Total population in Louisiana as equals 4,492,076 as reported by the United States Census Bureau, July 2009.



# PERFORMANCE INDICATORS SUMMARY

## In FY 09-10, 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 pre-hospital and hospital settings and the ability of LERN to direct traumatically injured patients to definitive care.

Before going “live” in a region, 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.

**Performance Indicator 1:** This indicator reports the number of DHH Health Care Regions that are actively participating in the network. LERN reported that 78% – or seven of the nine DHH Regions – were participating by the end of FY 09-10.

**Performance Indicator 2:** This indicator reports the percentage of traumatically injured patients who are transported to an appropriate care facility within the Golden Hour, which is defined as the first 60 minutes following trauma or the onset of acute illness. The chances of survival are greatest

if surgery or advanced life support can be provided within that hour. LERN reported that 78% of those patients who were located within the seven DHH Health Care Regions were transported to appropriate care within the Golden Hour.

**Performance Indicator 3:** In FY 09-10, a third “Performance Indicator” was added to the LERN Quality Measurement System and tracked through LaPAS. This indicator measures the percentage of hospitals that have Emergency Room (ER) services that participate in the LERN system. For FY 09-10, LERN reported that of the 116 hospitals in Louisiana having ER services, 81 facilities or 70% had signed agreements indicating their willingness to follow the LERN protocols established by the LERN Board for the routing of traumatically injured patients.

The role of LERN is to connect the right patient to the right hospital at the right time. Through these performance indicators, LERN is able to measure its ability to accomplish this goal and to ensure that this in fact occurs. Positive indicators such as those tracked during FY 09-10 emphasize the ability of LERN to successfully track and support its mission to connect both EMS agencies and statewide hospitals in a more meaningful way than ever before.

**Positive indicators** such as those tracked during FY 09-10 emphasize the ability of LERN to **successfully support** its mission.








# BUILDING TO NATIONAL STANDARDS

## The LERN Board commissioned a

multi-state “best practices” study in the summer of 2009 to examine the successes and challenges of other statewide trauma systems. During that same time, the LERN Board received a formal consultative visit from the ACS COT to evaluate LERN’s progress to date. Final reports from these evaluative studies provide a general roadmap of recommendations for LERN’s continued development.

### *We’re Heading in the Right Direction.*



Both studies acknowledge the successful establishment of LERN’s communications centers and recognize LERN’s high degree of success in gaining the voluntary participation of EMS providers and hospital organizations. These studies also make clear the fact that key components of a model statewide trauma system have yet to be established in Louisiana, including:

- A statewide, multi-level network of designated (certified) trauma centers appropriate for the volume and distribution of trauma cases in Louisiana;
- Dedicated funding for the trauma system that is primarily focused on providing hospitals with incentives to pursue and maintain status as a designated trauma center;
- A statewide trauma registry utilizing a nationally recognized data set;

- A blanket of legal protection that facilitates trauma data analysis and trauma system performance improvement;
- A structured performance improvement program for the trauma system (including regional and statewide activities);
- A more centralized system of EMS regulation;
- A structured education program for trauma care providers; and
- A structured injury/trauma prevention program.

These “best practices” were listed in LERN’s 2009 Annual Report as priorities that must be pursued to meet the mission of decreasing morbidity and mortality in Louisiana due to trauma and time-sensitive illness. The following is a 2010 progress report on these priorities.

**PRIORITY:** *A statewide, multi-level network of designated (certified) trauma centers appropriate for the volume and distribution of trauma cases in Louisiana.*

In the spring of 2010, LERN worked cooperatively with DHH, the Louisiana Hospital Association (LHA) and LERN’s legislator Board members – Senator A.G. Crowe, Senator Sherri Smith Cheek, Representative Regina Barrow, and Representative Bodi White – to develop legislation that became ACT No. 934 of the 2010 Regular Session.

This legislative act addressed a number of LERN’s priorities, including the requirement that DHH “provide for the verification and certification of





trauma center status which assigns level designations based on resources available within the applicable facility. Rules shall be based upon national guidelines, including but not limited to those established by the American College of Surgeons in Hospital and Pre-Hospital *Resources for Optimal Care of the Injured Patient*.” The Act also states that DHH “shall designate a health care facility as a trauma center when the requirements of this Section have been fulfilled and upon verification from the American College of Surgeons that the facility has met its criteria for Level I, II, or III. The ‘trauma center’ label shall be reserved exclusively for hospitals with state-issued trauma center certification.”

In the fourth quarter of 2010, LERN purchased a two-year set of claims-level hospital data to begin the analysis required to understand the volume and distribution of trauma cases in Louisiana. This analysis (expected to be completed in the first quarter of 2011) will help LERN and its key stakeholders develop an initial map of the number of certified trauma centers (Level I, II, and III) needed to optimally address the volume and distribution of trauma in Louisiana.

**PRIORITY:** *Dedicated funding for the trauma system that is primarily focused on providing hospitals with incentive to pursue and maintain status as a designated trauma center.*

LERN’s best practices research indicates that many states have created a special trauma fund that can receive funding dedicated to maintaining and strengthening their statewide network of certified trauma centers. Some states also utilize Medicaid funding mechanisms to support their trauma networks. LERN’s ACT No. 934 of the 2010 Regular Session created a special fund called the Louisiana Emergency

Response Network Fund. It provides that “the source of monies deposited into the fund may be any monies appropriated annually by the legislature, including federal funds, any public or private donations, gifts, or grants from individuals, corporations, nonprofit organizations, or other business entities... and any other monies which may be provided by law.”


LERN is currently exploring opportunities to secure monies for this new trauma fund and is collaborating with DHH to explore any trauma funding opportunities that could be developed through federal match programs like Medicaid. LERN recognizes that dedicated funding is a prerequisite to building a comprehensive statewide network of certified trauma centers.

**PRIORITY:** *A statewide trauma registry utilizing a nationally recognized data set.*

ACT No. 934 of the 2010 Regular Session authorized LERN’s Board to “establish and maintain a statewide trauma registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury. The registry shall be used to improve the availability and delivery of pre-hospital or out-of-hospital care and hospital trauma care services.” This legislative act also includes a requirement that all state-certified trauma centers contribute their relevant trauma data to the statewide trauma registry (when adequate funding is provided to cover the relevant trauma center administrative costs).

LERN has purchased the information technology needed to establish and maintain a statewide trauma registry, and has also engaged a consultant to





help define its initial data set and basic rules and requirements. This consulting work is expected to be completed in the fourth quarter of 2011.

**PRIORITY:** *A blanket of legal protection that facilitates trauma data analysis and trauma system performance improvement.*

ACT No. 934 of the 2010 Regular Session creates this protection, “patient and peer review data or information submitted or transmitted pursuant... to the trauma registry, the [LERN] board, any committee acting on behalf of the board, any hospital or pre-hospital care provider, any physician or other direct care provider, any regional commission, any emergency medical services council, emergency medical services agency, or other group or committee whose purpose is to monitor and improve quality pursuant to this Chapter, shall be confidential and exempt from the provisions of law relative to public records as provided in R.S. 44:4.1(B)(24).”

This new protection allows LERN to create the state trauma registry and fully develop state-level and regional performance improvement programs for Louisiana’s statewide trauma system.

**PRIORITY:** *A structured performance improvement program for the trauma system (including regional and statewide activities).*

In January of 2011, the LERN Board authorized the development of a state trauma plan. Many states that have developed a statewide trauma system have also created a state trauma plan – a trauma system reference book that typically includes descriptions of legislative authority, governance and management structures, general policies, scope of operations and operating procedures. LERN’s state trauma plan, anticipated to be completed and adopted by June 2011, will include a performance improvement program with state-level and regional components.

**PRIORITY:** *A more centralized system of EMS regulation.*

Regulation of EMS in Louisiana is currently divided into three separate areas of responsibility, none of which are located within LERN’s authority.

Two separate operating units within DHH are responsible for licensure of EMS individuals and organizations, respectively. Parish medical societies are responsible for approval of EMS protocols.

The LERN Board has made no formal recommendation for change. However, LERN intends to remain in conversation with DHH and the Regional Commissions regarding opportunities to improve the efficiency of EMS regulation in Louisiana.

**PRIORITY:** *A structured education program for trauma care providers.*

LERN’s state trauma plan document, currently under development, will include the design of an education plan for trauma care providers. It is anticipated to be completed and adopted by June 2011.

LERN has enjoyed strong support from the rural hospitals around the state. To further this success, LERN has made the implementation of education programs for health care professionals in rural areas a priority. The goal is to build capacity and efficiency so that injured patients get to the right place for the right care at the right time.

**PRIORITY:** *A structured injury/trauma prevention program.*

Injury prevention is one of the nationally recognized components of a comprehensive statewide trauma system. Louisiana has a structured injury prevention program that currently resides in DHH OPH, and is funded primarily through federal grants. LERN and OPH began discussions in the fourth quarter of 2010 for the purpose of relocating the state’s injury prevention program inside LERN. A due diligence process is currently underway and should be completed by the second quarter of 2011.

Movement of existing resources and activities into LERN in 2011 will serve as a starting point for growth and diversification of Louisiana’s injury prevention efforts.

# FINANCES

## During FY 09-10, LERN expended approximately

\$3.088 million in state general funds to support salaries and benefits, operational expenses, overhead, professional services contracts, and continuing expenditures for LERN infrastructure and communications centers setup.

- The final expense in capital expenditures of \$447,957 was to complete the infrastructure build-out for communications center infrastructure.
- Staffing of the communications center accounted for an expenditure of \$1,072,248 for the year, or less than 34% of the total budget. Staffing is provided by paramedics on a 24 hours a day/seven days a week/365 days a year basis.
- Salaries and related benefits accounted for only 23% of total expenditures for FY 09-10. Of the salaries/benefits total of \$709,803, 31% was in support of the central office while 69% was spent on regional support.
- Net operating expenses, which include travel, rent, communications devices, supplies and other miscellaneous operating expenses accounted for only 14% of total expenditures for FY 09-10.

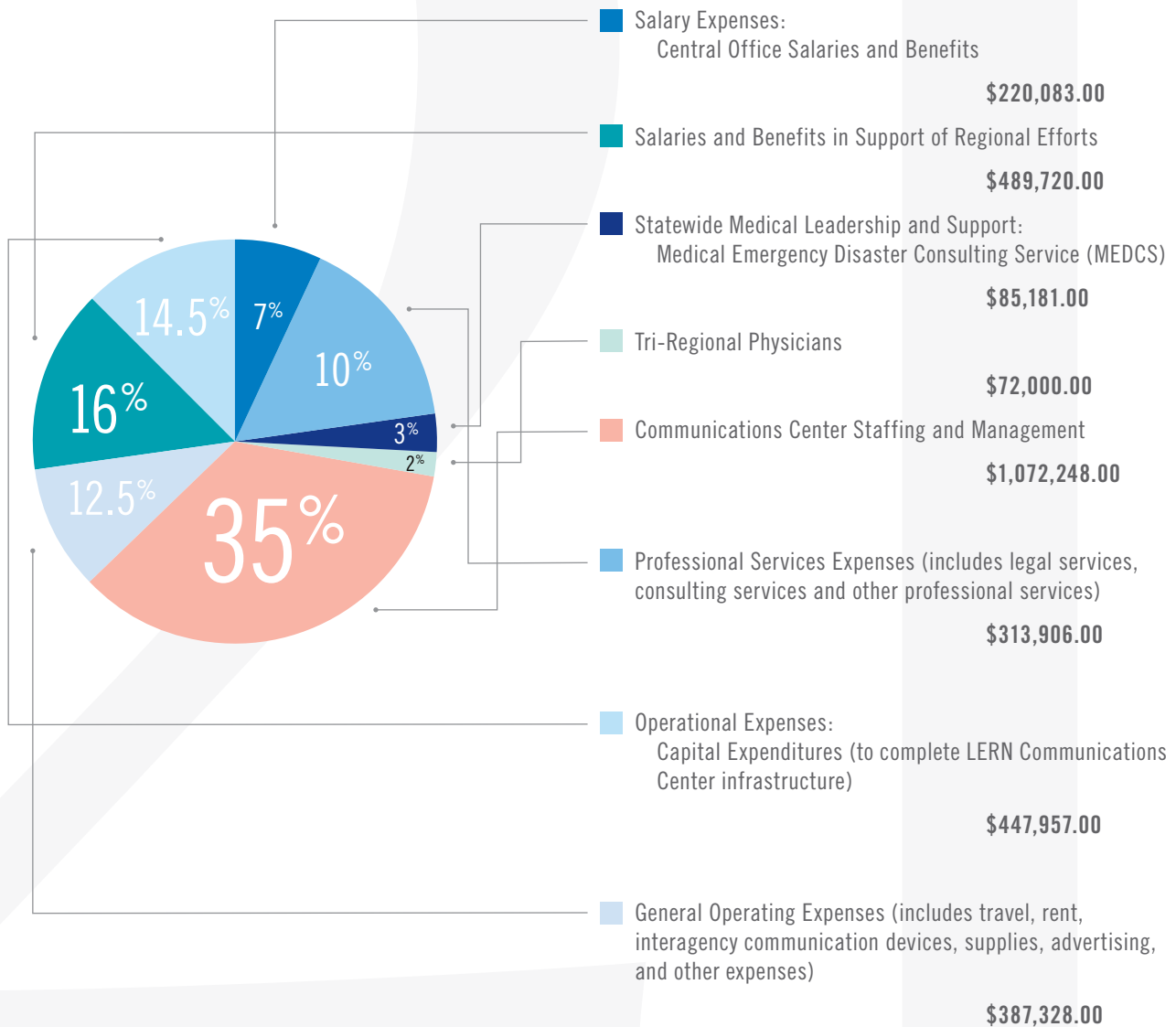


# INCOME/EXPENSES

Total Income FY 09-10:

\$3,088,423.00

Total Expenses FY 09-10:




Total Expenses FY 09-10:

\$3,088,423.00



# LERN BOARD OF DIRECTORS



The 28-member LERN Board is appointed by the Governor. Members represent stakeholder organizations throughout the state and provide the expertise and leadership for system development. These organizations include:

American College of Cardiology, Louisiana Chapter  
(Represented by Patrick C. Breaux, MD)

American College of Surgeons, Committee on Trauma (Represented by Kevin M. Sittig, MD)

American Stroke Association  
(Represented by Kenneth J. Gaines, MD)

Department of Health and Hospitals  
(Represented by Jimmy Guidry, MD)

Department of Health and Hospitals, Office of Mental Health (Represented by Danita Leblanc)

Governor's Office of Homeland Security and Emergency Preparedness  
(Represented by Mark A. Cooper)

Louisiana Alliance of Information and Referral Systems (Represented by Terri R. Brock)

Louisiana Ambulance Alliance  
(Represented by Gary R. Peters)

Louisiana Ambulance Association  
(Represented by Ross D. Judice, MD)

Louisiana American College of Emergency Physicians (Vacant)

Louisiana Association of EMS Physicians (Vacant)

Louisiana Hospital Association (Vacant)

Louisiana Hospital Association Rehab Constituency Group (Represented by Peter Sullivan)

Louisiana House of Representatives  
(Represented by Representative Regina Ashford Barrow and Representative Mac "Bod" White, Jr.)

Louisiana Medical Association (Vacant)

Louisiana State Board of Nursing  
(Represented by Kristin Whitty PhD, APRN)

Louisiana State Coroners Association  
(Represented by Joel G. Eldridge, DO)

Louisiana State Medical Society  
(Represented by John W. Noble Jr., MD)

Louisiana State Medical Society – Pediatric Surgery  
(Represented by Michele M. Zembo, MD, MBA)

Louisiana State Senate  
(Represented by Senator Sherri Smith Cheek and Senator A.G. Crowe)

LSU Health Sciences Center – New Orleans  
(Represented by John P. Hunt, MD)

LSU Health Sciences Center – Shreveport  
(Represented by Thomas C. Arnold, MD)


Metropolitan Hospital Council  
(Represented by Coletta Cooper Barrett, RN, MHA)

National Emergency Number Association  
(Represented by Carl J. Varnado, Jr.)

Optometry Association of Louisiana  
(Represented by Christopher W. Wroten, OD)

Rural Hospital Coalition  
(Represented by Federico "Fred" Martinez, Jr.)

Tulane University Health Sciences Center  
(Represented by Norman E. McSwain Jr., MD)



The current gubernatorial appointees have expertise recognized both locally and nationally and are leaders within Louisiana's health care community. They are physicians, hospital executives, emergency medical providers, and emergency preparedness specialists. The LERN Board members are volunteers and do not receive compensation for their service.

