ANNUAL REPORT Fiscal Year 2011 – 2012



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 August 2012
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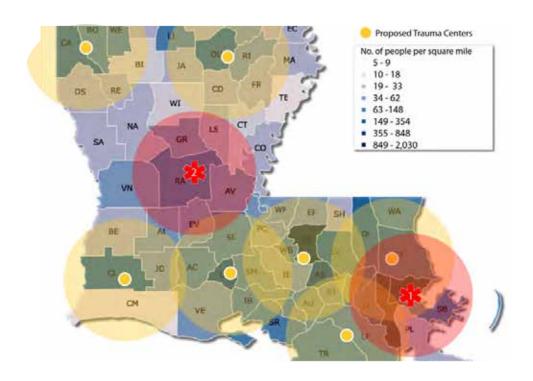
Letter from the Executive Director

The Louisiana Emergency Response Network (LERN) is an agency of state government, created by the Louisiana Legislature in 2004 and 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. Funding for the establishment of LERN operations began in July 2006.

Since that time, the LERN Board has established nine regional commissions populated with stakeholder volunteers that live and work within the region they represent. LERN is very proud of the tremendous support and direction it receives from the dedicated leaders that volunteer to serve on the LERN Board and Regional Commissions. A complete listing of LERN Board members and the members of our nine Regional Commissions are provided in this annual report.

Step one of LERN's development plan focused on implementing a core of operations that could better identify trauma patients and support more efficient delivery of trauma patients to available definitive care resources. This step included implementation of EMS provider network agreements, hospital provider network agreements, pre-hospital protocols, and a communication center. We are now able to report positive outcomes from this collaborative statewide effort. In the **Performance** section of this annual report you will find data and a real case testimonial that clearly shows the positive benefits of utilizing the LERN Communication Center (LCC) to route trauma patients to facilities capable of addressing their specific injuries.

Step two of LERN's development plan is focused on creating a complete network of designated trauma centers – the anchor component of any statewide trauma system. Louisiana currently has only two state-designated trauma centers. We are therefore one of the few states that does not have a statewide network of designated trauma centers. LERN utilized a framework of best practices and lessons learned from other states to create a white paper that defines and promotes the development of an ideal statewide system of state-designated trauma systems. That white paper, **Development of a System of State-designated Trauma Centers in Louisiana**, is provided as Appendix A to this annual report. LERN's medical director, Dr. Robert Coscia, is leading our statewide effort to build awareness of and commitment to creating a network of state-designated trauma centers adequate to meet Louisiana's needs.



LERN's strategic priorities also include the development of statewide systems of care for Stroke and ST Segment Elevation Myocardial Infarction (STEMI). LERN created Stroke and STEMI workgroups to conduct research and design these statewide systems of care. The workgroups include expert stakeholders from across the state. I would like to extend a special thanks to Dr. Murtuza Ali for leading the STEMI workgroup and to Dr. Kenneth Gaines for leading the Stroke workgroup. Both groups have made great progress. Updates presented to the LERN Board of Directors in August of 2012 on the progress of both the Stroke and STEMI workgroups are provided as Appendices B and C, respectively. Stroke and STEMI system of care designs will be presented to the LERN Board for approval in 2013.

I consider it a great honor to serve Louisiana as the LERN Executive Director, and I look forward to the work ahead in 2013.

Respectfully submitted,

Paix Hargrore

Executive Director

Louisiana Emergency Response Network



Governing Board and Regional Commissions

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

BOARD EXECUTIVE COMMITTEE MEMBERS

Norman E. McSwain, Jr., MD

Chairman of the Board
Professor of Surgery
Tulane University Health Sciences
Department of Surgery
Nominating Entity: Tulane University
Health Sciences Center

John P. Hunt, MD

Vice-Chairman of the Board
Professor of Surgery
Louisiana State University Health Sciences
Center – New Orleans
Nominating Entity: Louisiana State
University Health Sciences Center – New
Orleans

Peter Sullivan

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

Coletta Barrett, RN, FACHE

Immediate Past Chairman of the Board Vice President of Mission Our Lady of the Lake Regional Medical Center Nominating Entity: Louisiana Alliance of Information and Referral Systems

William Freeman, MD

Executive Committee Member
Director of Emergency Services
Louisiana State University – Earl K. Long
Medical Center
Nominating Entity: Louisiana American
College of Emergency Physicians

Jimmy Guidry, MD

Executive Committee Member
State Health Officer
Department of Health and Hospitals
Nominating Entity: Department of Health
and Hospitals

BOARD MEMBERS

Honorable Regina Ashford Barrow

Representative

Louisiana House of Representatives Nominating Entity: Louisiana House of

Representatives

Patrick C. Breaux, MD

Section Head, Consultative Cardiology Ochsner Heart and Vascular Institute Nominating Entity: Louisiana Chapter of the

American College of Cardiology

Honorable Sherri Smith Buffington

Senator

Louisiana State Senate

Nominating Entity: Louisiana State Senate

Billy Conerly

Director of Emergency Department and Clinical Services

Lane Regional Medical Center

Nominating Entity: Louisiana Hospital Association – Service District Hospital

John Dailey, JD, MPA, FACHE

Vice Chancellor for Administration

Louisians State University Health Sciences

Center – Shreveport

Nominating Entity: Louisiana State

University Health Sciences

Center – Shreveport

Kevin Davis

Director of Governor's Office of

Homeland Security and Emergency

Preparedness

State of Louisiana

Nominating Entity: Governor's Office of

Homeland Security and Emergency Preparedness

Joel Eldridge, DO

Coroner

Franklin Parish

Nominating Entity: Louisiana State

Coroners Association

Kenneth J. Gaines, MD

Chairman, Department of Neurology Ochsner Health Systems, Neurology

Department

Nominating Entity: American Stroke

Association

Craig C. Greene, MD

Orthopaedic Surgeon and Sports Medicine

Specialist

Baton Rouge Orthopaedic Clinic

Nominating Entity: Louisiana State Medical

Society

Michael Hulefeld

Chief Executive Officer

Ochsner Medical Center

Nominating Entity: Metropolitan Hospital

Council

Danita Leblanc

Program Manager

Department of Health and Hospitals

Nominating Entity: Department of Health

Nominating Entity. Department of nearth

and Hospitals

Fred Martinez

Chief Executive Officer

St. Charles Parish Hospital

Nominating Entity: Rural Hospital Coalition

Honorable Karen Gaudet St. Germain

Representative

Louisiana House of Representatives

Nominating Entity: Louisiana House of

Representatives

Kevin M. Sittig, MD

Senior Associate Dean and Chief Medical Officer

Louisiana State University – Shreveport Department of Emergency Medicine Nominating Entity: Committee on Trauma,

American College of Surgeons

Carl J. Varnado, Jr.

Deputy Director

National Emergency Number Association Nominating Entity: National Emergency

Number Association

Honorable Mack "Bodi" White, Jr.

Senator

Louisiana State Senate

Nominating Entity: Louisiana State Senate

Kristin Whitty, PhD, APRN

Assistant Professor

Southeastern Louisiana University

Nominating Entity: Louisiana State Board of

Nursing

Tracy B. Wold

EMS Director

Jackson Parish Ambulance Service District Nominating Entity: Louisiana Rural

Ambulance Alliance

Christopher W. Wroten, OD

Co-Owner

Bond-Wroten Eye Clinic

Nominating Entity: Optometry Association

of Louisiana

Michele Zembo, MD, MBA

Assistant Dean for Clinical Education
Director of Medical Staff and GME Medical

Center of Louisiana

Nominating Entity: Louisiana State Medical

Society

Other Nominating Entities:

Louisiana Association of EMS Physicians – Medical Director of an EMS Agency Louisiana Medical Association

REGIONAL COMMISSIONS

Region 1 includes four parishes in the southeast part of the state: Jefferson, Orleans, Plaquemines, and St. Bernard.

Officers

Mike Guillot, NREMT-P

Chairman

Director of Emergency Services East Jefferson General Hospital Organization: Local Ambulance

Joseph F. Uddo, Jr., MD

Vice-Chairman General Surgeon

East Jefferson General Hospital Organization: Service District

Hospital

Stephen J. Gordon, ENP

Secretary

Executive Director

Orleans Parish Communication

District

Organization: National Emergency Number Association

Members

Murtuza Ali, MD

Assistant Professor of Medicine LSU School of Medicine Organization: Cardiology Ad

Нос

Cindy Davidson, JD

Administrative DRC-OPH

Region 1

Metropolitan Hospital Council Organization: Health and Human Services Designated Regional Coordinator

Karen Daviss, NREMT-P

Emergency Coordinator II/ EMS

Compliance

Jefferson Parish Emergency

Management

Organization: GOHSEP

Peter Deblieux, MD

Director of Emergency Medicine Services

MCLNO-LSUHSC

Organization: Trauma Center

Representative

Jeffery Elder, MD

Medical Director/ New

Orleans EMS

Clinical Instructor of Medicine/ LSU Section of Emergency

Medicine

Organization: Louisiana State

Medical Society

Frank Graff III, NREMT-P, LEM

Vice President

Care Ambulance Service, Inc Organization: Emergency

Medical Response

Alan Marr, MD, FACS

Associate Professor of Clinical

Surgery

LSUHSC Department of Surgery *Organization: American College*

of Surgeons

Sheryl Martin-Schild, MD

Vascular Neurologist

Tulane University Health

Science Center

Organization: American Stroke

Association

Gina Meyer, LEM, EMT

EMS Superintendent

Plaquemines Parish

Government

Organization: Rural Ambulance

Representative

Roland S. Waguespack, III, MD, MBA, FAAEM, FACEP

Emergency Physician

East Jefferson General Hospital Organization: American College

of Emergency Physicians

Paolo Zambito, RN

CEO

Ochsner Medical Center-Kenner Organization: Hospital > 100

Beds

Region 2 includes seven parishes in the south central part of the state: Ascension, East Baton Rouge, East Feliciana, Iberville, Point Coupee, West Baton Rouge, and West Feliciana.

Officers

Stewart Cayton, MD

Chairman

Trauma Surgeon

Our Lady of the Lake RMC

Organization: American College

of Surgeons

James Rhorer, MD

Vice-Chairman

ED Medical Director

Our Lady of the Lake RMC

Organization: Louisiana State

Medical Society

Anthony Summers

Secretary

Assistant Director

West Baton Rouge Office of Homeland Security, Emergency

Preparedness and 911 Organization: GOHSEP

Members

Sadye Batts

Stroke Program Coordinator

Baton Rouge General

Organization: Hospital > 100

Beds

Jeremy Dedeaux

Charge RN Lane RMC

Organization: Service District

Hospital

Chris Fitzgerald

EMS Director

West Feliciana Parish Hospital

EMS

Organization: Rural Ambulance

Representative

Kathleen Ford

Chief Nursing Officer

West Feliciana Parish Hospital Organization: Hospital < 60

Beds

Mark Gaudet

Registered Nurse: ED/SICU East Baton Rouge Parish Department of EMS Organization: Emergency

Chad Guillot

Medical Response

EMS Director

East Baton Rouge Parish Department of EMS

Organization: Local Ambulance

Services

Johnny Jones, MD

Medical Director Baton Rouge General ED and East Baton Rouge EMS Organization: American College of Emergency Physicians

Ralph Ladnier

Commander of 911 Communications West Feliciana Parish Sheriff Office Organization: National **Emergency Number Association**

Marilyn Reynaud, MD

Medical Director/Capitol Region Office of Public Health DHH/OPH Organization: DHH-OPH Regional Medical Director

Allyn Whaley-Martin

Director, Safety/Region 2 Hospitals Designated Regional Coordinator Our Lady of the Lake RMC Organization: Health and **Human Services Designated** Regional Coordinator (HHSDRC)

Other Nominating Entities:

Emergency Medical Response American College of Emergency **Physicians**

Region 3 includes 7 parishes in the southeast part of the state: Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne.

Officers

(911)

Earl Eues, Jr., REM

Chairman **Director of Homeland Security** and Emergency Preparedness Terrebonne Consolidated Government Organization: GOHSEP

Donna Tesi, MD

Vice-Chairman **General Surgeon** Franklin Foundation Hospital Organization: Louisiana State Medical Society (LSMS)

Kim Beetz Secretary

Administrative Director **DRC-OPH Region 3** Organization: Health & Human Services Designated Regional Coordinator (HHSDRC)

Members

Brenda Arceneaux, RN

VP of Nursing Services Thibodaux Regional Hospital Organization: Service District Hospital

William Bisland, MD

General Surgeon Thibodaux Surgical Specialists Organization: American College of Surgeons

Dominique Bonvillan

TPCD Assistant Director Organization: National **Emergency Number Association** (911)

Brady Daigle, NREMT-P

Operations Manager Lafourche Ambulance District 1 Organization: Local Ambulance Service

Chad Davis, NREMT-P

Operations Supervisor Acadian Ambulance Services Organization: Emergency Medical Response

Thomas Falterman, MD

Emergency Department Medical Director Leonard J. Chabert Medical Center Organization: American College of Emergency Physicians (ACEP)

Connie Gistand, MD

OPH Regional Medical Director Region 3, DHH Organization: DHH-OPH Regional Medical Director

Teresita McNabb, RN

VP of Nursing Services Terrebonne General Medical Center

Organization: Hospital > 100

Beds

Ken Rousseau, MS-HCM, NREMT-P

Director, Emergency Medical

Services

St. Charles Parish Hospital Organization: Rural Ambulance

Alliance

Jennifer Wise, RN, BSN, MHA

Chief Nursing Officer Franklin Foundation Hospital Organization: Hospitals <60

Bed

Region 4 includes seven parishes in the southwest part of the state: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermillion.

Officers

Scott Hamilton, MD

Chairman

Director of Pediatric Emergency

Services

Lafayette General Medical

Center

Organization: American Academy of Pediatrics (AAP)

Mark F. Olivier, MD, FACEP, **FAAFP**

Vice Chairman Schumacher Group Risk Management Medical

Advisor

Organization: ACEP

Cathie Boudreaux

Secretary

Director of Nursing St. Martin Hospital

Organization: Hospital < 60

Beds

Members

John Armand

ED Director

Opelousas General Health

Systems

Organization: LA Council ENA

Paul Azar, Jr., MD

Ophthalmologist Organization: LSMS

Joey Barrios, MD

Medical Director

Burn Unit

Our Lady of Lourdes RMC Organization: Burn Center

Shane Bellard, NREMT-P Senior Operations Supervisor Med Express Ambulance Service

Organization: LANREMT

Brent Boudreaux

Operations Supervisor Acadian Ambulance Service Organization: Local Ambulance

Service

Terry Broussard

Assistant Vice President for **Patient Care Services** Our Lady of Lourdes RMC Organization: Hospital > 100

Bed

Kevin Courville, MD

Cardiologist

Organization: American College

of Cardiology

Leo deAlvare, MD

Neurologist

Organization: American Stroke

Association

James Garcelon, MD

General Surgeon

Organization: ACS

Leslie Kram Greco, DO, **FACEP**

ED Medical Director Iberia Medical Center

Organization: Service District

Hospitals

Anjanette Hebert

Director of Security, Safety and **Emergency Preparedness** Lafayette General Medical

Center

Organization: Health & Human Services Designated Regional Coordinator (HHSDRC)

Colonel Prescott Marshall

Director/Iberia Parish

OHSEP/911 Iberia Parish

Organization: Office of Homeland Security and **Emergency Preparedness**

Jude Moreau

Executive Director St. Landry Parish

Communications District (E-911) Organization: 911 (LA NENA)

Eve Quebedeaux

Director/St. Landry EMS

St. Landry EMS

Organization: Louisiana Ambulance Alliance

Tina Stefanski, MD

DHH/OPH Region IV Regional Administrator/Medical Director State of LA, Department of Health and Hospitals Organization: DHH-OPH Regional Medical Director

Region 5 includes five parishes in the southwest part of the state: Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis.

Officers

Tressy Bergeron

Chairman
Director/Emergency
Department

CHRISTUS-St. Patrick Hospital *Organization: Hospital > 100*

Bed

Frederick Dent

Vice-Chairman
Detective/Emergency Medical
Response
Calcasieu Parish Sheriff
Department
Organization: Emergency

Medical Response

Joy Griggs

Secretary
OPH/Hospital Coordinator
Office of Public Health
DHH/OPH – Region 5

Organization: Regional Hospital

Coordinator

Members

Robert Anderson, MD

Director of Emergency Services Lake Charles Memorial Hospital Organization: American College of Emergency Physicians

Annette Belcher

Medical Telemetry/Resource Manager West Calcasieu Cameron Hospital Organization: Service District

Ruth Carnes

Hospital

Human Resources Director Jennings American Leigon Hospital

Organization: Hospital <60

Beds

Robert Daughdril

Director/Calcasieu Parish OHSEP/911/EMS Specialist Calcasieu Parish Organization: GOHSEP

Bertrand Foch, MD

Regional Administrator/Medical Director
Department of Health and Hospitals
Region V Office of Public Health Organization: DHH-OPH
Regional Medical Director

Liz Harmon

Administrative Hospital DRC Regions 4 and 5 Hospital Preparedness Program Organization: Health and Human Services Designated Regional Coordinator (HHSDRC)

Richard McGuire

Assistant Director
Calcasieu Parish Public Safety
Communications District
Organization: National
Emergency Number Association
(911)

Joseph O'Donnell, MD Surgeon

Sulphur Surgical Clinic Organization: American College of Surgeons

Lane Owers

Community Relations
Supervisor
Acadian Companies, Inc
Organization: Local Ambulance
Services

Alycia Rodgers, MD
Pediatrician
SWLA Center for Health Services
Organization: Louisiana State
Medical Society

Chris Stanley

EMS Director Cameron Parish Ambulance Service — District 2 Organization: Louisiana Rural Ambulance Alliance

Other Nominating Entities:

Hospital < 60 Beds

Region 6 includes eight parishes in the central part of the state: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn.

Officers

Mark Majors

Chairman Owner/Operator Med Express

Organization: Emergency Medical Response

Jeremy Timmer, MD

Vice-Chairman Physician

Rapides Regional Medical

Center

Organization: Louisiana State

Medical Society

Mary Tarver

Secretary

HHS Hospital Coordinator

St. Francis Cabrini

Organization: Health and Human Services Designated Regional Coordinator (HHSDRC)

Members

Elizabeth Battalora, DHSc, RN

Army Nurse

Organization: Military Hospital

Alan Chandler

EMS Supervisor

Hardtner Medical Center Organization: Hospital < 60

Beds

Harry Foster

Director

Winn Parish

Organization: GOHSEP
David Holcombe, MD
Medical Director
Organization: DHH-OPH

Organization: DHH-OPH
Regional Medical Director

Donna LemoineTrauma

Coordinator

Rapides Regional Medical

Center

Organization: Hospital > 100

Beds

Philip Lindsay, MD

Physician

Rapides Regional Medical

Center

Organization: American College

of Surgeons

Larry Parker, MD

Physician

St. Francis Cabrini

Organization: American College

of Emergency Physicians

Jeff Poque

Operations Manager Acadian Ambulance

Organization: Local Ambulance

Services

Brenda Smith

Director of General Services LaSalle General Hospital *Organization: Service District*

Hospital

Vickie Stagg, RN

Emergency Nurse

Rapides Regional Medical

Center

Organization: Registered Nurse Practicing in Emergency or

Critical Care

Sonya Wiley

Director

Rapides Parish

Organization: National

Emergency Number Association

(911)

Octavia Williams

Office Manager Med Express

Organization: Rural Ambulance

Representative

Region 7 includes 9 parishes in the northwest part of the state: Beinville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, and Webster.

Officers

Karen Mixon Chairman

Organization: Hospital<60 Beds

Keith Carter, EMT-P

Vice-Chairman Chief Medical Officer

Pafford EMS

Organization: Emergency Medical Response

Martha Carter

Secretary 911 Administrator

Region 7 911 Organization: DHH-OPH Regional Medical Director

Members

Knox Andress, RN

Region 7 Hospital DRC

LSU-Shreveport

Organization: Health and Human Services Designated Regional Coordinator (HHSDRC)

Larry Atteridge, EMT-P

Director of EMS Natchitoches EMS

Organization: Local Ambulance

Services

Susan Cash, RN

ED Director Willis Knighton

Organization: Hospital > 100

Beds

John Fulco

Director of Operations Caddo-Bossier Office of Homeland Security Organization: GOHSEP

Derrel Graham, MD

ED Medical Director LSU-Shreveport

Organization: American College

of Emergency Physicians

David Jones

CEO

North Caddo Medical Center Organization: Service District

Hospital

Gary Jones

Owner

Advanced EMS

Organization: Rural Ambulance

Representative

Max Morandi, MD

Surgeon LSU-Shreveport

Organization: Trauma Center

Representative

Martha Whyte, MD

Region 7 OPH Medical Director

DHH-OPH

Organization: National

Emergency Number Association

(911)

Spence Willis, MD

ED Medical Director

Willis Knighton

Organization: Louisiana State

Medical Society

Asser Youseff, MD

Trauma Services Chair

LSU-Shreveport

Organization: American College

of Surgeons

Region 8 includes 12 parishes in the northeast part of the state: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll.

Officers

Daniel Haynes, NREMTP

Chairman

Public Relations Manager

AMR

Organization: Local Ambulance

Services

Richie Allen, NREMTP

Vice-Chairman Paramedic West Carroll EMS

Organization: Rural Ambulance

Representative

April S. Winborne, RN, CHPN

Secretary

Director of Nurses
Franklin Medical Center
Organization: Service District

Hospital

Members

Mike Brame

Hospital DRC – Region 8 St. Francis Medical Center Organization: Health and Human Services Designated Regional Coordinator (HHSDRC)

Tim Esswein, RN

Critical Care Director St. Francis Medical Center Organization: Hospital > 100

Beds

LaDonna Ford, MD

Medical Director
E. A. Conway Hospital
Organization: Louisiana State

Medical Society

Debra Hopkins

Director

East Carroll Parish
Organization: National
Emergency Number Association
(911)

Patrick King, RN

Emergency Department Director

Glenwood Regional Medical

Center

Organization: Registered Nurse Practicing in Emergency or

Critical Care

Stephanie Long, MD

Surgeon

St. Francis Medical Center Organization: American College

of Surgeons

Janice Posey

Educator

Northeast Louisiana Ambulance Organization: Emergency Medical Response

Daniel Twitchell, MD

ED Physician

E. A. Conway Hospital

Organization: American College

of Emergency Physicians

David McSwain, RN

Director of Nursing

West Carroll Memorial Hospital Organization: Hospital < 60

Beds

Region 9 includes five parishes in the southeast part of the state: Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

Officers

Luis Alvarado, MD

Chairman
Chief of Staff
Riverside Medical Center
Organization: Louisiana State
Medical Society (LSMS)

Chad Muntan, MD

Vice-Chairman

ED Medical Director
Lakeview Regional Medical
Center
Van Meter & Associates

Van Meter & Associates Organization: American College of Emergency Physicians (ACEP)

Keith Peek

Secretary
Administrative Designated
Regional Coordinator
Organization: Health and
Human Services Designated
Regional Coordinator (HHSDRC)

Members

James Christopher, MD

General Surgeon
Lakeview Regional Medical
Center
Van Meter & Associates

Organization: American College

of Surgeons

Woody Glover

Director

St. Tammany Parish
Communication District
Organization: National
Emergency Number Association
(911)

Lloyd Gueringer, MD

Emergency Department Medical Director
Slidell Memorial Hospital
Organization: Hospital > 100

Beds

Gina Lagarde, MD OPH Region IX Public Health Medical Director

DHH

Organization: DHH-OPH

Ben Lott, RN

Chief Nursing Officer/Assistant Administrator Riverside Medical Center Organization: Hospital < 60

Beds

David Marcus, NREMT-P

Education Coordinator; Region

9 EMS DRC Northshore EMS

Organization: Rural Ambulance

Alliance

Jay Smith, MD

Director of Emergency Services North Oaks Hospital

Organization: Service District

Hospital

Rebecca Smith

EMT Instructor LTC/Sullivan

Organization: Emergency

Medical Response

John P. Taylor, NREMT-P

Assistant Chief

St. Tammany Fire District 4
Organization: Local Ambulance

Service

Tommy Thiebaud

Director of Homeland Security and Emergency Preparedness Washington Parish Government

Organization: GOHSEP

Brinette Thompson, RN

Emergency Room Supervisor LSU-HSC Lallie Kemp Medical

Center

Organization: Registered Nurse Practicing in Emergency or

Critical Care

Strategic Priorities 2012-2015

LERN's governing board has established a list of strategic priorities to guide organizational planning and decision-making. The Board reviews the strategic priorities and updates the list as necessary to accurately reflect the priority tasks of the organization. LERN's current (2012 to 2015) strategic priorities include the following:

- 1) Strengthen the sustainability of LERN's mission, including state office operations and the development of an ideal statewide network of designated trauma centers
 - Lessen or eliminate LERN's reliance on state general fund dollars
 - Maximize LERN funding from recurring, dedicated source(s)



LERN has conducted comparative research to understand the breadth of funding alternatives utilized by selected other state trauma systems completed. Commonly, state trauma systems are funded with supplemental motor vehicle license fees and supplemental motor vehicle violation fees (DUI, speeding, reckless driving, seatbelt violations, etc.).

LERN has also completed research to better understand existing state dedications in Louisiana that could serve as practical alternative sources of recurring funding for LERN operations. LERN is currently discussing and exploring potential funding options with the Department of Health and Hospitals (DHH).

- 2) Investigate and explore potential opportunities for greater cooperation and integration between the Bureau of EMS (BEMS) and LERN
 - Identify and assess all major issues and challenges
 - Define all potential benefits to a BEMS and LERN integration



LERN engaged the Trauma System Evaluation and Planning Committee (TSEPC) of the American College of Surgeons in the summer of 2009 to conduct a consultative visit. The consultation report issued by the TSEPC (available on the Strategic Priorities page of the LERN website) recommended that LERN develop a more collaborative relationship with BEMS focused on strengthening trauma care in Louisiana.

In many states with a statewide trauma system, a close and collaborative relationship exists between state-level EMS leadership and the statewide trauma system. LERN is currently working with DHH leaders and BEMS in an effort to better integrate the LERN and BEMS functions.

- 3) Build a consensus among key stakeholders for the development of an ideal statewide network of designated trauma centers in Louisiana.
 - Develop priority prospects for new Level II or Level III trauma center designations in regions 3, 4, 5, 8, and 9. Secure at least two new commitments from hospitals to pursue ACS Level II or Level III trauma center verification.
 - Initiate implementation of a Region 6 pilot regional trauma system development anchored by a Level II trauma center.



Louisiana currently has only two state-designated trauma centers. We are therefore one of the few states that does not have a statewide network of designated trauma centers. LERN utilized a framework of best practices and lessons learned from other states to create a white paper that defines and promotes the development of an ideal statewide system of state-designated trauma systems. That white paper, Development of a System of State-designated Trauma Centers in Louisiana, is provided as an appendix to this annual report. The white paper can also be accessed through the home page of the LERN website.

LERN's medical director, Dr. Robert Coscia, is leading an ongoing campaign to meet with hospital leaders in regions 3, 4, 5, 8, and 9 to build awareness of and commitment to creating a network of state-designated trauma centers adequate to meet Louisiana's needs. Several hospitals in the target regions have expressed interest in trauma center development and LERN expects that one or two hospitals will formally begin in 2013 the multi-year effort required to gain trauma center designation.

Louisiana will also likely gain a new designated trauma center in 2013 – Our Lady of the Lake Regional Medical Center in Baton Rouge.

- 4) Develop a statewide system of ST Segment Elevation Myocardial Infarction (STEMI) care to improve outcomes for Louisiana citizens regardless of where they live in the state. System to include components recommended by LERN's STEMI Design the System workgroup:
 - Percutaneous Coronary Intervention (PCI) Hospitals
 - Non-PCI Hospitals
 - EMS



LERN conducted a STEMI survey that was disseminated to stakeholders statewide. A summary of the survey data and the recommendations of the statewide STEMI workgroup have been presented to the LERN Board (this report and can be found on the LERN website).

The STEMI workgroup will formulate and present to the LERN Board in 2013 the following STEMI care system protocols/criteria:

- STEMI Triage Protocol
- LERN STEMI Receiving Center requirements
- Door to Balloon (D2B) Process Flow Chart
- Thrombolysis Guideline for STEMI Referral Center

After LERN Board approval is achieved, physician champions in each region of the state will bring the protocols/criteria to the local EMS and local medical societies for adoption at the local level.

- 5) Develop a statewide system of stroke care to improve outcomes for Louisiana citizens regardless of where they live in the state. System to include final recommendations from the Stroke Design the System Workgroup relative to:
 - Public recognition of stroke symptoms and community education
 - Emergency/timely evaluation of all strokes
 - EMS transfer protocols to facilitate timely treatment of all strokes and administration of tissue plasminogen activator (tPA) where appropriate



LERN conducted a stroke survey that was disseminated to stakeholders statewide. LERN's stroke workgroup is developing stroke treatment and destination guidelines for presentation the LERN Board in 2013.

- 6) Establish statewide registries, consistent with national standards, for trauma, stroke, and STEMI. General purpose of these registries include:
 - Facilitation of statewide and regional injury prevention efforts
 - Facilitation of LERN performance improvement (Trauma System, Stroke System, and STEMI System – state level and regional



Trauma Registry

Startup of the statewide trauma registry is underway. Only designated trauma centers are required to contribute date to the statewide trauma registry. Four hospitals are now contributing data to the trauma registry. Currently, there are 8,623 records in registry, including 6,923 for calendar year 2011 and 1,700 for calendar year 2012. Two of the four facilities reporting are current with 1st and 2nd quarter 2012 data. LERN is working with the two other facilities to assist with trauma registry data imports.

EMS Registry

LERN is currently receiving data from East Baton Rouge EMS and has a total of 51,357 records in the EMS registry. In addition to East Baton Rouge EMS, Caddo Parish Fire District 1 is also contributing data to the State EMS Registry. LERN is working collaboratively with the Ambulance Alliance and EMS agencies participating in a federal grant project that includes EMS data import.

Performance

LERN COMMUNICATION CENTER

The LERN Communication Center (LCC) served 14,846 patients in calendar year 2012, which was and 18% increase in volume from calendar year 2011. The increase is attributed to the successful implementation of the One Call process and the addition of Region 3 to the LERN system in June of 2011. On average, each patient served by the LCC requires the completion of four telephone calls resulting in a total of 59,384 LCC telephone calls.

LCC in Numbers

14,846 patients
18% increase from last year
4 telephone calls per patient on average
59,384 total LCC telephone calls
197 calls fielded for ESF-8 Portal

In addition, the LCC fielded 197 calls for assistance/administration of the ESF-8* Portal, a collaborative effort between LERN and DHH ESF-8.

- · Public health and medical care needs
- · Veterinary and/or animal health issues in coordination with the U.S. Department of Agriculture (USDA)
- Potential or actual incidents of national significance
- A developing potential health and medical situation

LERN: A Testimonial

Shots ring out, and a house is set on fire. St. Mary Parish first responders approach the site only to find themselves in the line of gunfire. One police officer is killed and two more deputies are seriously injured. The wounded deputies are brought to Franklin Foundation Hospital where they are stabilized, injuries evaluated, and prepared for transport to larger facilities with needed specialists. LERN was critical to getting those patients to the specialized care they needed. The LERN Communication Center identified which facilities had the resources to serve the deputies best. Within what seemed like minutes, two helicopters were on the Franklin Foundation Hospital helicopter pad. LERN proved itself that day.

LERN also helped us prepare for that day. Because of LERN, Franklin Foundation staff (nurses, respiratory therapists, lab technicians) had participated in courses for managing trauma situations. Franklin Foundation Hospital had a lot to be proud of that terrible day. The entire hospital staff came to the aide of those officers. Together with LERN, we delivered the care needed ...and those deputies are doing well.

Donna Tesi, M.D., M.P.H., F.A.C.S

Attending Surgeon at Franklin Foundation Hospital and Vice Chair of Region 3 LERN Commission

^{*}ESF-8 – Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, Tribal, and local resources in response to the following:

Disaster Preparedness

The LERN Communication Center participated in a number of disaster preparedness drills, including:

Military Paratrooper Exercise Conducted at Fort Polk

Everyday the LERN network comes together to ensure that persons experiencing trauma get to the right place in the right time. On October 9, LERN worked together with military and medical personnel at Fort Polk, located in Region 6, the local community, surrounding regions, and the Department of Health and Hospitals to conduct a paratrooper night jump exercise. This massive event that included the potential for many significantly injured soldiers required planning, coordination, and diligence to ensure that the processes meshed and flowed into seamless identification, treatment, and movement of those injured.

The military leadership at Fort Polk and Bayne Jones Military Hospital commented that the collaborative efforts, planning, and response were "impressive." They went on to say, "We look forward to future opportunities to work with the Louisiana Emergency Response Network and all of the partners. This is a unique benefit provided to the citizens of Louisiana that, based on our experience, is not available in other states."

Brandi James, from MedExpress Ambulance Service, was the lead EMS on scene for the event. Brandi wrote that, "LERN was extremely professional and easy to work with. We did multiple radio and cell checks prior to the start of the event and the lines of communication were clear and well planned. Special thank you to Courtney Hancock and Chris Hector with LERN for their help."

Improvised Explosive Device (IED) Drill Conducted in Region 3

Interoperability Functional Exercise with Homeland Security and Emergency Preparedness Conducted in Region 4

Lafayette Regional Airport Simulated Disaster Drill Conducted in Region 4

LERN worked with the hospital designated regional coordinators (DRC), EMS DRC's and GOHSEP to coordinate patient movement in a simulated disaster. The LCC tested radio and phone communication with the DRC networks, the Emergency Operations Center and the scene incident commander. LERN routed 61 live patients through the LCC and multiple virtual patients. This drill involved multiple burn victims and allowed the state to test the Southern Regional Burn Plan. This is a regional burn disaster plan for 19 burn centers located in 11 states comprising the Southern Region of the American Burn Association. There were 25 virtual burn patients. We used the actual burn census in the state of Louisiana at the time of the event. Louisiana burn beds accommodated 10 adult patients and 5 pediatric patients. LERN worked with Birmingham Regional Emergency Medical Services System (BREMMS) who is the southern point of contact to place the remaining 10 patients out of state. This also allowed testing of the ESF-8 notification system.

Mass Casualty Drill Conducted in Region 5

LERN coordinated patient movement for the mass casualty event in the same manner as the Region 4 drill.

MECHANISM OF INJURY

LERN tracks mechanism of injury for all patients served through the LCC. Figure 1 shows the mechanism of injury by age groups. Clearly, the two most common mechanisms of injury are falls and motor vehicle accidents. Falls are by far the most common mechanism of injury for the 65+ age group. The most common mechanism of injury for other adults and for children is motor vehicle accidents.

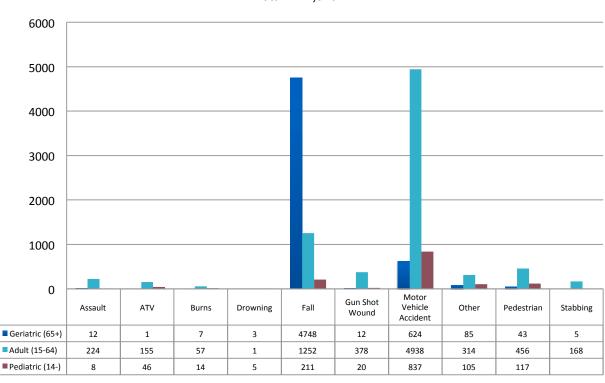


Figure 1: 2012 LERN Data - Patient Mechanism of Injury by Age Group Total = 14,846

TRANSFER REPORT

Together Figures 2 and 3 depict the effectiveness of LERN protocols. Figure 2 shows that 25% of patients who were NOT initially directed by the LCC under the LERN protocols required a secondary transfer. This means that they were not brought to the definitive care hospital on initial transport. This results is lost time for trauma patients when the gold standard is to reach definitive care within the "golden hour". Conversely, Figure 3 shows that only 4% of patients directed under LERN protocols required a transfer after their initial transport, a difference of 21%.

Figure 2: Patient Required Transfer After Initial Transport by EMS
Discretion or Against LERN Protocol Direction

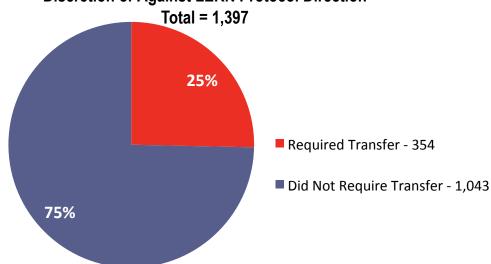
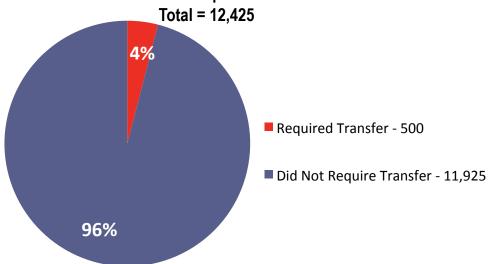


Figure 3: Patient Required Transfer After Inital Transport by LERN Protocol or Patient Required LERN Protocol



TRAUMA EDUCATION

Trauma Nursing Core Course

LERN partners with the Emergency Nurses Association (ENA) and multiple providers across the state to bring the Trauma Nursing Core Course (TNCC) to emergency nurses in Louisiana.

Philosophy

The magnitude of trauma as a national and international problem is documented by data that identifies injury as being the primary cause of death in persons under age 45. The optimal care of the trauma patient is best accomplished within a framework in which all members of the trauma team use a systematic, standardized approach to the care of the injured patient. Emergency nurses are essential members of the trauma team. Educating nurses to provide competent trauma care can significantly reduce morbidity and mortality of trauma patients.

Purpose

Trauma nursing as a discipline refers to the process and content of all the different roles nurses have in the care of the trauma patient. Knowledge is the core of any discipline. The purpose of TNCC is to present core-level knowledge, refine skills, and build a firm foundation in trauma nursing.

About

ENA developed and implemented the TNCC for national and international dissemination as a means of identifying a standardized body of trauma nursing knowledge. The TNCC (Provider) is a 16 or 20-hour course designed to provide the learner with cognitive knowledge and psychomotor skills. Nurses with limited emergency nursing clinical experience, who work in a hospital with limited access to trauma patients, or who need greater time at the psychomotor skill stations are encouraged to attend courses scheduled for the 20-hour format. The TNCC (Instructor) course is an 8-hour course designed to prepare nurses to become TNCC (Provider) Instructors. The nurse must have successfully completed the provider course prior to attending the Instructor course. The Instructor course emphasizes appropriate teaching strategies as well as correct evaluation methods.

LERN taught 32 TNCCs in calendar year 2012 with a total of 290 students obtaining certification in the Trauma Nursing Core Curriculum.

Rural Trauma Team Development Course

Developed by the Rural Trauma Committee of the American College of Surgeons Committee on Trauma, the Rural Trauma Team Development Course (RTTDC) is an American College of Surgeons (ACS) trauma program based on the concept that in most situations, rural facilities can form a trauma team consisting of at least three core members. The course is offered in a single day or modular format.

Target Audience

The intended audience includes individuals who are involved in the care of the injured patient, including physicians, nurse practitioners, physician assistants, nurses, prehospital personnel, technicians, and administrative support.

Course Objectives

- Organize a rural trauma team with defined roles and responsibilities for the members
- Prepare a rural facility for the appropriate care of the injured patient
- Identify local resources and limitations
- Assess and resuscitate a trauma patient
- Initiate the transfer process early
- Establish a performance improvement process
- Encourage effective communication
- Define the relationship between the rural trauma facility and the regional trauma system

LERN facilitated four RTTDCs in Regions 2, 3, 7, and 9 in calendar year 2012. A total of 73 individuals participated.

Mass Casualty Incident

AASI Air Ambulance Specialists in Region 4 invited LERN to assist and participate in their first "Mass Casualty Incident (MCI) Boot Camp" held November 13 and 15 in Lafayette. LERN provided educational support, tools and presenters on both days. The full-scale event held at the National EMS Academy (NEMSA) focused on incident command structure. Medics performed scene management and triage skills in testing scenarios set up with live patients from an area high school.

The two-day Boot Camp provided current, hands on instruction and participation to 169 medics and paramedics within the Region.

Financial Summary

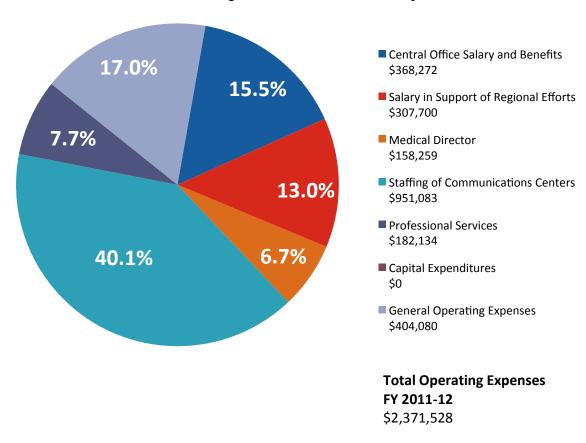


Figure 4: Financial Summary

During FY 2011-12, LERN expended approximately \$2.4 million in state general funds to support LERN's statewide operations.

Appendix A

White Paper – Development of a System of State-designated Trauma Centers in Louisiana



November 2012



Development of a System of State-designated Trauma Centers in Louisiana

Purpose

The US Centers for Disease Control and Prevention ranks Louisiana as the 8th highest state for injury deaths (2007 – 2009). The optimal care setting to address significant traumatic injury in the US today is a state-designated *trauma center*. National standards for trauma centers are maintained by the American College of Surgeons, Committee on Trauma.

Louisiana, with only two statedesignated trauma centers, is one of the few states that does not have a statewide system for trauma centers. The Louisiana Emergency Response Network (LERN) is utilizing a framework of best practices and lessons learned from other states to promote and facilitate the development of an ideal statewide system of state-designated trauma centers.

The framework is provided and explained in this paper.

Introduction

The Louisiana Emergency Response Network (LERN) is an agency of state government, created by the Louisiana Legislature in 2004 and 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.

Funding for the establishment of LERN operations began in July 2006. Since that time, the LERN Board has established nine regional commissions populated with stakeholder volunteers

that live and work within the region they represent. Recognizing Louisiana's lack of designated trauma centers, step one of LERN's development plan focused on implementing a core of operations that could better identify trauma patients and support more efficient delivery of trauma patients to available definitive care resources. Step one included implementation of EMS provider network agreements, hospital provider network agreements, pre-hospital protocols, and a communications center.

Step two of LERN's development plan is focused on creating a complete network of designated trauma centers – the anchor component of any statewide trauma system. A complete network of designated trauma centers is a necessary prerequisite to building other key components of a trauma system, including a statewide trauma registry, a trauma system performance improvement (PI) function, trauma education and prevention programs, and integration with the state's all disasters response infrastructure. Establishing a complete network of designated trauma centers also facilitates the development of collaborative regional trauma networks that include vital trauma care support from the smaller community hospitals.

Louisiana law (LA RS 40:2841-2846) states that the *trauma center* label shall be reserved exclusively for hospitals with state-issued trauma center designation. The Health Standards Section of the Louisiana Department of Health and Hospitals (DHH) is charged with the responsibility of designating trauma centers. To receive DHH designation as a Level I, Level II, or Level III trauma center, Louisiana hospitals must successfully complete the trauma center verification process of the

American College of Surgeons, Committee on Trauma.

Trauma centers require a sizeable commitment of resources, including human capital, facilities, technology, training, and research. Level I designation is the highest level of trauma center, requiring the greatest commitment of hospital resources.

Given Louisiana's dearth of trauma centers, and given the importance of trauma centers to statewide trauma systems, and recognizing the substantial commitment of resources required to develop and maintain trauma centers, LERN will utilize the following framework to promote and facilitate the building of an ideal Louisiana network of trauma centers.

I. Access to Definitive Care

Drs. R. Adams Cowley and Donald Trunkey are considered the fathers of modern trauma care. The phrase "golden hour", referring to that critical first hour following injury, was coined as the goal of an organized trauma system to provide broad coverage based on the "golden hour concept". Today trauma system planners across the country regard the "golden hour" as the gold standard for patient access to definitive care.

The American College of Surgeons, Committee on Trauma recommends that all organized trauma systems focus on the goal of providing broad coverage based upon the "golden hour" concept and further recommends the goal of delivering injured patients living in urban communities to a trauma center within a maximum of thirty minutes from the time of EMS notification.

Louisiana should develop a system of designated Level II, Level II, and Level III trauma

centers that ensure access to definitive care within the "golden hour". For trauma patients, time is critical – the availability of designated trauma centers appropriately located throughout the state eliminates the need to desperately "shop around" for needed resources and service.

Figure 1 provides a general picture of the "golden hour" coverage areas available through Louisiana's two existing trauma centers.

II. Patient Volume

Health care quality research has produced an extensive amount of literature that documents superior patient outcomes for hospitals and physicians with higher patient volumes. This literature suggests that substantial reductions in mortality rate can be achieved through regionalized treatment models for certain highrisk conditions.

Figure 1 – "Golden Hour" Overlay



A recent study of trauma patients in Pennsylvania examined the impact of patient volumes and level of trauma center designation on patient outcomes. Pennsylvania has a mature statewide trauma system that delivers "golden hour" coverage to virtually all of its citizens. The study examined data on 88,000 seriously injured patients from 24 Pennsylvania trauma centers. The study found that low volume of trauma admissions was a significant risk factor for mortality in patients with head, chest, brain, and/or lung injury.

Unfortunately, low volume trauma centers are a reality in a number of states and urban locales – a consequence of local market hospital and/or health care system competitive pressures.

The Resources for Optimal Care of the Trauma Patient 2006, published by the Committee on Trauma, acknowledges the patient volume/quality outcome dynamic by establishing minimum volumes for Level I trauma centers. Specifically, Level I trauma centers must admit at least 1,200 trauma patients annually or meet the alternate criteria.

The Committee on Trauma's *Optimal Care* guidebook also "... emphasizes the need for various levels of trauma centers to cooperate in the care of injured patients to avoid wasting precious medical resources. For, in the era of health care reform, we not only must strive for optimal care, but we also must try to provide this optimal care in a cost-effective manner."

Louisiana hospitals seeking Level I trauma center status must meet the Committee on Trauma's patient volume requirements for Level I trauma centers. LERN additionally recommends the development of relevant patient volume guidelines for designation of Level II and Level III trauma centers in Louisiana.

Preliminarily, LERN recommends a minimum volume of 400 trauma patient admissions for Level II trauma centers and a minimum volume of 150 trauma patient admissions for Level III trauma centers. Final patient volume guidelines should be adopted by the LERN Board based upon analysis of Louisiana regional trauma case volume data and input from LERN's regional commissioners and other relevant stakeholders.

III. Population Density and Injury Rates

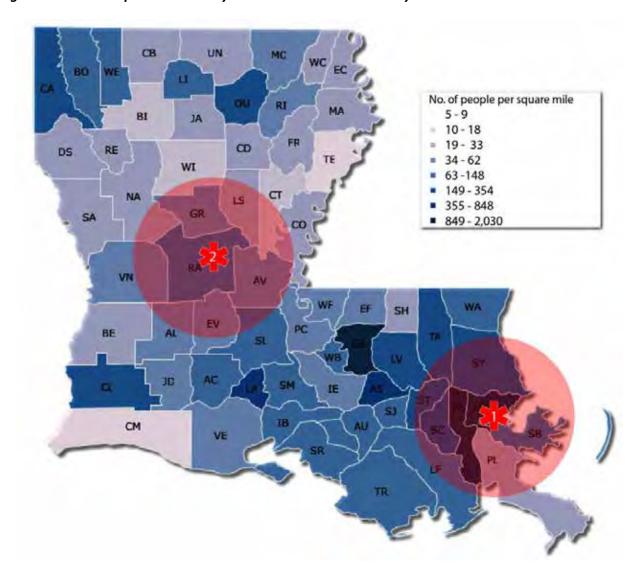
High population areas in Louisiana that currently lie outside of "golden hour" access to trauma centers include the greater metro areas of Baton Rouge*, Lafayette, Lake Charles, Monroe, and Shreveport**. LERN promotes priority development of designated trauma centers in those four greater metro areas.

Development of these additional designated trauma centers regionally will aid in providing "golden hour" coverage to the surrounding rural population for injuries that exceed the capabilities of rural hospitals.

Figure 2 is a Louisiana population density map. **Figure 3** and **Table 1** provide rates for nonfatal injury-related hospital discharges for all regions of the state.

- * A Level I trauma center is planned to be located at Our Lady of the Lake Regional Medical Center in Baton Rouge.
- **LSU Health Shreveport is currently in the process of reestablishing its Level I Trauma Center designation.

Figure 2 – Parish Population Density with "Golden Hour" Overlay



Rate per 100,000 Population > 700 600 - 699 < < 599

Figure 3 – Rate of Nonfatal Injury-Related Hospital Discharges by OPH Regions, Louisiana 2004

From 2009 Louisiana Health Report Card

Table 1 – Rate of Nonfatal Injury-Related Hospital Discharges by OPH Regions, Louisiana 2004

DHH Region	Number	Rate/100,000*
Region 1: New Orleans area	7,845	776.4
Region 2: Baton Rouge area	3,233	527.6
Region 3: Houma/Thibodaux area	1,782	455.9
Region 4: Lafayette area	3,699	661.0
Region 5: Lake Charles area	1,450	508.1
Region 6: Alexandria area	2,380	795.1
Region 7: Shreveport area	3,829	726.8
Region 8: Monroe area	2,329	662.2
Region 9: Northshore area	3,582	748.1
Total	30,129	667.2

Source: IRP from LA OPH Center for Health Statistics, Hospital Inpatient Discharge Data 2004

From 2009 Louisiana Health Report Card

^{*} Rate per 100,000 population calculated using 2004 US Census Population Estimates 2009

IV. Human Capital/Surgeons

Trauma centers require the presence of surgeons – especially general surgeons, neurosurgeons, and orthopedic surgeons. The trauma surgeons on call must be willing to commit to 15 minute coverage (from patient arrival in Emergency Department) for Level I and Level II trauma centers and 30 minute coverage for Level III trauma centers.

The ready availability of neurosurgeons and orthopedic surgeons is required for Level I and Level II trauma centers. Level III trauma centers do not require neurosurgery support but do require orthopedic support. A scarcity of these surgeons is a well-recognized challenge to the development of ideal trauma systems.

Availability and willingness of surgeons to support a trauma center is a critical factor that impacts the ongoing viability of existing trauma centers and the establishment of new trauma centers in Louisiana. The scarcity of these three surgical groups also argues strongly against unwarranted expansion of trauma center availability in any specific locale.

V. Health Care Financing

When exploring the opportunity to develop a designated trauma center, hospitals must assess the potential financial impact of creating and maintaining such a resource. The cost of maintaining trauma center readiness 24/7/365 and the direct expenses required to properly treat major trauma patients are substantial.

Each interested hospital will need to evaluate trauma patient volumes and length of stay (LOS), case mix (Injury Severity Scores – ISS), and payor mix to gain an understanding of the likely financial impact to their organization.

In some states, special funding mechanisms have been created to provide supplemental financial incentive to help hospitals establish and maintain designated trauma centers. Examples of these special funding mechanisms from other states include add on penalties for motor vehicle violations (speeding, DUIs, etc.), dedicated fees added to motor vehicle registrations, dedication of state tobacco taxes, special use of federal disproportionate share payments, and "play-or-pay" hospital provider fees.

Louisiana currently does not have any special funding mechanisms dedicated to provide supplemental financial support for designated trauma centers. LERN does monitor the constantly evolving practices of other states and maintains ongoing conversations about supplemental funding for trauma care with Louisiana's trauma care stakeholders.

The federal Medicare program has established a specific reimbursement mechanism for activation of trauma teams. Any trauma center verified by the American College of Surgeons and/or designated by a state authority can bill trauma activation charges when certain conditions exist, including pre-hospital notification given to trauma center, patient arrival by EMS, patient transferred to the trauma center from another hospital, and the presence of a formal, organized activation response. Trauma centers in Louisiana have access to this reimbursement mechanism through the Medicare program and should investigate all opportunities to utilize trauma activation charges with other payors that serve their local market area.

Conclusion

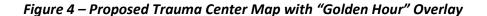
Louisiana's two trauma centers (in Alexandria and New Orleans) are not adequate to provide "golden hour" access to all Louisiana citizens. Significant geographic holes in Louisiana's network of designated trauma centers exist, including the greater metro areas of Baton Rouge, Lafayette, Lake Charles, Monroe, and Shreveport.

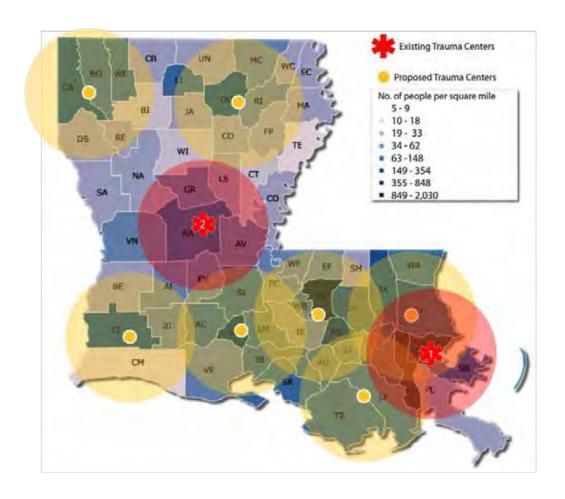
LERN is therefore leading a priority effort to establish new trauma centers that fill these geographic holes in our trauma center network. **Figure 4** depicts that future.

LERN's work in this effort will be guided by the principles laid out in this paper:

- Access to Definitive Care
- Patient Volume
- Population Density and Injury Rates
- Human Capital/Surgeons
- Health Care Financing

The goal is to meet the real trauma care needs of all Louisiana regional areas without creating unnecessary duplication of services or dilution of provider experience and expertise.





Resources

Resources for Optimal Care of the Injured Patient, 2006

American College of Surgeons, Committee on Trauma

Trauma System Consultation, State of Louisiana, 2009

American College of Surgeons, Committee on Trauma

Louisiana Health Report Card, 2009

Louisiana Department of Health and Hospitals

Injury Prevention & Control: Trauma Care

www.cdc.gov/traumacare/

Centers for Disease Control and Prevention

Louisiana Revised Statute 40:2841-2846 Chapter 34. Louisiana Emergency Response Network (LERN)

Louisiana State Legislature, 2010

Executive Summary, White Paper on Needs Assessment for New Trauma Center Development in the Commonwealth of Pennsylvania

Pennsylvania Trauma Systems Foundation

Trauma System Development

www.dshs.state.tx.us/emstraumasystems/etrauma.shtm

Texas Department of State Health Systems

Trauma Section

www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems/Pages/default.aspx Arkansas Department of Health

Mississippi Trauma Care System

www.trauma.ms.gov/

Mississippi State Department of Health

Emergency Systems - Trauma

www.ok.gov/health/Protective_Health/Trauma_Division/index.html Oklahoma State Department of Health

Office of Trauma

www.doh.state.fl.us/demo/trauma/index.html Florida Department of Health

Appendix B

Presentation – Stroke Workgroup Update to LERN Board of Directors August 2012



State Stroke Workgroup Report to LERN Board August 17, 2012



Legislation (Act 934)

designed to promote rapid identification of, and The board shall work with the department to develop stroke and STEMI systems that are access to, appropriate stroke and STEMI resources statewide.



Timeline

Apr 2013	Oct 2012 – Feb 2013	Oct 2012	Aug 2012	Jul 2012	Jun 2012	Jul 2011 – Jun 2012	Jul 2011
Presentation to LERN Board	Preparation of draft stroke plan by stroke work group/American Stroke Association/DHH	Analyze Stroke Survey Results	LERN Board Retreat/Feedback on Plan	Meeting of stroke work group: Develop stroke stakeholder survey	Board presentation: Hospital designation/destination protocol	Meetings with regional commissions	Initial presentation of work group/approval of draft plan



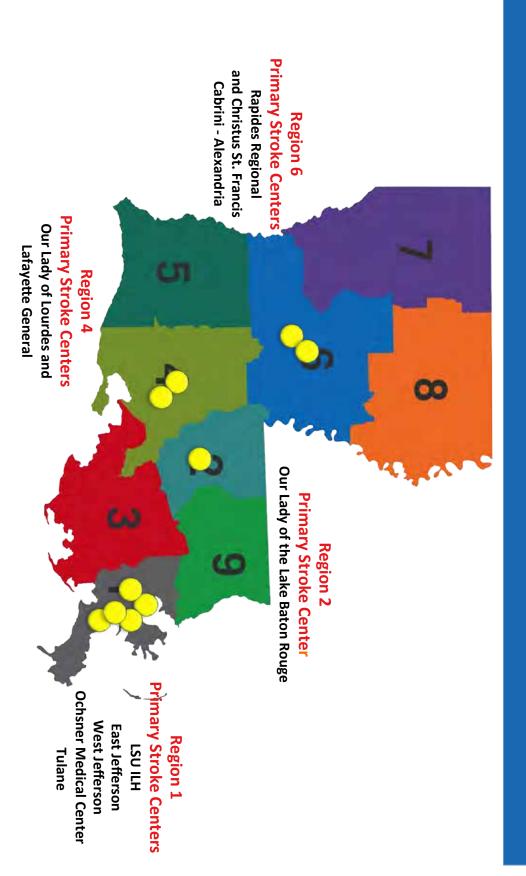
Guiding Principles

Time is the critical variable in acute stroke care

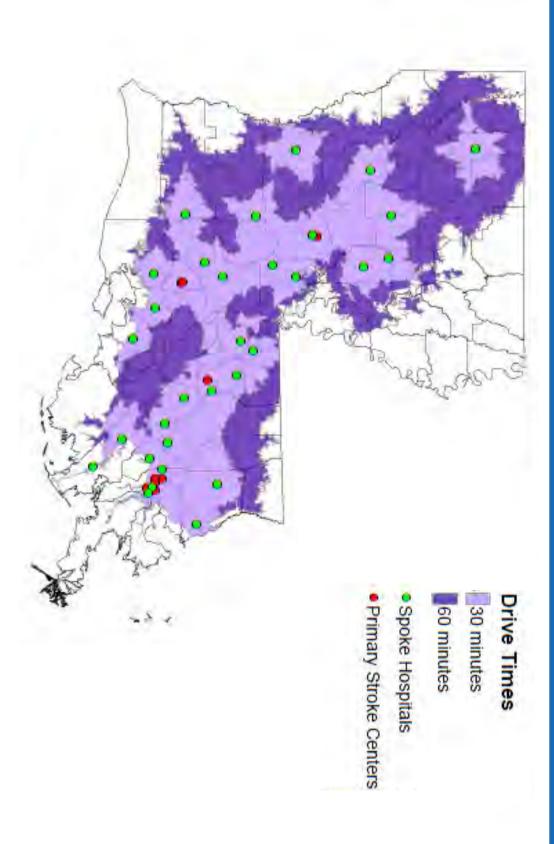
- Treatment with intravenous tPA is the only FDA approved acute therapy for stroke.
- EMS should identify the geographically closest facility capable tPA treatment Transfer patient to the nearest hospital equipped to provide
- Secondary transfer to facilities equipped to provide tertiary care and interventional treatments should not prevent of providing tPA treatment.

administration of tPA to appropriate patients

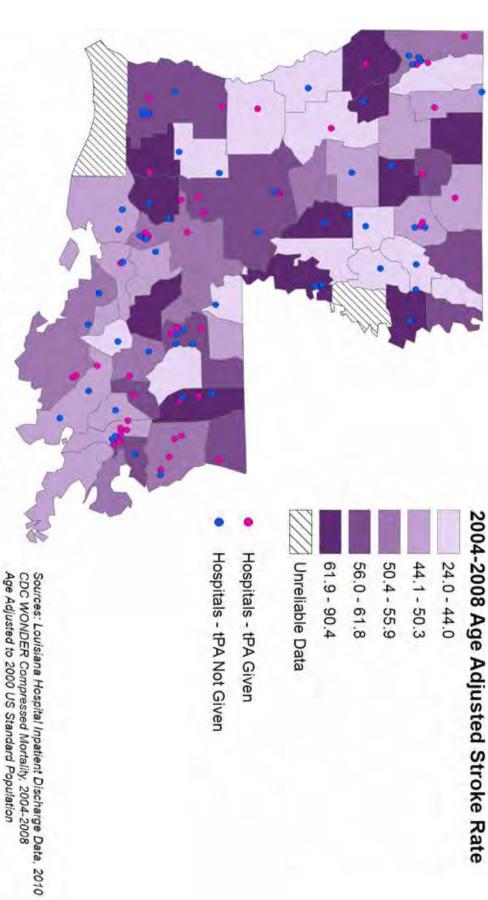
Primary Stroke Centers



Drive Times to Primary Stroke Centers and Telestroke Spoke Hospitals



Louisiana Hospitals – tPA Given





Proposed Hospital Categories

LERN Level I

Comprehensive Stroke Center – JC

LERN Level II

Primary Stroke Center – JC

LERN Level III

Stroke enabled hospital

LERN Level IV

Non-participating in acute stroke care



Stroke System Recommendations

- needed for the state which are geographically distributed Establish the minimum number of primary stroke centers
- Stroke Stakeholder Survey
- Stroke Registry
- development of stroke networks Use the Regional Commission platform for regional
- Recommend minimum standards for EMS Stroke **Protocols**
- Education
- EMS
- ✓ Public

Appendix C

Presentation – STEMI Workgroup Update to LERN Board of Directors August 2012

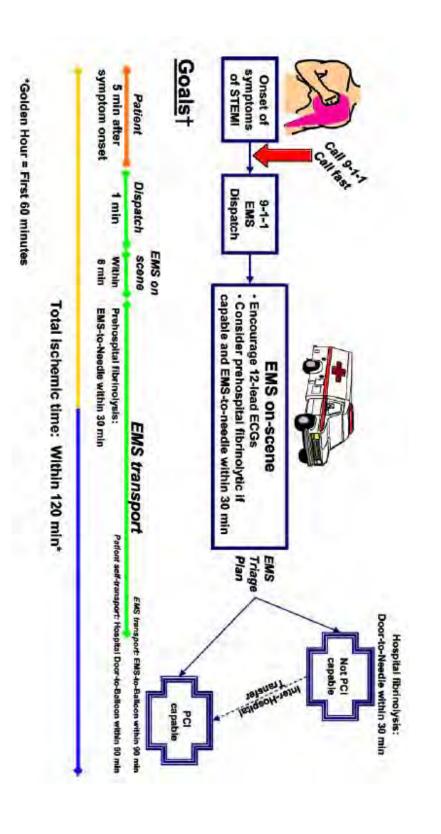


LERN Board Meeting STEMI UPDATE

August 2012

STEMI Update

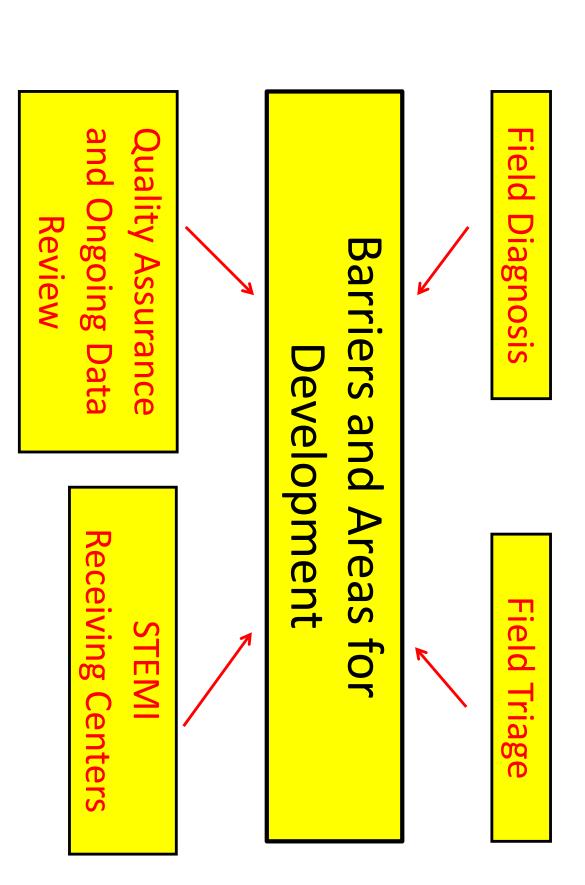
- February 2010 Initial presentation to LERN Board in
- closed artery Focused on most time-critical of chest pain patients: STEMI from completely
- artery Goals of care: timely re-opening of
- Clot-busting medications (easier, faster, less effective)
- but less available) Primary PCI (more efficacious and safer

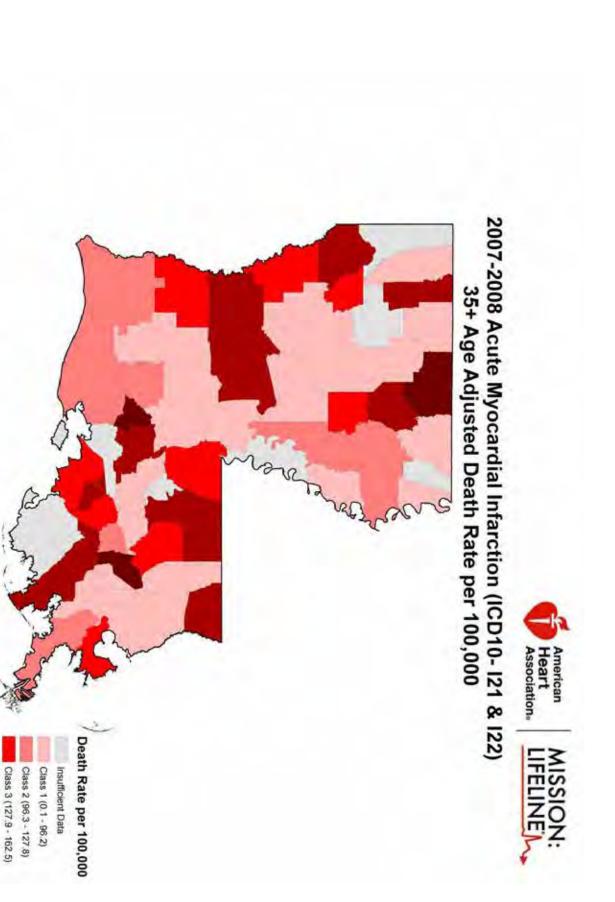


Ideal inter-hospital transfer time

<60 minutes

2004 ACC/AHA STEMI mgmt guidelines. Circulation 2004; 110:588-636



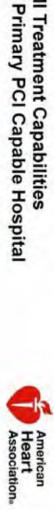


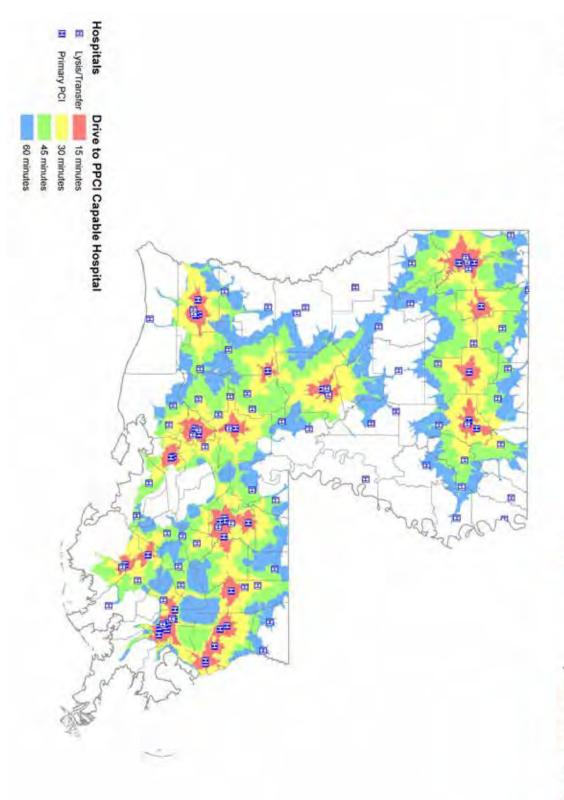
Souce: CDC/NCHS Compressed Mortality File 1999-2008. CDC Wonder On-line Database. ICD10 I21 & I22.

Class 5 (219.2 - 556.2)

Class 4 (162.6 - 219.1)







2011

- **Board created STEMI Workgroup**
- and DHH regions, EMS providers, LHA, LAA, Membership solicited from all
- we did not (Appendix A) and identify what we knew and what assess need for state-wide system Workgroup met September 2011 to

2011

- Workgroup Findings:
- PCI centers are clustered around to most-capable facilities highlighting need for appropriate triage distribution of resources, and metropolitan areas, creating uneven
- aging population, need for system will only grow Given incidence of disease and

Progress

2011

- Workgroup Findings:
- Some regions are further ahead in
- No central data registry exists to assess process of organizing; others lag outcomes of transferred patients efficacy of triage strategies or
- Survey disseminated October 2011-January 2012

Survey

- all EMS providers, in Louisiana with adult acute care access, and Inclusion: Any Tier 1 hospital Exclusion: Hospitals without
- Results collated, redundancies adult acute care available

eliminated, conflicts resolved

Survey

Response Rates:

PCI Hospital

Non-PCI Hospital

62%

86%

EMS

65%

activation protocols in place – usually Most PCI hospitals have pre-hospital LifeNet system. the field using Medtronic/Physiocontrol's most PCI hospitals can receive EKG's from done by the ED physician. Additionally,

— Recommendation:

interpretation of EKG. activation, either using pre-hospital All PCI hospitals should develop EKG transmission or based on EMS protocols for pre-hospital cath lab

STEMI patients (variability in process involved). depending on facilities/physicians interhospital transfer times or process for Limited data are available regarding

– Recommendation:

Creation of standardized transfer transfer times. centers, with tracking of inter-hospital protocols between PCI and non-PCI

reterring entities. complicate communication between PCI center and challenges of sharing individual patient information EMS. Concerns about HIPAA and logistical mechanism of follow up with initial facilities and/or Less than half of the PCI hospitals reported any

– Recommendation:

thrombolytics). The data tracking system system through definitive care (primary PCI or patient flow from point-of-entry into medical data tracking system, to allow analysis of EMS/non-PCI hospital to guide further system should incorporate reporting back to referring Creation of, or participation in, standardized improvement.

A majority of non-PCI hospitals have a choice in consistency in how a treatment strategy is selected. selecting reperfusion strategy; there is no apparent

– Recommendation:

on divert, pre-hospital cath lab activation, patient acceptance of patients at the PCI Center (never transfer protocols should be implemented. center should be developed. within 30 minutes and urgent transfer to PCI capable facility, etc). For non-PCl centers without education about need for timely care at most Center within 60 minute travel time, formal For those non-PCI centers with an available PCI nearby PCl centers, protocols for thrombolytics These protocols should include universa

and cardiologist. established relationships between patient cath lab availability at receiving hospital, and decision about which hospital to transport to center within 60 minutes travel time, For non-PCI centers with more than one PCI typically incorporates patient preference,

– Recommendation:

wherein patients are brought directly to Patient education about need for timely modeling protocols after Trauma system care at most capable facility. Consider Trauma Center if they meet criteria.

patients to PCI Center. More than a third of responding non-PCI EMS for emergent transfer of STEMI centers have no formal agreement with

– Recommendation:

strategy should develop formal transfer of patients to PCI Center. for emergent (911-level prioritization) agreements with local EMS providers Non-PCI Centers choosing a PCI

cath lab activation occurs at PCI centers. commented on. Additionally, approximately half of were postulated but cannot be definitively transferred on to PCI centers. The reasons for this door-to-balloon times for patients who were Only 5 respondents receive feedback regarding non-PCl centers are not aware that pre-hospital

Recommendation:

should incorporate reporting back to referring system through definitive care (primary PCI or patient flow from point-of-entry into medical data tracking system, to allow analysis of thrombolytics). The data tracking system Creation of, or participation in, standardized improvement. EMS/non-PCI hospital to guide further system

for this included lack of certainty about EMS' skill in EKG utilization (false alarm call-outs of cath labs). activation based on transmitted EKG. Speculated reasons An overwhelming majority of EMS services already perform however, smaller percentage report pre-hospital cath lab pre-hospital EKGs and transmit to receiving facilities; interpretation and a need to minimize resource over-

– Recommendation:

activation of the cath lab should occur (either by ED and hospital-based providers. In the event that a transport and cath lab team mobilization physician or cardiologist) while the patient is still en develop relationships and trust between pre-hospital interpretation (preferably by local physicians) to route, to allow for parallel processing of patient hospital chooses to receive pre-hospital EKGs, **Enhanced education of paramedics in EKG**

pre-hospital and hospital-based providers reliably, and perceived mistrust of EKG interpretation between perform an EKG, insufficient cell phone coverage to transmit transmission, including insufficient education about how to There are technical barriers to quality EKG interpretation and

– Recommendation:

rates. shortcomings and tracking of successful EKG transmission Exploration of technologies to address cell signal

– Recommendation:

become facile in EKG performance and interpretation. Enhanced educational opportunities for paramedics to

– Recommendation:

facilitate data sharing and educational efforts person" to serve as liaison between EMS and hospitals to Engagement of EMS and hospital physician leadership in local EKG education for paramedics. Creation of "point

transport has to be factored into these protocols Consideration of transport time, traffic, and mode of of non-PCI centers will need to be drafted. formal/standardized destination protocols for bypass Centers available within 60 minutes travel time If EMS operates in a region with PCI and non-PCI

– Recommendation:

of successful implementation. whereas allowing an individual Region to specific to their Region for triage and bypass develop its own system improves the likelihood the risk of failing to account for local factors, Efforts to standardize this process centrally run Empower individual regions to create protocols

See Appendix B

commented on. this were postulated but cannot be definitively transferred on to PCI centers. The reasons for door-to-balloon times for patients who were Only 9 respondents receive feedback regarding

– Recommendation:

should incorporate reporting back to or thrombolytics). The data tracking system system through definitive care (primary PCI Creation of, or participation in, standardized turther system improvement. patient flow from point-of-entry into medical data tracking system, to allow analysis of referring EMS/non-PCI hospital to guide

Conclusions:

- Elements of success already exist.
- Significant drop off in information-sharing once patient leaves non-PCI center.
- Solutions need to be local and organic, rather providers. Limited data-sharing with pre-hospital

than imposed

and meaningful data review and correction the first step will not be the last. Any system-wide change will need ongoing

Next Steps

- If Board accepts recommendations of
- workgroup: Dissemination of recommendations to Commissions
- Individual Commissions, working with local providers and medical societies, to create local triage models
- already exist; either join or use our own) Registry for data-sharing (national models
- as AHA Accreditation via national organizations such