



# Annual Report

FY 2012-2013

# What is LERN?

Trauma

All Disasters  
Response

Stroke

STEMI

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

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





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# Letter from LERN's Executive Director

**The first five years** of LERN operations were focused almost exclusively on the establishment of a statewide trauma system. During that period, LERN enlisted the participation in the trauma system of most of the hospitals and EMS providers in Louisiana. LERN also worked collaboratively with key stakeholders to develop the protocols, processes, and procedures necessary to stand-up the operation of a statewide trauma system. LERN established a statewide trauma communications center to facilitate the movement of critically injured patients to health care resources capable of meeting their needs.

LERN's statutory mission also includes responsibility for addressing time-sensitive illness and disaster response. To address the full scope of this mission, LERN's activities in the past two years have included a considerable amount of work designing statewide care systems for Stroke and STEMI (the severest form of heart attack), and connecting LERN's Communications Center resources to the state's All Disasters Response infrastructure – LERN now serves as the “first call” helpdesk and 24/7/365 information coordinator for unfolding events.

The design and content of this LERN Annual Report reflects the work and progress achieved across all four components of LERN's mission – Trauma, Stroke, STEMI, and All Disasters Response.

It was a busy year! In 2013, Our Lady of the Lake Regional Medical Center in Baton Rouge became the third state-designated trauma center in Louisiana as a Level II trauma center, and we are looking forward for another trauma center to come online in 2014. The LERN staff hosted trauma education courses and participated in injury

prevention efforts across the state. LERN staff also conducted Stroke and STEMI town hall meetings around the state gathering input from stakeholders on protocols and guidelines resulting in the adopted statewide protocols and guidelines for pre-hospital and transfer care. We now have accurate pictures of Stroke and STEMI capabilities across the state, and standardized protocols and guidelines for addressing these time-sensitive illnesses.

Finally, we worked diligently with our All Disasters Response partners across the state including participation in drills, education events, and roundtables... preparation that served the state well in the immediate aftermath of the June 2013 Williams Olefins plant explosion in Geismar with LERN providing health care resources, communication, and coordination for this unfortunate event.

Our progress is the product of a truly remarkable statewide collaboration that includes participating hospitals, EMS providers, and physician leaders working in concert with LERN's dedicated board of directors, regional commissioners, medical directors, and staff. It is my pleasure and my honor to serve as LERN's executive director as we together build and strengthen LERN's systems of care in service of Louisiana's citizens.

Best,




**Paige Hargrove**  
**Executive Director**  
**Louisiana Emergency Response Network**





# LERN 2012-2013

## Board of Directors



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

### 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

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

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

Jimmy Guidry, MD  
**Executive Committee Member**

*State Health Officer*  
Louisiana Department of Health and Hospitals  
Nominating Entity: Louisiana Department  
of Health and Hospitals

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

### Board Members

**Honorable Regina Ashford Barrow**  
*Representative*

Louisiana House of Representatives  
Nominating Entity: Louisiana House of Representatives

**Honorable Sherri Smith Buffington**  
*Senator*

Louisiana State Senate  
Nominating Entity: Louisiana State Senate

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

**John Dailey, JD, MPA, FACHE**  
*Vice Chancellor for Administration*

Louisiana State University  
Health Sciences Center – Shreveport  
Nominating Entity: Louisiana State University  
Health Sciences Center – Shreveport

Tracy Wold  
**Executive Committee Member**

*EMS Director*  
Jackson Parish Ambulance Service District  
Nominating Entity: Louisiana Rural Ambulance Alliance

## Board Members (continued)

### **Joel Eldridge, DO**

*Coroner*

Franklin Parish

Nominating Entity: Louisiana State Coroners Association

### **Craig C. Greene, MD**

*Assistant Clinical Professor*

*of Orthopaedic Surgery*

Baton Rouge Orthopaedic Clinic

Nominating Entity: Louisiana State Medical Society

### **Danita LeBlanc**

*Program Manager*

Louisiana Department of Health and Hospitals

Nominating Entity: Louisiana Department  
of Health and Hospitals

### **Honorable Karen Gaudet St. Germain**

*Representative*

Louisiana House of Representatives

Nominating Entity: Louisiana House of Representatives

### **Carl J. Varnado, Jr.**

*Deputy Director*

National Emergency Number Association

Nominating Entity: National Emergency Number Association

### **Kristin Whitty, PhD, APRN**

*Assistant Professor*

Southeastern Louisiana University

Nominating Entity: Louisiana State Board of Nursing

### **Michele Zembo, MD, MBA**

*Assistant Dean for Clinical Education*

*Director of Medical Staff and Graduate*

*of Medical Education*

Medical Center of Louisiana

Nominating Entity: Louisiana State Medical Society

### **Patrick C. Breaux, MD**

*Section Head, Consultative Cardiology*

Ochsner Heart and Vascular Institute

Nominating Entity: Louisiana Chapter  
of the American College of Cardiology

### **Billy Conerly**

*Director of Emergency Department  
and Clinical Services*

Lane Regional Medical Center

Nominating Entity: Louisiana Hospital  
Association – Service District Hospital

### **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

### **Kenneth J. Gaines, MD**

*Chairman, Department of Neurology*

Ochsner Health Systems, Neurology Department

Nominating Entity: American Stroke Association

### **Michael Hulefeld**

*Executive Vice-President and*

*Chief Operation Officer*

Ochsner Health System

Nominating Entity: Metropolitan Hospital Council

### **Fred Martinez**

*Chief Executive Officer*

St. Charles Parish Hospital

Nominating Entity: Rural Hospital Coalition

### **Kevin M. Sittig, MD**

*Senior Associate Dean and Chief Medical Officer*

Louisiana State University – Shreveport

Department of Emergency Medicine

Nominating Entity: Louisiana Chapter of the American  
College of Surgeons – Committee on Trauma

### **Honorable Mack "Bodi" White, Jr.**

*Senator*

Louisiana State Senate

Nominating Entity: Louisiana State Senate

### **Christopher W. Wroten, OD**

*Co-Owner*

Bond-Wroten Eye Clinic

Nominating Entity: Optometry Association of Louisiana

# Trauma System

**Most injuries that require medical care** can be treated at a local emergency department, but severely injured patients often require resources and a level of care not readily available in every hospital. Louisiana's statewide trauma system is focused on serving severely injured patients – making sure those patients have timely access to the level of care they require. The need for such a system cannot be overstated as unintentional injuries are the leading cause of death in Louisiana (and the U.S.) for children and adults ages 1-44.

LERN is committed to the continuous development and improvement of Louisiana's statewide trauma system. Crucial elements of this system include the LERN Communications Center, state-designated trauma centers, participating hospitals and EMS providers, trauma education services, injury prevention activities, and the statewide trauma registry.



## LERN Communications Center

The LERN Communications Center (LCC) is a key component of the statewide trauma system. When a pre-hospital provider (EMS) or a hospital determines a patient meets major trauma criteria (as identified in the LERN destination protocol), the LCC is engaged to match the patient to the most appropriate level of care/hospital resources available.

### LCC Data FY 2012-2013:

Number of patients:

14,590

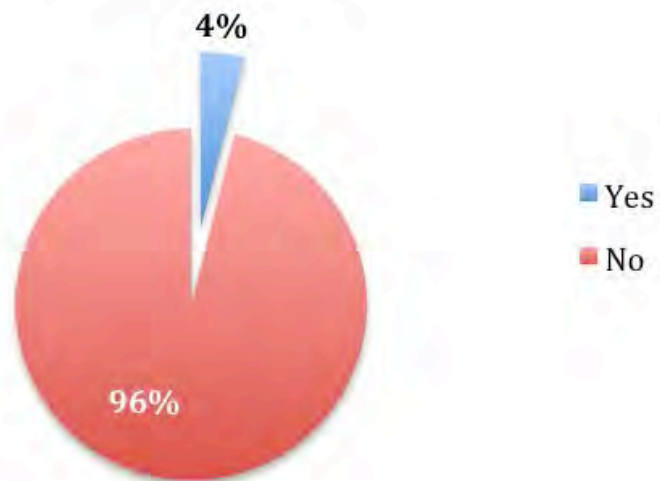
Total number of calls:

67,001

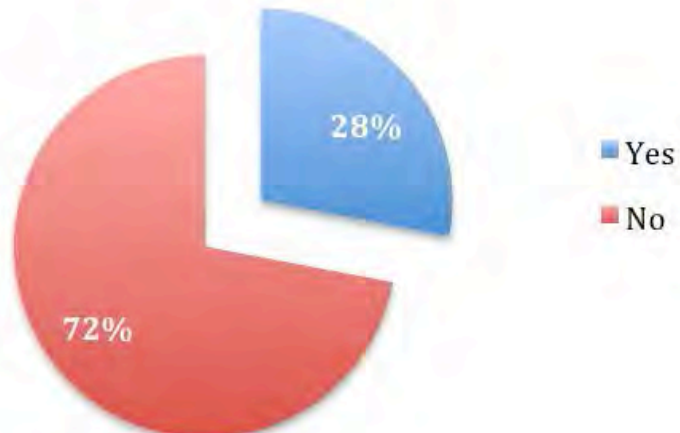
Average number of calls per patient: 4.5

The LCC is staffed 24/7/365 by nationally registered paramedics with in-depth knowledge of the LERN network design, function, and protocols. The LCC infrastructure is designed to interface with the state's current communication technology systems to support both LERN's day-to-day network operations and the statewide interoperability mission in times of disasters. The following charts demonstrate the value of LERN's destination protocol and communication center function. Only 4 percent of LERN directed patients required a secondary transfer.

**Patients Directed by LERN**  
Percentage Requiring Transfer



**Patients not Directed by LERN**  
Percentage Requiring Transfer





## Designated Trauma Centers

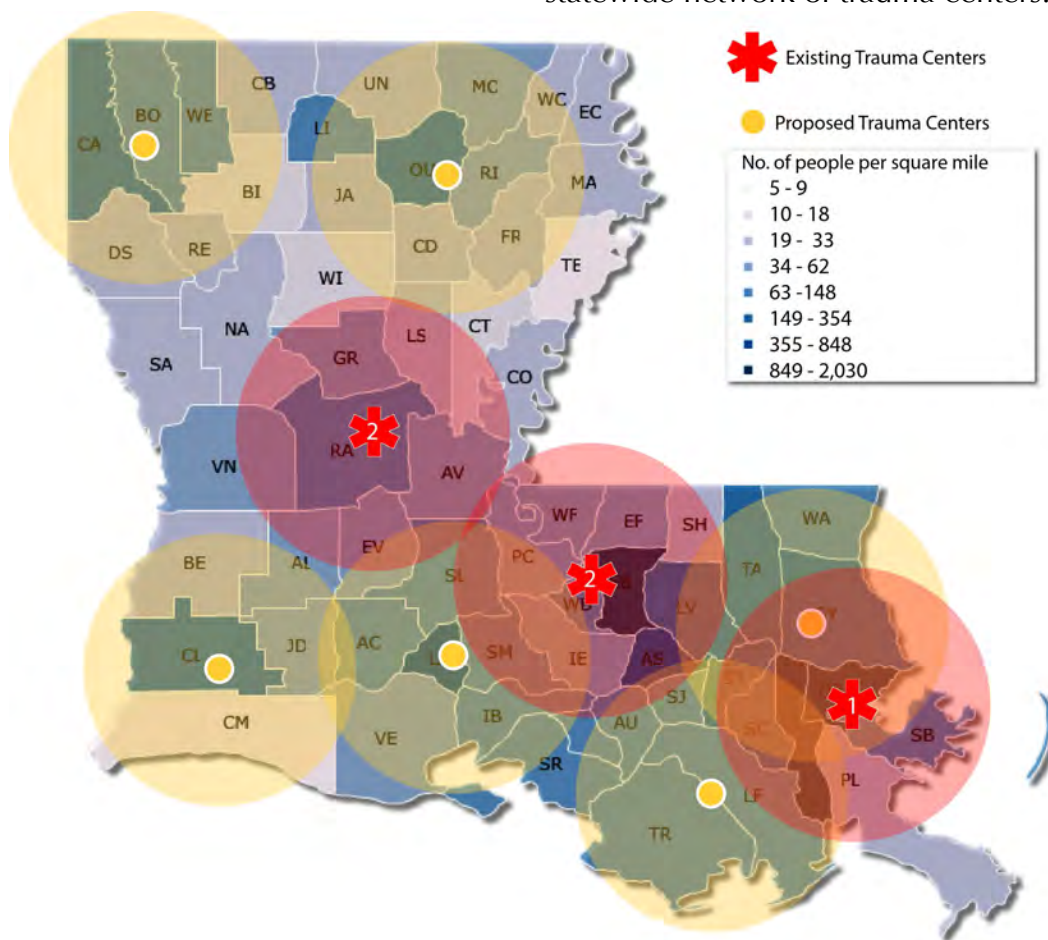
The Louisiana Department of Health and Hospitals (DHH), Health Standards Section is charged with the responsibility of certifying and designating a hospital as a Level I, Level II, or Level III trauma center.

To receive DHH certification 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 (ACS/COT). Level I is the highest level of trauma center and requires the greatest commitment of hospital resources.

Louisiana has three designated trauma centers: Spirit of Charity – Interim LSU Public Hospital in New Orleans (Level I), Our Lady of the Lake Regional Medical Center in Baton Rouge (Level II), and Rapides Regional Medical Center in Alexandria (Level II).

Pictured on the map below is the “ideal” statewide network of designated trauma centers taken from LERN’s white paper titled “Development of a System of State-Designated Trauma Centers in Louisiana.” This “ideal” network includes nine trauma centers spread out geographically and with various certification levels placing most of Louisiana’s population within one hour of a trauma center. Today, trauma system planners across the country regard the first hour following injury (often referred to as the “golden hour”) as the gold standard for patient access to definitive care.

LERN continues to engage hospital leaders across the state to identify opportunities for development of new trauma centers in geographic areas of need. LERN is hopeful that two or three more hospitals will become state-designated trauma centers in the next few years, thereby moving Louisiana closer to that “ideal” statewide network of trauma centers.



## Participating Hospitals and EMS Providers

Most Louisiana EMS providers (30 of 54) participate in LERN's trauma system provider network

– utilizing LERN's pre-hospital protocols and collaborating with the LCC to efficiently deliver trauma patients to the hospital-based resources that can best address their specific injuries. EMS participation is voluntary. Through a participation agreement, EMS providers agree to utilize LERN entry criteria and destination protocols, coordinate with the LCC, provide relevant data, and participate in LERN's efforts to manage and improve trauma system quality.

Most Louisiana hospitals (113 of 116) also participate in LERN's trauma system provider network. Hospital participation in LERN is also

voluntary. Through a participation agreement, hospitals define the trauma care resources typically available at their facility and agree to routinely notify LERN of changes in the availability of their trauma care resources using the Resource Management software. The agreement also requires hospitals to utilize LERN entry criteria and destination protocols, coordinate with the LCC, provide relevant data, and participate in LERN's efforts to manage and improve trauma system quality.

### A Message from **Robert Coscia, MD, FACS** LERN's Medical Director

Louisiana's trauma system continues to build and strengthen, and I am pleased to be a part of this effort. As LERN's medical director, I spend a considerable amount of my time working toward the addition of new state-designated trauma centers to our current network. We are making progress in this area having added two new trauma centers in the past two years. It is my hope to add an additional three trauma centers to the network over the next two years with centers in Shreveport, Lafayette, and Hammond.

A trauma center is a tremendous community asset, but it is no small task to develop and maintain one. It requires a considerable commitment of hospital resources and the collaborative support of local physicians, hospital staff, and community leadership. I can report proudly that communities around the state are beginning to step up to this challenge.

## Trauma Education

LERN staff facilitates the offering of a variety of trauma education courses throughout the year and across the state, including:

- **Rural Trauma Team Development Course (RTTDC):** More than 60% of the trauma deaths in America occur in the remote geographic segments of the country. RTTDC was developed by the ad hoc Rural Trauma Committee of the American College of Surgeons, Committee on Trauma to help rural hospitals with development of their trauma teams. The course improves the quality of care in communities by developing a timely, organized, rational response to the care of the trauma patients and a team approach that addresses the common problems in the initial assessment and stabilization of the injured.
  - 4 courses, 88 trained
- **Trauma Nursing Core Curriculum (TNCC):** 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. The purpose of TNCC is to present core-level knowledge, refine skills, and build a firm foundation in trauma nursing.
  - 26 courses, 246 trained
- **Pre-Hospital Trauma Life Support (PHTLS):** PHTLS promotes excellence in trauma patient management through global education of all providers involved in the delivery of pre-hospital care. PHTLS courses improve the quality of trauma care and decrease mortality. The program is based on a pre-hospital trauma care philosophy, stressing the treatment of the multi-system trauma patient as a unique entity with specific needs. PHTLS promotes critical thinking as the foundation for providing quality care.
  - 2 courses, 11 trained

## Injury Prevention Activities

National best practice research shows top notch trauma systems include injury prevention efforts. LERN is partnering with stakeholders around the state to promote prevention awareness events and activities, including:

- **Sudden Impact:** This is a teen injury prevention program developed by the Spirit of Charity – Interim LSU Public Hospital in New Orleans (Level I). The program is a joint effort between participating hospitals and the Louisiana State Police. Sudden Impact is designed to prevent fatalities and injuries from driving impaired and/or unrestrained. The program employs a multidisciplinary approach to educate and offer alternatives to risk-taking behaviors. Through LERN's partnerships and the collaborative efforts of the Spirit of Charity – Interim LSU Public Hospital in New Orleans (Level I), this program has grown and is offered in multiple regions of the state. In August 2012, LERN was recognized by the Louisiana Highway Safety Commission and LSU Health Sciences Center in New Orleans for their contributions to the Sudden Impact Program.
- **ATV Safety:** The Region 6 LERN Regional Commission, in collaboration with the Maternal Child Health Coordinator and public health partners in the area, has started a campaign to raise awareness of the risk of unsafe off road vehicle operation. A report is given at each Regional Commission meeting to update those in attendance. A report is also given during the LERN-sponsored quarterly conference call with other injury prevention providers. At this time, the group is seeking collaborative partners and working to gather data that offers a true reflection of the morbidity and mortality associated with off road vehicles. Initially the focus was on the pediatric patient but has been broadened to include adults as well. The national Emergency Medical Services for Children has developed a tool kit that will be reproduced and shared with any group interested in providing education. Also, the Louisiana Hunter Safety course section on ATV's will be enhanced to include more than just operation of a firearm while on an ATV. In February 2014, a group of collaborative partners will meet with over 150 Hunter Safety educators from around the state to discuss those enhancements and other ways safety can be encouraged.
- **Car Seat Safety:** Regions 6, 7, and 8 LERN Regional Commissions worked with the Maternal Child Health Coordinators, Louisiana State Police, and other entities to develop a resource document for use by emergency departments when an unsafe child passenger restraint issue was noticed. This document includes all scheduled child passenger restraint checkpoint dates, times, and locations within each region. LERN's Regional Commissions and Tri-Regional Coordinators will facilitate the proper use of this document statewide.
- **Concussion Awareness:** During the Regular Session of 2011, the Louisiana Legislature passed the Louisiana Youth Concussion Act. The act is a proactive movement to educate families and institutions on how to better serve and protect Louisiana's youth. The LERN Regional Commissions have worked with the Louisiana Emergency Nurses Association and community stakeholders to provide concussion education regarding Act 314. Additionally, LERN's website serves as the central resource for informing the governing authorities of schools, athletic clubs, recreational facilities, and athletic leagues about the requirements of the Louisiana Youth Concussion Act.

## Statewide Trauma Registry

In 2010, the Louisiana Legislature charged the LERN 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 prehospital or out-of-hospital care and hospital trauma care services.” Since then, LERN has acquired the information technology necessary to support a statewide trauma registry.

The 2012 LERN State Trauma Registry Report contains data from the four participating hospitals and includes the standard data set established by the National Trauma Data Bank. The four participating hospitals include:

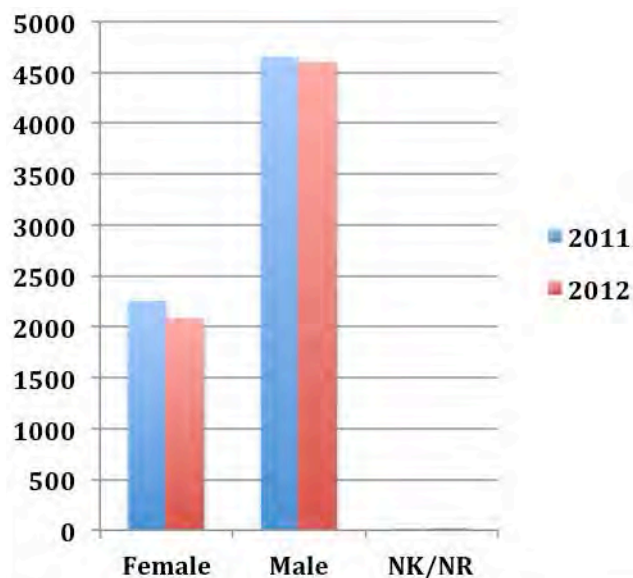
1. Spirit of Charity – Interim LSU Public Hospital in New Orleans (Level I)
2. Our Lady of the Lake Regional Medical Center in Baton Rouge (Level II)
3. Rapides Regional Medical Center in Alexandria (Level II)
4. LSU Health Science Center – Shreveport

## Excerpts from the 2012 LERN State Trauma Registry Report\*\*

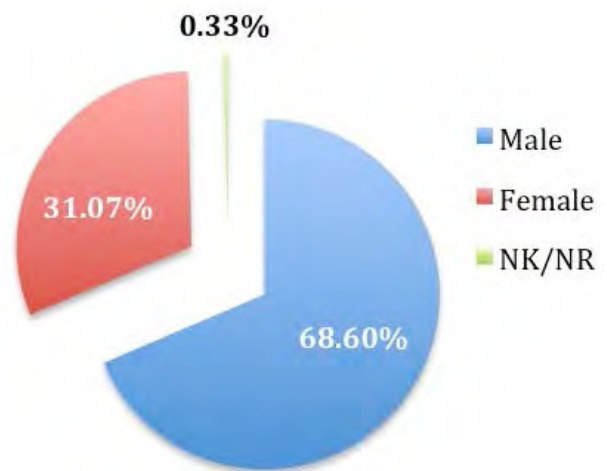
Patients reported by gender

Gender	2011	2012
Female	2256	2084
Male	4654	4602
NK/NR	5	22
<b>Total</b>	<b>6915</b>	<b>6708</b>

Gender By Year



Patient Percent By Gender



NK/NR – Not Known/Not Reported

\*\* The full report is available on LERN's website, [lern.la.gov](http://lern.la.gov).

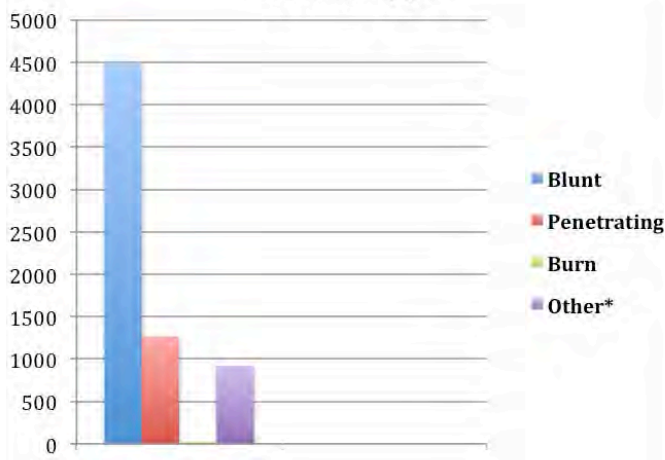


## Patients grouped by trauma type

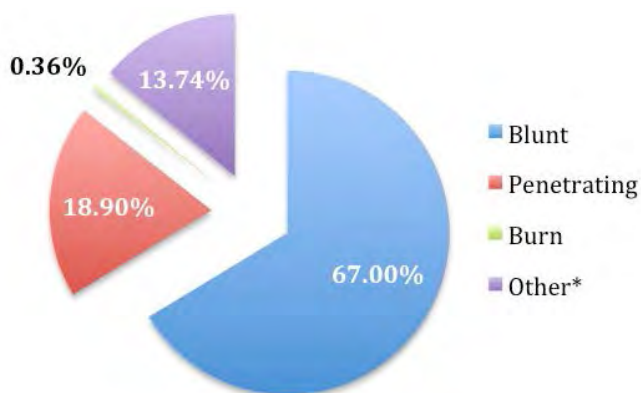
Trauma Type	Number of Patients	Percent
Blunt	4494	67.00%
Penetrating	1268	18.90%
Burn	24	0.36%
Other*	922	13.74%
<b>Total</b>	<b>6708</b>	<b>100%</b>

\*Other indicates cases where injury E-Code is suicide, undetermined, unspecified falls, strenuous movement or animal bites.

**Trauma Type**



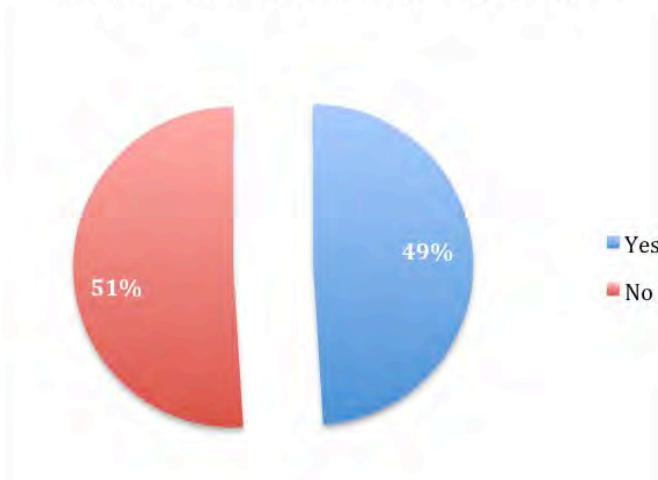
**Trauma Type By Percent**



## Patients reported by blood alcohol testing and grouped by trauma type

Alcohol Test Results	Blunt	Penetrating	Burn	Other	Total
No (confirmed by test)	255	90	3	179	1027
No (not tested)	1596	407	15	333	2351
Not Applicable	3	0	0	1	4
Not Known	13	5	1	2	21
Yes (confirmed by test [beyond legal limits])	1489	186	1	306	1982
Yes (confirmed by test [trace levels]) Grand	638	580	4	101	1323
<b>Total</b>	<b>4494</b>	<b>1268</b>	<b>24</b>	<b>922</b>	<b>6708</b>

## Positive Blood Alcohol Test

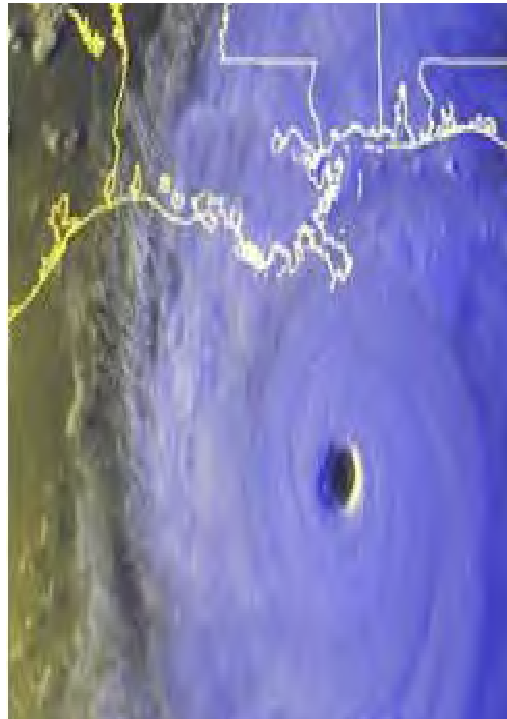


\*\* The full report is available on LERN's website, [lern.la.gov](http://lern.la.gov).

# All Disasters Response

Louisiana's Department of Health and Hospitals, Center for Community Preparedness coordinates the state's response to public health threats of all types, including natural disasters (hurricanes, floods, pandemics) and man-made emergencies (industrial spills and explosions, other large-scale accidents, terrorist attacks).

LERN's Communications Center (LCC) supports the Center for Community Preparedness by serving as the "first call" helpdesk and 24/7/365 information coordinator for unfolding events. In this role, LERN provides timely information that helps hospitals, other health care providers, and relevant stakeholder agencies prepare for and manage response to the emergency events they face.



LERN's role as information coordinator for unfolding events in Louisiana on a 24/7/365 basis includes:

- Participation in regional activities to integrate LERN into region specific protocols for event management and support;
- Serving as the primary coordinating entity for messaging and notifications regarding events and incidents as they occur; and
- Maximizing regional assets by coordinating patient flow/transport.

### All Disasters Response System In Action

On June 13, 2013, there was an explosion at Williams Olefins plant in Geismar, Louisiana injuring dozens of plant workers. The LERN Communication Center (LCC) was notified by EMS providers that they were responding with several ground and air ambulances. LERN immediately notified hospitals and emergency preparedness partners throughout the region of the incident. In collaboration with the Designated Regional Coordinators, LERN evaluated the details and initiated event notification to prepare emergency personnel for a Mass Casualty Incident (MCI). This early notification process allowed hospitals to activate their disaster response plans and mobilize decontamination units and staff.

Several EMS agencies responded to the scene and established Medical Incident Command. The LCC kept continuous communication with Medical Incident Command to evaluate the number and severity of the injured and to update hospitals with information as it became available. The LCC directed a total of 64 wounded patients to six different hospitals surrounding the site. LERN also communicated with area facilities to obtain the number and severity of patients arriving at the emergency departments without the benefit of EMS transport.

After all patients were transported from the scene, the LCC served as a point of contact for family members looking for loved ones who were victims of the explosion. In total, the LCC directed or coordinated the tracking of 77 patients. LERN's experience gained from participation in regional drills with EMS, hospitals, and emergency preparedness partners proved invaluable during this MCI event.

A Message from  
**Jimmy Guidry, MD**  
DHH State Health Officer  
& LERN Board Member

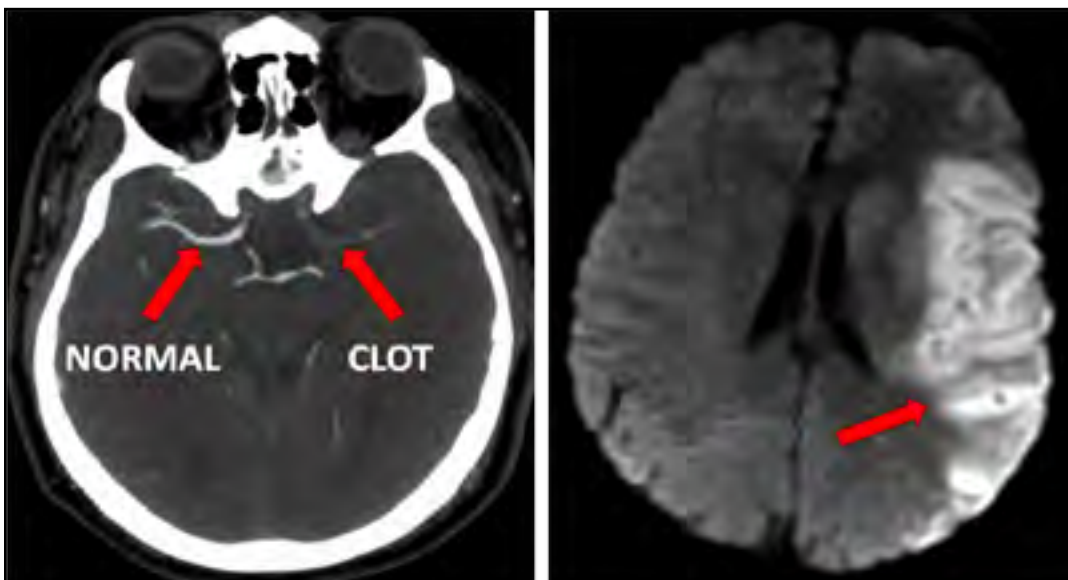
The partnership between the Center for Community Preparedness and LERN increases Louisiana's capacity to respond to public health crises of all types – natural and manmade. There is no such thing as being too prepared for a next public health crisis. The work of building ever stronger systems, processes, skills, experience, and collaborative relationships is an ongoing effort. LERN's commitment of resources to this effort is already paying dividends for Louisiana's citizens.

# Stroke

## System of Care

**Stroke is a serious time-sensitive illness.** It is the fourth leading cause of death nationally, and Louisiana ranks as the ninth highest state for stroke deaths. Stroke is also the leading cause of adult disability and the number one cause for new admission to nursing homes.

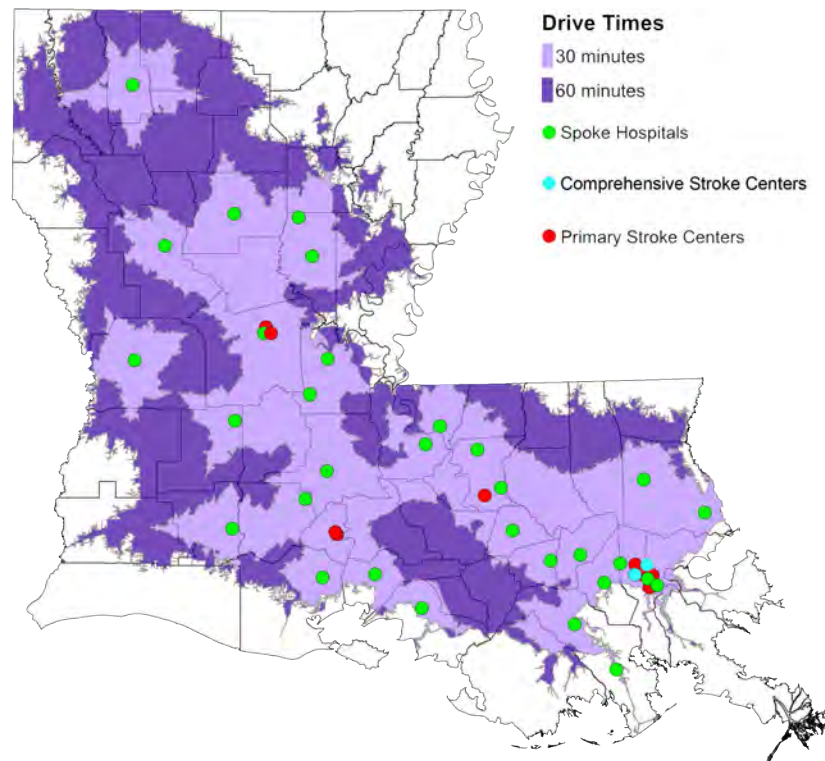
LERN's ongoing development of Louisiana's statewide stroke care system is guided by the evidence-based "hub and spoke" model that facilitates widespread patient access to lifesaving care and treatment with tissue plasminogen activator (tPA), the only FDA approved intervention for treatment of an occlusive stroke within the first few hours. Louisiana's "hub and spoke" model includes Comprehensive Stroke Center and Primary Stroke Center hubs, and spoke hospitals connected by telemedicine.





Over this past year, LERN has taken several steps towards building a stroke system of care:

- Facilitated the Stroke Design System Workgroup
  - Comprised of stakeholders from diverse health care settings, roles, and geography to begin drafting protocols for a stroke system of care based on real life experience and evidence-based best practices from other systems
- Conducted a series of Town Hall Meetings
  - Gathered feedback on the draft protocols and provided education at the regional level
  - Educated regional stakeholders on an ideal stroke system
- Developed a map of statewide stroke resources
  - All hospitals attested to their stroke treatment capabilities
- Approved Stroke Protocol by LERN's Board
- Developed stroke education materials
  - Education Materials posted online for download and reproduction



More information about LERN's ideal stroke system of care can be found online on LERN's website in the white paper entitled "Building a Stroke System in Louisiana."

#### A Message from **Sheryl Martin-Schilds, MD**

LERN's Medical Director for Stroke

A comprehensive stroke system of care in Louisiana, with an emphasis on proven treatments and timely access to care, is necessary to reduce death and dependency. The latest reports rank Louisiana amongst the most lethal states to experience stroke. Over the last three years, the Stroke Workgroup, has advanced the delivery of time-sensitive stroke treatment by 1) revising the EMS protocol to reflect standard stroke guidelines (AHA/ASA), 2) implementing primary and secondary destination protocols, 3) defining four levels of hospital capability, and 4) receiving attestations of hospital level from all acute care facilities. Much work remains to be done, including 1) acquisition and management of stroke core measure data from stroke-treating facilities and 2) identification and facilitation of centers emerging to a higher level Stroke Center to close large gaps in access to Primary and Comprehensive Stroke Centers. We are confident that LERN's collaborative workgroup of physicians, nurses, and other stakeholders will continue to provide the expertise and leadership necessary to grow and strengthen Louisiana's capacity to provide state-of-the-art stroke care for its citizens.

# STEMI

## System of Care

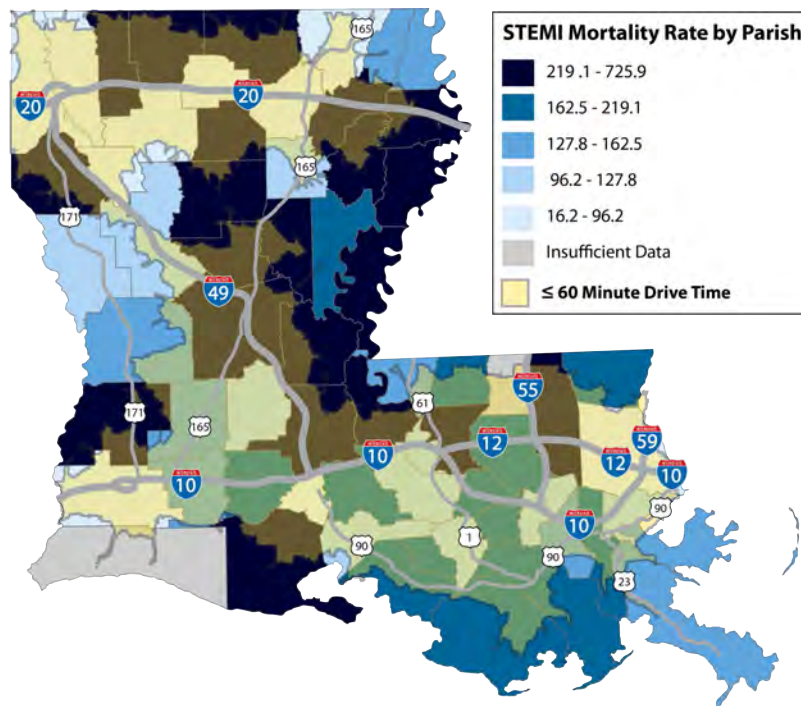
ST-segment myocardial infarction (STEMI) is the most severe and deadliest form of a heart attack afflicting over 700,000 Americans per year. This type of heart attack is caused by the complete closure of a major coronary artery. Timely reopening of the closed artery (reperfusion therapy) can be the difference between life and death, yet up to 30% of STEMI patients never receive the time-sensitive treatments they need.

LERN's ongoing development of Louisiana's statewide STEMI system of care is based upon best practice guidelines as established by the American Heart Association's Mission: Lifeline and successful systems across the country. Effective treatments are identified as clot-busting medication administered within 30 minutes or primary percutaneous coronary intervention (PCI) administered within 90 minutes. Addressing the challenge of timely patient access to reperfusion therapy is central to Louisiana's STEMI system of care.



Over the past year, LERN has worked towards developing the STEMI system of care through several activities including:

- Facilitated the STEMI Design the System Workgroup
  - Group of subject matter experts and invested community leaders from various facilities, roles, and geographic settings
- Conducted Town Hall Meetings
  - Gathered feedback on the draft protocols and provided education at the regional level
- Identified and mapped statewide STEMI resources
  - All hospitals attested to their STEMI treatment capabilities
- Created ideal protocols by subject matter experts and approved STEMI protocols by LERN's Board



The parishes that fall in the yellow overlay have access to a STEMI Receiving Center within a 60 minute drive time. STEMI Receiving Centers provide 24/7/365 access to a catheterization lab and have teams and processes in place to respond when activated. The LERN Board approved STEMI receiving center requirements can be found on the LERN Website.

LERN will continue to work with stakeholders to develop a STEMI system of care that provides timely access to high-level STEMI care. Next steps in the developing system include dissemination of approved protocols and implementation of the STEMI registry. More information about LERN's ideal STEMI system of care can be found online on LERN's website in the white paper entitled "Building a STEMI System in Louisiana."

A Message from  
**Murtuza Ali, MD**  
 LERN's Medical Director, STEMI

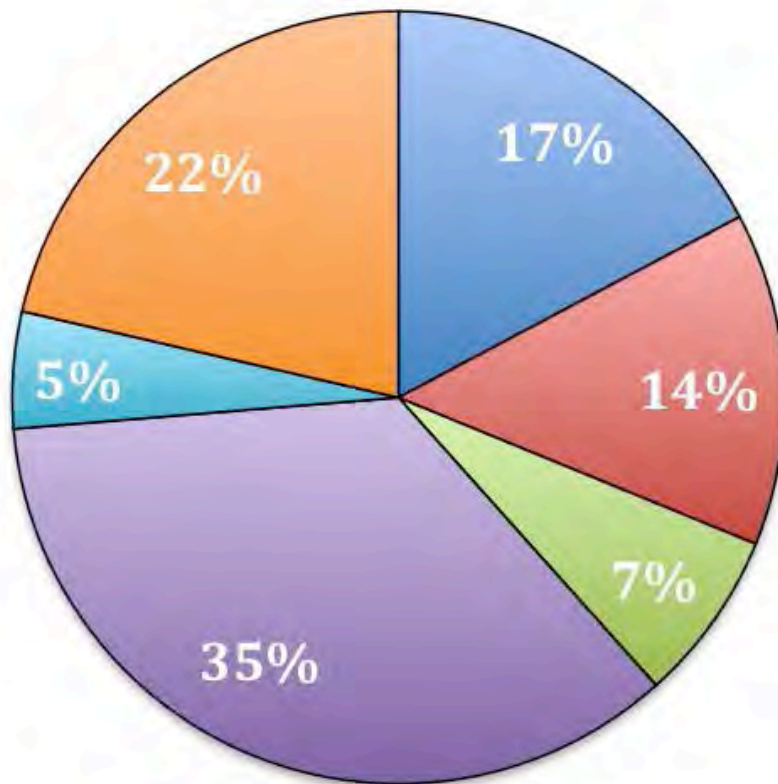
Successful STEMI systems of care have been created in a number of states – producing improved patient outcomes for this often-deadly disease. Louisiana has begun development of a STEMI system of care and is utilizing a statewide approach; LERN is serving as the convener of key stakeholders and resources. Full implementation of this system will provide fast access to proven treatments for the state of Louisiana with the goal of lowering STEMI mortality in our state. We all have a role to play in creating a first class STEMI system of care, and I look forward to our continued work together.



# Finances

Total Operating Budget:

\$2,506,729.07



## Distribution

- Central Office Salary and Benefits
- Salary in Support of Regional Efforts
- Medical Leadership and Support
- Staffing of Communication Centers
- Professional Services
- General Operating Expenses

## Expenditures

Expenditures	Distribution
Central Office Salary and Benefits	\$430,880.42
Salary in Support of Regional Efforts	\$348,105.87
Medical Leadership and Support	\$179,507.35
Staffing of Communication Centers	\$882,586.00
Professional Services	\$121,865.68
General Operating Expenses	\$534,764.87



# Performance Indicators



In FY 12-13, 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 of Directors.

## **Performance Indicator 1:**

This indicator reports the percentage of hospitals having emergency room services that participate in LERN:  
**113 (Hospitals participating)/ 116 (Total number of Hospitals) = 97.4%**

## **Performance Indicator 2:**

This indicator reports the percentage of EMS agencies that participate in LERN:  
**30 (EMS participating)/54 (Total number of EMS agencies) = 55.6%**

## **Performance Indicator 3:**

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

**Total patients directed by LERN in pre-hospital setting = 12,498**

**Total patients transferred = 521**

**Percent of LERN directed patients not requiring Transfer = 95.8%**

# Regional Commissions



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

## LERN Tri-Regional Coordinators

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

For more information about Regional Commissions, please contact the LERN Tri-Regional Coordinator listed.

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## Region 1

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

### Officers

Joseph F. Uddo Jr., MD  
*Chairman*  
Jeffery Elder, MD  
*Vice-Chairman*  
Stephen J. Gordon, ENP  
*Secretary*

### Members

Murtuza Ali, MD  
Cindy Davidson, JD  
Peter Deblieux, MD  
Frank Graff, III, NREMT-P, LEM  
Mike Guillot, NREMT-P  
Charles E. Hudson, LEM  
Cindy Magg, RN  
Alan Marr, MD, FACS  
Sheryl Martin-Schild, MD  
Gina Meyer, LEM, EMT  
Roland S. Waguespack, III, MD, MBA, FAAEM, FACEP  
Paolo Zambito, RN



# Region 2

## Officers

Stewart Cayton, MD

*Chairman*

James Rhorer, MD

*Vice-Chairman*

Anthony Summers

*Secretary*

## Members

Sadye Batts

Jeremy Dedeaux

Chris Fitzgerald

Kathleen Ford

Mark Gaudet

Chad Guillot

Johnny Jones, MD

Lance LeMotte, MD, FACC

Ernest Mencer, MD

Marilyn Reynaud, MD

Allyn Whaley-Martin

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



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# Region 3

## Officers

Earl Eues, Jr., REM

*Chairman*

Donna Tesi, MD

*Vice-Chairman*

Kim Beetz

*Secretary*

## Members

Brenda Arceneaux, RN

William Bisland, MD

Dominique Bonvillian

Brady Daigle, NREMT-P

Chad Davis, NREMT-P

Thomas Falterman, MD

Connie Gistand, MD

Teresita McNabb, RN

Vinod Nair, MD

Ken Rousseau, MS-HCM, NREMT-P

Jennifer Wise, RN, BSN, MHA

**Yvette Legendre**  
**Tri-Regional Coordinator**  
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# Region 4

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

## Officers

Scott Hamilton, MD

*Chairman*

Mark F. Olivier, MD, FACEP, FAAFP

*Vice-Chairman*

Anjanette Hebert

*Secretary*

## Members

John Armand

Paul Azar, Jr., MD

Joey Barrios, MD

Shane Bellard, NREMT-P

Brent Boudreaux

Terry Broussard

Kevin Courville, MD

Leo deAlvare, MD

James Garcelon, MD

Leslie Kram Greco, DO, FACEP

Colonel Prescott Marshall

Jude Moreau

Steve Quebedeaux

Tina Stefanski, MD



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# Region 5

**Ted Colligan**  
**Tri-Regional Coordinator**  
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## Officers

Tressy Bergeron

*Chairman*

Fredrick Dent

*Vice-Chairman*

Ruth Carnes

*Secretary*

## Members

Robert Anderson, MD

Annette Belcher

Robert Daughdril

Bertrand Foch, MD

Liz Harmon

Richard McGuire

Thomas Mulhearn, IV, MD, FACC

Joseph O'Donnell, MD

Alycia Rodgers, MD

Chris Stanley

Billy Vincent





# Region 6

**Deb Spann**  
**Tri-Regional Coordinator**  
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## Officers

Mark Majors

*Chairman*

Jeremy Timmer, MD

*Vice-Chairman*

Mary Tarver

*Secretary*

## Members

Elizabeth Battalora, DHSc, RN

Alan Chandler

Robert Freedman, MD, FACC

Harry Foster

David Holcombe, MD

Donna Lemoine

Philip Lindsay, MD

Larry Parker, MD

Jeff Pogue

Brenda Smith

Vickie Stagg, RN

Sonya Wiley

Octavia Williams



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# Region 7

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

## Officers

Keith Carter, EMT-P

*Chairman*

Susan Cash, RN

*Vice-Chairman*

Martha Carter

*Secretary*

## Members

Nuri Akkus, MD, FACC

Knox Andress, RN

Larry Atteridge, EMT-P

Derrel Graham, MD

Rose Johnson, RN

David Jones

Gary Jones

Max Morandi, MD

Martha Whyte, MD

Spence Willis, MD

Asser Youseff, MD



# Region 8

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

## Officers

Daniel Haynes, NREMT-P  
*Chairman*  
Richie Allen, NREMT-P  
*Vice-Chairman*  
April S. Winborne, RN, CHPN  
*Secretary*

## Members

Mike Barne  
Thomas Causey, MD, FACC  
Tim Esswein, RN  
Debra Hopkins  
Patrick King, RN  
Stephanie Long, MD  
David McSwain, RN  
Janice Posey  
Daniel Twitchell, MD



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# Region 9

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

## Officers

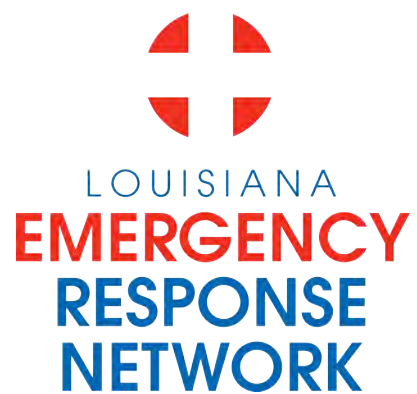
Luis Alvarado, MD  
*Chairman*  
Chad Muntan, MD  
*Vice-Chairman*  
Keith Peek  
*Secretary*

## Members

Vasanth Bethela, MD  
James Christopher, MD, FACS  
Woody Glover  
Lloyd Gueringer, MD  
Gina Lagarde, MD  
Ben Lott, RN  
David Marcus, NREMT-P  
Jay Smith, MD  
Rebecca Smith  
John P. Taylor, NREMT-P  
Tommy Thiebaud  
Brinette Thompson, RN







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