SENATE CONCURRENT RESOLUTION NO. 42

2015 Regular Session

…the Legislature of Louisiana does hereby establish and create the Region Eight Trauma Center Work Group to study and recommend steps to improve the outcomes for trauma victims in the northeastern region of the state through the establishment of a Level III Trauma Center in the region and to establish a data registry to track the outcomes of victims of trauma in the region.

– from Senate Concurrent Resolution 42

INTRODUCTION

PURPOSE OF SCR 42

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

- There is currently no state-designated trauma center, verified by the American College of Surgeons (ACS), located in the northeastern part of the state – Department of Health and Hospitals (DHH) Region Eight.
- The ACS Committee on Trauma recommends that all organized trauma systems (state, regional, metropolitan) support the general goal of providing trauma care coverage based upon the "golden hour," that critical first hour following injury.
- In 2014, over fifty percent of Region Eight LERN-identified trauma cases were transferred out of the region for care, thereby often extending transfer time beyond the optimal "golden hour."

LERN was given the responsibility of facilitating the Region Eight Work Group due to LERN's statutory responsibility of developing and maintaining Louisiana's statewide system of care coordination for patients stricken by traumatic injury and time-sensitive illness (stroke and heart attack).

SCR 42 directed LERN to call the first Region Eight Trauma Center Work Group meeting on or before September 1, 2015 and further directed the Region Eight Trauma Center Work Group to deliver its written report of recommendations (this document) to the LERN Executive Director on or before January 1, 2016. A copy of SCR 42 is provided in *Appendix A* of this report.

REGION EIGHT TRAUMA CENTER WORK GROUP MEMBERS

SCR 42 designated the LERN Executive Director as the work group's chairperson and directed the following groups to each select one representative to serve as a voting member of the Region Eight Trauma Center Work Group:

- Louisiana State University Health Sciences Center/E.A. Conway Medical Center in Monroe
- Louisiana State University Health Sciences Center Shreveport
- St. Francis Medical Center in Monroe
- Glenwood Regional Medical Center in West Monroe
- LERN Region Eight Commission
- Emergency Medical Services providers who shall select a single member among the numerous providers serving Region Eight.

The following is a listing of the Region Eight Trauma Center Work Group members:

1. ***Paige Hargrove*** – LERN Executive Director
2. ***Shelley Jones, M.D.*** – Louisiana Department of Health and Hospitals, Office of Public Health Medical Director (serving as the representative from the LERN Region Eight Commission)
3. ***Matt Roberts*** – Chief Executive Officer for Glenwood Regional Medical Center
4. ***John Owings, M.D. FACS*** – Trauma Medical Director for University Health and Professor of Surgery, LSU Health Sciences Center Shreveport
5. ***Kristin Wolkart*** – Chief Executive Officer for St. Francis Medical Center
6. ***Lester W. Johnson, M.D.*** – Assistant Dean of LSU Health Sciences Center Shreveport and Chief and Director of Surgical Services for University Health Conway Monroe
7. ***Tracy Wold*** – EMS Operations Director for Pafford Emergency Medical Services (serving as the Region Eight emergency medical services representative)

BACKGROUND INFORMATION

LOUISIANA'S TRAUMA CENTER NETWORK

In 2014, the American College of Emergency Physicians (ACEP) issued "America's Emergency Care Environment – A State by State Report Card." Louisiana did not fare well in this assessment – earning an overall score of a D. The primary recommendation from the report was for Louisiana to invest in improvements to the emergency medical services system and increase access to emergency care.

One key metric used to grade states in this report card was access to trauma centers. Access is measured by: number of Level I or II Trauma Centers per 1 million population and percentage of population within 60 minutes of a Level I or II Trauma Center.

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

LERN has utilized national guidelines and best practices to develop Louisiana's vision of an ideal statewide trauma network that includes at least one state-designated trauma center in each of the nine DHH regions. High-population areas in Louisiana that currently lie outside of "golden hour" access to trauma centers include the greater metro areas of Lafayette, Lake Charles, and Monroe. LERN promotes priority development of designated trauma centers in those three greater metro areas.[1]

Louisiana has Level I Trauma Centers located in Shreveport (University Health Shreveport) and in New Orleans (University Medical Center New Orleans). There are two Level II Trauma Centers located in

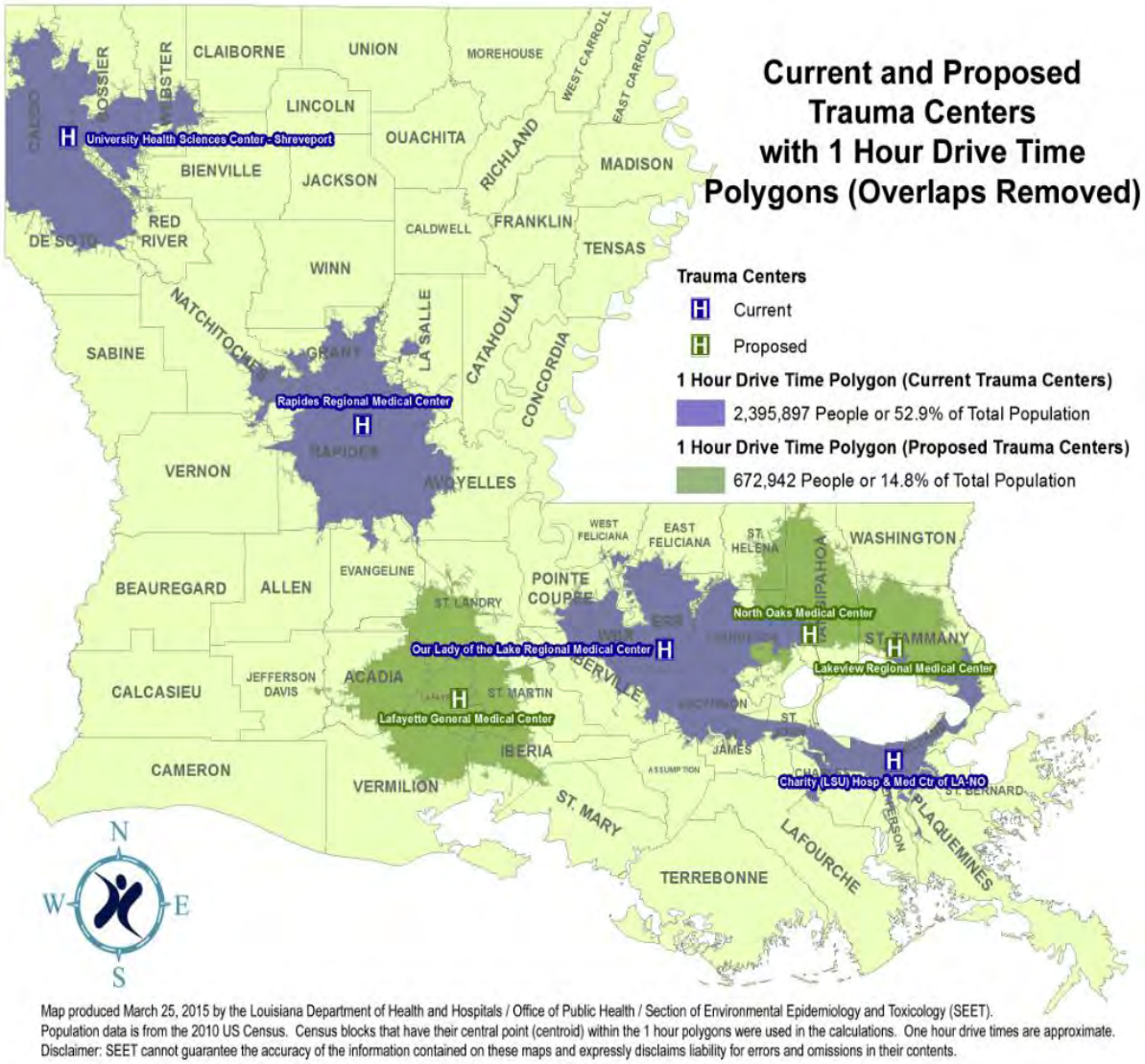
[1] LERN, "White Paper: Development of a System of State-Designated Trauma Centers in Louisiana", 2014.

Baton Rouge (Our Lady of the Lake Regional Medical Center) and in Alexandria (Rapides Regional Medical Center).

LERN has also facilitated commitments to Level II Trauma Center development from Lafayette General Hospital in Lafayette and North Oaks Medical Center in Hammond. In addition, Lakeview Regional Medical Center in Covington is pursuing Level III Trauma Center designation. It is projected that within the next 18 months Louisiana citizens will have access to seven trauma centers (Figure 1).

This expansion of the trauma center network will dramatically improve Louisiana's grade on the previous ACEP report card from 0.4/million Level I/II Trauma Centers per 1 million population to 1.29/million Level I/II Trauma Centers per 1 million population.

Figure 1



Map produced March 25, 2015 by the Louisiana Department of Health and Hospitals / Office of Public Health / Section of Environmental Epidemiology and Toxicology (SEET).
Population data is from the 2010 US Census. Census blocks that have their central point (centroid) within the 1 hour polygons were used in the calculations. One hour drive times are approximate.
Disclaimer: SEET cannot guarantee the accuracy of the information contained on these maps and expressly disclaims liability for errors and omissions in their contents.

LERN's efforts are facilitating improved access to trauma care in many regions of the state – but significant voids remain in Region Eight (Northeast Louisiana) and Region Five (Southwest Louisiana). This report outlines the need for a trauma center in Region Eight, identifies key challenges that exist, and provides recommendations for a path forward.

Region Eight

Region Eight includes 12 parishes: Union, Lincoln, Jackson, Morehouse, Ouachita, Caldwell, Richland, Franklin, Tensas, East Carroll, West Carroll, and Madison. The 2010 census data from the Centers for Disease Control and Prevention (CDC) indicates 355,761 citizens live in this 12-parish area. There are currently 16 hospitals located in Region Eight, including:

Citizens Medical Center * +	Northern Louisiana Medical Center
University Health Conway	Reeves Memorial Medical Center (formerly Tri-Ward) * +
East Carroll Parish Hospital * +	Richardson Medical Center * +
Franklin Medical Center * +	Richland Parish Hospital – Delhi * +
IASIS Glenwood Regional Medical Center	St. Francis Medical Center
Jackson Parish Hospital * +	St. Francis Medical Center (North Campus)
Madison Parish Hospital * +	Union General Hospital +
Morehouse General Hospital * +	West Carroll Memorial Hospital +

*Denotes Service District Hospital
+ Denotes Rural Hospital

Work Group Activities

The Region Eight Trauma Center Work Group conducted three formal work group meetings in 2015, the first on August 13th, the second on October 20th, and the third meeting on December 2nd. A CEO meeting was held on October 16th. The following are summary descriptions of these meetings.

August 13th Meeting

The initial meeting of the Region Eight Trauma Center Work Group included:

- general review of SCR 42;
- basic orientation to the American College of Surgeons Committee on Trauma *Resources for Optimal Care of the Injured Patient 2014*. This "orange book" is the national standard for development of trauma centers and trauma systems;
- presentation of LERN's vision of a statewide trauma network that includes at least one trauma center in each DHH region of the state;
- introduction of LERN's trauma system resources including the LERN protocol and the LERN Communications Center;
- presentation of LERN-gathered trauma data for Region Eight; and

- a wide-ranging discussion by the Work Group members that included the following topics: the reality and nature of traumatic injury and trauma care, the health care market in Region Eight, trauma care reimbursement issues, out-of-region transfer of trauma patients, Level III Trauma Center requirements, rural hospital challenges, pre-hospital trauma care challenges, and trauma center startup costs.

The meeting ended with agreed upon next steps including LERN compiling and analyzing additional data, the work group members collaborating to conduct a gap analysis for Region Eight utilizing guidance from the "orange book", and the hospital CEO members of the work group meeting with the LERN Executive Director to discuss trauma center resource staffing issues.

OCTOBER 20TH MEETING

The second meeting of the Region Eight Trauma Center Work Group included:

- recap of the previously agreed-upon meeting of the hospital CEO members of the work group;
- review of additional requested data, including: "halo effect" information, background information on the Arkansas trauma system, trauma registry information, and Medicaid payment information;
- discussion of results of Region Eight gap analysis conducted by the work group members;
- review of available Region Eight trauma data – demonstrating the need for a trauma center in the region; and
- a discussion by the work group members focused on key issues and challenges related to the establishment of a trauma center in Region Eight.

The meeting ended with agreed-upon next steps including ongoing conversations between the work group member hospitals focused on cooperative efforts to strengthen trauma coverage in the region, and a process to begin development of the work group's report of findings and recommendations.

DECEMBER 2ND MEETING

The third meeting of the Region Eight Trauma Center Work Group focused on updates and discussions related to the practical challenges to establishing a trauma center in Region Eight. Specific challenges discussed included:

- orthopedic coverage problems in Monroe – financial challenges;
- LSU Health Sciences Center/E.A. Conway Medical Center uncertainty – hospital management contract challenges;
- political transition uncertainty – new legislature and new administration; and
- changing local norms related to trauma care, including pre-hospital (EMS) providers.

The meeting ended with a brief discussion of key points to include in the Work Group's final report.

Minutes of the three meetings are provided in *Appendix B* of this report.

FINDINGS AND RECOMMENDATIONS

THE NEED FOR A TRAUMA CENTER IN REGION EIGHT

In 2014 there were 1,831 patients admitted to Region Eight hospitals with a trauma diagnosis code. This patient volume was derived from data provided by 11 hospitals in the region and obtained through Louisiana Hospital Inpatient Discharge Data – LaHidd. The following five Region Eight hospitals did not submit data to LaHidd and are therefore not included in the total 1,831 trauma patients: Citizens Medical Center, East Carroll Parish Hospital, West Carroll Parish Hospital, Morehouse General Hospital, and Reeves Memorial Medical Center.

Trauma Registry data from LSU Health Sciences Center Shreveport and Rapides Regional Medical Center for 2014 indicates hospitals located in Region Eight transferred 353 patients to the LSU Health Shreveport Level I Trauma Center and 53 patients to Rapides Regional Level II Trauma Center in Alexandria. Given these statistics, it is indicated that at least 22%, or more than one out of five trauma patients in the region, must be transferred out of the region to receive appropriate care in another part of the state.

These patients were transferred primarily for orthopedic and neurosurgery care. Many of these patients were transferred 100 miles or 1.5 hours by ground transportation to access needed specialty trauma care. In addition to the patients transferred from Region Eight hospitals to the trauma centers in Shreveport and Alexandria, 21 patients were flown by air medical to Mississippi hospitals for definitive trauma care in 2014. (Definitive care is the end point at which all treatment required at the time has occurred.) Fifteen of those 21 trauma patients were transported straight from the scene to Mississippi, and the other six patients were transported from a Region Eight hospital emergency department (ED) to an appropriate Mississippi hospital.

Logically, regions without a trauma center are expected to transfer greater numbers of trauma patients out of the region compared to regions with a trauma center. Regional trauma centers allow patients to receive care where they live. The 2015 data from the LERN Communications Center (LCC) powerfully supports these two basic assumptions.

The LCC operates 24/7/365 and has the responsibility of routing injured patients to the most appropriate definitive care resource, including pre-hospital routing and ED to ED transfers. The LCC assists with transfers only when requested by the referring hospital, therefore LCC numbers are an underestimate of the total number of transfers.

Table 1 provides 2015 trauma patient transfer data obtained from the LCC. The data clearly indicate that the number of trauma patient transfers increases in the absence of a (verified) trauma center. Regions One, Two, Six, and Seven (highlighted in yellow) are the four Louisiana regions that currently have a trauma center. Collectively, the hospitals in these regions transferred a total of 34 patients out-of-region in 2015. By contrast, hospitals in Region Eight that utilize the LCC (highlighted in red) transferred 241 trauma patients out-of-region – **more than any other region in the state.**

Table 1: 2015 Patient Transfer Data

Sending Region	Out of State	Region 1	Region 2	Region 3	Region 4	Region 6	Region 7	Region 9	Grand Total
Region 1									0
Region 2		11						3	14
Region 3		123	22	1	9				155
Region 4		15	31			13	1		60
Region 5	2	6	13		36	26	6		89
Region 6		1	3			1	11		16
Region 7						1	3		4
Region 8	**2**	**1**				**14**	**224**		**241**
Region 9	2	48	8						58
Grand Total	**6**	**205**	**77**	**1**	**45**	**55**	**245**	**3**	**637**

Source: LERN Communication Center Database

Table 2 is an estimate of the total number of injured patients admitted to hospitals across the state derived from LaHIDD data. The numbers are aggregated by region. Approximately 30 hospitals (mostly smaller rural hospitals) did not submit data to the LaHIDD data base therefore, the injured patient totals provided in Table 2 are a slight underestimate.

Table 2: Total Patients with Injury ICD-9 Diagnosis Code by Region

Louisiana Region	Total Patients	Percent of Total
Region 1*	7,581	23.57%
Region 2*	5,234	16.27%
Region 3	1,512	4.7%
Region 4**	3,958	12.31%
Region 5	2,098	6.52%
Region 6*	2,664	8.28%
Region 7*	5,164	16.05%
Region 8	1,831	5.69%
Region 9**	2,530	7.87%
Total	**32,572**	**100.00%**

*Denotes Trauma Center in the region
**Denotes Trauma Center in development

Louisiana adheres to the ACS standards, which requires 1,200 admissions for injured patients to achieve Level I Trauma Center status. There is no ACS admissions volume standard for Level II Trauma Centers; however, LERN recommends a minimum of 400 trauma patient admissions for a Level II Trauma Center. As noted in Table 2, volumes of injured patients substantiate the need for at least a Level II Trauma Center in every region of the state, including Region Eight.

RECOMMENDATION

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

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

KEY CHALLENGES TO ESTABLISHING A TRAUMA CENTER IN REGION EIGHT

To determine available resources needed to achieve Level III Trauma Center designation, a basic gap analysis was performed by all three of the Region Eight hospitals represented in the work group: St. Francis Medical Center, Glenwood Regional Medical Center, and University Health Conway. This analysis included evaluation of:

- Hospital and Administration Commitment
- Human Resources
    - Trauma Medical Director
    - Trauma Program Manager
    - General Surgery – 24/7 with 30-minute ED response time for highest level activations
    - Neurosurgery
    - Orthopedic Surgery – must be on call and promptly available 24/7
    - Anesthesiologists – available within 30 minutes
    - Emergency Medicine – all required current in Advanced Trauma Life Support (ATLS)
    - Operating Room available within 30 minutes
    - Radiology 24/7 with interpretation within 30 minutes of scan
- Blood Bank – 24/7 and must have massive transfusion protocol
- Performance Improvement Program

The three hospitals completing the analysis account for 73.02% of the Region Eight trauma admissions captured in the LaHidd data set. The completed gap analysis identified three critical Region Eight gaps.

1. *Neurosurgery* – The region only has neurosurgical coverage 20 days out of the month. Neurosurgery coverage is not required for a Level III Trauma Center.

2. *General Surgery* – All three hospitals have 24/7 call coverage for general surgery. Two of the CEO's report the current surgeons are very busy and are not interested in supporting a trauma center program. The center development would require recruitment of additional surgeons which comes at a substantial cost – a minimum of $400,000/year/surgeon).

3. *Orthopedic Surgery* – Two of the three hospitals have 24/7 orthopedic surgery call coverage. All three CEO's communicated that trauma center development would require recruitment of additional orthopedic surgeons – at a minimum of $500,000/year; however, recent recruitment efforts have failed with offers in excess of $500,000/year.

RECOMMENDATION

Given the critical Region Eight resource gaps identified and based on the feedback from the work group members and supported by patient transfer data, it is most realistic to first establish a Level III Trauma Center in Region Eight with the goal of transitioning to a Level II Trauma Center in the future.

According to the *Resources for Optimal Care of the Injured Patient 2014* published by the ACS Committee on Trauma, "For many areas, a Level III Trauma Center should have the capability to **initially manage the majority of injured patients** and have transfer agreements with a Level I or II Trauma Center for seriously injured patients whose needs exceed the facility's resources."

RECOMMENDATION

The Region Eight Trauma Center Work Group members agreed that the establishment of a trauma center in the Northeast Louisiana will require the organization of a region-wide collaborative support effort to include all significant health care provider organizations and policymaking leaders serving Region Eight.

RECOMMENDATION

After careful review and collaborative discussion, the Region Eight Trauma Center Work Group recognizes that caring for trauma patients requires a true community and regional effort and is dependent on a functioning trauma system rather than just one trauma center. While the work group recommends and supports the development of a trauma center in Region Eight, no one hospital has all of the resources needed to become a Level III Trauma Center and the ACS verification and state designation cannot be based on three hospitals pooling their resources.

Each of the three hospitals were asked to address their interest and commitment to pursuing Level III Trauma Center designation at this time.

While St. Francis Medical Center is supportive of having a Level III Trauma Center in Region Eight, it is not a priority that they will be pursuing. Should additional resources become available to the region in the future, however, they may revisit their decision.

Glenwood Regional Medical Center is working toward the path of becoming a Level III Trauma Center; however, with the current physician disinterest in trauma in the region, they believe that this will be a challenge. A two year timeline for achieving Level III designation will be difficult for Glenwood to meet; however, the hospital is committed to improving the care of trauma patients in the region.

University Health Conway is interested in pursuing Level III Trauma Center designation and notes that it is consistent with their mission to serve the health care needs of everyone in the region and to provide

comprehensive training for their residents. While they do not have all of the resources that are needed for Level III designation at this time, they will be building steadily toward that end over the next several years. They are also interested in working with the other hospitals in the region to improve the care of the trauma patients in the region.

Table 4 lists the priority resource needs and the estimated range of new costs that a hospital would need to incur to establish a Level III Trauma Center verified by the ACS and designated by the state of Louisiana.

Table 4: Range of New Resource Costs for a Hospital to Establish a Level III Trauma Center as Estimated by the Work Group

Priority Resource Needs	Range of Estimated New Annual Costs
Trauma Medical Director	$400,000
Trauma Surgeon/General Surgeon (1-2 needed)	$400,000/each
Orthopedic Surgeon (1-2 needed)	$600,000/each
Trauma Program Manager	$100,000
Trauma Registrar	$80,000
Education, Trauma Registry, Admin Support, Misc.	$300,000
Total Estimated New Annual Costs	**$1,880,000 - $2,880,000**

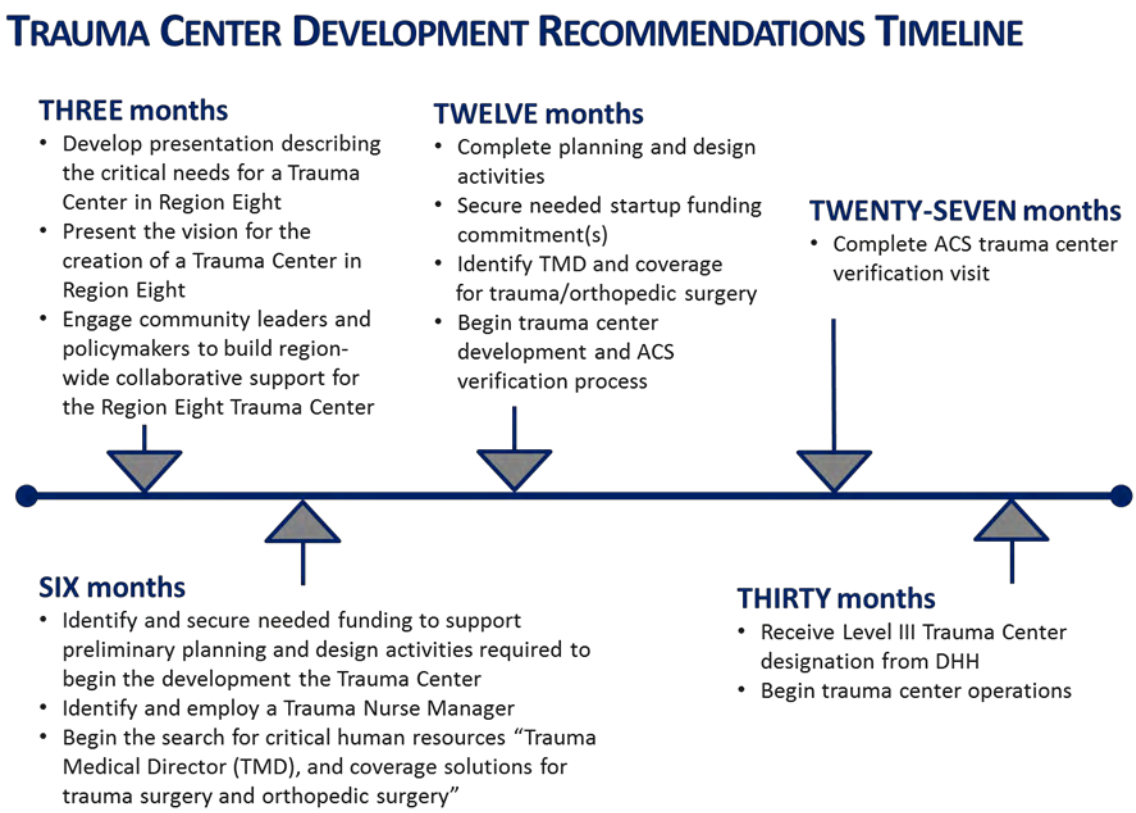
Once a hospital completes the initial trauma center verification process (requires approximately 18 to 24 months), the hospital/trauma center should be able to begin offsetting some of the added costs with new revenue as trauma patient volume increases. This process of reaching financial sustainability depends on a number of variables, but could justify initial funding that reduces over a period of three to five years.

RECOMMENDATION

Recognizing the existing priority resource gaps, specifically trauma and orthopedic surgeons, that represent substantial barriers to achieving Level III Trauma Center status – the Region Eight Trauma Center Work Group recognizes startup financial support of approximately $2 million to $3 million annually will be required for three to five years to facilitate the establishment of a Level III Trauma Center in Northeast Louisiana.

Timeline For Establishment of a Region Eight Trauma Center

The following timeline offers a general guide for completion of the key activities required for establishment of a Level III Trauma Center in Region Eight.



Establishment of a Trauma Data Registry

In addition to addressing issues related to the establishment of a trauma center in Region Eight, the SCR 42 directed the Region Eight Trauma Center Work Group to investigate the establishment of "a data registry to track the outcomes of victims of trauma in the region."[2]

The Region Eight Trauma Center Work Group recognizes that LERN was given, in 2010, the statutory responsibility of building and maintaining a statewide trauma registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury[3]. LERN currently maintains this trauma registry that includes data from the Louisiana's four state-designated trauma centers and pre-hospital data from 24 emergency medical services. If all hospitals in Region Eight would share their data on trauma patients, the hospitals, EMS providers, and the LERN Region Eight Commission could

[2] SCR 42 of 2015 Regular Session of Louisiana Legislature
[3] LA. R.S. 40:2841-2846 Louisiana Emergency Response Network (LERN)

begin to understand trauma patient transfer patterns and help to educate trauma system participants and caregivers on ways to improve outcomes and save more lives within the region.

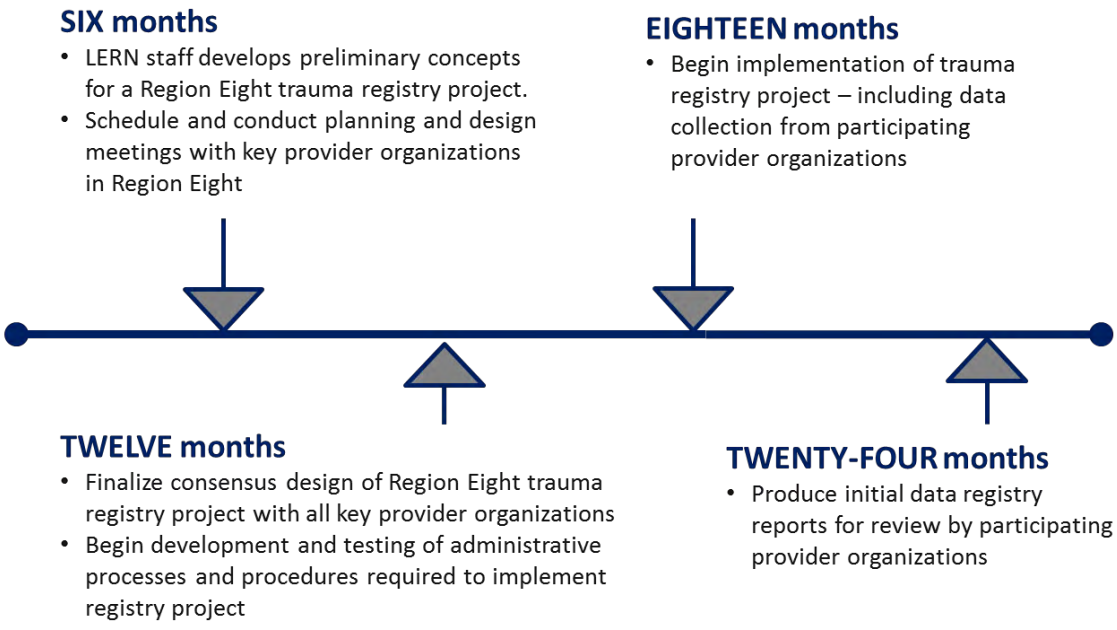
Recommendation

LERN's trauma registry resources are capable of accommodating (without financial charge) trauma data from all hospitals in the state. Given this fact, the Region Eight Trauma Center Work Group recommends that LERN develop a customized trauma registry program for Region Eight, including a promotional campaign designed to encourage participation in this program by all 16 Region Eight hospitals.

Timeline For Establishment of a Region Eight Trauma Registry Program

The following timeline offers a general guide for completion of the key activities required for establishment of a Region Eight trauma registry program.

Trauma Registry Development Recommendations Timeline



APPENDIX A

2015 Regular Session **ENROLLED**

SENATE CONCURRENT RESOLUTION NO. 42

BY SENATORS THOMPSON, KOSTELKA, PEACOCK, WALSWORTH AND WHITE AND REPRESENTATIVES CHANEY, HOFFMANN, JACKSON AND POPE

A CONCURRENT RESOLUTION

To authorize and direct the Louisiana Emergency Response Network (LERN) to organize and facilitate a working group of healthcare providers who deal with victims of trauma to develop recommendations for a Level III Trauma Center in Northeast Louisiana.

WHEREAS, throughout the state an ongoing need exists to improve the quality of care delivered to trauma victims; however, the need is especially critical in the northeastern part of the state, designated by the Department of Health and Hospitals (DHH) as Region Eight, where no centers verified by the American College of Surgeons as Level III are located; and

WHEREAS, 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 referring to the critical first hour following injury; and

WHEREAS, in 2014, over fifty percent of LERN-identified trauma victims in Region Eight were transferred out of the region, with the vast majority transferred to Shreveport for treatment, creating extended transfer time, often beyond the optimal "golden hour"; and

WHEREAS, LERN is an agency of state government created by the 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; and

WHEREAS, the establishment of a data registry to track the outcomes for victims of trauma in the region would be an integral component of any region-wide effort to better outcomes through the establishment of a Level III Trauma center in the region.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby establish and create the Region Eight Trauma Center Work Group to study and recommend steps to improve the outcomes for trauma victims in the northeastern region of the state

through the establishment of a Level III Trauma Center in the region and to establish a data registry to track the outcomes of victims of trauma in the region.

BE IT FURTHER RESOLVED that, prior to July 15, 2015, the executive director of LERN shall notify the primary trauma network providers of the goals of the work group and the process of naming representatives and reporting those names to the executive director of LERN.

BE IT FURTHER RESOLVED that each of the following groups shall notify the executive director of LERN in writing no later than August 15, 2015, of the selection of one representative who will be a voting member of the work group. Each group shall also name a designee who can attend the meetings when the selected representative is unable to attend. The groups are as follows:

(1) Louisiana State University Health Sciences Center/E.A. Conway Medical Center in Monroe, Louisiana.

(2) Louisiana State University Shreveport Medical Center.

(3) St. Francis Medical Center in Monroe, Louisiana.

(4) Glenwood Regional Medical Center in West Monroe, Louisiana.

(5) LERN Region Eight Commission.

(6) Emergency Medical Services providers who shall select a single member among the numerous providers serving Region Eight.

BE IT FURTHER RESOLVED that LERN will coordinate meetings, provide minutes of the meetings, and conduct all administrative duties as requested by the work group.

BE IT FURTHER RESOLVED that the representatives serving on the work group shall serve without compensation.

BE IT FURTHER RESOLVED that the executive director of LERN, who shall serve as chairperson for the work group, shall call the first meeting of the group no later than September 1, 2015, and the work group shall have a minimum of four meetings.

BE IT FURTHER RESOLVED that LERN shall provide any information obtained from the American College of Surgeons or other emergency response networks from around the country that would appear useful to the work group or is requested by the work group.

BE IT FURTHER RESOLVED that the Region Eight Trauma Center Work Group shall present its written report to the executive director of LERN on or before January 1, 2016. Such report shall detail the recommended steps, a timeline, and a list of the resources necessary to improving trauma outcomes in northeastern Louisiana through the establishment of a Level III Trauma Center in the region and the establishment of a data registry in order to track the outcomes for trauma victims in the area.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the executive director of LERN.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

APPENDIX B

REGION 8 TRAUMA CENTER WORK GROUP

AUGUST 13, 2015 · MEETING MINUTES

Meeting Location: St. Francis Medical Center
Nazareth Hall – 498 Catalpa St, Monroe, LA

Meeting Time: 2:00 PM to 4:30 PM

ABOUT THE REGION 8 TRAUMA CENTER WORK GROUP
Senate Concurrent Resolution (SCR) 42 of the 2015 Louisiana Legislative Session directed Louisiana Emergency Response Network (LERN) to organize and facilitate the Region 8 Trauma Center Work Group to develop recommendations for a Level III Trauma Center in Northeast Louisiana.

AGENDA ITEMS

I. Welcome and Introductions - 2:10 PM
Paige Hargrove, BSN, RN
Executive Director, LERN

Paige Hargrove called the meeting to order at 2:10 PM and welcomed work group members and guests to the work group meeting. She then invited work group members and guests introduce themselves.

1. Paige Hargrove - LERN Executive Director
2. Dr. Shelly Jones - LA Department of Health & Hospitals, Office of Public Health Medical Director for Region 8 and serves on work group as a representative from the LERN Region 8 Commission
3. Matt Roberts - CEO for Glenwood Regional Medical Center
4. Dr. John Owings - Trauma Medical Director for LSU Health Sciences Center - Shreveport/University Health
5. Kristin Wolkart - CEO for St. Francis Medical Center
6. Dr. Les Johnson - Chief of Surgery at E.A. Conway/University Health
7. Tracy Wold - EMS Operations Director for Pafford Emergency Medical Services and serves as the Region 8 Emergency Medical Services representative

Guests included:

1. Representative Frank Hoffman
2. Deborah Spann, RN – LERN Tri-Regional Coordinator regions 6, 7, and 8
3. Olivia Caskey, Program Director – Air Evac Lifeteam and designee for Region 8 EMS
4. Kayla Johnson, Chief Nursing Officer St. Francis Medical Center
5. Thomas McKinley – Air Evac
6. Patrick King, RN – DON University Health Conway
7. Jeremy Tinnerello – COO Glenwood Medical Center

Paige Hargrove then introduced Dr. Christel Slaughter, Partner with SSA Consultants, who will serve as the Work Group facilitator.

II. Review of SCR 42

Christel Slaughter, PhD
Partner, SSA Consultants
Work Group Facilitator

Christel Slaughter then reviewed the beginning and need for Senate Concurrent Resolution (SCR) 42 - improve trauma care system in NE LA. The work group reviewed the legislation - establish Level III trauma center in NE LA, and establish a data registry - and the charge for the work group. The work group will make the recommendations to the Louisiana Legislature. The work group is an open meeting format.

III. Work Group Objectives and Trauma Center Info

Christel Slaughter, PhD
Partner, SSA Consultants
Work Group Facilitator

The American College of Surgeons Committee on Trauma published the *Resources for Optimal Care of the Injured Patient 2014*. This "orange book" is the national standard for trauma systems. A copy was provided to each work group member and is available online https://www.facs.org/quality%20programs/trauma/vrc/resources#sthash.q3kyYWSr.dpuf.

In the orange book on page 16, the different levels of trauma centers are described. Louisiana has the following trauma centers:

- Level I Trauma Centers:
  - New Orleans
  - Shreveport
- Level II Trauma Center:
  (Same capability as a Level I without graduate medical education and research)
  - Baton Rouge
    - OLOL is on the path to become a Level I because of the agreement with the state
  - Alexandria
- Level III Trauma Center:
  - Currently no verified Level III trauma centers in Louisiana.
  - Great place to start for a region this size

Review of maps included in material packet. LERN's Board has a vision of a trauma center in each region of the state which covers the majority of the population. There are several regions that have hospitals that are pursuing trauma center status - Lafayette and Northshore (North Oaks Health System has an ACS visit scheduled for February 2016 for Level II and Lakeview looking at Level III).

Included in the materials packet is the LERN White Paper on Development of a System of State-Designated Trauma Centers in Louisiana (available online - http://lern.la.gov/trauma/). This was developed by LERN to help explain the need for a statewide trauma network. About six years ago,

Louisiana was one of the few states who did not have a trauma system. Louisiana has an emerging trauma network but there are several states ahead of Louisiana in terms of development.

What is a trauma patient in LA? Review of the LERN protocol. The LERN Communication Center (LCC) is a pre-hospital service available 365/7/24 uses the ESF-8 screens updated by the hospitals to route the patient to the appropriate hospital. The LCC receives the least amount of calls from this region - but is improving. The LCC fills the void because Louisiana does not have a mature trauma system. It allows real time data on resources. There is a limitation of liability if pre-hospital providers and hospitals use the LCC and the LERN protocols. Continued adoption is about education and communication of the importance of trauma resources.

IV. Review of Region 8 Data

John Owings, MD, FACS/ P. Hargrove
Professor of Surgery
Trauma Medical Director
LSU HSC – Shreveport

Presentation of LERN data. This data is information that LERN has access to from the LERN Call Center. This data is obtained when a pre-hospital provider has called the LCC or LCC has been called by hospital to facilitate a transfer of patient. In 2014, LSU Health Shreveport's data indicated that there were over 350 patients that were transferred from Region 8 to Region 7.

V. Work Group Discussion

Christel Slaughter, PhD
Partner, SSA Consultants
Work Group Facilitator

Discussion led by Dr. Owings regarding the high number of patients transferred to Region 7. The patients fall all across the Injury Severity Score (nine regions of body, take the three areas, square them and add them up, gives a range 0-75). They hold a weekly review of every trauma patient death and it is heartbreaking to wonder if the outcome would have been different had the patient had access to trauma care within the golden hour (first 60 minutes). There is a misconception that trauma patients are gun shots or penetrating trauma. That is not true. These patients are mainly a fall from standing or a vehicle crash. With the transfer patients, there are enough trauma patients to a trauma center in Region 8 and make it financially viable. Trauma patients can be difficult and trauma centers have dedicated resources. There are the resources to have a level III trauma center in Region 8. Having a Level III Trauma Center in Region 8, increases the ability for the region to diagnosis and treat without transfer. There would probably be a small number of patients who would require transfer to the higher level trauma center in Region 7.

About a trauma center: the designation cannot be rotated between facilities. It is tied to a brick and mortar hospital. The trauma medical director cannot be a shared resource (like with another hospital) but can share medical staff and some equipment. Trauma care by nature is a team sport - multi players and roles.

What is the advantage of a data registry? A data registry gives a better picture - what is the scale of the need? A registry allows for outcomes measurement and it captures some of the things we

cannot currently see with the LCC data. For example, certain resources need for an additional Operating Room or surgeons or situations where the outcome could have been better for a patient. The Injury Severity Score is calculated upon discharge in a trauma registry. Like a pathologist, the data registry has the full patient picture at the end. Hospitals report into a registry and there are several registry options.

Work Group Discussion about market. The general surgery call in this market is tough to staff and current feeling is there is not a lot of enthusiasm for trauma call. Also have a gap in neurosurgery coverage in this market. There is a strong residency program and other training programs in the region looking for surgery opportunities. Trauma program in Shreveport willing to help these graduate medical education programs in region with training staff coverage. The market demand is high for qualified professional. For every person (health care professional) with the two Board certifications with trauma, there is 2.3 jobs available.

Work Group Discussion about reimbursement issues. At University Health in Shreveport, 60% of trauma patients have insurance (other than Medicaid or self-pay). Generally, in terms of the bottom line for the hospital, the longer length of stay means the higher the severity means the less likely to make money for hospitals (loss leaders). On the other hand, a designated trauma center can charge an activation fee for trauma calls. Average Level I trauma center activation fee is about $18,000. Fees are all over the map on fees - Level I is not necessarily more than Level III.

Another effective piece on the reimbursement side is the ability to get retroactive Medicaid. Figure out a good policy and procedure to move Medicaid qualified patients onto that reimbursement roll (vs. having no option to fill for reimbursement).

Currently in this market though (Region 8), for every dollar spent, hospitals are losing .70 cents. This market also has a physical capacity issue with all three ICUs frequently at capacity. Not unusual for this hospitals to be on divert status. Shreveport has a similar situation in that they are frequently at capacity and utilizing overflow ICUs beds.

Work Group Discussion on transfers. If there was a Level III in Region 8, what would stay in Region 8 and what would still get transferred to Region 7? The answer is dependent on the available resources. Usually the weakest link in coverage is neurosurgery. Options would be to cobble together full area coverage or have a transfer agreement to take all neurosurgery. If have coordinated, consistent coverage, studies have demonstrated better outcomes for patients. For the Region 8 right now, feel like they are really focused on how not to delay the total care patient. If they need to go to the higher level of care, send them. What is the roadmap to getting a Level III Trauma Center in region?

Work Group Review of Level III Requirements. The orange book has the full listing of Level III Trauma Center requirements (staffing, staff certifications, equipment, registry, etc.). Louisiana has opted to use the American College of Surgeons, Committee on Trauma verification program as their process. Other states have opted to write own laws and guidelines. Probably have the resources in the Region 8 to have a Level III but it is a question of capacity and support. As a region, any move would need to support all three hospitals - St. Francis, E.A. Conway, and Glenwood. Is there a benefit to hospitals near a trauma center?

Work Group Discussion of funding trauma systems. States vary in how the fund trauma systems. Texas does subsides but affects their DSH (millions for Level II & I; drops off for III & IV). There is a formula that takes into patient's acuity and the hospital's expended resources (Medicaid). Within the LSU system, think could work out some path to improving residency program and training programs between Monroe and Shreveport. Other areas have used a local millage to support effort. Need to figure out a path, like a trauma tax, and have the communications efforts to help the general public understand. Identify a funding model that helps all three hospitals. Always remained focused that this is about improving patient outcomes.

Additional concern is the future of rural surrounding hospitals and their viability. The three main hospitals are already facing capacity issues. Now hearing that some of the rural hospitals will lose the supplemental UPL payment at end of year. If those start closing, that only places increased demand on the three hospitals. For example, Morehouse General Hospital (Bastrop) has a daily census of 45 in a 60-bed facility. They have just issued a RFP for long-term management services. If they close, those patients are going to have to go somewhere.

. We do not have a financial support system for hospitals who want to become trauma centers. How do we "seed" their resource development? Would be interested in including that in the Work Group report.

A gap analysis would be very helpful to have for the next meeting of the work group. The orange book has one in Chapter 23. Each work group member review and complete before next meeting to give the work group a picture of resources and need.

The safety net hospitals have some lower cost resources (like residents) that make hospital operations side less expensive. Do not want to wait for an outside funding source because we will wait forever. There is movement that could take place now towards developing a system.

The trauma activation fee is available for a DHH Designated Trauma Center (through the American College of Surgeons, Committee on Trauma) that activates the trauma team before the patient arrives at the hospital doors. Includes activating trauma team for a hospital transfer.

Work Group Discussion on pre-hospital challenges. The pre-hospital community would support whatever hospital stepped forward to pursue Level III status. Continue to push the use of the LCC to capture data and direct patients. The reality of the region is the eastern side of the region (like East and West Carroll) folks have a hard time getting to Shreveport or Alexandria due to the mileage and resources. Arkansas and Mississippi (rural states like Louisiana) are doing a better job of moving their patients to the right hospital setting. If this region was to pursue a public millage, would have to be honest about care available to citizens in this area, which is a hard conversation to have right now. Delicate balance in telling the truth about trauma resources in the region and the need for improved system. There is an opportunity for the EMS community to do a better job of using the most appropriate transport method. Really should use more air to transport and this includes the emergency physicians authorizing the most appropriate transport method when needed. The best trauma systems include a strong, most appropriate pre-hospital piece.

Work Group Discussion on capacity. There will have to be some capital outlay to address capacity needs in region. However, feel like it could pay for itself quickly. Same thing with the other resources that are unique to trauma (like blood volumes). Another resource in this is the Level I

trauma centers who are charged with system development. It is part of their verification checklist. Can help overcome inertia this region may run into. Glenwood is breaking ground on an ER expansion project which should be open in 18 months and have tentative plans for new tower (five years). Need to circle back to corporate office but would be willing to start moving down the path towards Level III. Would have to figure out the space issue. St. Francis increased their ER by 2.5 times and they are at capacity - if you build it, they will come. Would like to see the CEOs come together and have a heart-to-heart on this… all three are paying a premium for physicians with no coordination.

VI. Next Steps

Christel Slaughter, PhD
Partner, SSA Consultants
Work Group Facilitator

- Hospital CEOs get together before next work group meeting to have staffing conversations.
  - Paige to facilitate scheduling and attend
- Additional resources and information for work group - Paige and Christel
  - Get the halo effect data - positive effects on other hospitals from one becoming a trauma center
  - Drill down on data - understand the transfers
  - Pull information on Arkansas - how did they get some far ahead?
  - What is the registry burden for hospital/region?
  - Critical Access hospitals and UPL payments - is this ending?
- Gap Analysis in Chapter 23 of the orange book
  - All work group members to complete
- Vet the September date and plan on an October meeting
  - Paige to follow-up with work group

VII. Public Comment

None.

VIII. Adjournment - 4:10 PM

Paige Hargrove, BSN, RN
Executive Director, LERN

Paige Hargrove thanked work group members and public attendees for their participation in the work group meeting. Meeting was adjourned at 4:10 PM.

Tentative Date for Next Work Group Meeting: September 14, 2015

REGION 8 TRAUMA CENTER WORK GROUP

OCTOBER 20, 2015 · MEETING MINUTES

Meeting Location: Glenwood Regional Medical Center
503 McMillan Rd, West Monroe, LA 71291

Meeting Time: 2:00 PM to 4:00 PM

AGENDA ITEMS

I. Welcome – 2:09 PM

Paige Hargrove, BSN, RN
Executive Director, LERN

Paige Hargrove called the meeting to order at 2:09 PM and welcomed work group members and guests to the meeting. She then invited work group members and guests to introduce themselves.

1. Paige Hargrove – Executive Director, LERN
2. Dr. Les Johnson – Chief of Surgery, E.A. Conway/University Health
3. Dr. Shelley Jones – Medical Director, LA Department of Health & Hospitals, Office of Public Health Region 8; representing the LERN Region 8 Commission on the work group
4. Matt Roberts – CEO, Glenwood Regional Medical Center
5. Dr. John Owings – Trauma Medical Director, LSU Health Science Center – Shreveport/University Health
6. Kristin Wolkart – CEO, St. Francis Medical Center
7. Olivia Caskey – Program Director, Air Evac Lifetime; representing EMS Region 8 providers

Guests included:

1. Representative Bubba Chaney – Louisiana House of Representatives
2. Deborah Spann, RN – Tri-Regional Coordinator, LERN

Also present for the meeting was Christel Slaughter, PhD, partner with SSA Consultants and work group facilitator.

II. Review of Minutes – 2:11 PM

Paige Hargrove, BSN, RN
Executive Director, LERN

Paige Hargrove then reviewed the minutes of the August 13, 2015 meeting. In particular, she reviewed the "next steps" from that meeting and provided an update to the work group.

- A meeting between hospitals was held on Friday, October 16, 2015. There remains interest in creating a trauma center in Region 8.
- Additional resources and information
    - "Halo effect" information – There is research that shows becoming a trauma center does have a halo effect within the hospital, raising standards and improving care for all patients in that hospital. There is not research readily available of a halo effect on other area hospitals if an area hospital becomes a trauma center.
    - Information on Arkansas system – Arkansas increased the cigarette tax by 0.56 and dedicated it all to the trauma system, about $26 million. They tried to finance through DWI fees but that was not a successful funding mechanism. They created a justification for a fee to support trauma services.
        - Work group discussion on possibilities for revenue (cigarette tax, beer tax) to diversify LERN funding a regional tax to support a Region 8 trauma center. The cost of recruiting an orthopedic surgeon to the region is higher than other regions ($550,000 vs $425,000).
    - Registry information – ImageTrend has been purchased by LERN and is available to all hospitals. The bigger question is if the other regional hospitals can contribute information or if they are contributing to another registry, can LERN have access to information to understand the true regional picture.
    - UPL payment – The full Medicaid payment, paid through Bayou Health, will be received by hospitals in January and October.

III. Gap Analysis Between Level III Trauma Center & Resources in Region 8 – 2:31 PM

Group Discussion

Each hospital present (St. Francis, Glenwood and E.A. Conway) reviewed the Level III Trauma Center requirements, published by the American College of Surgeons Committee on Trauma, to provide the work group an update on their current resources. The American College of Surgeons Committee on Trauma guidelines state an institution must have all of the requirements for a hospital to be designated a trauma center (e.g., institutions cannot share a trauma center designation).

There is gap between the current resources in the region and the requirements of a Level III trauma center, particularly in neuro, ortho and general surgery coverage. There are several complicating factors for call coverage, including culture and geography of the region. Matt Roberts will pull data for trauma patients who had neuro needs by zip code through TelaMed to share with work group.

IV. Data Needs for Region 8 Group Discussion

Group Discussion

Paige Hargrove pulled data from LaHIDD (see material set). This is not a full picture of the region. From the patient transfer information, we know many trauma patients are treated outside of Region 8. The next step is to gather patient information from Rapides in Alexandria and the trauma center in Jackson, Mississippi. Also need to see the other regional hospital data. All together plus the information from University Health in Shreveport can have the clearest picture of the region.

However, even with the information the work group currently has, there is an obvious need for a trauma center in Region 8, a catchment area serving approximately 400,000 citizens. Level II trauma centers do not have a minimum volume requirement, but LERN promotes a minimum of 400 patients per year. Region 8 has approximately 1,600 per year.

The work group would also like to see how the patients who were treated outside of Region 8 fared and would the outcome have been better if they had a trauma center treatment option in Monroe. Dr. Owings could review the available patient data to calculate survival rates based on national trend formula using the vital signs, age and GCS at sending and at receiving. Even for those that are transferred, there is an opportunity to utilize air med more for faster transport to the appropriate medical setting.

V. Priority Use of Potential Resources

Group Discussion

Given the identified gaps in coverage (primarily neuro and ortho), the work group began a discussion about utilizing resources – current and future. There is an opportunity to share resources more effectively between the three facilities. While designation as a trauma center is something to strive towards, the community would see an immediate impact if the three entities could share resources. The trauma center designation allows you to activate the trauma fee but other than that, it should be about doing the right thing for the community.

Some states have used DISH money or extra payments through their DHH equivalent to assist with the costs. Another big issue at the moment is the lack of critical care capacity in the region. Glenwood is beginning a $31 million expansion for 56 beds.

The lack of money and care capacity reinforces the notion that right now the best option is to start sharing resources (like neuro and ortho) more effectively to have an impact.

There is a belief by work group members that it would have a hard time convincing the rest of the state to make an investment in northeast Louisiana and a belief that it will have to be a regional effort, like a regionalized tax, to self-finance this effort. This would require setting up an entity to serve as the collection point with a dispersal mechanism to the three hospitals.

There is also a misconception that the new CEAs, as part of the public-private partnerships, require those hospitals to become trauma centers. The hospitals are required to be the safety net and typically also are responsible for the graduate medical education.

Based on the basic data that has been presented, there is also still a belief that a Level III trauma center would pay for itself and be financially viable. However, there is a need for approximately five trauma surgeons, at least one more neuro and several more orthos. Hospitals are also competing with the boutique ambulatory surgery center with physician owners who have no call requirement.

There is also a concern that the group does not want people, especially the doctors, to feel like quality care in the northeast does not exist. There will be a need for a delicate marketing effort to appreciate current efforts but support a future effort to build a trauma center.

VI. Final Report Contents and Outline

Group Discussion

Paige Hargrove and Christel Slaughter will create a first draft outline of the work group's report to include the great need that exists in the northeast corner of the state and the uncertainty of the path forward. This affects a large group of people and parishes (approximately 400,000 people). The three hospitals are united in continuing the conversation to share resources for more comprehensive coverage. There is also a concern about the viability of the surrounding community hospitals. Their existence is a key component of the ability of the three urban hospitals to have enough capacity.

The work group requested information on what one penny equals in terms of funding and if the additional data resources mentioned today can be accessed for their review. For funding, they could see a five-year tax with a sunset to create enough new money to

access additional resources then could sustain those resources through the trauma activation fee and other residuals (halo effect) to the hospitals.

VII. Adjournment

Paige Hargrove, BSN, RN
Executive Director, LERN

The next work group meeting will be scheduled in early December and Paige Hargrove will circulate date options. The meeting will likely be held at Conway. The meeting was adjourned at 4:08 PM.

ABOUT THE REGION 8 TRAUMA CENTER WORK GROUP

Senate Concurrent Resolution (SCR) 42 of the 2015 Louisiana Legislative Session directed Louisiana Emergency Response Network (LERN) to organize and facilitate the Region 8 Trauma Center Work Group to develop recommendations for a Level III Trauma Center in Northeast Louisiana.

REGION 8 TRAUMA CENTER WORK GROUP

DECEMBER 2, 2015 · MEETING MINUTES

Meeting Location: University Health Conway
4864 Jackson St, Monroe, LA 71202

Meeting Time: 2:00 PM to 4:00 PM

AGENDA ITEMS

I. Welcome and Introductions – 2:12 PM

Paige Hargrove, BSN, RN
Executive Director, LERN

Paige Hargrove called the meeting to order at 2:12 PM and welcomed work group members and guests to the meeting. She then invited work group members and guests to introduce themselves.

1. Paige Hargrove – Executive Director, LERN
2. Dr. Les Johnson – Chief of Surgery, E.A. Conway/University Health
3. Dr. Shelley Jones – Medical Director, LA Department of Health & Hospitals, Office of Public Health Region 8; representing the LERN Region 8 Commission on the work group
4. Debbie Vaughn – Director of Nursing, Glenwood Regional Medical Center
5. Dr. John Owings – Trauma Medical Director, LSU Health Science Center – Shreveport/University Health
6. Kristin Wolkart – CEO, St. Francis Medical Center
7. Olivia Caskey – Program Director, Air Evac Lifetime; representing EMS Region 8 providers

Guests included:

1. Representative Frank Hoffman – Louisiana House of Representatives
2. Senator Mike Walsworth – Louisiana Senate
3. Larry Donner – Hospital Administrator, University Health Conway
4. Patrick King – Glenwood Regional Medical Center
5. Jeff Cowart – University Health
6. Deborah Spann, RN – Tri-Regional Coordinator, LERN

Also present for the meeting was Christel Slaughter, PhD, partner with SSA Consultants and work group facilitator.

II. Timeline and Next Steps

Christel Slaughter, PhD
Partner, SSA Consultants
Facilitator, Region 8 Trauma Center Work Group

Christel Slaughter reminded work group members and guests that this was the third and final meeting of the work group. She then reviewed Senate Concurrent Resolution (SCR) 42 of the 2015 Legislative Session which created the work group. The legislative charge of the work group in SCR 42 is "to develop recommendations for a Level III Trauma Center in Northeast Louisiana." The resolution also stipulated a report from the work group be created by January 1, 2016. The work group's report will be a public document.

SSA Consultants and LERN will draft the report for review and comment by the work group. Once the report is finalized, it will be submitted to the Louisiana Legislature as directed by SCR 42.

III. Updates Since Last Meeting

Group Discussion

Kristin Wolkart provided an update to the work group regarding their orthopedic call coverage for their facility. A contract must be worked out by January 1, 2016, or orthopedic coverage would be unavailable in the region. Contract negotiations are underway, but have been difficult. Patrick King confirmed Glenwood is having the same issue.

St. Francis is exploring contract options with external companies who would provide call coverage. Dr. Ownings also has a contact with an external company that does this type of work, and he will send Wolkart an additional company to consider.

University Health Conway has orthopedic (1.5 FTE) service but this does not include call coverage. Larry Donner would like to explore the possibility of cost sharing to pay for call coverage with the external companies as Conway is interested in having that service available.

For the region, the lack of ortho call coverage means more patients will be transferred out of the region for lower level fractures. Most trauma events will involve ortho service. This has large implications for the health of the region and on the possibility of establishing a trauma center in Region 8 as ortho coverage is required for both Level II and III trauma centers. Additionally, the other hospitals (approximately 11 hospitals) in Region 8 will feel an impact from the lack of coverage. These community hospitals feed into the three urban centered hospitals for ortho care.

At this point in time, Glenwood cannot commit to becoming a Level III or a Level II, mainly due to physician issues. They may at some point in the future reexamine pursuing the trauma center designation. St. Francis is also unable to commit to becoming a Level III or Level II trauma center for similar reasons. University Health Conway is committed to improving trauma care in Region 8 and working towards level III designation. There is some uncertainty with their system at the moment but they consider this a priority. They will begin exploring ways to extend trauma care from Shreveport to Monroe such as the orthopedic resident program. Conway has also contracted with the Schumacher Group to staff their emergency department, including ATLS-certified staff and board-certified emergency medicine physicians.

IV. Data Review

Dr. John Ownings
Trauma Medical Director, LSU Health Science Center – Shreveport/University Health

Dr. Ownings presented information to the work group regarding the number of trauma patients from the northeast who receive treatment at the trauma center in Shreveport. He also highlighted the delay in care that occurs while transporting patients from one region to another. Dr. Ownings also conducted a post-mortem review on a patient from the northeast who was transferred from a Region 8 hospital to the trauma center and was not able to receive trauma care within the "golden hour." Unfortunately, this patient did not survive the injuries.

While it would take additional financial resources ($2 million to $3 million) to have a Level III trauma center in Region 8, there are steps that the pre-hospital and hospital communities can take now to grow trauma care system and improve patient outcomes. There is an advantage, for example, to send trauma cases to one hospital to build a base of knowledge and experience for staff.

V. Region 8 Trauma Network and North Louisiana Trauma System – Today and Future

Group Discussion

The LERN Board envisions a system of trauma care with at least a Level II trauma center in every region and supporting Level III trauma centers throughout the state. In Louisiana, there are two Level I trauma centers (Shreveport and New Orleans), two Level II trauma centers (Baton Rouge and Alexandria) and no Level III trauma hospitals. Hospitals in Lafayette and the Northshore have committed to becoming trauma centers. The two big areas of need in the state are the southwest and northeast areas of the state. Establishing a Level III trauma center in Region 8 would be a large improvement in the quality of care for northeast Louisianans.

The work group discussed barriers University Health Conway may face on their journey to becoming a Level III trauma center. There will be a need for community outreach and education to the citizens to support a trauma center. University Health Shreveport, for example, partnered with the community to support and explain the role of and the need for a trauma center and it has been very successful there – improving health outcomes and a viable financial model.

Another transition point to navigate will be with pre-hospital providers to change behavior patterns and to address secondary transfer times. Using a quality improvement process through the LERN Regional Commission there are some things the region can do today to make this a better process for the pre-hospital providers, hospital providers and for patients. Additionally, there is a decreasing number of medics entering the profession. There are two training programs in north Louisiana – Boisser Parish Community College and Delta Community College.

Overall, there is a need for a multi-front education campaign to build the system of trauma care in Region 8.

VI. Workgroup Comments and Questions

Group Discussion

Several work group members offered general comments/statements to the group, including:

- Transfers are becoming an increasing issue in the region that should be addressed sooner rather than later through work with partners – pre-hospital and hospital.
- There is enough demand for a trauma center in the region to make this a financially viable option. Just have to figure out how to get started. A trauma center could be self-supporting in about two years.
- Arkansas system started at a similar time but has now surpassed Louisiana in its development efforts, largely due to how the program was financially supported.
- The reality is the lack of a trauma center in Region 8 is harming citizens. People are dying from trauma injuries because the right care in the right time is not available.
- Collaboration and education will be keys to moving the region towards a Level III trauma center. Will see more discussion on resource allocation and collaboration.

VII. Adjournment

Paige Hargrove, BSN, RN
Executive Director, LERN

This is the last work group meeting. Paige Hargrove, Executive Director for LERN, expressed her appreciation for the work group members' time and dedication to this effort. She also expressed gratitude for the entire Northeast Louisiana delegation, whose members attended every meeting and expressed great interest in improving trauma care in the region. The draft report will be circulated via email to work group members for review and comment before the report is finalized and submitted to the Louisiana Legislature. Representative Hoffman and Senator Walsworth suggested meeting with the North Louisiana delegation to share the work group findings/report prior to the submitting the report to the full legislature. The meeting was adjourned at 4:00 PM.

ABOUT THE REGION 8 TRAUMA CENTER WORK GROUP

Senate Concurrent Resolution (SCR) 42 of the 2015 Louisiana Legislative Session directed Louisiana Emergency Response Network (LERN) to organize and facilitate the Region 8 Trauma Center Work Group to develop recommendations for a Level III Trauma Center in Northeast Louisiana.