



# Minutes

## Regular Meeting of Louisiana Emergency Response Network Board

Thursday, April 21, 2011 at 2:00 p.m.

held at:

Louisiana Emergency Response Network  
14141 Airline Hwy., Building 1, Suite B  
Baton Rouge, LA 70817

### 1. *Welcome/Introductions*

The April 21, 2011, regular meeting of the Louisiana Emergency Response Network Board (LERN) was called to order by Coletta Cooper Barrett, RN, MHA, Chair, at 2:09 p.m. The meeting was held pursuant to public notice, each member received notice, and notice was properly posted.

The Chair recognized new Board member, Kristin K. Whitty, Ph.D., APRN. Brenda Arceneaux was introduced to the Board.

### 2. *Roll Call*

Celia R. Cangelosi, Board Attorney, called the roll.

**Members Present:**

Coletta Cooper Barrett, RN, FACHE, Chair  
Kenneth J. Gaines, MD, MBA, FAHA  
Jimmy Guidry, MD  
Danita Leblanc  
Fred Martinez  
Gary Peters  
Kevin Sittig, MD  
Carl "Jack" Varnado, Jr., RPL, ENP  
Honorable Mack A. "Bodi" White, Jr., Representative  
Kristin K. Whitty, Ph.D., APRN

**Members Absent:**

Thomas C. Arnold, MD  
Honorable Regina Ashford Barrow, Representative  
Patrick Breaux, MD  
Terri Brock  
Honorable Sherri Smith Cheek, Senator  
Mark Cooper  
Honorable A. G. Crowe, Senator  
Joel Eldridge, DO  
John P. Hunt, MD  
Norman E. McSwain, Jr., MD  
John Noble, Jr., MD  
Chris Wroten, OD  
Michele Zembo, MD

Ten members were present constituting a quorum when the roll was called.

Peter Sullivan, MBA, arrived at 3:10 P.M.

Carl "Jack" Varnado, Jr., RPL, ENP, left at 4 P.M.

**Staff Present:**

Robert Coscia, MD, FACS, Medical Director  
Eileen Mederos, RN, Administrative Director  
Christy Mayeux, Administrative Assistant

Ted Colligan, RN, Tri Regional Coordinator  
Yvette Legendre, RN, Tri Regional Coordinator  
Deborah Spann, RN, Tri Regional Coordinator

3. *Approval of Agenda and Minutes*

A motion was made by Kevin Sittig, MD, and seconded by Gary Peters to approve the agenda as written. The motion was approved after a unanimous vote in the affirmative.

A draft of Minutes of the January 20, 2011 Board meeting of the Louisiana Emergency Response Network Board, copy attached, was presented for approval. A motion was made by Kevin Sittig, MD, and seconded by Jimmy Guidry, MD, to approve the January 20, 2011 meeting minutes. The motion was approved after a unanimous vote in the affirmative.

4. *New Business*

a. *Ratification of Commission Members*

A motion was made by Carl "Jack" Varnado, Jr., RPL, ENP, and seconded by Kenneth J. Gaines, MD, MBA, FAHA, to:

- (1) accept the following resignations of regional commission members:
  - (a) Troy Guidry, Region 4 Commission, as the appointee representing Local Ambulance Service; and
  - (b) Stephen Kershaw, Region 5 Commission, as the appointee representing the Louisiana Ambulance Alliance; and
- (2) appoint the following to membership on regional commissions:
  - (a) Paolo Zambio, CEO, Region 1 Commission, as the appointee representing Hospitals with 100 Beds or More;
  - (b) Heather Hilliard, Region 1 Commission, as the appointee representing GOHSEP;

(c) Brenda Arceneaux, RN, Region 3 Commission, as the appointee representing Hospital Service District;

(d) Colonel Prescott Marshall, Region 4 Commission, as the appointee representing GOHSEP;

(e) Kirk Coussan, NREMT-P, Region 4 Commission, as the appointee representing Local Ambulance Service;

(f) James W. Christopher, MD, Region 9 Commission, as the appointee representing American College of Surgeons; and

(g) Gina Payton Lagarde, MD, MBA, Region 9 Commission, as the appointee representing DHH-OPH Regional Medical Director.

The motion was approved after a unanimous vote in the affirmative.

*b. Contracts*

*i. RFP For Consulting Services*

A motion was made by Kevin Sittig, MD, and seconded by Jimmy Guidry, MD, to approve and enter into a contract with SSA Consultants, LLC, for three years effective April 1, 2011. The motion was approved after a unanimous vote in the affirmative.

*ii. Darlene Richard Contract Update*

A motion was made by Fred Martinez and seconded by Kevin Sittig, MD, to amend the contract with Darlene Richard to increase the contractual amount to \$49,900 for fiscal and contract work and to add duties regarding finance and budget. The motion was approved after a unanimous vote in the affirmative.

*iii. Legal - Cangelosi, Frost, Falcon*

A motion was made by Fred Martinez and seconded by Jimmy Guidry, MD, that LERN enter into the following contracts for professional legal services for the fiscal year 2011-2012 with the following attorneys in the following amounts:

Celia R. Cangelosi	\$30,000.00
Avant & Falcon	\$10,000.00
Gregory Frost of Breazeale, Sachse & Wilson, LLP	\$30,000.00

The motion was approved after a unanimous vote in the affirmative.

*c. Trauma Entry and Destination Protocols*

A motion was made by Jimmy Guidry, MD, and seconded by Gary Peters to approve the "LERN Entry Criteria: Trauma" and "LERN Destination Protocol: Trauma," as attached, replacing those approved January, 2011. The motion was approved after a unanimous vote in the affirmative.

5. *Administrative Report*

*a. Budget Update - FY 2011*

A report was made by Fred Martinez on budget issues. A motion was made by Kevin Sittig, MD, and seconded by Jimmy Guidry, MD, to approve the revised budget as presented. See copy attached. The motion was approved after a unanimous vote in the affirmative.

Jimmy Guidry, MD, and Coletta Cooper Barrett, RN, FACHE, Chair, expressed appreciation to Representative White for his assistance in the budget process.

*b. Medical Director*

Robert L. Coscia, MD, Medical Director, presented a powerpoint presentation, Trauma Center 101, an overview of trauma centers. Dr. Coscia announced that he is working on a proposal for the location of trauma centers throughout Louisiana. No formal action was taken by the Board.

Peter Sullivan arrived at 3:10 p.m.

*c. Operations Report*

Eileen Mederos, RN, Administrative Director, gave an update on LERN operations. See attached report. No formal action was taken by the Board.

*d. Website*

Rudy Gomez presented an overview of the LERN website. A motion was made by Carl "Jack" Varnado, Jr., RPL, ENP, and seconded by Gary Peters to move forward with the launch of the website. The motion was approved after a unanimous vote in the affirmative.

*e. Board Chair*

Coletta Cooper Barrett, RN, FACHE, Chair, reported on developments since the last Board meeting, including the Board Retreat scheduled for August 19 and 20 in New Orleans. Christel Slaughter reported on the Executive Director search. No formal action was taken by the Board.

Carl "Jack" Varnado, Jr., RPL, ENP, left the Board meeting at 4 P.M.

Copies of the annual report were distributed to Board members.

*6. Education - Stroke Systems of Care*

Kenneth J. Gaines, MD, MBA, FAHA, presented an overview on Stroke Systems of Care. See copy attached. No formal action was taken by the Board.

*7. Public Comments*

Travis Johnson, GOHSEP, gave a presentation on updating 700 mhz system.

*8. Adjournment*

A motion to adjourn was made by Peter Sullivan, MBA, and seconded by Jimmy Guidry, MD, at 4:45 p.m. The motion was approved after a unanimous vote in the affirmative.

Respectfully Submitted,

  
Coletta Cooper Barrett, RN, FACHE  
Chair



# Minutes

## Regular Meeting of Louisiana Emergency Response Network Board

Thursday, January 20, 2011 at 2:00 p.m.

held at:

Louisiana Hospital Association  
9521 Brookline Avenue  
Baton Rouge, LA 70809

### 1. *Welcome/Introductions*

The January 20, 2011, regular meeting of the Louisiana Emergency Response Network Board (LERN) was called to order by Coletta Cooper Barrett, RN, MHA, Chair, at 2:06 p.m. The meeting was held pursuant to public notice, each member received notice, and notice was properly posted.

### 2. *Roll Call*

Celia R. Cangelosi, Board Attorney, called the roll.

#### **Members Present:**

Coletta Cooper Barrett, RN, MHA, Chair  
Patrick Breaux, MD  
Honorable A. G. Crowe, Senator  
Joel Eldridge, DO  
Kenneth J. Gaines, MD, MBA, FAHA

Attachment 3. to Minutes  
of LERN Board Meeting  
of 4/21/11

John Hunt, MD  
Danita Leblanc  
Fred Martinez  
Norman E. McSwain, Jr., MD  
John Noble, Jr., MD  
Kevin Sittig, MD  
Honorable Mack A. "Bodi" White, Jr., Representative  
Chris Wroten, OD

**Members Absent:**

Thomas C. Arnold, MD  
Terri Brock  
Honorable Sherri Smith Cheek, Senator  
William "Beau" Clark, Jr., MD  
Mark Cooper  
Jimmy Guidry, MD  
Gary Peters  
Peter Sullivan, MBA  
Carl "Jack" Varnado, Jr., RPL, ENP  
Michele Zembo, MD

Thirteen members were present constituting a quorum when the roll was called.

Honorable Regina Ashford Barrow, Representative, arrived at 2:30 p.m. and left at 4:30 p.m.

Honorable A.G Crowe, Louisiana State Senator, left at 3:15 p.m.

John Noble, Jr., MD, left at 4:25 p.m.

**Staff Present:**

Robert Coscia, MD, FACS, Medical Director  
Eileen Mederos, RN, Administrative Director  
Christy Mayeux, Administrative Assistant  
Ross Pottschmidt, Program Manager  
Ted Colligan, RN, Tri Regional Coordinator  
Yvette Legendre, RN, Tri Regional Coordinator



Deborah Spann, RN, Tri Regional Coordinator

3. *Approval of Agenda and Minutes*

A motion was made by Patrick Breaux, MD, and seconded by Kevin Sittig, MD, to amend the agenda to add "Report by Design the System Work Group Regarding Protocol Changes." The motion was approved after a unanimous vote in the affirmative.

A draft of Minutes of the October 21, 2010 Board meeting of the Louisiana Emergency Response Network Board, copy attached, was presented for approval. A motion was made by Honorable A.G. Crowe and seconded by Fred Martinez, to approve the October 21, 2010 meeting minutes. The motion was approved after a unanimous vote in the affirmative.

A draft of Amended Minutes of the August 21, 2010 Board meeting of the Louisiana Emergency Response Network Board, copy attached hereto, was presented for approval. A motion was made by Kevin Sittig, MD, and seconded by John Hunt, MD, to approve the amended August 21, 2010 meeting minutes. The motion was approved after a unanimous vote in the affirmative.

5. *New Business*

a. *Ratification of Commission Members*

A motion was made by Patrick Breaux, MD, and seconded by Joel Eldridge, DO, to accept the following resignations of regional commission members:

(1) James E. Hritz, Region 1 Commission, as the appointee representing Hospitals with More Than 100 Beds;

(2) Larry J. Landry, Region 4 Commission, as the appointee representing GOHSEP; and

(3) Will Williams, MD, Region 9 Commission, as the appointee representing Hospitals with More Than 100 Beds;

and to appoint the following to membership on regional commissions:

(1) Harry Foster, Director, Region 6 Commission, as the appointee representing GOHSEP;

(2) Dr. Lloyd Guerringer, Region 9 Commission, as the appointee representing Hospitals with More Than 100 Beds; and

(3) Benjamin Lott, Region 9 Commission, as the appointee representing Hospitals with Less Than 60 Beds.

The motion was approved after a unanimous vote in the affirmative.

*b. Contracts - update and approval*

*i. RFP For Consulting Services - Approval*

A motion was made by Fred Martinez and seconded by Patrick Breaux, MD, to accept the selection of SSA Consultants for "Consulting Services to Support Implementation of the Louisiana Emergency Response Network Board (LERN) Five Year Plan" contract through the RFP process, and authorize the Board staff through the Board Chair to conduct negotiations for the final contract. The motion was approved after a unanimous vote in the affirmative.

*ii. ShareCor - update*

Eileen Mederos, RN, Administrative Director, reported that data has been received from ShareCor pursuant to the contract. No formal action was taken by the Board.

*iii. Shreveport Communications Center Lease - Update*

Board Chair Coletta Cooper Barrett, RN, MHA, reported that the lease for the Shreveport Call Center has been completed. No formal action was taken by the Board.

*c. Injury Prevention Update*

Rudy Gomez reported on ongoing efforts to facilitate an Injury Prevention Program. No formal action was taken by the Board.

6. *Regional Commission Updates*

A representative of each regional commission reported to the Board on the membership, successes, challenges and future plans of each commission. Those providing reports were:

- Region 1 - Joseph Uddo, MD;
- Region 2 - Will Freeman, MD;
- Region 3 - Donna Tesi, MD;
- Region 4 - Mark Oliver, MD;
- Region 5 - Robert Daughdril, GOHSEP;
- Region 6 - Mark Major;
- Region 7 - Deborah Spann, RN;
- Region 8 - Daniel Haynes; and
- Region 9 - Frank Jordan.

The PowerPoint presentation made by each are attached. No formal action was taken by the Board.

7. *Administrative Reports*

a. *Budget Update - FY 2011*

Treasurer Fred Martinez presented the attached FY11 Fiscal Overview and FY12 Budget Overview. No formal action was taken by the Board.

b. *Medical Director*

Dr. Coscia reported on the activities of the Design the System Work Group, including recommended changes to LERN protocols.

A motion was made by Norman E. McSwain, Jr., MD, and seconded by Patrick Breaux, MD, to amend the Standard LERN Entry Trauma Criteria, last amended October 21, 2010, as per the attached. A roll call vote was taken: Barrett-aye; Breaux-aye; Crowe-aye; Eldridge-aye; Gaines-aye; Hunt-aye; Leblanc-aye; Martinez-aye; McSwain-nay; Noble-aye; Sittig-aye; White-aye; and Wroten-aye. The motion carried.

Dr. McSwain stated that he was against amending the protocol until the Board develops mechanisms for enforcement.

A motion was made by Kenneth J. Gaines, MD, MBA, FAHA, and seconded by Patrick Breaux, MD, to adopt the Standard LERN Entry Trauma Criteria Destination Protocol, last amended October 21, 2010, as per the attached. A roll call vote was taken: Barrett-aye; Breaux-aye; Crowe-aye; Eldridge-aye; Gaines-aye; Hunt-aye; Leblanc-aye; Martinez-aye; McSwain-nay; Noble-aye; Sittig-aye; White-aye; and Wroten-aye. The motion carried.

Dr. McSwain stated that he was against amending the protocol until the Board develops mechanisms for enforcement.

A motion was made by Patrick Breaux, MD, and seconded by Chris Wroten, OD, to adopt the LERN Hospital Interregional Transfer Guidelines and LERN Hospital Interregional Transfer Protocol as per attached, replacing the Interregional Transfer Protocol adopted June 18, 2009. The motion was approved after a unanimous vote in the affirmative.

Dr. Coscia presented an outline of the Table of Contents for the Statewide Trauma Plan for approval by the Board. A motion was made by Kevin Sittig, MD, and seconded by Representative Mack A. "Bodi" White, Jr., to approve the Table of Contents for Statewide Trauma Plan. After discussion, Norman E. McSwain, Jr., MD, made a substitute motion, seconded by Patrick Breaux, MD, to include the word "education" within the Table of Contents. The substitute motion was approved after a unanimous vote in the affirmative.

*c. Staff Retreat*

Christel Slaughter reported on the Staff Retreat. No formal action was taken by the Board.

*d. Board Chair*

At the request of Coletta Cooper Barrett, RN, MHA, Chair, a representative of Wright Feigley presented information on the development of new graphics and the website. No formal action was taken by the Board.

8. *Public Comments*

Dr. Gene Legard was introduced.

9. *Adjournment*

A motion to adjourn was made by Patrick Breaux, MD, and seconded by Kenneth J. Gaines, MD, MBA, FAHA, at 4:40 p.m. The motion was approved after a unanimous vote in the affirmative.

Respectfully Submitted,

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Coletta Cooper Barrett, RN, MHA  
Chair

- Unmanageable Airway
- Tension Pneumothorax
- Traumatic cardiac arrest
- Burn Patient without patent airway
- Burn patient >40% BSA without IV



**Closest ED**

- Physiologic**
- GCS <14
  - SBP <90 (adults and > 9 y/o)  
 <70 + 2 [age (yrs)] (age 1 to 8 y/o)  
 <70 (age 1 to 12 months)  
 <60 (term neonate)
  - RR <10 or >29 (adults & ≥ 9 y/o)  
 <15 or >30 (age 1 to 8 y/o)  
 <25 or >50 (<12 m/o)



**LERN Level I, II or III**

- Anatomic**
- Open or depressed skull fractures
  - Open head injury with or without CSF leak
  - Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit)
  - All penetrating injuries to head, neck, torso, & extremities proximal to elbow & knee
  - Flail Chest
  - 2 or more proximal long-bone fractures
  - Crush, degloved or mangled extremity
  - Amputation proximal to wrist & ankle
  - Pelvic Fractures
  - Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls
  - Major joint dislocations (hip, knee, ankle, elbow)
  - Open Fractures
  - Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture)



**LERN Level I, II or III**

- Mechanism**
- Falls >20 ft. adults  
 >10 ft. (child) or 2 to 3 times height
  - High-risk auto crash
    - Intrusion >12 in. occupant site  
 >18 in. any site
    - Ejection, partial or complete from automobile
  - Death in same passenger compartment
  - Auto vs. pedestrian/bicyclist thrown, run over or significant (>20 MPH) impact
  - Motorcycle crash >20 MPH



**LERN Level II or III**

- Other**
- Pregnancy >20 weeks
  - Burns (follow ABA guidelines)
  - Age ≥55 y/o or <8 y/o
  - Anticoagulation & bleeding disorders
  - End stage renal disease
  - Transplant patients



**LERN Level II, III or IV**

**MULTI / MASS CASUALTY INCIDENT (MCI)**



**LERN Level I, II, III or IV**

Attachment 4.c. (1 of 2)  
 to Minutes  
 of LERN Board Meeting  
 of 4/21/11

**LERN ENTRY CRITERIA: Trauma**  
**Pre-Hospital and Hospital Triage Protocol**



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**Call LERN Communications Center 1.866.320.8293 for:**

- Unmanageable Airway
- Tension Pneumothorax
- Traumatic cardiac arrest
- Burn Patient without patent airway
- Burn patient >40% BSA without IV

**Physiologic**

- GCS <14
- SBP <90 (adults and > 9 y/o)  
<70 + 2 [age (yrs)] (age 1 to 8 y/o)  
<70 (age 1 to 12 months)  
<60 (term neonate)
- RR <10 or >29 (adults & ≥ 9 y/o)  
<15 or >30 (age 1 to 8 y/o)  
<25 or >50 (<12 m/o)

**Anatomic**

- Open or depressed skull fractures
- Open head injury with or without CSF leak
- Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit)
- All penetrating injuries to head, neck, torso, & extremities proximal to elbow & knee
- Flail Chest
- 2 or more proximal long-bone fractures
- Crush, degloved or mangled extremity
- Amputation proximal to wrist & ankle
- Pelvic Fractures
- Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls
- Major joint dislocations (hip, knee, ankle, elbow)
- Open Fractures
- Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture)

**Mechanism**

- Falls >20 ft. adults  
>10 ft. (child) or 2 to 3 times height
- Auto vs. pedestrian/bicyclist thrown, run over or significant (>20 MPH) impact
- Motorcycle crash >20 MPH
- High-risk auto crash
  - Intrusion >12 in, occupant site  
>18 in. any site
  - Ejection, partial or complete from automobile
  - Death in same passenger compartment

**Other**

- Pregnancy >20 weeks
- Burns (follow ABA guidelines)
- Age ≥55 y/o or <8 y/o
- Anticoagulation & bleeding disorders
- End stage renal disease
- Transplant patients

**MULTI / MASS CASUALTY INCIDENT (MCI)**

Revised 4/18/11



LOUISIANA  
EMERGENCY  
RESPONSE  
NETWORK

Right Place, Right Time, Right Care

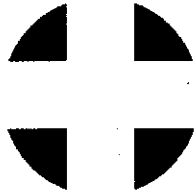
LOUISIANA EMERGENCY RESPONSE NETWORK  
FY 2010-11 BUDGET STATUS AND FY 11-12 EXECUTIVE BUDGET RECOMMENDATIONS  
APRIL 21, 2011

	FY 2010-11 Existing Budget as of 4/7/11	% of Total Budget	FY 2010-11 Total Projected Expenses	% of Total Exp	FY 2010-11 Total Projected Balances	FY 2011-12 Executive Budget Recommended	% of Total Budget	Difference FY 2010-11 to FY 2011-12	% Change
<b>MEANS OF FINANCING:</b>									
<b>General Fund</b>	<b>\$3,175,212</b>		<b>\$3,014,158</b>		<b>\$161,054</b>	<b>\$2,910,288</b>		<b>(\$264,924)</b>	<b>-8.3%</b>
<b>EXPENDITURES:</b>									
Salaries	\$549,393	17.3%	\$480,307	15.9%	\$69,086	\$570,859	19.6%	\$21,466	3.9%
Other Compensation	\$18,720	0.6%	\$10,988	0.4%	\$7,732	\$20,720	0.7%	\$2,000	10.7%
Related Benefits	\$167,884	5.3%	\$133,167	4.4%	\$34,717	\$239,023	8.2%	\$71,139	42.4%
<b>Total Personal Services</b>	<b>\$735,997</b>	<b>23.2%</b>	<b>\$624,462</b>	<b>20.7%</b>	<b>\$111,535</b>	<b>\$830,602</b>	<b>28.5%</b>	<b>\$94,605</b>	<b>12.9%</b>
Travel	\$79,840	2.5%	\$65,152	2.2%	\$14,688	\$79,840	2.7%	\$0	0.0%
Operating Services	\$339,484	10.7%	\$472,862	15.7%	(\$133,378)	\$308,004	10.6%	(\$31,480)	-9.3%
Supplies	\$40,682	1.3%	\$24,567	0.8%	\$16,115	\$40,682	1.4%	\$0	0.0%
<b>Total Operating Expenses</b>	<b>\$460,006</b>	<b>14.5%</b>	<b>\$562,581</b>	<b>18.7%</b>	<b>(\$102,575)</b>	<b>\$428,526</b>	<b>14.7%</b>	<b>(\$31,480)</b>	<b>-6.8%</b>
Professional Services	\$1,906,695	60.0%	\$1,754,827	58.2%	\$151,868	\$1,583,512	54.4%	(\$323,183)	-16.9%
Other Charges	\$12,000	0.4%	\$10,911	0.4%	\$1,089	\$12,000	0.4%	\$0	0.0%
Interagency Transfers	\$46,514	1.5%	\$47,377	1.6%	(\$863)	\$55,648	1.9%	\$9,134	19.6%
<b>Total Other Charges</b>	<b>\$58,514</b>	<b>1.8%</b>	<b>\$58,288</b>	<b>1.9%</b>	<b>\$226</b>	<b>\$67,648</b>	<b>2.3%</b>	<b>\$9,134</b>	<b>15.6%</b>
Acquisitions	\$14,000	0.4%	\$14,000	0.5%	\$0	\$0	0.0%	(\$14,000)	-100.0%
<b>TOTAL EXPENDITURES</b>	<b>\$3,175,212</b>		<b>\$3,014,158</b>		<b>\$161,054</b>	<b>\$2,910,288</b>		<b>(\$264,924)</b>	<b>-8.3%</b>
Classified Positions	5		5		5	5		0	0
Unclassified Positions	2		2		2	2		0	0
<b>Total Positions</b>	<b>7</b>		<b>7</b>		<b>7</b>	<b>7</b>		<b>0</b>	<b>0</b>

\* Total Personal Services surplus/balance is mainly attributable to the vacant Executive Director position. Projected Personal Service expenses include funds for filling the vacant Executive Director and Program Manager positions for the remaining two months in the fiscal year.

\*\* Budget Adjustment Pending to transfer funds from Professional Services to Operating Services to allow for the procurement Stroke & STEMI Reporting Modules, Mobile Trauma Reporting Module, Critical Healthcare Messaging Platform, Comprehensive User Management Platform and Emergency Management Notification





LOUISIANA  
**EMERGENCY  
RESPONSE  
NETWORK**

Right Place. Right Time. Right Care.

**Board Meeting • April 2011**

**Robert Coscia, MD, FACS**

# Trauma Center Levels

- Level I – University affiliated
- Level II – Mostly community located
- Level III – Rural areas
- Level IV – Not recognized in Louisiana

# Level I (105)

- Senior level residency program
- Attending and/or Resident in house 24/7
- Response to ED within 15 minutes
- Research program/production
- Admissions volume requirements
- Neurosurgery
- Orthopaedic surgery
- Full resource capability
- PI program with attendance requirements
- CME
- Trauma Medical Director
- Trauma Program Manager

## Level II (135)

- Trauma (General) Surgeons
- Neurosurgery
- Orthopaedic surgery
- Response to ED within 15 minutes
- PI program with attendance requirements
- CME
- Trauma Medical Director
- Trauma Program Manager



## Level III (49)

- Trauma (General) Surgeons
- Orthopaedic surgery
- Response to ED within 30 minutes
- PI program with attendance requirements
- Trauma Medical Director
- Trauma Program Manager

# UB92 Claims Data Analysis

- Data is based on coding for billing
- Validity in question
- Includes hospital deaths only; does not include:
  - Deaths on scene
  - D.O.A.'s
  - ED deaths

o **Enough Snapshot!**

# Louisiana

## UB92 Claims Data – 2009

- Total patients injured: 28,000
  - Expired: 708
  - % Mortality: 2.6%



# Louisiana

## UB92 Claims Data – 2009

- Total patients injured: 28,000
  - White 67%
  - Black 21%
  - Male 51%
  - Female 49%
- CDC National Data
  - Deaths
    - White: 86%
    - Black: 14%
  - Males 69%
  - Females: 31%



# Louisiana

## UB92 Claims Data – 2009

• Total patients injured: 28,000

– Expired: 708

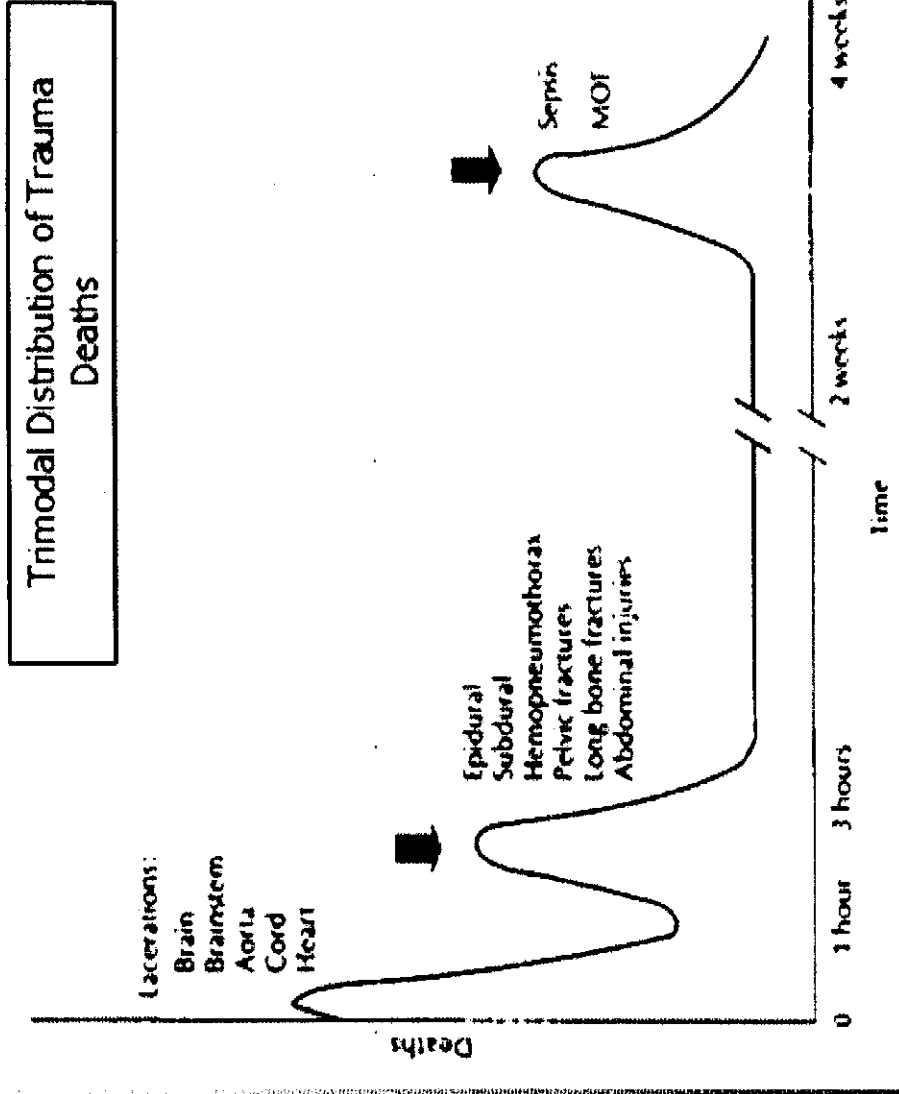
Age Ranges	Deaths
0 to 17 years	34
18 to 40 years	100
41 to 64 years	150
65 to 85 years	276
86 to 95 years	132
96 to 108 years	16

Average Age: 65 years

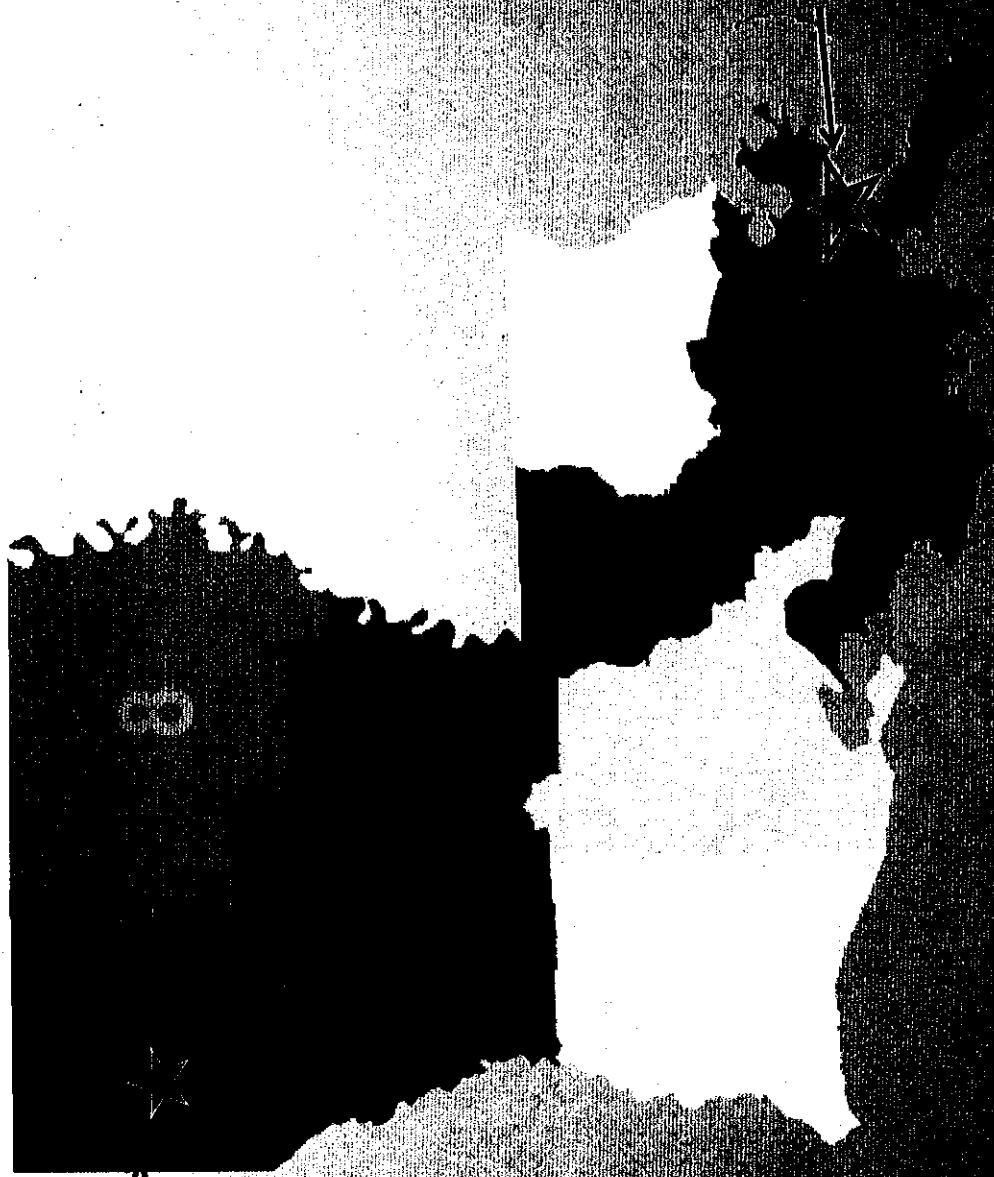
# 2009 Regional Data

DHH Region	Total Discharges	% Total Discharges
1	4,727	17.01
2	3,934	14.15
3	2,197	7.90
4	3,985	14.34
5	1,843	6.63
6	1,964	7.07
7	2,807	10.10
8	1,516	5.45
9	3,632	13.07
Out of State	1,191	4.28
<b>Totals</b>	<b>27,796</b>	<b>100.00</b>

# Trimodal Distribution of Trauma Deaths



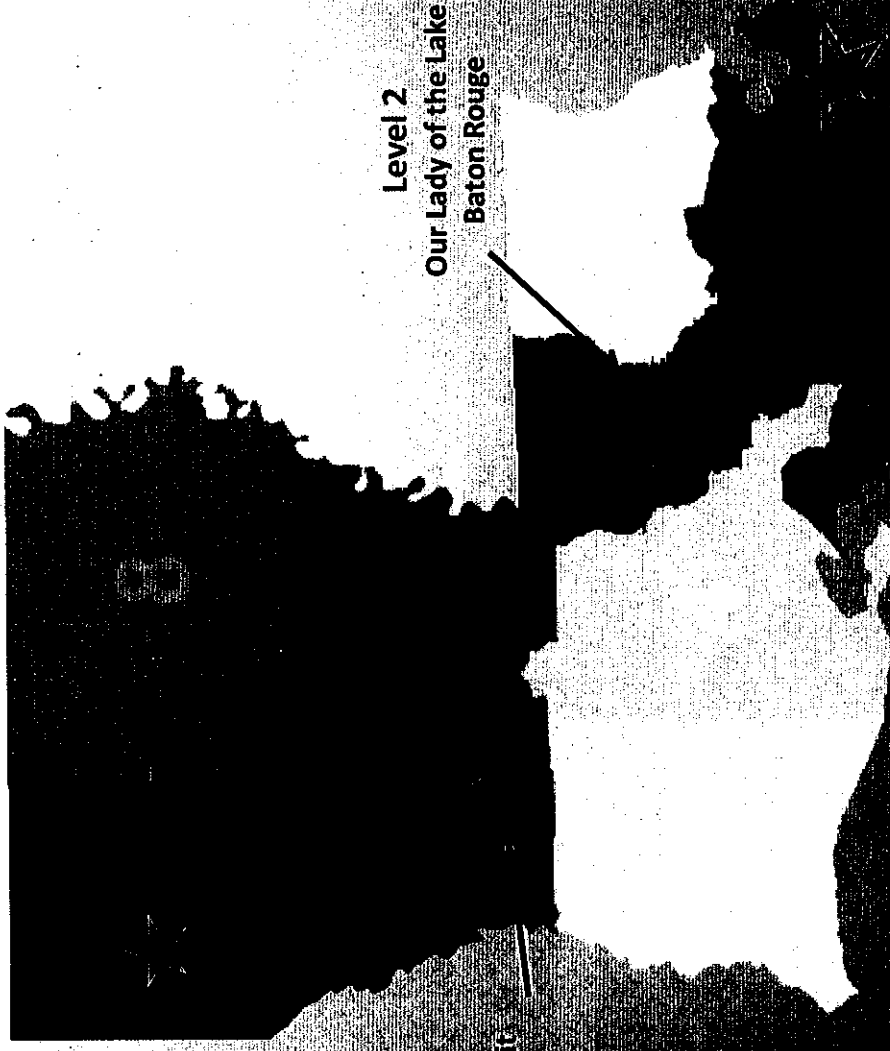
# Trauma Centers – 2010



Level 1  
LSUHSCS  
Shreveport

LSU Medical Hospital  
New Orleans

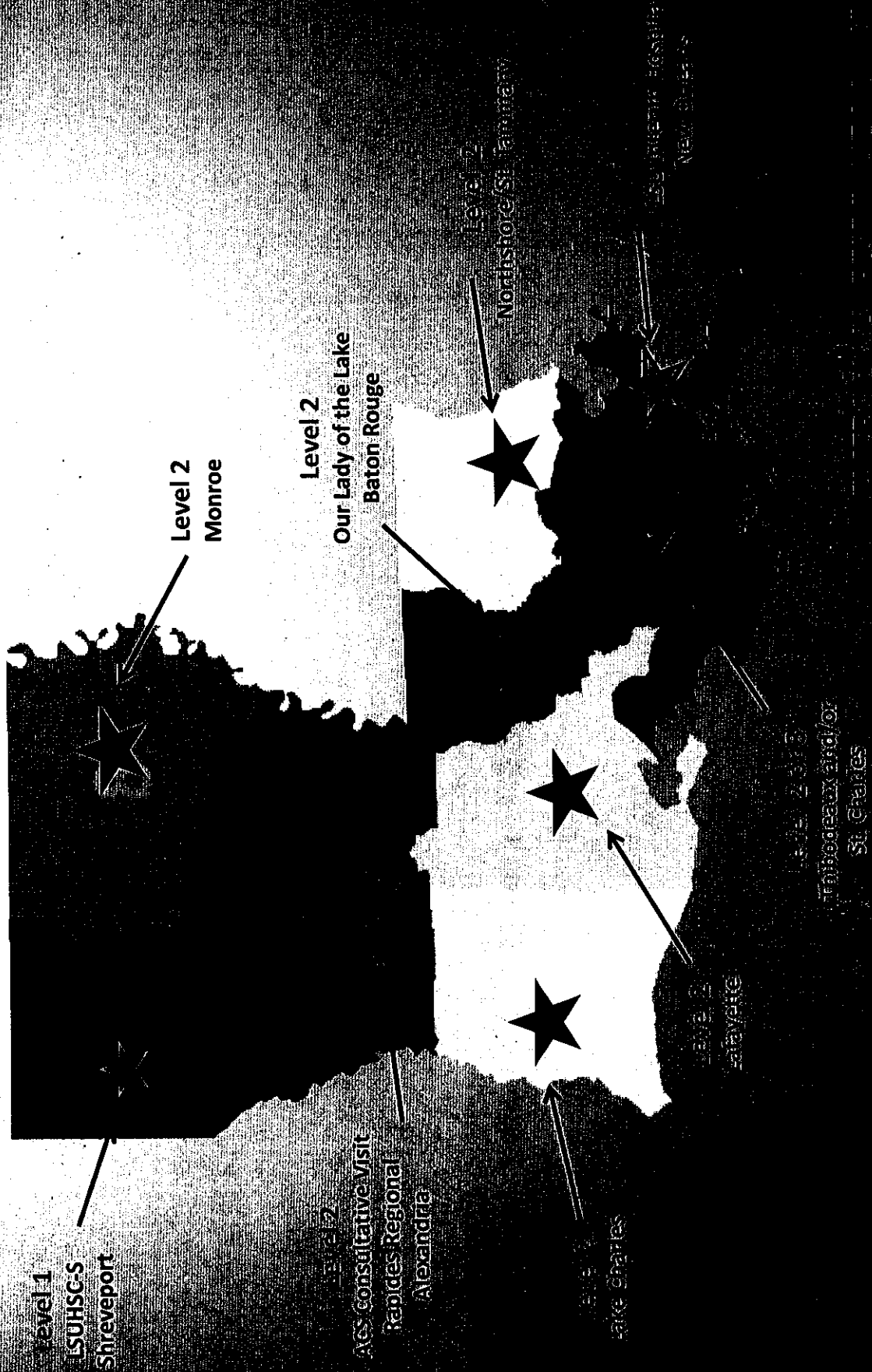
# Potential Trauma Centers – 2011



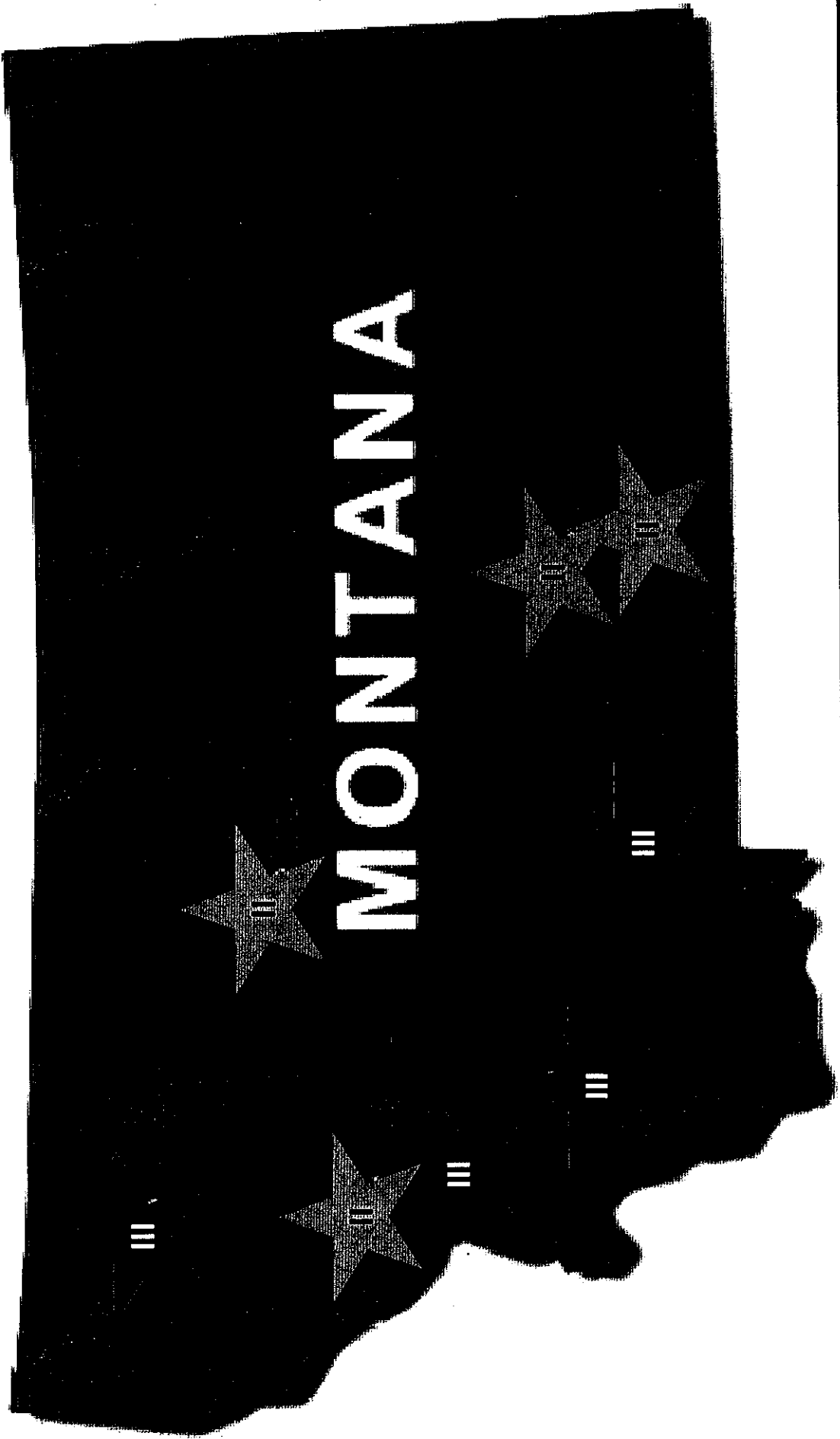
Level 2  
Our Lady of the Lake  
Baton Rouge

Level 1  
ACS Consultative Visit  
Rapides Regional  
Alexandria

# Future Trauma Center Network??

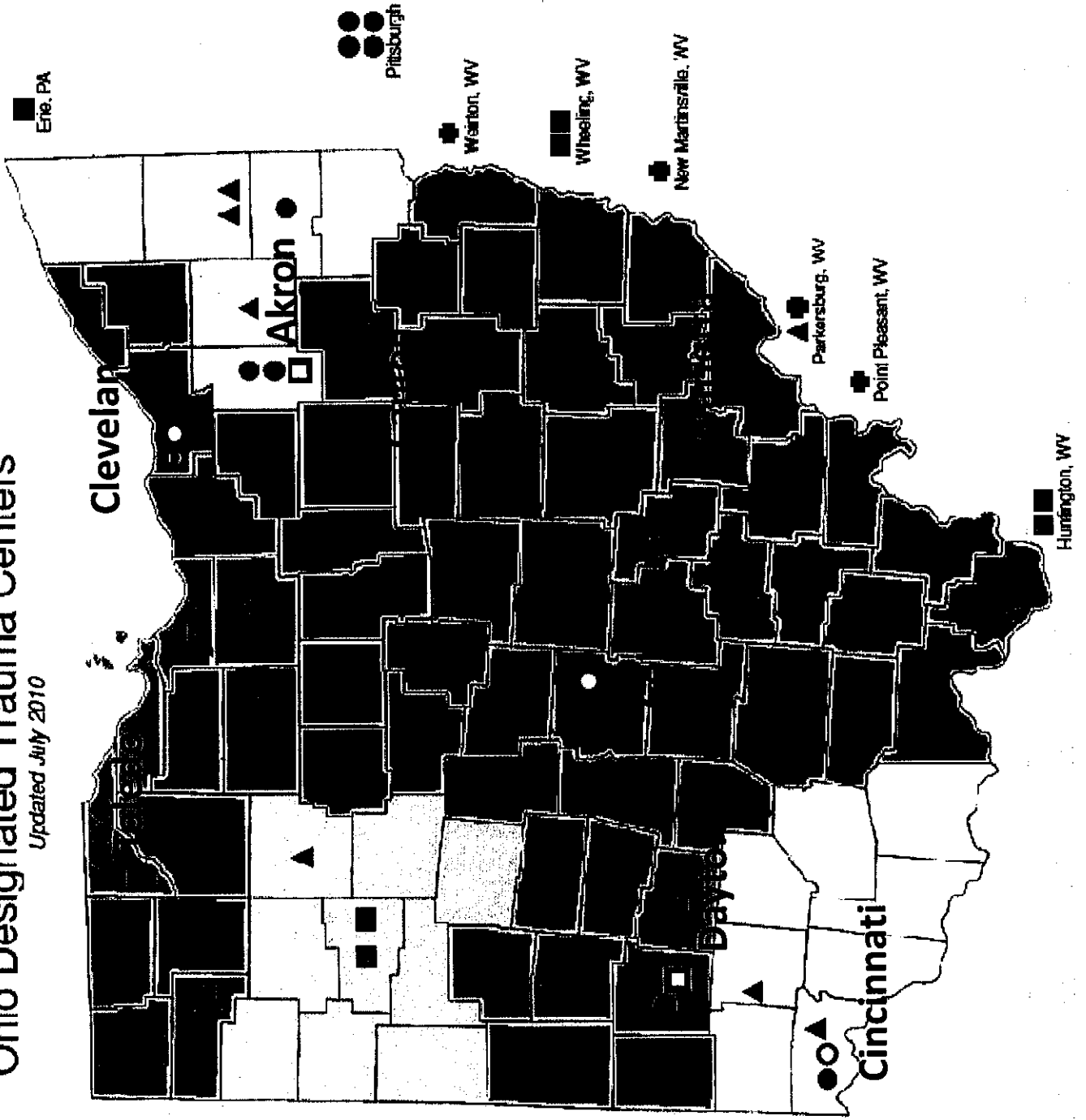


# MONTANA



# Ohio Designated Trauma Centers

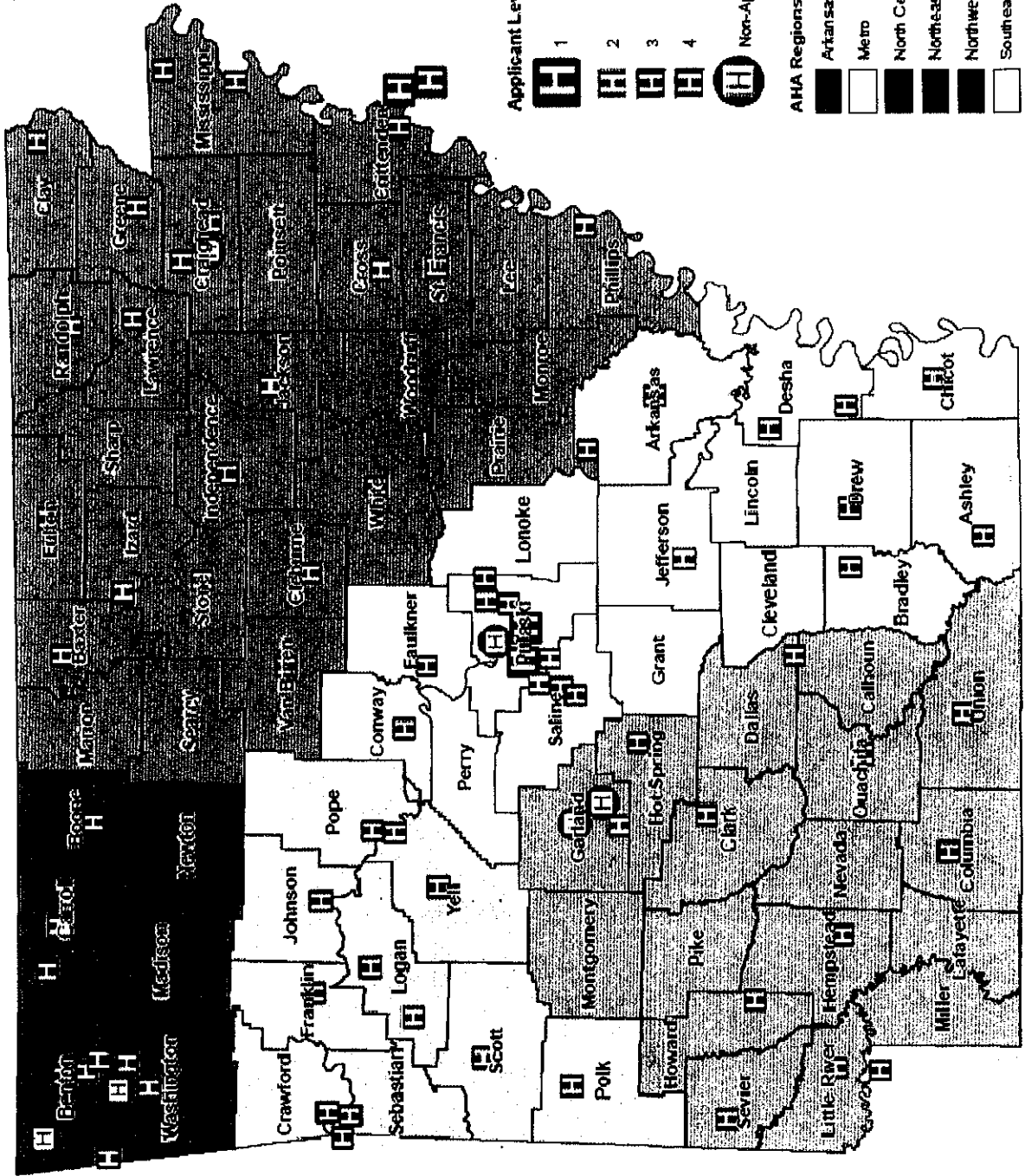
Updated July 2010



- Level 1 Adult
- Level 1 Pediatric
- ◐ Level 1 Adult & Pediatric
- Level 2 Adult
- Level 2 Pediatric
- ▲ Level 3
- ⊕ Level 4



# Arkansas Trauma System Eligible Hospitals and Applicants



Note: Total applicants include 5 Level 1 (3 out of state), 4 Level 2, 23 Level 3 (1 out of state), and 45 Level 4 hospitals, for a grand total of 77 participating hospitals.





LOUISIANA  
**EMERGENCY RESPONSE NETWORK**  
Right Place. Right Time. Right Care.

Operations Report (Jan-Mar 2011)

LERN Board Meeting

April 21, 2011

**Projects Update**

1) Communication Centers

- a) Radio Communication Plan – Completed and distributed to Radio Summit Participants
- b) Radio Survey Results – Completed and sent to ESF-8, BEMS & LA Ambulance Alliance
- c) Follow up with GOSHEP on Radio issues
- d) One Call Pilot - Regions 4 & 8
  - i) Plan approved – We will begin May 1<sup>st</sup> and monitor through July 31<sup>st</sup>.

2) MCE/MCI – Collaborating with ESF-8

- a) Addressing Field Triaging Scheme
- b) MCI Notification Process
- c) Each TRC to attend HHS Rounds Meetings

3) EMSTAT/Everbridge

- a) Collaborating with ESF-8
- b) Go Live with new Resource Tracking Software June 2011; Region 3 will be first to use
- c) Continue working with ESF-8 partners on details for messaging software
- d) Commission interested in exploring funding opportunities – oil & gas tax

4) ImageTrend/ Registry Development

- a) LCC Data base is being revised and updated
- b) Contractor working to develop a written plan for hospitals to submit data to the Louisiana State Bridge (ImageTrend); Develop a data dictionary; Facilitate data submission from existing trauma registries (June 30)
- c) Developed contract for EMS State Bridge Development
- d) Procurement of screens for Stroke & STEMI to complete the Registry build out is in process

5) Stroke and STEMI Work Groups – Commissions will be asked for champions in their community in stroke & cardiac care to work with Dr. Gaines (Stroke) and Dr. Ali (STEMI). Notice to commissions will go out in May

- b) Education
  - c) Regional Stakeholders meeting is scheduled for May 26, 2011
- 7) DHH Health Standards-Meeting held to discuss process for rule making
- a) Trauma Center Rules
- 8) Regional Updates
- Region 1
- a) All Entities Meeting – Great success! Approximately 49 participants. Thanks to AHA for sponsoring lunch
  - b) Working on Stroke, STEMI and Helicopter protocol
  - c) Region 1 Revised Hospital Agreement developed and sent for Commission review
- Region 2
- a) Stroke Work Group
  - b) Trauma Symposium – May 20, 201 @ OLOL
- Region 3
- a) Commission assessing regional resources; cataloguing Injury Prevention resources
  - b) Commission Vacancies – working to fill commission vacancies
- Region 4
- a) MCE/MCI planning; Drills
  - b) Stroke work group
- Region 5
- a) MCE/MCI Planning; Mass Fatality Drill
  - b) Assisting with LERN Radio Plan
- Region 6
- a) Rapides had ACS Consultative visit March 28, 2011
  - b) Stroke & STEMI discussions are beginning
- Region 7
- a) LSU developing a transfer center. Chancellor indicated working in concert with LERN
  - b) Willis Knighton developing transfer center
  - c) Region 7 beginning discussions to realign the Region 7 protocol with LERN Statewide Protocol
- Region 8
- a) Hospitals report overcrowding; Monthly meetings with SFMC & Glenwood
  - b) Trauma care is challenging – region with limited resources
- Region 9
- a) Working thru issues between LERN process and ED capacity process of directing patients
  - b) EMS Education Day is scheduled for June 23, 2011

## LERN Communication Center Statistics 2011

Regions	R-2	R-4	R-5	R-6	R-7	R-8	R-9	Totals
<b>2010 Monthly Vol. Avg</b>	<b>183</b>	<b>258</b>	<b>121</b>	<b>83</b>	<b>8</b>	<b>59</b>	<b>126</b>	
Jan-11	143	235	89	75	1	45	124	712
Feb-11	153	233	79	53	5	47	138	708
Mar-11	162	265	121	71	6	44	125	794
Apr-11								
May-11								
Jun-11								
Jul-11								
Aug-11								
Sep-11								
Oct-11								
Nov-11								
Dec-11								
<b>Totals</b>	<b>458</b>	<b>733</b>	<b>289</b>	<b>199</b>	<b>12</b>	<b>136</b>	<b>387</b>	<b>2214</b>

Month	MD Calls	Admin Call	Reviews
<b>2010 Monthly Avg</b>	<b>4</b>	<b>1</b>	<b>13</b>
Jan-11	0	0	19
Feb-11	1	0	16
Mar-11	1	0	11
Apr-11			
May-11			
Jun-11			
Jul-11			
Aug-11			
Sep-11			
Oct-11			
Nov-11			
Dec-11			

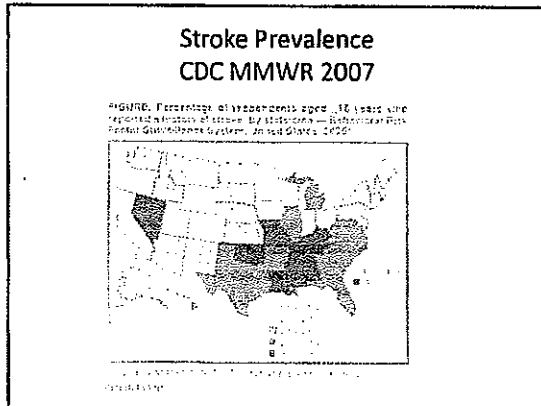
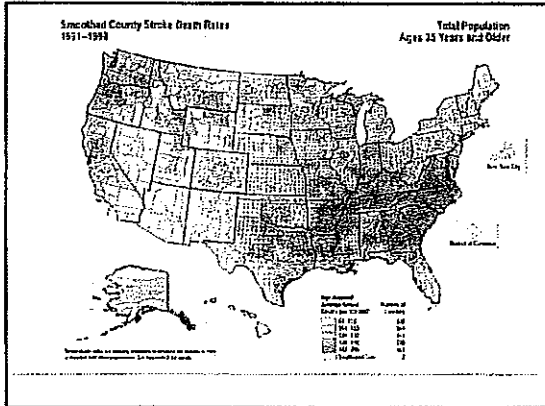
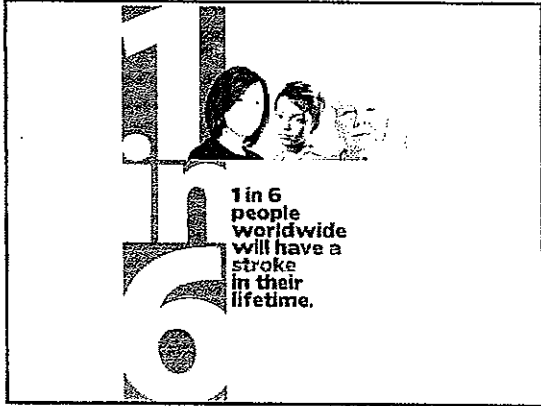
LCC Statistics are of patients meeting the LERN Protocol and directed to definitive care

# STROKE

Stroke in Louisiana

- ### Stroke in Louisiana
- Louisiana is In the Stroke Belt
  - Highest levels of stroke mortality in the nation
  - Stroke prevention in LA is fragmented
  - Acute stroke treatment is limited:
    - 4 Primary Stroke Centers
    - 5 Boarded Vascular Neurologists
  - Acute stroke treatment is geographically mal-distributed

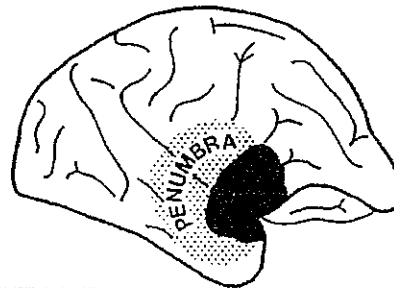
- ### Epidemiology of Stroke Worldwide
- *Every 6 seconds*, stroke kills one person.
  - *Every other second*, stroke attacks one person, regardless of age or gender.
  - *15 million people* experience stroke each year; 6 million of them do not survive.
  - *About 30 million people* have had a stroke; most have residual disabilities.



### Stroke Prevalence

- Data from CDC (MMWR, 2007)
- Based on Behavioral Risk Factor Surveillance System (BRFSS)
  - Non-institutionalized population only
  - Phone survey from 50 states
  - Had you ever been told you had a stroke?
  - 51% response rate
- States with  $\geq 3\%$  prevalence
  - Mississippi 4.3%
  - Alabama, Louisiana, Tennessee, Kentucky
  - Oklahoma, Missouri, Nevada, District of Columbia, Michigan, Texas, West Virginia

### Ischemic Penumbra



### Time is Brain -- Quantified

(Saver J. Stroke 2006; 37:263-66)

	Pace of Neuronal Circuitry Loss In Acute Ischemic Stroke (Saver J. Stroke 2006)			
	Neurons lost	Synapses lost	Myelinated fibers lost	Accelerated aging
Per stroke	1.2 billion	8.3 trillion	4470 miles	36y
Per hour	120 million	830 billion	447 miles	3.6y
Per minute	1.9 million	14 billion	7.5 miles	3.1 wk
Per second	32,000	230 billion	218 yards	8.7 hr

### Time to Reperfusion Animal data MCA occlusion

20 minutes	90 minutes	>400 minutes
Minimal Damage	50% of brain tissue spared	No sparing of brain tissue

In primate models reperfusion of MCA occlusion is strongly correlated with preservation of brain tissue.

Zivin J. Neurology 1998;50:599-603  
Jones J. J Neurosurgery 1981;54:773-82  
Crowell R. Stroke 1970;1:439-446

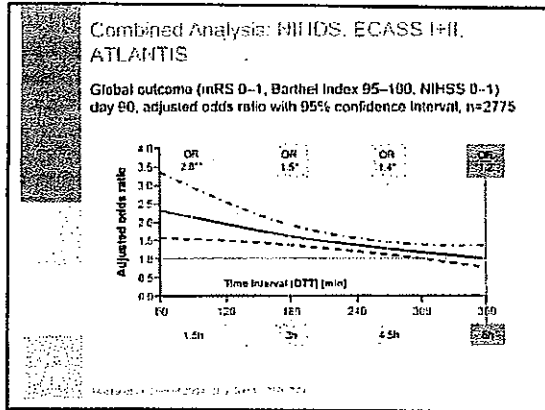
### Acute Treatment Options Proven in Randomized Trials

- **Aspirin**
  - Aspirin within 48 hours of stroke
  - Decreases morbidity and mortality
- **Stroke units**
  - Decreases mortality and morbidity
  - Improved outcome
- **Thrombolysis with tPA**
  - Improved outcomes
  - No difference in mortality

### t-PA Studies: NINDS Parts 1 and 2 - Results

	modified Rankin Scale (mRS)						
NINDS t-PA	17.3	21.4	4.9	12.9	15.5	7.3	17.3
NINDS part 2 placebo	5.1	17.0	17.1	13.3	20.6	7.8	20.8
	0	1	2	3	4	5	6

12.6% more t-PA treated patients in favourable outcome



### Acute Stroke Treatment

Number Needed to Treat  
To Prevent disability and death in 1 person

ASA within 48 hours	83
Stroke Unit care	18
IPA treatment within 3 hours	16

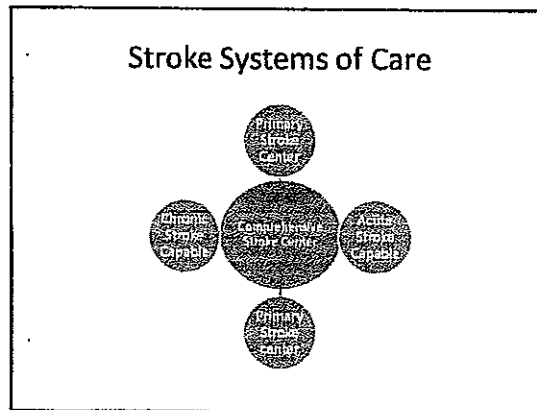
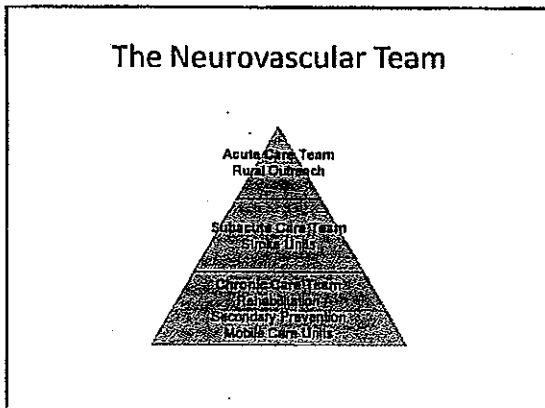
### Number Needed to Treat Various Therapies

Therapy	NNT
Thrombolysis Acute MI To prevent one death	33
tTPA < 3 hr for stroke Preventing poor outcome	8.4
tTPA < 3 hr for stroke Preventing disability or death	7
CEA Symptomatic Preventing 1 stroke/2 yr	8
CEA Asymptomatic Preventing 1 stroke/2year	48

Font: Lancet 1999; Lees, Lancet, 1999; Wardlaw, Cochrane Data Base, Hache, Neurol, 1999

### New Developments

Acute Stroke Care  
Reperfusion Strategies  
IV Thrombolytics  
IA thrombolytics  
Embolectomy  
Ultrasound-enhanced thrombolysis



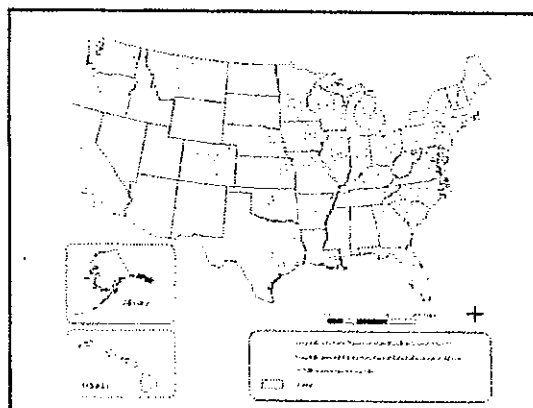
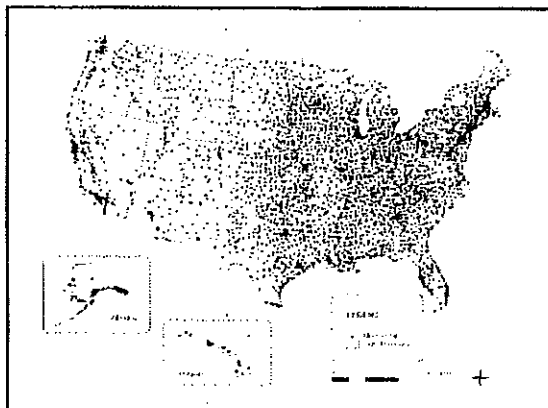
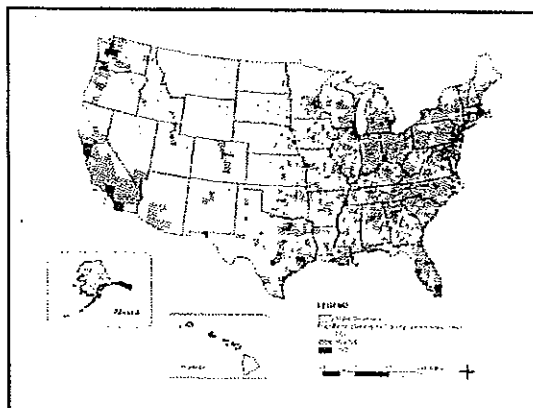
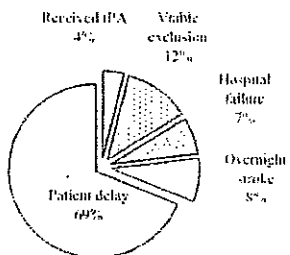
## Stroke Centers

- **Comprehensive Stroke Ctr.**
  - Acute management
  - Referral center
  - Boarded Vascular Neurologists
  - Vascular Neurosurgery
  - Neuro/CT/Stroke unit/Rehab
  - Interventional
  - Outreach
  - Public education
  - Provider education
  - Stroke registry
    - Ongoing quality improvement
- **Primary stroke center**
  - Acute management capability
    - 24/7 ER
    - 24/7 CT
  - Neurologists with stroke interest
  - Ongoing quality improvement related to acute and chronic stroke management
  - Public education

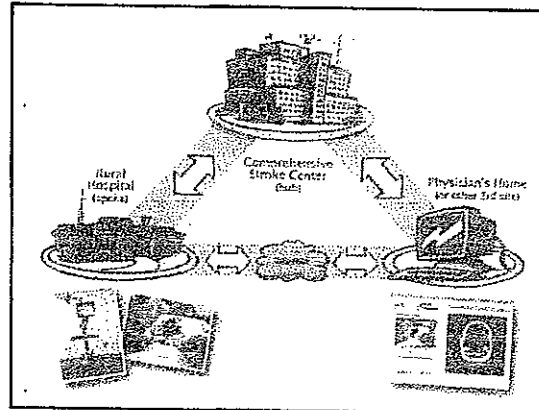
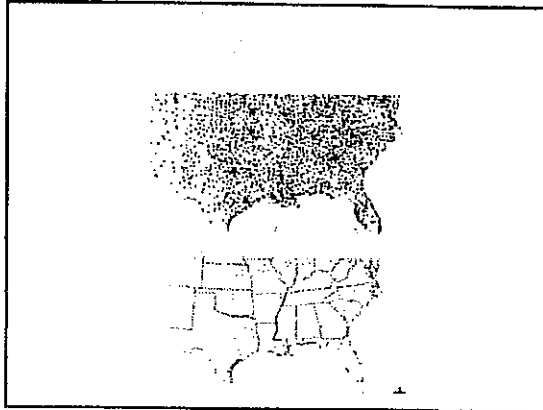
## What is wrong with acute stroke care?

- **Time**
  - Timely public response
  - Well organized hospital systems
  - Timely availability of expertise

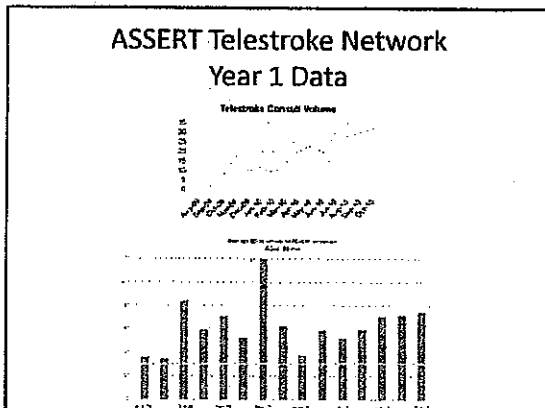
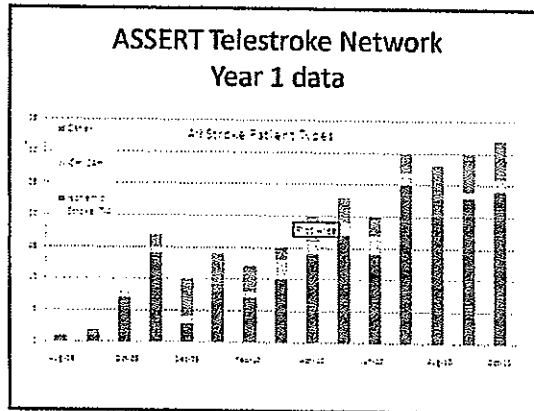
Why patients do not receive IV tPA  
CA Acute Stroke Pilot Registry  
Presented at the 2009 American Stroke Association National Meeting







- ### Telestroke Network Louisiana System Proposal
- Hub
    - Vascular Neurologists: 2 at Ochsner Main Campus
    - Neuro-Intensivists: 2 at Ochsner Main Campus
  - Spokes Implemented in Phased approach
    - Phase I
      - Ochsner - Bogalusa
      - Ochsner - West Bank
      - Ochsner - Kenner
      - Ochsner - St. Anne
    - Phase II
      - St. Charles Parish Hospital
      - Ochsner - Baton Rouge
      - Franklin Foundation
      - Ochsner - North Shore
      - St James Parish Hospital
      - River Parishes
      - St Tammany Parish Hospital



- ### Novel Stroke Care Delivery Models
- What is wrong with what we have?
    - Secondary stroke prevention
      - Big dividend interventions are hard:
        - Smoking cessation
        - Weight loss
        - Dietary changes
      - Big dividend interventions require intrinsic lifestyle changes
      - Family is often not involved
      - Episodic care in offices not effective.
      - Stroke care is expensive - no focus on prevention

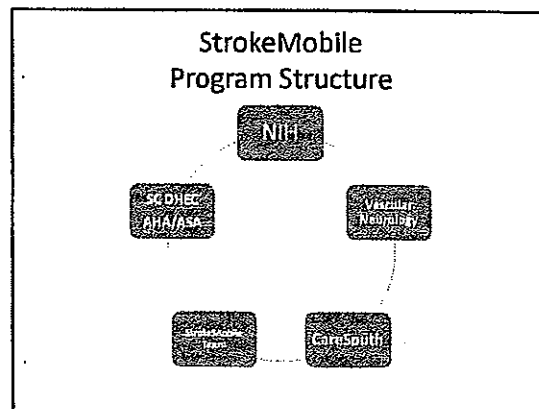
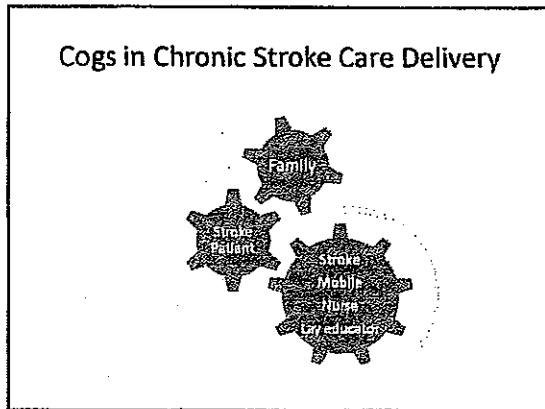
**Comparative Effectiveness and Cost  
Secondary Stroke Prevention Strategies**  
Lancet 1999;354:1457

Intervention	Cost per patient (US\$)
Smoking cessation Patient	(0-19)
Drug	6,000
Diuretic for ↓ BP	1,350
ASA for all in sinus rhythm	2,000
Anticoagulants for atrial fibrillation	1,200
ACE inhibitor for ↓ BP	18,000
ASA + DP for all in sinus rhythm	18,500
Statins for ↓ cholesterol	41,000
Clopidogrel for all in sinus rhythm	74,000
CEA for symptomatic carotid stenosis	182,000

**Effectiveness of Secondary Prevention Efforts**

Secondary Prevention	Quality Indicator	% Adherence in Eligible Patients	Quality Issue
Hypertension	On Treatment	80%	Under use
	Controlled	27-44%	
Hyperlipidemia	On treatment	47%	Under use
	Controlled	42%	
Cigarette smoking	Advised to quit	100%	Appropriate
	Advice documented	67%	Under use
	% stopped	0%	Ineffective; short term studies
Diabetes mellitus	On treatment	76%	Under use
	Controlled	30%	

Mouradian, Stroke, 2002; 33, 1656-1659. Kemran, W. Stroke 2000;31:415-419. Joseph, LN. Stroke 1999;30:18-20. VISP, Neurol 2006.



- State of Stroke Care in Louisiana**
- Similar problems to other areas of the country
  - Many opportunities to improve:
    - Stroke education
    - Stroke systems of care
    - Access to acute stroke care
      - Primary and Comprehensive Stroke Centers
      - Telestroke
    - Access to effective chronic care
      - Home/family based models