

Louisiana

Hurricane Katrina and its aftermath still play a significant role in Louisiana’s emergency care environment. While the state now ranks among the best in *Disaster Preparedness*, Katrina’s impact has also left Louisiana in dire need of more providers to care for a population that has large numbers of uninsured and a higher than average risk of suffering from preventable illnesses and injuries.

Strengths. Louisiana has made great strides in *Disaster Preparedness*, as reflected in high marks for nearly every disaster planning, training, and communication systems indicator in this Report Card. The state also ranks among the top in the country regarding the numbers of physicians and nurses registered in the state-based Emergency System for Advance Registration of Volunteer Health Professionals program.

Louisiana has in place a number of medical liability reform measures, including a medical liability cap on damages, mandatory pretrial screening panels, and the elimination of joint and several liability. The state has also implemented a patient compensation fund that covers damages totaling more than \$100,000 for physicians participating in the program.

Challenges. *Access to Emergency Care* and crowding are major concerns in Louisiana, which is feeling the effects of attrition, hospital closures, and the loss of qualified emergency medical staff following Hurricane Katrina. Louisiana has severe shortages of primary care physicians (ranked 47th) and mental health professionals (ranked 48th). These significant shortages are likely contributors to growing problems with hospital crowding and emergency department boarding, as reported by emergency physicians in the state. Contributing to access issues, Louisiana has some of the highest rates of uninsured adults and children, for which it ranks 49th and 45th in the nation, respectively.

The lack of Level I or II trauma centers (0.2 per 1 million people) also poses a challenge. Fewer than twelve percent of Louisiana residents are within 60 minutes of a Level I or II trauma center, compared to an average of 76.0 percent across the states, resulting in the need to transfer patients over long distances or to neighboring states.

Louisiana’s failing grade in *Public Health and Injury Prevention* reflects a multitude of problems. The state has the second lowest rate of childhood immunizations and ranks 45th for influenza vaccination among older adults. Louisiana also has the third highest infant mortality rate (10.1 infant deaths per 1,000 live births), which is significantly higher than the nation as a whole (6.9 per 1,000). The state has among the highest percentages of adults who are obese (27.1 percent) and who smoke cigarettes (23.4 percent). The rates of unintentional fatalities from firearms or fires and burns are also among the worst in the country.

The *Quality and Patient Safety Environment* in Louisiana ranks among the lowest in the nation. There is no statewide trauma registry, uniform system for providing pre-arrival instructions, or funding for quality improvement within the EMS system. The state also lacks a hospital-based infections reporting requirement. The percentage of patients receiving PCI within 90 minutes of arrival with acute myocardial infarction is the second worst in the nation (34 percent).

Medical liability concerns have also surfaced as recent court action has placed the future of the state’s damage cap in serious doubt. Additionally, while emergency physicians in the state report shortages of specialists willing to provide on-call services for emergency patients, the state lacks any special liability protection for providers of EMTALA-mandated care.

Louisiana’s low grade in Public Health and Injury Prevention points to a critical need for greater investment.

	RANK	GRADE
ACCESS TO EMERGENCY CARE	33	D-
QUALITY & PATIENT SAFETY ENVIRONMENT	41	D
MEDICAL LIABILITY ENVIRONMENT	17	C
PUBLIC HEALTH & INJURY PREVENTION	51	F
DISASTER PREPAREDNESS	3	A
OVERALL	36	D+

Recommendations. Louisiana’s low grade in *Public Health and Injury Prevention* points to a critical need for greater investment in and application of targeted, effective, and culturally competent strategies to address preventable health risks, injuries, and mortality. In addition, the state could greatly improve the *Quality and Patient Safety Environment* by implementing a statewide trauma registry and providing funding for EMS quality improvement.

Louisiana also needs to improve *Access to Emergency Care* in the state by addressing current shortages of primary care and mental health providers. The state must also ensure that existing medical liability reforms are protected and expanded in order to attract more physicians to the state and encourage more specialists to provide on-call services.

ACCESS TO EMERGENCY CARE **D-**

Board-certified emergency physicians per 100,000 pop.	6.9
Emergency physicians per 100,000 pop.	12.5
Neurosurgeons per 100,000 pop.	2.5
Orthopedists and hand surgeon specialists per 100,000 pop.	9.8
Plastic surgeons per 100,000 pop.	2.0
ENT specialists per 100,000 pop.	5.0
Registered nurses per 100,000 pop.	921.2
Additional primary care FTEs needed	357.0
Additional mental health FTEs needed	89.4
Level I or II trauma centers per 1M pop.	0.2
% of population within 60 minutes of Level I or II trauma center	11.3
Accredited chest pain centers per 1M pop.	2.1
% of population with an unmet need for substance abuse treatment	8.5
Pediatric specialty centers per 1M pop.	5.2
Physicians accepting Medicare per 100 beneficiaries	3.1
Medicaid fee levels for office visits as a % of the national average	73.8
% change in Medicaid fees for office visits (2004-05 to 2007)	-19.2
% of adults with no health insurance	23.9
% of children with no health insurance	15.9
% of adults with Medicaid	9.6
Emergency departments per 1M pop.	16.5
Hospital closures in 2006	1
Staffed inpatient beds per 100,000 pop.	468.7
Hospital occupancy rate per 100 staffed beds	64.1
Psychiatric care beds per 100,000 pop.	23.8
State collects data on diversion	Yes

MEDICAL LIABILITY ENVIRONMENT **C**

Lawyers per 10,000 pop.	17.0
Lawyers per physician	0.6
Lawyers per emergency physician	13.4
ATRA judicial hellholes (range 0 to -7)	0
Malpractice award payments/100,000 pop.	1.5
Average malpractice award payments	\$298,282
Databank reports per 1,000 physicians	40.6
Patient compensation fund	Yes
Health court pilot project grant	No
Number of insurers writing medical liability policies per 1,000 physicians	5.2
Average medical liability insurance premium for primary care physicians	\$19,004
Average medical liability insurance premiums for specialists	\$73,175
Pretrial screening panels	Mandatory
Are pretrial screening panels' findings admissible as evidence?	Yes
Periodic payments	Required by state
Medical liability cap on non-economic damages	\$350,001-500,000
Additional liability protection for EMTALA-mandated emergency care	No
Joint and several liability abolished	Yes
State provides for case certification	No
Expert witness required to be of the same specialty as the defendant	No
Expert witness must be licensed to practice medicine in the state	No

QUALITY & PATIENT SAFETY ENVIRONMENT **D**

Funding for quality improvement within the EMS system	No
Funded state EMS medical director	Yes
Emergency medicine residents per 1M pop.	23.5
Adverse event reporting required	Yes
Hospital-based infections reporting required	No
Mandatory quality reporting requirement	Yes
% of counties with E-911 capability	95.2
Uniform system for providing pre-arrival instructions	No
State has or is working on a stroke system of care	Yes
State has or is working on a PCI network or a STEMI system of care	Yes
Statewide trauma registry	No
% of hospitals with computerized practitioner order entry	10.7
% of hospitals with electronic medical records	35.1
% of patients with acute myocardial infarction given PCI within 90 minutes of arrival	34
Number of Joint Commission reviewed sentinel events per 1M pop. (1995-2006)	13

PUBLIC HEALTH & INJURY PREVENTION **F**

Traffic fatalities per 100,000 pop.	22.9
% of traffic fatalities alcohol related	48.0
Front occupant restraint use (%)	75.2
Helmet use required for all motorcycle riders	Yes
Child safety seat/seat belt legislation (10 points possible)	5
% of children immunized, aged 19-35 months	72.3
% of adults aged 65+ who received flu vaccine in the last 12 months	64.4
% of adults aged 65+ who ever received pneumococcal vaccine	66.4
Fatal occupational injuries per 1M workers	62.3
Homicides and suicides (non-motor vehicle) per 100,000 pop.	24.3
Unintentional fall-related fatal injuries per 100,000 pop.	4.0
Unintentional fire/burn-related fatal injuries per 100,000 pop.	2.3
Unintentional firearm-related fatal injuries per 100,000 pop.	0.8
Gun-purchasing legislation (8 points possible)	0
% of tobacco settlement funds spent on health-related services and programs	19.3
Total injury prevention funds per 1,000 pop.	\$232.93
Unintentional injury prevention funds per 1,000 pop.	\$0.00
Intentional injury prevention funds per 1,000 pop.	\$0.00
Fall injury prevention funds per 1,000 pop.	\$0.00
Infant mortality rate per 1,000 live births	10.1
% of adults with BMI > 30	27.1
Current smokers, % of adults	23.4
Binge alcohol drinkers, % of adults	13.3

DISASTER PREPAREDNESS **A**

Per capita federal disaster preparedness funds	\$9.82
Disaster preparedness funds used specifically for health care-related preparedness are tracked	Yes
All-hazards medical response plan or ESF-8 plan?	Yes
Plan shared with all EMS and essential hospital personnel?	Yes
Public health and emergency physician input into the state planning process	Yes, Yes
Public health and emergency physician input into the daily operations of the SEOC	Yes, Yes
Written plan for the coordination of the SEOC or local EMAs to provide security to hospitals in case of emergency events	Yes
Number of drills and exercises conducted involving hospital personnel, equipment, or facilities	11
Accredited by the Emergency Management Accreditation Program	Yes
Written plan specifically for special needs patients	Yes
Written plan to supply medications for chronic conditions	Yes
Written plan to supply dialysis for patients	Yes
Real-time notification system in place to notify identified health care providers of an event	Yes
"Just-in-time" training systems in place	Statewide
Statewide medical communication system with one layer of redundancy	Yes
Statewide patient tracking system	Yes
Statewide victim tracking system	Yes
Statewide real-time or near real-time syndromic surveillance system	Yes
Real-time surveillance system in place for common ED presentations	Yes
Bed surge capacity per 1M pop.	NR
Burn unit beds per 1M pop.	6.5
ICU beds per 1M pop.	348.1
Verified burn centers per 1M pop.	0.0
State able to verify credentials and assign volunteer health professionals to four ESAR-VHP levels	Yes
Nurses registered in ESAR-VHP per 1M pop.	319.1
Physicians registered in ESAR-VHP per 1M pop.	106.0
Training required in disaster management and response to bio- and chem terrorism for essential hospital personnel, EMS personnel	Yes, No
State or regional strike teams or medical assistance teams	Yes
Additional liability protections for health care workers during a disaster	Yes, civil
% of RNs that received any emergency training	40.2
State requires EMS and essential ED personnel to be NIMS compliant	Yes

	Improved since 2006
	Worsened since 2006
	No change since 2006
NR	Not reported
N/A	Not applicable
See Summary Statistics for State Comparisons	