

LSU Health Care Services Division

Department Description

The LSU Health Sciences Center, Health Care Services Division consists of the following:

- Executive Administration and General Support
- Earl K. Long Medical Center
- Huey P. Long Pineville (an inpatient facility) and England Airpark Medical Center (an outpatient facility)
- University Medical Center
- W. O. Moss Regional Medical Center
- Lallie Kemp Regional Medical Center
- Washington-St. Tammany Regional Medical Center
- Leonard J. Chabert Medical Center
- Medical Center of Louisiana at New Orleans and University Hospital

LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 67,953,715	\$ 27,765,870	\$ 27,765,870	\$ 93,130,569	\$ 79,032,120	\$ 51,266,250
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 67,953,715	\$ 27,765,870	\$ 27,765,870	\$ 93,130,569	\$ 79,032,120	\$ 51,266,250
Expenditures & Request:						
LA Health Care Services Division	\$ 67,953,715	\$ 27,765,870	\$ 27,765,870	\$ 93,130,569	\$ 79,032,120	\$ 51,266,250
Total Expenditures & Request	\$ 67,953,715	\$ 27,765,870	\$ 27,765,870	\$ 93,130,569	\$ 79,032,120	\$ 51,266,250

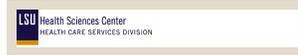


LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



19E-610 — LA Health Care Services Division



Agency Description

The mission of the LSU Health Sciences Center, Health Care Services Division is:

- To provide access to high quality medical care.
- To develop medical and clinical manpower through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other health care providers and agencies to improve health care outcomes, while achieving objectives.

The goals of LSU Health Sciences Center, Health Care Services Division are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal, external partners and constituencies to advance excellence in health care.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

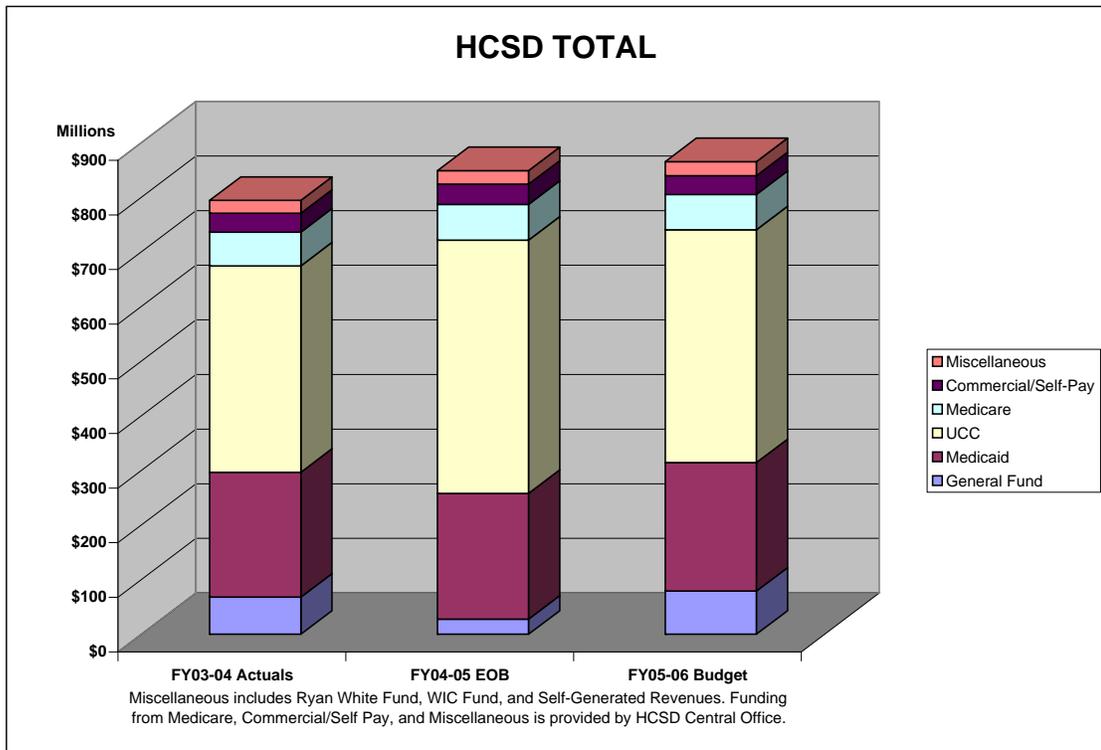
For additional information, see:

[LA Health Care Services Division](#)

LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 67,953,715	\$ 27,765,870	\$ 27,765,870	\$ 93,130,569	\$ 79,032,120	\$ 51,266,250
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 67,953,715	\$ 27,765,870	\$ 27,765,870	\$ 93,130,569	\$ 79,032,120	\$ 51,266,250
Expenditures & Request:						
Executive Administration and General Support	\$ 16,134,020	\$ 27,765,870	\$ 0	\$ 65,364,699	\$ 0	\$ 0
Earl K Long Medical Center	13,324,463	0	1,726,071	1,726,071	11,311,403	9,585,332
Huey P Long Medical Center	5,647,272	0	1,341,198	1,341,198	5,769,880	4,428,682
University Medical Center	2,482,405	0	3,045,998	3,045,998	3,788,405	742,407
W.O. Moss Regional Medical Center	2,711,654	0	2,343,692	2,343,692	4,364,865	2,021,173
Lallie Kemp Regional Medical Center	2,920,346	0	1,388,613	1,388,613	5,296,029	3,907,416
Washington-St Tammany Regional Medical Center	2,451,842	0	569,412	569,412	2,853,909	2,284,497
Leonard J Chabert Medical Center	678,736	0	2,302,439	2,302,439	4,902,192	2,599,753
Charity Hospital & Medical Center of Louisiana	21,602,977	0	15,048,447	15,048,447	40,745,437	25,696,990
Total Expenditures & Request	\$ 67,953,715	\$ 27,765,870	\$ 27,765,870	\$ 93,130,569	\$ 79,032,120	\$ 51,266,250
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0





610_1000 — Executive Administration and General Support



Program Authorization: R.S.17:1519-R.S. 17:1519.15

Program Description

The mission of the LSU Health Sciences Center, Health Care Services Division is:

- To provide access to high quality medical care to residents of Louisiana, regardless of their income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency, and other health education programs and to work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels, in order to maximize the health care resources available to all citizens of Louisiana.

The goals of LSU Health Sciences Center, Health Care Services Division are:

- I. Prevention: To provide health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: To integrate health delivery network with internal and external community partners.
- III. Performance: To improve management information systems and fiscal accountability.

For additional information, see:

Executive Administration and General Support

Executive Administration and General Support Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 16,134,020	\$ 27,765,870	\$ 0	\$ 65,364,699	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0



Executive Administration and General Support Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 16,134,020	\$ 27,765,870	\$ 0	\$ 65,364,699	\$ 0	\$ 0
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	16,134,020	27,765,870	0	65,364,699	0	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 16,134,020	\$ 27,765,870	\$ 0	\$ 65,364,699	\$ 0	\$ 0
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ (27,765,870)	\$ (27,765,870)	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 0	0	Existing Oper Budget as of 12/03/04

Statewide Major Financial Changes:



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
Non-Statewide Major Financial Changes:			
\$ 0	\$ 0	0	Recommended FY 2005-2006
\$ 0	\$ 0	0	Less Governor's Supplementary Recommendations
\$ 0	\$ 0	0	Base Executive Budget FY 2005-2006
\$ 0	\$ 0	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2005-2006

Other Charges

Amount	Description
Other Charges:	
\$0	Central Office funding to be distributed to hospitals for non-allowable costs
\$0	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
	There is no specific allocation for Interagency Transfers for Fiscal Year 2005-2006
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$0	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2005-2006



Performance Information

- 1. (KEY) To target budgeted dollars for the provision of direct patient care, while ensuring efficient administrative costs by capping HCSD's administrative program at less than 3% of the total operating budget.**

Louisiana Vision 2020 link: Objective 3.3-To insure quality health care to every Louisiana citizen.

Children's budget link: Not applicable

Human Resource Policies Beneficial to Women and Families Link: Not applicable

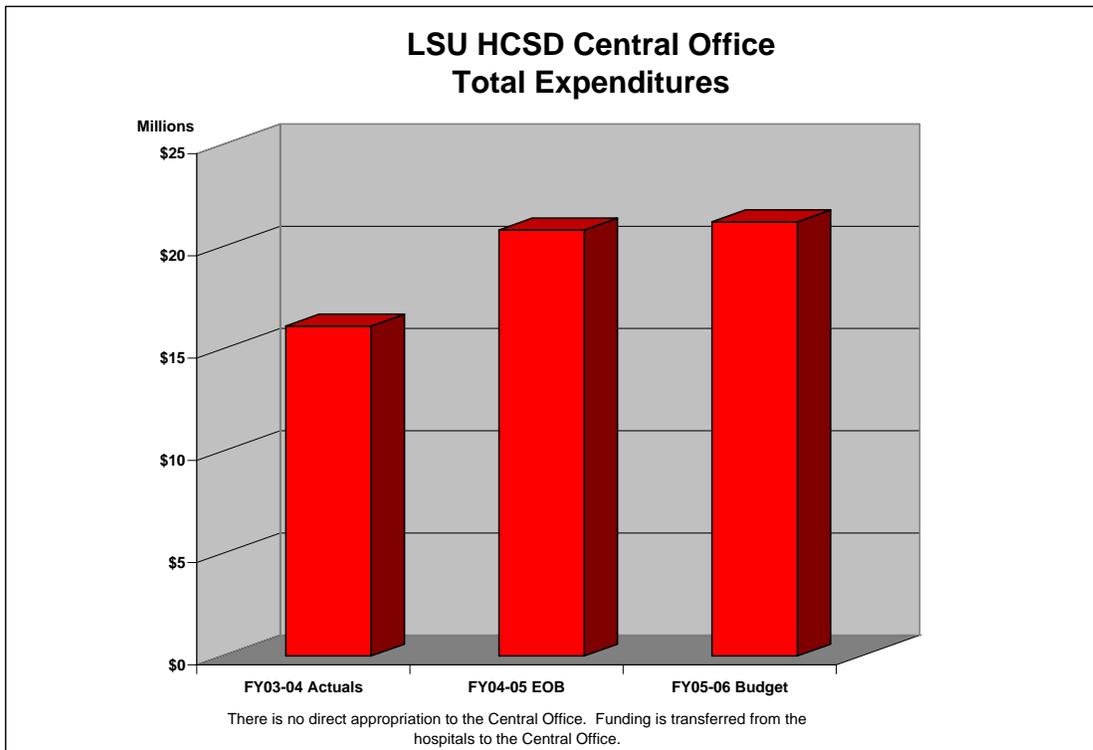
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Administrative (central office) operating budget as a percent of the total HCSD operating budget (LAPAS CODE - 9789)	1.14%	1.20%	1.14%	1.14%	1.14%	1.20%

This data does not include the administrative operating costs of all eight hospitals. This is inclusive of only the central office of HCSD. The HCSD (representatives of the medical and administrative sides of each medical center and administrative office) has a clearly defined strategic plan which outlines and reflects the core purposes and values of the Executive Administration.

The FY06 performance is based on an anticipated standstill FY06 budget; hence, FY06 projections are the same as FY04 actuals for the disease management and productivity indicators and FY05 performance standards for remaining indicators.



610_3000 — Earl K Long Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of Earl K. Long Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical manpower through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other health care providers and agencies to improve health care outcomes, while achieving objectives.

The goals of Earl K. Long Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal, external partners and constituencies to advance excellence in health care.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

For additional information, see:

[Earl K Long Medical Center](#)

Earl K Long Medical Center Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 13,324,463	\$ 0	\$ 1,726,071	\$ 1,726,071	\$ 11,311,403	\$ 9,585,332
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 13,324,463	\$ 0	\$ 1,726,071	\$ 1,726,071	\$ 11,311,403	\$ 9,585,332
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	13,324,463	0	1,726,071	1,726,071	11,311,403	9,585,332
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 13,324,463	\$ 0	\$ 1,726,071	\$ 1,726,071	\$ 11,311,403	\$ 9,585,332
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 1,726,071	\$ 1,726,071	0	Mid-Year Adjustments (BA-7s):
\$ 1,726,071	\$ 1,726,071	0	Existing Oper Budget as of 12/03/04
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
9,585,332	9,585,332	0	Replaces funds that will be lost due to the discontinuance of the federal rule that allowed payment up to 175% for Uncompensated Care Costs (UCC). This rule freed up State General Fund and brought in more Federal Funds. These Federal Funds helped cover unallowable costs for the hospitals. Since the rule has been discontinued, the State will receive less Federal Funds requiring the hospitals to receive State General Fund for unallowable costs.
\$ 11,311,403	\$ 11,311,403	0	Recommended FY 2005-2006
\$ 81,211	\$ 81,211	0	Less Governor's Supplementary Recommendations
\$ 11,230,192	\$ 11,230,192	0	Base Executive Budget FY 2005-2006
Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
81,211	81,211	0	Funding provided for general operational expenses.
Total Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
\$ 81,211	\$ 81,211	0	
\$ 11,311,403	\$ 11,311,403	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2005-2006

Other Charges

Amount	Description
Other Charges:	
\$11,311,403	Funding for non-allowable costs
\$11,311,403	SUB-TOTAL OTHER CHARGES



Other Charges (Continued)

Amount	Description
Interagency Transfers:	
There is no specific allocation for Interagency Transfers for Fiscal Year 2005-2006	
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$11,311,403	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2005-2006	

Performance Information

1. (KEY) Teaching. Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Average daily census (LAPAS CODE - 9807)	108	102	108	107	107	102

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.



2. (KEY) Access to patient care. Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Number of staffed beds (LAPAS CODE - 9806)	135	134	135	135	135	134
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Emergency department visits (LAPAS CODE - 5854)	44,667	44,181	44,667	46,390	46,390	44,181
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.							
K	Total outpatient encounters (LAPAS CODE - 9809)	167,219	168,668	167,219	170,877	170,877	168,668
Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.							

3. (KEY) Quality. Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
		K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	100	109	124	124	124

Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure"(CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.

Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.

K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	42%	41%	40%	40%	40%	41%
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Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycosylated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them(and thus are "glycosylated"). Once glycosylated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial(DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study(UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association& the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HgbA1c<=7 and diving that by the number of diabetics with current HgbA1c.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	28%	36%	25%	25%	25%	36%
	Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.						
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	29%	25%	25%	25%	25%	25%
	The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center. Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age.						

4. (KEY) Service. Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	15.7	13.3	13.0	13.0	13.0	13.3
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15451)	4.4	4.5	4.4	4.6	4.6	4.5
<p>Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.</p>							
K	Percentage of readmissions (LAPAS CODE - 9814)	7.3%	9.3%	7.3%	9.0%	9.0%	9.3%
<p>Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							

5. (KEY) Stakeholders. Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

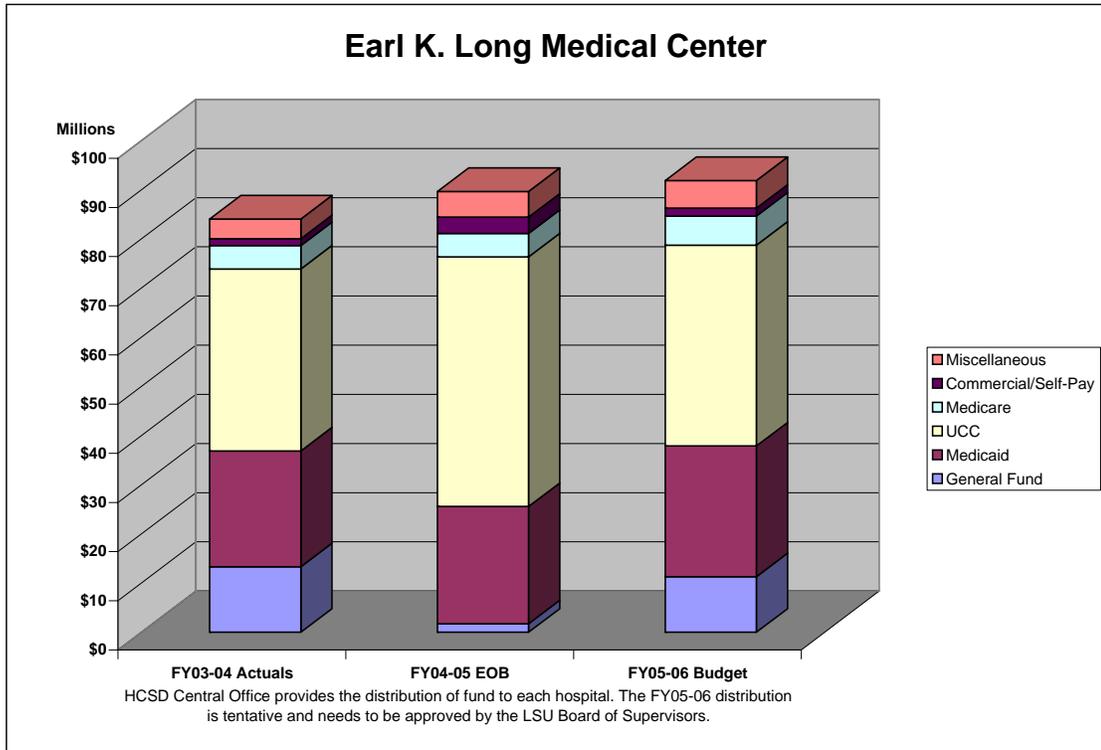
Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable





Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	89%	88%	89%	89%	89%	88%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 2002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.



610_4000 — Huey P Long Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of Huey P. Long Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical manpower through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other health care providers and agencies to improve health care outcomes, while achieving objectives.

The goals of Huey P. Long Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal, external partners and constituencies to advance excellence in health care.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

For additional information, see:

[Huey P Long Medical Center](#)

Huey P Long Medical Center Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 5,647,272	\$ 0	\$ 1,341,198	\$ 1,341,198	\$ 5,769,880	\$ 4,428,682
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 5,647,272	\$ 0	\$ 1,341,198	\$ 1,341,198	\$ 5,769,880	\$ 4,428,682
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	5,647,272	0	1,341,198	1,341,198	5,769,880	4,428,682
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 5,647,272	\$ 0	\$ 1,341,198	\$ 1,341,198	\$ 5,769,880	\$ 4,428,682
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 1,341,198	\$ 1,341,198	0	Mid-Year Adjustments (BA-7s):
\$ 1,341,198	\$ 1,341,198	0	Existing Oper Budget as of 12/03/04
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
4,428,682	4,428,682	0	Replaces funds that will be lost due to the discontinuance of the federal rule that allowed payment up to 175% for Uncompensated Care Costs (UCC). This rule freed up State General Fund and brought in more Federal Funds. These Federal Funds helped cover unallowable costs for the hospitals. Since the rule has been discontinued, the State will receive less Federal Funds requiring the hospitals to receive State General Fund for unallowable costs.
\$ 5,769,880	\$ 5,769,880	0	Recommended FY 2005-2006
\$ 63,103	\$ 63,103	0	Less Governor's Supplementary Recommendations
\$ 5,706,777	\$ 5,706,777	0	Base Executive Budget FY 2005-2006
Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
63,103	63,103	0	Funding provided for general operational expenses.
Total Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
\$ 63,103	\$ 63,103	0	
\$ 5,769,880	\$ 5,769,880	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2005-2006

Other Charges

Amount	Description
Other Charges:	
\$5,769,880	Funding for non-allowable costs
\$5,769,880	SUB-TOTAL OTHER CHARGES



Other Charges (Continued)

Amount	Description
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2005-2006
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$5,769,880	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2005-2006

Performance Information

1. (KEY) Teaching. Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Average daily census (LAPAS CODE - 9807)	39	42	39	44	44	42

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.

2. (KEY) Access to patient care. Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.



Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Number of staffed beds (LAPAS CODE - 9806)	50	55	50	55	55	55
<p>Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.</p>							
K	Emergency department visits (LAPAS CODE - 5854)	32,596	38,014	32,596	35,506	35,506	38,014
<p>An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.</p>							
K	Total outpatient encounters (LAPAS CODE - 9809)	104,251	101,100	104,251	99,223	99,223	101,100
<p>Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.</p>							

3. (KEY) Quality. Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	179	132	143	143	143	132

Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients.

When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure"(CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.

Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	47%	46%	46%	46%	46%	46%
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Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them(and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial(DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study(UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association& the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HgbA1c<=7 and diving that by the number of diabetics with current HgbA1c.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	26%	31%	25%	25%	25%	31%
<p>Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	32%	34%	35%	35%	35%	34%
<p>The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age.</p>							

4. (KEY) Service. Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	8.7	7.9	8.7	7.8	7.8	7.9
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.</p>							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	4.0	4.2	4.0	4.0	4.0	4.2
<p>Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9814)	8.4%	10.2%	8.4%	9.3%	9.3%	10.2%
<p>Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							

5. (KEY) Stakeholders. Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

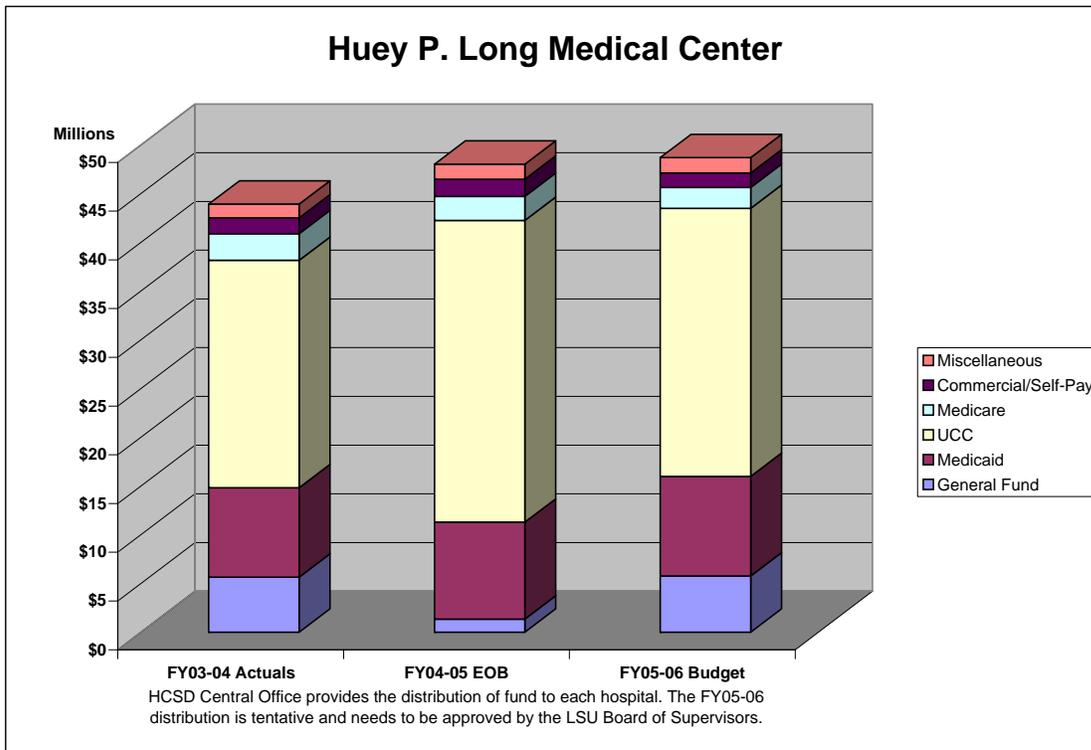
Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable





Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005	FY 2005-2006	FY 2005-2006
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	86%	86%	86%	86%	86%	86%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSO policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.



610_5000 — University Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of University Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical manpower through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other health care providers and agencies to improve health care outcomes, while achieving objectives.

The goals of University Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal, external partners and constituencies to advance excellence in health care.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

For additional information, see:

[University Medical Center](#)

University Medical Center Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 2,482,405	\$ 0	\$ 3,045,998	\$ 3,045,998	\$ 3,788,405	\$ 742,407
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 2,482,405	\$ 0	\$ 3,045,998	\$ 3,045,998	\$ 3,788,405	\$ 742,407
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	2,482,405	0	3,045,998	3,045,998	3,788,405	742,407
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 2,482,405	\$ 0	\$ 3,045,998	\$ 3,045,998	\$ 3,788,405	\$ 742,407
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 3,045,998	\$ 3,045,998	0	Mid-Year Adjustments (BA-7s):
\$ 3,045,998	\$ 3,045,998	0	Existing Oper Budget as of 12/03/04
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
742,407	742,407	0	Replaces funds that will be lost due to the discontinuance of the federal rule that allowed payment up to 175% for Uncompensated Care Costs (UCC). This rule freed up State General Fund and brought in more Federal Funds. These Federal Funds helped cover unallowable costs for the hospitals. Since the rule has been discontinued, the State will receive less Federal Funds requiring the hospitals to receive State General Fund for unallowable costs.
\$ 3,788,405	\$ 3,788,405	0	Recommended FY 2005-2006
\$ 143,314	\$ 143,314	0	Less Governor's Supplementary Recommendations
\$ 3,645,091	\$ 3,645,091	0	Base Executive Budget FY 2005-2006
Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
143,314	143,314	0	Funding provided for general operational expenses.
Total Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
\$ 143,314	\$ 143,314	0	
\$ 3,788,405	\$ 3,788,405	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2005-2006

Other Charges

Amount	Description
Other Charges:	
\$3,788,405	Funding for non-allowable costs
\$3,788,405	SUB-TOTAL OTHER CHARGES



Other Charges (Continued)

Amount	Description
Interagency Transfers:	
	There is no specific allocation for Interagency Transfers for Fiscal Year 2005-2006
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$3,788,405	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2005-2006

Performance Information

1. (KEY) Teaching. Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005	FY 2005-2006	FY 2005-2006
K	Average daily census (LAPAS CODE - 9807)	72	71	72	72	72	71

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.



2. (KEY) Access to patient care. Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Number of staffed beds (LAPAS CODE - 9806)	100	99	94	100	100	99
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Emergency department visits (LAPAS CODE - 5854)	40,329	41,081	40,329	41,643	41,643	41,081
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.							
K	Total outpatient encounters (LAPAS CODE - 9809)	156,149	158,605	156,149	164,956	164,956	158,605
Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.							

3. (KEY) Quality. Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005	FY 2005-2006	FY 2005-2006
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	126	57	113	113	113	57

Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure"(CHF) is often synomous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.

Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.

K	Percentage of diabetic patients with long term glycemc control (LAPAS CODE - 15456)	54%	43%	39%	39%	39%	43%
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Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them(and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial(DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study(UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association& the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and diving that by the number of diabetics with current HbgA1c.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	26%	34%	36%	36%	36%	34%
<p>Percentage of woman ≥ 40 years of age with mammogram in the past year is calculated by taking the number of women ≥ 40 years of age with a mammogram in the past year and dividing that by the number of women in the population.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	40%	26%	32%	32%	32%	26%
<p>The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center Percentage of Women ≥ 18 years of age with a pap smear in the past year is calculated by taking the number of women ≥ 18 years of age with a pap smear in the past year and dividing that by the number of women in the population ≥ 18 years of age.</p>							

4. (KEY) Service. Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	15.0	14.8	15.0	15.6	15.6	14.8
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.</p>							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	4.6	4.5	4.6	4.5	4.5	4.5
<p>Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9814)	6.7%	10.5%	6.7%	9.4%	9.4%	10.5%
<p>Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							

5. (KEY) Stakeholders. Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

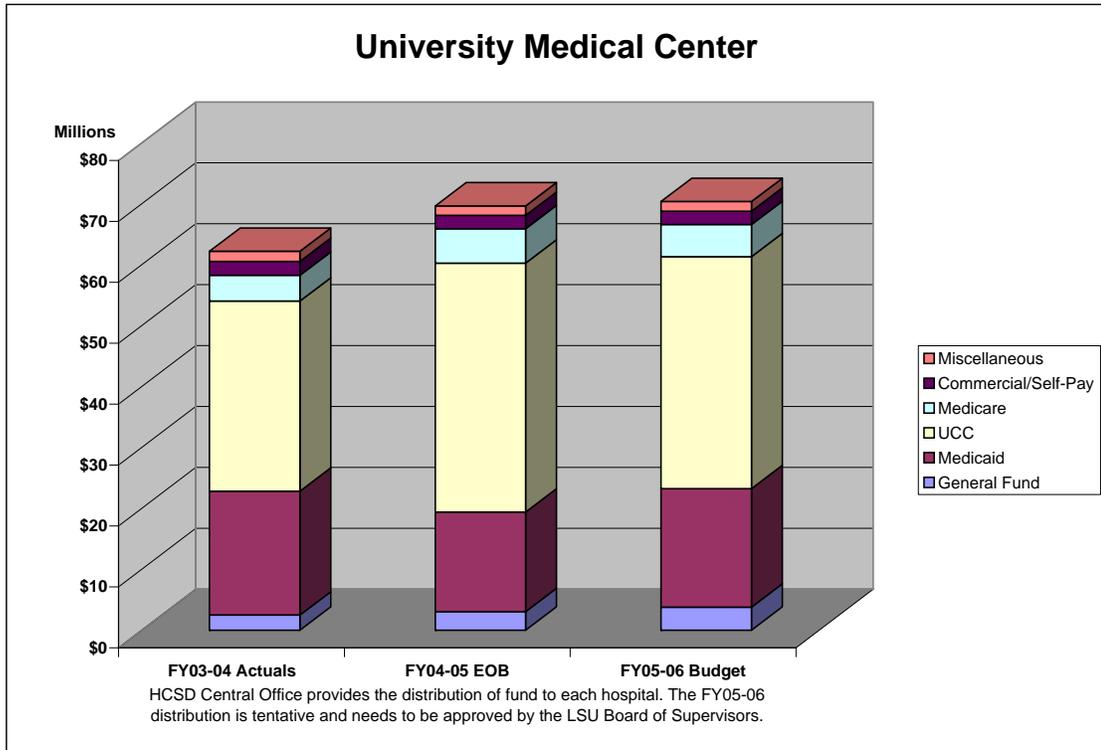
Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable





Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	88%	90%	88%	88%	88%	90%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSO policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.



610_6000 — W.O. Moss Regional Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of W. O. Moss Regional Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical manpower through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other health care providers and agencies to improve health care outcomes, while achieving objectives.

The goals of W. O. Moss Regional Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal, external partners and constituencies to advance excellence in health care.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

For additional information, see:

W.O. Moss Regional Medical Center

W.O. Moss Regional Medical Center Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 2,711,654	\$ 0	\$ 2,343,692	\$ 2,343,692	\$ 4,364,865	\$ 2,021,173
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 2,711,654	\$ 0	\$ 2,343,692	\$ 2,343,692	\$ 4,364,865	\$ 2,021,173
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	2,711,654	0	2,343,692	2,343,692	4,364,865	2,021,173
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 2,711,654	\$ 0	\$ 2,343,692	\$ 2,343,692	\$ 4,364,865	\$ 2,021,173
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 2,343,692	\$ 2,343,692	0	Mid-Year Adjustments (BA-7s):
\$ 2,343,692	\$ 2,343,692	0	Existing Oper Budget as of 12/03/04
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
2,021,173	2,021,173	0	Replaces funds that will be lost due to the discontinuance of the federal rule that allowed payment up to 175% for Uncompensated Care Costs (UCC). This rule freed up State General Fund and brought in more Federal Funds. These Federal Funds helped cover unallowable costs for the hospitals. Since the rule has been discontinued, the State will receive less Federal Funds requiring the hospitals to receive State General Fund for unallowable costs.
\$ 4,364,865	\$ 4,364,865	0	Recommended FY 2005-2006
\$ 110,270	\$ 110,270	0	Less Governor's Supplementary Recommendations
\$ 4,254,595	\$ 4,254,595	0	Base Executive Budget FY 2005-2006
Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
110,270	110,270	0	Funding provided for general operational expenses.
Total Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
\$ 110,270	\$ 110,270	0	
\$ 4,364,865	\$ 4,364,865	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2005-2006

Other Charges

Amount	Description
Other Charges:	
\$4,364,865	Funding for non-allowable costs
\$4,364,865	SUB-TOTAL OTHER CHARGES



Other Charges (Continued)

Amount	Description
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2005-2006
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$4,364,865	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2005-2006

Performance Information

1. (KEY) Teaching. Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Average daily census (LAPAS CODE - 9807)	25	25	25	24	24	25

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.



2. (KEY) Access to patient care. Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Number of staffed beds (LAPAS CODE - 9806)	28	30	28	38	38	30
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Emergency department visits (LAPAS CODE - 9854)	28,298	23,886	28,298	25,005	25,005	23,886
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.							
K	Total outpatient encounters (LAPAS CODE - 9809)	85,600	81,781	85,600	86,234	86,234	81,781
Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.							

3. (KEY) Quality. Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.



Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
		K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	104	59	58	58

Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients.

When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure"(CHF) is often synomous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.

Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	52%	36%	45%	45%	45%	36%
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Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them(and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial(DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study(UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association& the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and diving that by the number of diabetics with current HbgA1c.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	42%	45%	41%	41%	41%	45%

Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.

K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	20%	20%	18%	18%	18%	20%
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The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center.

Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18years of age.

4. (KEY) Service. Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	9.3	8.2	9.3	8.0	8.0	8.2
Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	5.0	4.7	5.0	4.3	4.3	4.7
Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.							
K	Percentage of Readmissions (LAPAS CODE - 9814)	10.5%	10.1%	10.5%	10.5%	10.5%	10.1%
Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.							

5. (KEY) Stakeholders. Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

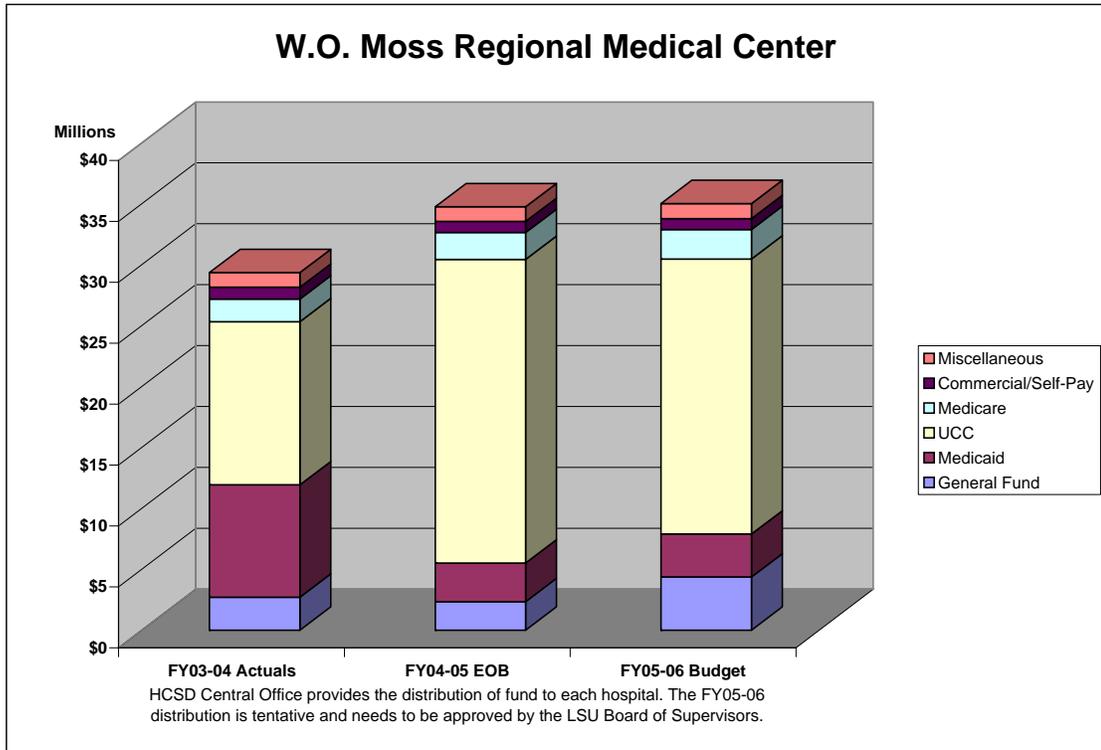


Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	87%	92%	87%	87%	87%	92%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.





610_7000 — Lallie Kemp Regional Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of Lallie Kemp Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical manpower through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other health care providers and agencies to improve health care outcomes, while achieving objectives.

The goals of Lallie Kemp Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal, external partners and constituencies to advance excellence in health care.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

For additional information, see:

[Lallie Kemp Regional Medical Center](#)

Lallie Kemp Regional Medical Center Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 2,920,346	\$ 0	\$ 1,388,613	\$ 1,388,613	\$ 5,296,029	\$ 3,907,416
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 2,920,346	\$ 0	\$ 1,388,613	\$ 1,388,613	\$ 5,296,029	\$ 3,907,416
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	2,920,346	0	1,388,613	1,388,613	5,296,029	3,907,416
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 2,920,346	\$ 0	\$ 1,388,613	\$ 1,388,613	\$ 5,296,029	\$ 3,907,416
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 1,388,613	\$ 1,388,613	0	Mid-Year Adjustments (BA-7s):
\$ 1,388,613	\$ 1,388,613	0	Existing Oper Budget as of 12/03/04
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
3,907,416	3,907,416	0	Replaces funds that will be lost due to the discontinuance of the federal rule that allowed payment up to 175% for Uncompensated Care Costs (UCC). This rule freed up State General Fund and brought in more Federal Funds. These Federal Funds helped cover unallowable costs for the hospitals. Since the rule has been discontinued, the State will receive less Federal Funds requiring the hospitals to receive State General Fund for unallowable costs.
\$ 5,296,029	\$ 5,296,029	0	Recommended FY 2005-2006
\$ 65,332	\$ 65,332	0	Less Governor's Supplementary Recommendations
\$ 5,230,697	\$ 5,230,697	0	Base Executive Budget FY 2005-2006
Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
65,332	65,332	0	Funding provided for general operational expenses.
Total Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
\$ 65,332	\$ 65,332	0	
\$ 5,296,029	\$ 5,296,029	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2005-2006

Other Charges

Amount	Description
Other Charges:	
\$5,296,029	Funding for non-allowable costs
\$5,296,029	SUB-TOTAL OTHER CHARGES



Other Charges (Continued)

Amount	Description
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2005-2006
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$5,296,029	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2005-2006

Performance Information

1. (KEY) Teaching. Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Average daily census (LAPAS CODE - 9807)	23	17	23	18	18	17

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.



2. (KEY) Access to patient care. Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Number of staffed beds (LAPAS CODE - 9806)	25	25	25	28	28	28
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Emergency department visits (LAPAS CODE - 5854)	32,000	28,223	32,000	28,800	28,800	28,223
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.							
K	Total outpatient encounters (LAPAS CODE - 9809)	120,000	107,206	120,000	110,183	110,183	107,206
Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.							

3. (KEY) Quality. Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services



Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
		K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	210	111	179	179	179

Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients.

When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure"(CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.

Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.

K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	55%	49%	49%	49%	49%	49%
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Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial(DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study(UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	28%	32%	32%	32%	32%	32%
<p>Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	27%	33%	25%	25%	25%	33%
<p>The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18years of age.</p>							

4. (KEY) Service. Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care. Lallie Kemp does not provide psychiatric inpatient services and thus no data/information for the period noted would be applicable to report for this indicator.</p>							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	4.3	4.5	4.3	4.3	4.3	4.5
<p>Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9814)	9.2%	8.9%	9.2%	9.2%	9.2%	8.9%
<p>Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							

5. (KEY) Stakeholders. Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

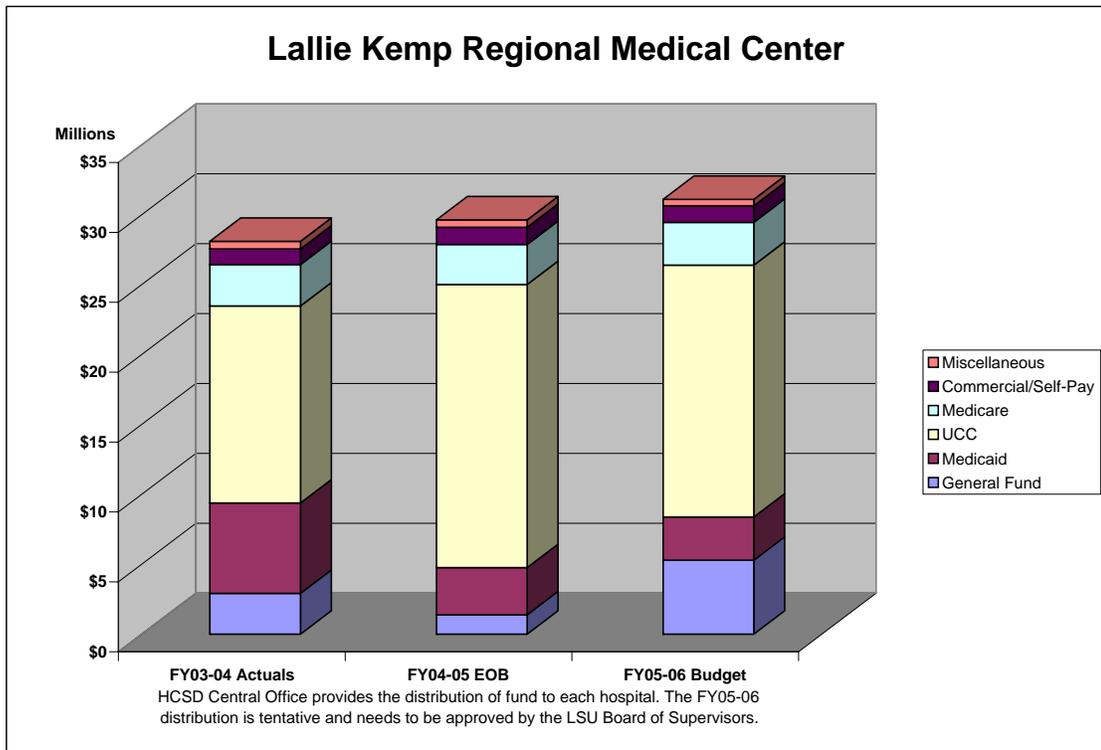


Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	90%	89%	90%	90%	90%	89%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.





610_8000 — Washington-St Tammany Regional Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of Washington-St.Tammany Regional Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical manpower through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other health care providers and agencies to improve health care outcomes, while achieving objectives.

The goals of Washington-St.Tammany Regional Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal, external partners and constituencies to advance excellence in health care.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

For additional information, see:

[Washington-St Tammany Regional Medical Center](#)

Washington-St Tammany Regional Medical Center Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 2,451,842	\$ 0	\$ 569,412	\$ 569,412	\$ 2,853,909	\$ 2,284,497
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 2,451,842	\$ 0	\$ 569,412	\$ 569,412	\$ 2,853,909	\$ 2,284,497
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	2,451,842	0	569,412	569,412	2,853,909	2,284,497
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 2,451,842	\$ 0	\$ 569,412	\$ 569,412	\$ 2,853,909	\$ 2,284,497
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 569,412	\$ 569,412	0	Mid-Year Adjustments (BA-7s):
\$ 569,412	\$ 569,412	0	Existing Oper Budget as of 12/03/04
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
2,284,497	2,284,497	0	Replaces funds that will be lost due to the discontinuance of the federal rule that allowed payment up to 175% for Uncompensated Care Costs (UCC). This rule freed up State General Fund and brought in more Federal Funds. These Federal Funds helped cover unallowable costs for the hospitals. Since the rule has been discontinued, the State will receive less Federal Funds requiring the hospitals to receive State General Fund for unallowable costs.
\$ 2,853,909	\$ 2,853,909	0	Recommended FY 2005-2006
\$ 26,789	\$ 26,789	0	Less Governor's Supplementary Recommendations
\$ 2,827,120	\$ 2,827,120	0	Base Executive Budget FY 2005-2006
Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
26,789	26,789	0	Funding provided for general operational expenses.
Total Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
\$ 26,789	\$ 26,789	0	
\$ 2,853,909	\$ 2,853,909	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2005-2006

Other Charges

Amount	Description
Other Charges:	
\$2,853,909	Funding for non-allowable costs
\$2,853,909	SUB-TOTAL OTHER CHARGES



Other Charges (Continued)

Amount	Description
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2005-2006
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$2,853,909	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2005-2006

Performance Information

1. (KEY) Teaching. Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Average daily census (LAPAS CODE - 9807)	53	55	53	55	55	55

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.



2. (KEY) Access to patient care. Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Number of staffed beds (LAPAS CODE - 9806)	66	66	66	66	66	66

Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.

K	Emergency department visits (LAPAS CODE - 5854)	30,000	28,913	30,000	29,775	29,775	28,913
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An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.

K	Total outpatient encounters (LAPAS CODE - 9809)	65,000	71,411	65,000	77,582	77,582	71,411
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Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.

3. (KEY) Quality. Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.



Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	209	179	179	179	179	179

Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure"(CHF) is often synomous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.

Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.

Due to the hospital merger actual year end performance for FY2003-2003 for the following disease management indicators: hospitalization rates related to congestive heart failure, asthma and HIV patients and ER visit rates for congestive heart failure, asthma and % of women 40 years of age or older receiving mammogram testing in the past year was not available and not reported for said period.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	49%	46%	44%	44%	44%	46%
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Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial(DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study(UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and diving that by the number of diabetics with current HbA1c.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	32%	32%	32%	32%	32%	32%
<p>Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.</p> <p>Due to the hospital merger actual year end performance for FY2003-2003 for the following disease management indicators: hospitalization rates related to congestive heart failure, asthma and HIV patients and ER visit rates for congestive heart failure, asthma and % of women 40 years of age or older receiving mammogram testing in the past year was not available and not reported for said period.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	29%	23%	22%	22%	22%	23%
<p>The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center.</p> <p>Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18years of age.</p>							

4. (KEY) Service. Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Average length of stay for psychiatric (LAPAS CODE - 15450)	15.2	13.1	15.2	13.6	13.6	13.1
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.</p>							
S	Average length of stay for acute medical/surgery (LAPAS CODE - 15454)	4.5	5.3	4.5	5.2	5.2	5.3
<p>Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9814)	9.3%	15.7%	9.3%	9.3%	9.3%	15.7%
<p>Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							

5. (KEY) Stakeholders. Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

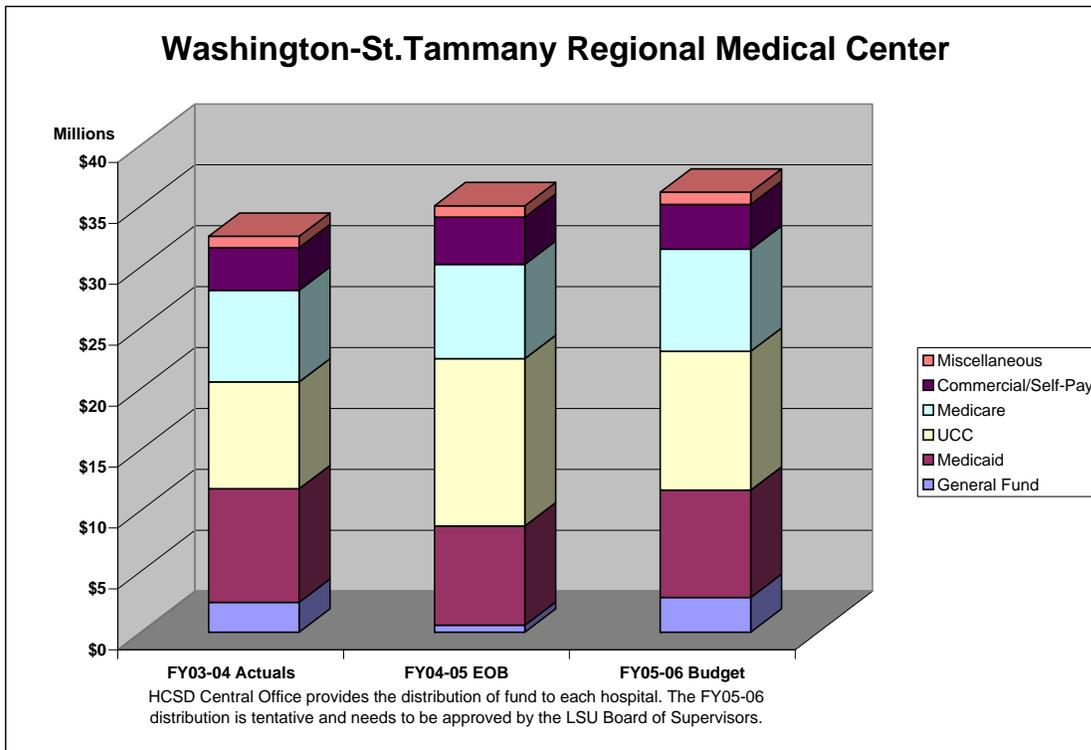
Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable





Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	93%	94%	93%	93%	93%	94%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.



610_9000 — Leonard J Chabert Medical Center

Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of Leonard J. Chabert Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical manpower through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other health care providers and agencies to improve health care outcomes, while achieving objectives.

The goals of Leonard J. Chabert Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal, external partners and constituencies to advance excellence in health care.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

For additional information, see:

[Leonard J Chabert Medical Center](#)



Leonard J Chabert Medical Center Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 678,736	\$ 0	\$ 2,302,439	\$ 2,302,439	\$ 4,902,192	\$ 2,599,753
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 678,736	\$ 0	\$ 2,302,439	\$ 2,302,439	\$ 4,902,192	\$ 2,599,753
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	678,736	0	2,302,439	2,302,439	4,902,192	2,599,753
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 678,736	\$ 0	\$ 2,302,439	\$ 2,302,439	\$ 4,902,192	\$ 2,599,753
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 2,302,439	\$ 2,302,439	0	Mid-Year Adjustments (BA-7s):
\$ 2,302,439	\$ 2,302,439	0	Existing Oper Budget as of 12/03/04

Statewide Major Financial Changes:
Non-Statewide Major Financial Changes:



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
2,599,753	2,599,753	0	Replaces funds that will be lost due to the discontinuance of the federal rule that allowed payment up to 175% for Uncompensated Care Costs (UCC). This rule freed up State General Fund and brought in more Federal Funds. These Federal Funds helped cover unallowable costs for the hospitals. Since the rule has been discontinued, the State will receive less Federal Funds requiring the hospitals to receive State General Fund for unallowable costs.
\$ 4,902,192	\$ 4,902,192	0	Recommended FY 2005-2006
\$ 108,330	\$ 108,330	0	Less Governor's Supplementary Recommendations
\$ 4,793,862	\$ 4,793,862	0	Base Executive Budget FY 2005-2006
			Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005
108,330	108,330	0	Funding provided for general operational expenses.
\$ 108,330	\$ 108,330	0	Total Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005
\$ 4,902,192	\$ 4,902,192	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2005-2006

Other Charges

Amount	Description
	Other Charges:
\$4,902,192	Funding for non-allowable costs
\$4,902,192	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2005-2006
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$4,902,192	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2005-2006

Performance Information

1. (KEY) Teaching. Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005	FY 2005-2006	FY 2005-2006
K	Average daily census (LAPAS CODE - 9807)	73	67	73	69	69	67

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.

2. (KEY) Access to patient care. Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Number of staffed beds (LAPAS CODE - 9806)	74	82	84	99	99	82
	Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.						
K	Emergency department visits (LAPAS CODE - 5854)	53,909	48,502	53,909	46,000	46,000	48,502
	An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.						
K	Total outpatient encounters (LAPAS CODE - 9809)	163,837	172,554	163,837	176,868	176,868	172,554
	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.						

3. (KEY) Quality. Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005	FY 2005-2006	FY 2005-2006
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	161	143	233	233	233	143

Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure"(CHF) is often synomous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rate instances extreme vitamin deficiencies can result in heart failure. American Heart Association.

Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	53%	49%	48%	48%	48%	49%
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Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them(and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial(DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study(UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association& the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and diving that by the number of diabetics with current HbgA1c.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	46%	49%	46%	46%	46%	49%
	Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.						
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	39%	38%	36%	36%	36%	38%
	The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women >=18years of age.						

4. (KEY) Service. Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	4.9	6.1	13.6	6.2	6.2	6.1
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.</p>							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	4.6	4.4	4.6	4.7	4.7	4.4
<p>Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9814)	9.5%	11.3%	9.5%	10.6%	10.6%	11.3%
<p>Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							

5. (KEY) Stakeholders. Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

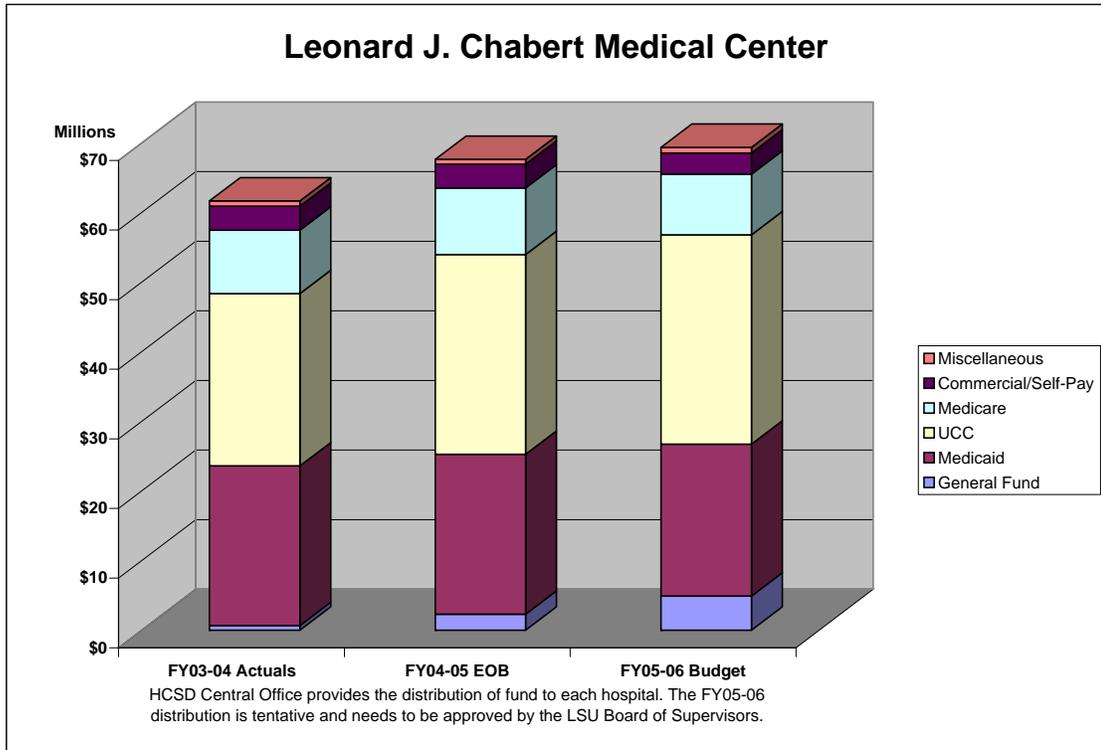
Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable





Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	92%	91%	92%	92%	92%	91%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSO policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.



610_10A0 — Charity Hospital & Medical Center of Louisiana



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of Medical Center of Louisiana at New Orleans and University Hospital is:

- To provide access to high quality medical care.
- To develop medical and clinical manpower through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other health care providers and agencies to improve health care outcomes, while achieving objectives.

The goals of Medical Center of Louisiana at New Orleans (MCLNO) and University Hospital are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal, external partners and constituencies to advance excellence in health care.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

For additional information, see:

[Charity Hospital & Medical Center of Louisiana](#)

Charity Hospital & Medical Center of Louisiana Budget Summary

	Prior Year Actuals FY 2003-2004	Enacted FY 2004-2005	Existing 2004-2005	Continuation FY 2005-2006	Recommended FY 2005-2006	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 21,602,977	\$ 0	\$ 15,048,447	\$ 15,048,447	\$ 40,745,437	\$ 25,696,990
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 21,602,977	\$ 0	\$ 15,048,447	\$ 15,048,447	\$ 40,745,437	\$ 25,696,990
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	21,602,977	0	15,048,447	15,048,447	40,745,437	25,696,990
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 21,602,977	\$ 0	\$ 15,048,447	\$ 15,048,447	\$ 40,745,437	\$ 25,696,990
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 15,048,447	\$ 15,048,447	0	Mid-Year Adjustments (BA-7s):
\$ 15,048,447	\$ 15,048,447	0	Existing Oper Budget as of 12/03/04
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
25,696,990	25,696,990	0	Replaces funds that will be lost due to the discontinuance of the federal rule that allowed payment up to 175% for Uncompensated Care Costs (UCC). This rule freed up State General Fund and brought in more Federal Funds. These Federal Funds helped cover unallowable costs for the hospitals. Since the rule has been discontinued, the State will receive less Federal Funds requiring the hospitals to receive State General Fund for unallowable costs.
\$ 40,745,437	\$ 40,745,437	0	Recommended FY 2005-2006
\$ 708,026	\$ 708,026	0	Less Governor's Supplementary Recommendations
\$ 40,037,411	\$ 40,037,411	0	Base Executive Budget FY 2005-2006
Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
708,026	708,026	0	Funding provided for general operational expenses.
Total Supplementary - Fiscal Year 2003-2004 General Fund Surplus and Mineral Revenue Audit and Settlement Fund monies to defease debt in Fiscal Year 2004-2005			
\$ 708,026	\$ 708,026	0	
\$ 40,745,437	\$ 40,745,437	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2005-2006

Other Charges

Amount	Description
Other Charges:	
\$40,745,437	Funding for non-allowable costs
\$40,745,437	SUB-TOTAL OTHER CHARGES



Other Charges (Continued)

Amount	Description
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2005-2006
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$40,745,437	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2005-2006

Performance Information

1. (KEY) Teaching. Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Average daily census (LAPAS CODE - 9807)	396	389	396	408	408	389

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.



2. (KEY) Access to patient care. Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005	FY 2005-2006	FY 2005-2006
S	Number of staffed beds (LAPAS CODE - 9806)	530	561	530	566	566	561
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Emergency department visits (LAPAS CODE - 5854)	148,678	135,406	148,678	125,263	125,263	135,406
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.							
K	Total outpatient encounters (LAPAS CODE - 9809)	451,668	444,696	451,668	410,462	410,462	444,696
Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.							

3. (KEY) Quality. Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	413	406	395	395	395	406

Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients.

When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure"(CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.

Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	38%	28%	31%	31%	31%	28%
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Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial(DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study(UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	26%	33%	27%	27%	27%	33%
<p>Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	26%	28%	22%	22%	22%	28%
<p>The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age.</p>							

4. (KEY) Service. Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	13.6	15.3	13.6	14.9	14.9	15.3
Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	5.3	5.1	5.3	5.3	5.3	5.1
Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.							
K	Percentage of Readmissions (LAPAS CODE - 9814)	10.9%	10.3%	10.9%	11.7%	11.7%	10.3%
Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.							

5. (KEY) Stakeholders. Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2003-2004	Actual Yearend Performance FY 2003-2004	Performance Standard as Initially Appropriated FY 2004-2005	Existing Performance Standard FY 2004-2005	Performance At Continuation Budget Level FY 2005-2006	Performance At Executive Budget Level FY 2005-2006
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	89%	83%	89%	89%	89%	83%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.



