

## 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
- 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 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 88,569,783	\$ 79,925,475	\$ 81,265,894	\$ 209,448,557	\$ 77,121,391	\$ (4,144,503)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	675,079,838	675,079,838
Fees and Self-generated Revenues	0	0	0	0	82,026,925	82,026,925
Statutory Dedications	7,500,000	0	370,000	0	0	(370,000)
Interim Emergency Board	1,258,774	0	166,895	0	0	(166,895)
Federal Funds	0	0	0	0	79,393,302	79,393,302
<b>Total Means of Financing</b>	<b>\$ 97,328,557</b>	<b>\$ 79,925,475</b>	<b>\$ 81,802,789</b>	<b>\$ 209,448,557</b>	<b>\$ 913,621,456</b>	<b>\$ 831,818,667</b>
<b>Expenditures &amp; Request:</b>						
LA Health Care Services Division	\$ 97,328,557	\$ 79,925,475	\$ 81,802,789	\$ 209,448,557	\$ 913,621,456	\$ 831,818,667
<b>Total Expenditures &amp; Request</b>	<b>\$ 97,328,557</b>	<b>\$ 79,925,475</b>	<b>\$ 81,802,789</b>	<b>\$ 209,448,557</b>	<b>\$ 913,621,456</b>	<b>\$ 831,818,667</b>

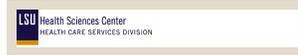


## LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	7,215	7,215
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	7,215	7,215



## 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 work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare 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 and external partners and constituencies to advance excellence in healthcare.
- 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](#)

[LSU Board of Supervisors](#)

## LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 88,569,783	\$ 79,925,475	\$ 81,265,894	\$ 209,448,557	\$ 77,121,391	\$ (4,144,503)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	675,079,838	675,079,838
Fees and Self-generated Revenues	0	0	0	0	82,026,925	82,026,925
Statutory Dedications	7,500,000	0	370,000	0	0	(370,000)
Interim Emergency Board	1,258,774	0	166,895	0	0	(166,895)
Federal Funds	0	0	0	0	79,393,302	79,393,302
<b>Total Means of Financing</b>	<b>\$ 97,328,557</b>	<b>\$ 79,925,475</b>	<b>\$ 81,802,789</b>	<b>\$ 209,448,557</b>	<b>\$ 913,621,456</b>	<b>\$ 831,818,667</b>
<b>Expenditures &amp; Request:</b>						
Executive Administration and General Support	\$ 0	\$ 0	\$ 0	\$ 0	\$ 24,778,581	\$ 24,778,581
Earl K Long Medical Center	14,710,102	21,856,721	22,044,380	89,684,035	151,251,565	129,207,185
University Medical Center	8,589,459	6,915,376	7,451,543	11,629,515	120,406,005	112,954,462
W.O. Moss Regional Medical Center	7,120,480	8,522,414	8,750,285	11,623,449	46,287,586	37,537,301
Lallie Kemp Regional Medical Center	5,981,040	4,788,840	4,855,861	6,515,693	42,939,364	38,083,503
Washington-St Tammany Regional Medical Center	4,462,303	5,049,247	5,049,247	11,054,205	64,012,379	58,963,132
Leonard J Chabert Medical Center	5,896,797	6,245,423	7,104,019	17,203,189	104,950,767	97,846,748
Charity Hospital & Medical Center of Louisiana	50,568,376	26,547,454	26,547,454	61,738,471	358,995,209	332,447,755
<b>Total Expenditures &amp; Request</b>	<b>\$ 97,328,557</b>	<b>\$ 79,925,475</b>	<b>\$ 81,802,789</b>	<b>\$ 209,448,557</b>	<b>\$ 913,621,456</b>	<b>\$ 831,818,667</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	7,215	7,215
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,215</b>	<b>7,215</b>



## 610\_1000 — Executive Administration and General Support



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

### Program Description

The mission of the Executive Administration and General Support includes giving support to the hospitals of the LSU Health Care Services Division in order:

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

The goals of Executive Administration and General Support area and 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 and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

Executive Administration and General Support is an administrative office that provides support to the hospitals in the areas of fiscal services, reimbursements, contracting, purchasing, auditing, information systems, human resources, clinical, quality assurance, accreditation support, legislative

liaison, community networking/partnering, managed care and patient advocacy.

For additional information, see:

La Health Care Services Division

### Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$24,778,581	202	Executive Administration and General Support
<b>\$0</b>	<b>\$24,778,581</b>	<b>202</b>	<b>Grand Total of Activities Recommended including Non T.O. FTE Ceiling</b>

### Executive Administration and General Support Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	24,778,581	24,778,581
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
<b>Total Means of Financing</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>24,778,581</b>	<b>\$ 24,778,581</b>
<b>Expenditures &amp; Request:</b>						
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	0	0	0	0	24,778,581	24,778,581
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>24,778,581</b>	<b>\$ 24,778,581</b>



## Executive Administration and General Support Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	202	202
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>202</b>	<b>202</b>

## Source of Funding

This program is funded with Interagency Transfers. The Executive Administration and General Support (Central Office) receives from each hospital an allocated portion of their operating budget (excluding the central office) plus their portion of the Central Office billing expense, which is based on billed charges.

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 0	\$ 0	0	<b>Existing Oper Budget as of 12/1/09</b>
			<b>Statewide Major Financial Changes:</b>
			<b>Non-Statewide Major Financial Changes:</b>
0	24,778,581	202	Provide budget authority for other Means of Financing for the LSU Health Care Services Division (HCSD). In addition, based on a recommendation by the Commission on Streamlining Government, implement a Table of Organization (T.O.) for each program within the LSU HCSD.
\$ 0	\$ 24,778,581	202	<b>Recommended FY 2010-2011</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 0	\$ 24,778,581	202	<b>Base Executive Budget FY 2010-2011</b>
\$ 0	\$ 24,778,581	202	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
To Be Established	



### Other Charges

Amount	Description
<b>Other Charges:</b>	
\$24,778,581	To Be Established
<b>\$24,778,581</b>	<b>SUB-TOTAL OTHER CHARGES</b>
<b>Interagency Transfers:</b>	
\$0	To Be Established
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$24,778,581</b>	<b>TOTAL OTHER CHARGES</b>

### Acquisitions and Major Repairs

Amount	Description
	To Be Established

### Performance Information

- (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.**

Children's Budget link: Not applicable

Human Resource Policies Benecial 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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Administrative (central office) operating budget as a percent of the total HCSD operating budget (LAPAS CODE - 9789)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	To Be Established



## 610\_3000 — Earl K Long Medical Center



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

### Program Description

The mission of the Earl K. Long Medical Center (Earl K. Long) is:

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

The goals of Earl K. Long 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 and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

Since 1968, Earl K. Long has served as a state-operated, primary and acute care, medical and teaching facility. The hospital serves families in East and West Baton Rouge, East and West Feliciana, Iberville, Livingston, and Pointe Coupee parishes. With several services targeted to the pediatric, adolescent, and adult populations, Earl K. Long's clinics serve high-risk infants, pediatric HIV, general pediatric, ADHD, allergies, diabetes, and Kid Med populations. The hospital treats patients from the Louisiana State Penitentiary (Angola) and other sur-



rounding prisons. Other clinics at Earl K. Long include medicine, eye, early intervention, HIV, congestive heart failure, oncology, ambulatory care, family practice, general surgery, orthopedic, pediatric, oral surgery, diabetic foot care, wound care, asthma, and infusion. In addition to patient care, disease management, and clinic services, the medical center provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and diagnostic services. Earl K. Long’s license is for 157 beds, including six prisoner care beds and 44 off-site psychiatric care beds. In December 2007, LSU purchased an Outpatient Surgical Facility in Baton Rouge. The facility hosts one-day surgical procedures, Post-Surgical Clinics, and Outpatient Radiology services.

For additional information, see:

[Earl K Long Medical Center](#)

**Summary of Activities**

General Fund	Total Amount	Table of Organization	Description
\$20,731,638	\$151,251,565	1,253	Earl. K. Long Medical Center
<b>\$20,731,638</b>	<b>\$151,251,565</b>	<b>1,253</b>	<b>Grand Total of Activities Recommended including Non T.O. FTE Ceiling</b>

**Earl K Long Medical Center Budget Summary**

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 13,604,679	\$ 21,856,721	\$ 22,044,380	\$ 89,684,035	\$ 20,731,638	\$ (1,312,742)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	108,343,454	108,343,454
Fees and Self-generated Revenues	0	0	0	0	13,728,622	13,728,622
Statutory Dedications	1,105,423	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	8,447,851	8,447,851
<b>Total Means of Financing</b>	<b>\$ 14,710,102</b>	<b>\$ 21,856,721</b>	<b>\$ 22,044,380</b>	<b>\$ 89,684,035</b>	<b>\$ 151,251,565</b>	<b>\$ 129,207,185</b>
<b>Expenditures &amp; Request:</b>						
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	14,710,102	21,856,721	22,044,380	89,684,035	151,251,565	129,207,185
Total Acq & Major Repairs	0	0	0	0	0	0



## Earl K Long Medical Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 14,710,102</b>	<b>\$ 21,856,721</b>	<b>\$ 22,044,380</b>	<b>\$ 89,684,035</b>	<b>\$ 151,251,565</b>	<b>\$ 129,207,185</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	1,253	1,253
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,253</b>	<b>1,253</b>

## Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid and Uncompensated Care Costs (UCC) that are received from the Department of Health & Hospitals Medical Vendor Payments. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

## Earl K Long Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	\$ 1,105,423	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 22,044,380	\$ 22,044,380	0	Existing Oper Budget as of 12/1/09
<b>Statewide Major Financial Changes:</b>			
\$ (187,659)	\$ (187,659)	0	Non-recurring Carryforwards
<b>Non-Statewide Major Financial Changes:</b>			
\$ (1,125,083)	\$ (1,125,083)	0	Annualization of the FY 2009-2010 mid-year budget reductions.



### Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 130,519,927	1,253	Provide budget authority for other Means of Financing for the LSU Health Care Services Division (HCSD). In addition, based on a recommendation by the Commission on Streamlining Government, implement a Table of Organization (T.O.) for each program within the LSU HCSD.
\$ 20,731,638	\$ 151,251,565	1,253	<b>Recommended FY 2010-2011</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 20,731,638	\$ 151,251,565	1,253	<b>Base Executive Budget FY 2010-2011</b>
\$ 20,731,638	\$ 151,251,565	1,253	<b>Grand Total Recommended</b>

### Professional Services

Amount	Description
To Be Established	

### Other Charges

Amount	Description
	<b>Other Charges:</b>
\$151,251,565	To Be Established
<b>\$151,251,565</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$0	To Be Established
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$151,251,565</b>	<b>TOTAL OTHER CHARGES</b>

### Acquisitions and Major Repairs

Amount	Description
To Be Established	



## Performance Information

- 1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital each state fiscal year.**

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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Average daily census (LAPAS CODE - 9807)	103.0	70.9	110.0	71.0	119.0	To Be Established
<p>In order for average daily census to be meaningful, it must 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 (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC.</p>							
K	Emergency department visits (LAPAS CODE - 5854)	48,353	44,327	43,716	48,127	44,327	To Be Established
<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. ED visits include ER visits (ED Encounters) plus ER admits.</p>							
K	Percentage of readmissions (LAPAS CODE - 9814)	9.3%	10.4%	9.3%	9.3%	10.4%	To Be Established
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units and excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9815)	88%	93%	61%	61%	61%	To Be Established
<p>Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.</p>							
K	FTE staff per patient (per adjusted day) (LAPAS CODE - 23223)	Not Applicable	Not Applicable	5.57	6.99	5.57	To Be Established
<p>This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.</p>							
K	Cost per adjusted day (LAPAS CODE - 23224)	Not Applicable	\$ 2,581	\$ 1,921	\$ 2,387	\$ 2,581	To Be Established



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.					
K	Willingness to recommend hospital (LAPAS CODE - 23225)	Not Applicable	Not Applicable	66%	66%	66%	To Be Established
		This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.					
S	Number of staffed beds (LAPAS CODE - 9806)	106	102	110	102	102	To Be Established
		Staffed beds include all adult, pediatric, neonatal intensive care beds, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.					
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15451)	4.9	4.5	5.0	5.0	5.0	To Be Established
		Acute Care is a type of healthcare in which a patient is treated for an 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. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days.					

**2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.**

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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	30%	49%	50%	50%	50%	To Be Established
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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. LSU-HCSD's systemwide standard is 50%. 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 5,000 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.

K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15458)	60%	47%	60%	60%	60%	To Be Established
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.



## 610\_5000 — University Medical Center



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

### Program Description

The mission of the University Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare 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 and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

The University Medical Center (Lafayette) serves as an acute primary care medical facility providing health-care services for all citizens in Southwest Louisiana (Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermillion parishes) and as an educational site of six residency programs of the LSU School of Medicine in New Orleans (Family Practice, Internal Medicine, General Surgery, Orthopedic Surgery, Obstetrics/Gynecology, and Ear, Nose and Throat). In addition, junior and senior students from the LSU School of

Medicine in New Orleans are assigned to the University Medical Center. The hospital provides multiple services targeted to the pediatric, adolescent, and adult populations, including women/infant/children programs, disease management programs for diabetes and asthma, kid-med clinic, literacy programs and pediatric walk-in clinics. In addition to the provision of acute, primary, and general critical care to the indigent, Medicaid, and Medicare populations, the hospital provides support functions such as pharmacy blood bank, respiratory therapy, anesthesiology, and various diagnostic services.

For additional information, see:

[University Medical Center](#)

### Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$6,743,859	\$120,406,005	1,041	University Medical Center
<b>\$6,743,859</b>	<b>\$120,406,005</b>	<b>1,041</b>	<b>Grand Total of Activities Recommended including Non T.O. FTE Ceiling</b>

### University Medical Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 6,787,131	\$ 6,915,376	\$ 7,451,543	\$ 11,629,515	\$ 6,743,859	\$ (707,684)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	95,705,112	95,705,112
Fees and Self-generated Revenues	0	0	0	0	5,185,537	5,185,537
Statutory Dedications	1,802,328	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	12,771,497	12,771,497
<b>Total Means of Financing</b>	<b>\$ 8,589,459</b>	<b>\$ 6,915,376</b>	<b>\$ 7,451,543</b>	<b>\$ 11,629,515</b>	<b>\$ 120,406,005</b>	<b>\$ 112,954,462</b>
<b>Expenditures &amp; Request:</b>						
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	8,589,459	6,915,376	7,451,543	11,629,515	120,406,005	112,954,462
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0



### University Medical Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Total Expenditures &amp; Request</b>	\$ 8,589,459	\$ 6,915,376	\$ 7,451,543	\$ 11,629,515	\$ 120,406,005	\$ 112,954,462
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	1,041	1,041
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	1,041	1,041

### Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid and Uncompensated Care Costs (UCC) that are received from the Department of Health & Hospitals Medical Vendor Payments. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

### University Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	\$ 1,802,328	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 7,451,543	\$ 7,451,543	0	<b>Existing Oper Budget as of 12/1/09</b>
<b>Statewide Major Financial Changes:</b>			
\$ (536,167)	\$ (536,167)	0	Non-recurring Carryforwards
<b>Non-Statewide Major Financial Changes:</b>			
\$ (171,517)	\$ (171,517)	0	Annualization of the FY 2009-2010 mid-year budget reductions.



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 113,662,146	1,041	Provide budget authority for other Means of Financing for the LSU Health Care Services Division (HCSD). In addition, based on a recommendation by the Commission on Streamlining Government, implement a Table of Organization (T.O.) for each program within the LSU HCSD.
\$ 6,743,859	\$ 120,406,005	1,041	<b>Recommended FY 2010-2011</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 6,743,859	\$ 120,406,005	1,041	<b>Base Executive Budget FY 2010-2011</b>
\$ 6,743,859	\$ 120,406,005	1,041	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
To Be Established	

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$120,406,005	To Be Established
<b>\$120,406,005</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$0	To Be Established
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$120,406,005</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
To Be Established	



## Performance Information

**1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital and 15.0 days for psychiatric patients admitted to the hospital each state fiscal year.**

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					Performance At Executive Budget Level FY 2010-2011
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance Continuation Budget Level FY 2010-2011	
K	Average daily census (LAPAS CODE - 9839)	85.0	82.8	85.0	85.0	83.0	To Be Established
<p>In order for average daily census to be meaningful, it must 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 (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 10 Performance is based on an anticipated standstill 09 budget.</p>							
K	Emergency department visits (LAPAS CODE - 5866)	40,000	48,000	45,000	45,000	48,000	To Be Established
<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. ED visits include ER visits (ED Encounters) plus ER Admits.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9849)	6.5%	12.2%	12.0%	12.0%	12.0%	To Be Established
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit, and 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>							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9845)	90%	95%	61%	61%	61%	To Be Established
<p>Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.</p>							
K	FTE staff per patient (per adjusted day) (LAPAS CODE - 23226)	Not Applicable	7.70	5.57	5.61	5.61	To Be Established



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.					
K	Cost per adjusted day (LAPAS CODE - 23227)	Not Applicable	\$ 2,365	\$ 1,692	\$ 1,736	\$ 1,736	To Be Established
		This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.					
K	Willingness to recommend hospital (LAPAS CODE - 23228)	Not Applicable	71%	66%	66%	66%	To Be Established
		This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.					
S	Number of staffed beds (LAPAS CODE - 9838)	110	105	110	110	114	To Be Established
		Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.					
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15470)	16.0	14.6	15.0	15.0	15.0	To Be Established
		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 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 dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The Comparative Performance of U.S. Hospitals-The Sourcebook, 2003. The LSU-HCSD systemwide standard is 15.0 days.					
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15471)	4.6	4.6	5.0	5.0	5.0	To Be Established
		Acute Care is a type of healthcare in which a patient is treated for an 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 Comparative Performance of U.S. Hospitals - The Sourcebook 2003. The LSU-HCSD systemwide standard is 5.0 days.					

## 2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.

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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15476)	50%	56%	50%	50%	50%	To Be Established

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 LSU-HSCD systemwide standard is 50%. 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 5,000 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.

K	Percentage of women >= 40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15478)	40%	56%	60%	60%	60%	To Be Established
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HSCD systemwide standard is 60%.



## 610\_6000 — W.O. Moss Regional Medical Center



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

### Program Description

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

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare 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 and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

W. O. Moss Regional Medical Center serves a five-parish area in Southwest Louisiana (Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis). The hospital provides multiple services targeted to the pediatric, adolescent, and adult populations, including women/infant/children programs, ADHD clinic, sickle anemia clinic, pediatric cardiology clinic, disease management programs for diabetes and asthma, kid med clinic, and pediatric walk-in. In addition to the provision of acute, primary, general critical medical care to indigent, Medicare, and Medicaid populations, the hospital provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and various diagnostic services.

For additional information, see:

[W.O. Moss Regional Medical Center](#)

**Summary of Activities**

General Fund	Total Amount	Table of Organization	Description
\$8,292,814	\$46,287,586	385	W.O. Moss Regional Medical Center
<b>\$8,292,814</b>	<b>\$46,287,586</b>	<b>385</b>	<b>Grand Total of Activities Recommended including Non T.O. FTE Ceiling</b>

**W.O. Moss Regional Medical Center Budget Summary**

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 5,895,391	\$ 8,522,414	\$ 8,750,285	\$ 11,623,449	\$ 8,292,814	\$ (457,471)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	29,441,836	29,441,836
Fees and Self-generated Revenues	0	0	0	0	5,384,468	5,384,468
Statutory Dedications	1,225,089	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	3,168,468	3,168,468
<b>Total Means of Financing</b>	<b>\$ 7,120,480</b>	<b>\$ 8,522,414</b>	<b>\$ 8,750,285</b>	<b>\$ 11,623,449</b>	<b>\$ 46,287,586</b>	<b>\$ 37,537,301</b>
<b>Expenditures &amp; Request:</b>						
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	7,120,480	8,522,414	8,750,285	11,623,449	46,287,586	37,537,301
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0



## W.O. Moss Regional Medical Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Total Expenditures &amp; Request</b>	\$ 7,120,480	\$ 8,522,414	\$ 8,750,285	\$ 11,623,449	\$ 46,287,586	\$ 37,537,301
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	385	385
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	385	385

## Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid and Uncompensated Care Costs (UCC) that are received from the Department of Health & Hospitals Medical Vendor Payments. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

## W.O. Moss Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	\$ 1,225,089	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 8,750,285	\$ 8,750,285	0	<b>Existing Oper Budget as of 12/1/09</b>
<b>Statewide Major Financial Changes:</b>			
\$ (227,871)	\$ (227,871)	0	Non-recurring Carryforwards
<b>Non-Statewide Major Financial Changes:</b>			
\$ (229,600)	\$ (229,600)	0	Annualization of the FY 2009-2010 mid-year budget reductions.



### Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 37,994,772	385	Provide budget authority for other Means of Financing for the LSU Health Care Services Division (HCSD). In addition, based on a recommendation by the Commission on Streamlining Government, implement a Table of Organization (T.O.) for each program within the LSU HCSD.
\$ 8,292,814	\$ 46,287,586	385	<b>Recommended FY 2010-2011</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 8,292,814	\$ 46,287,586	385	<b>Base Executive Budget FY 2010-2011</b>
\$ 8,292,814	\$ 46,287,586	385	<b>Grand Total Recommended</b>

### Professional Services

Amount	Description
To Be Established	

### Other Charges

Amount	Description
	<b>Other Charges:</b>
\$46,287,586	To Be Established
<b>\$46,287,586</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$0	To Be Established
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$46,287,586</b>	<b>TOTAL OTHER CHARGES</b>

### Acquisitions and Major Repairs

Amount	Description
To Be Established	



## Performance Information

- 1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital and 15.0 days for psychiatric patients admitted to the hospital each state fiscal year.**

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					Performance At Executive Budget Level FY 2010-2011
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	
K	Average daily census (LAPAS CODE - 9853)	25.0	21.2	25.0	25.0	22.0	To Be Established
<p>In order for average daily census to be meaningful, it must 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 (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC.</p>							
K	Emergency department visits (LAPAS CODE - 5872)	24,694	28,053	25,200	25,200	27,600	To Be Established
<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. ED visits include ER visits (ED Encounters) plus ER admits.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9589)	10.1%	7.0%	10.1%	10.1%	10.1%	To Be Established
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9860)	93%	96%	61%	61%	61%	To Be Established
<p>Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.</p>							
K	FTE staff per patient (per adjusted day) (LAPAS CODE - 23229)	Not Applicable	Not Applicable	4.01	4.01	4.00	To Be Established



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011

This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.

K	Cost per adjusted day (LAPAS CODE - 23230)	Not Applicable	Not Applicable	\$ 1,274	\$ 1,200	\$ 1,200	To Be Established
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This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.

K	Willingness to recommend hospital (LAPAS CODE - 23231)	Not Applicable	Not Applicable	66%	66%	66%	To Be Established
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This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.

S	Number of staffed beds (LAPAS CODE - 9852)	34	29	34	34	31	To Be Established
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Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.

S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15480)	8.2	11.2	15.0	15.0	12.0	To Be Established
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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 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 dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The Comparative Performance of U.S. Hospitals-The Sourcebook, 2003. LSU-HCSD's systemwide standard is 15.0 days.

S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15481)	4.7	4.3	5.0	5.0	4.3	To Be Established
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Acute Care is a type of healthcare in which a patient is treated for an 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. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days.

**2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.**

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					Performance At Executive Budget Level FY 2010-2011
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15486)	60%	59%	50%	50%	50%	To Be Established
<p>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. LSU-HCSD's systemwide standard is 50%. 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 5,000 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 &amp; the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C &lt;= 7 is calculated by taking the number of diabetics with current HgbA1c&lt;=7 and dividing that by the number of diabetics with current HgbA1c.</p>							
K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15488)	46%	53%	60%	60%	60%	To Be Established
<p>Percentage of women &gt;=40 years of age with mammogram in the past 2 years is calculated by taking the number of women &gt;=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population &gt;=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.</p>							



## 610\_7000 — Lallie Kemp Regional Medical Center



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

### Program Description

The mission of the Lallie Kemp Medical Center is:

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

The goals 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 and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

Lallie Kemp Medical Center is recognized as one of the leading small rural hospitals in the delivery of health-care services. Multiple services are targeted to the Florida parishes' pediatric, adolescent, and adult populations, including immunization clinic, asthma care programs, ADD management program, diabetes services, well childcare and general pediatric clinics. The medical center not only provides acute, primary, and general critical medical care to indigent, Medicare, and Medicaid populations, but also provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and various diagnostic services.

For additional information, see:

### Lallie Kemp Regional Medical Center

#### Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$4,701,333	\$42,939,364	384	Lallie Kemp Regional Medical Center
<b>\$4,701,333</b>	<b>\$42,939,364</b>	<b>384</b>	<b>Grand Total of Activities Recommended including Non T.O. FTE Ceiling</b>

#### Lallie Kemp Regional Medical Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 5,318,693	\$ 4,788,840	\$ 4,855,861	\$ 6,515,693	\$ 4,701,333	\$ (154,528)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	30,097,816	30,097,816
Fees and Self-generated Revenues	0	0	0	0	3,514,353	3,514,353
Statutory Dedications	662,347	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	4,625,862	4,625,862
<b>Total Means of Financing</b>	<b>\$ 5,981,040</b>	<b>\$ 4,788,840</b>	<b>\$ 4,855,861</b>	<b>\$ 6,515,693</b>	<b>\$ 42,939,364</b>	<b>\$ 38,083,503</b>
<b>Expenditures &amp; Request:</b>						
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	5,981,040	4,788,840	4,855,861	6,515,693	42,939,364	38,083,503
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0



### Lallie Kemp Regional Medical Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Total Expenditures &amp; Request</b>	\$ 5,981,040	\$ 4,788,840	\$ 4,855,861	\$ 6,515,693	\$ 42,939,364	\$ 38,083,503
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	384	384
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	384	384

### Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid and Uncompensated Care Costs (UCC) that are received from the Department of Health & Hospitals Medical Vendor Payments. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

### Lallie Kemp Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	\$ 662,347	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 4,855,861	\$ 4,855,861	0	<b>Existing Oper Budget as of 12/1/09</b>
<b>Statewide Major Financial Changes:</b>			
\$ (67,021)	\$ (67,021)	0	Non-recurring Carryforwards
<b>Non-Statewide Major Financial Changes:</b>			
\$ (87,507)	\$ (87,507)	0	Annualization of the FY 2009-2010 mid-year budget reductions.



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 38,238,031	384	Provide budget authority for other Means of Financing for the LSU Health Care Services Division (HCSD). In addition, based on a recommendation by the Commission on Streamlining Government, implement a Table of Organization (T.O.) for each program within the LSU HCSD.
\$ 4,701,333	\$ 42,939,364	384	<b>Recommended FY 2010-2011</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 4,701,333	\$ 42,939,364	384	<b>Base Executive Budget FY 2010-2011</b>
\$ 4,701,333	\$ 42,939,364	384	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
To Be Established	

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$42,939,364	To Be Established
<b>\$42,939,364</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$0	To Be Established
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$42,939,364</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
To Be Established	



## Performance Information

**1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 4.0 days for medical/surgical patients admitted to the hospital each state fiscal year.**

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					Performance At Executive Budget Level FY 2010-2011
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	
K	Average daily census (LAPAS CODE - 9868)	12.0	11.8	12.0	12.0	13.0	To Be Established
<p>In order for average daily census to be meaningful, it must 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 (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC.</p>							
K	Emergency department visits (LAPAS CODE - 5878)	26,500	25,409	26,500	26,500	24,706	To Be Established
<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. ED visits include ER visits (ED Encounters) plus ER admits.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9876)	8.9%	11.1%	8.9%	8.9%	8.9%	To Be Established
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9870)	95%	93%	61%	61%	61%	To Be Established
<p>Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.</p>							
K	FTE staff per patient (per adjusted day) (LAPAS CODE - 23232)	Not Applicable	6.90	7.30	6.55	6.50	To Be Established
<p>This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.</p>							



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Cost per adjusted day (LAPAS CODE - 23233)	Not Applicable	\$ 2,031	\$ 2,134	\$ 2,013	\$ 2,013	To Be Established
This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.							
K	Willingness to recommend hospital (LAPAS CODE - 23234)	Not Applicable	77%	66%	66%	66%	To Be Established
This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.							
S	Number of staffed beds (LAPAS CODE - 9867)	25	18	25	25	25	To Be Established
Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15491)	4.0	3.9	4.0	4.0	3.9	To Be Established
Acute Care is a type of healthcare in which a patient is treated for an 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. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days, except for Lallie Kemp which as a Critical Access Hospital must maintain an annual average length of stay of 4.0 days.							

**2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.**

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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15496)	59%	55%	50%	50%	50%	To Be Established

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. LSU-HCSD's systemwide standard is 50%. 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 5,000 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.

K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15498)	32%	54%	60%	60%	60%	To Be Established
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.



## 610\_8000 — Washington-St Tammany Regional Medical Center



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

### Program Description

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

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare 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 and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

Washington-St. Tammany Regional Medical Center provides multiple services targeted to the pediatric, adolescent, and adult populations, including women/infant/children programs, disease management programs for diabetes and asthma, kid med clinic, and Reach Out and Read Children’s Literacy. In addition to the provision of acute, primary, and general critical medical care to indigent, Medicare, and Medicaid populations, the hospital provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and various diagnostic services.

For additional information, see:

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

**Summary of Activities**

General Fund	Total Amount	Table of Organization	Description
\$4,845,808	\$64,012,379	545	Washington-St. Tammany Regional Medical Center
<b>\$4,845,808</b>	<b>\$64,012,379</b>	<b>545</b>	<b>Grand Total of Activities Recommended including Non T.O. FTE Ceiling</b>

**Washington-St Tammany Regional Medical Center Budget Summary**

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 3,600,551	\$ 5,049,247	\$ 5,049,247	\$ 11,054,205	\$ 4,845,808	\$ (203,439)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	38,676,705	38,676,705
Fees and Self-generated Revenues	0	0	0	0	9,697,412	9,697,412
Statutory Dedications	861,752	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	10,792,454	10,792,454
<b>Total Means of Financing</b>	<b>\$ 4,462,303</b>	<b>\$ 5,049,247</b>	<b>\$ 5,049,247</b>	<b>\$ 11,054,205</b>	<b>\$ 64,012,379</b>	<b>\$ 58,963,132</b>
<b>Expenditures &amp; Request:</b>						
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	4,462,303	5,049,247	5,049,247	11,054,205	64,012,379	58,963,132
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0



## Washington-St Tammany Regional Medical Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Total Expenditures &amp; Request</b>	\$ 4,462,303	\$ 5,049,247	\$ 5,049,247	\$ 11,054,205	\$ 64,012,379	\$ 58,963,132
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	545	545
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	545	545

### Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid and Uncompensated Care Costs (UCC) that are received from the Department of Health & Hospitals Medical Vendor Payments. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

### Washington-St Tammany Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	\$ 861,752	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 5,049,247	\$ 5,049,247	0	Existing Oper Budget as of 12/1/09
<b>Statewide Major Financial Changes:</b>			
<b>Non-Statewide Major Financial Changes:</b>			
\$ (203,439)	\$ (203,439)	0	Annualization of the FY 2009-2010 mid-year budget reductions.



### Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 59,166,571	545	Provide budget authority for other Means of Financing for the LSU Health Care Services Division (HCSD). In addition, based on a recommendation by the Commission on Streamlining Government, implement a Table of Organization (T.O.) for each program within the LSU HCSD.
\$ 4,845,808	\$ 64,012,379	545	<b>Recommended FY 2010-2011</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 4,845,808	\$ 64,012,379	545	<b>Base Executive Budget FY 2010-2011</b>
\$ 4,845,808	\$ 64,012,379	545	<b>Grand Total Recommended</b>

### Professional Services

Amount	Description
To Be Established	

### Other Charges

Amount	Description
	<b>Other Charges:</b>
\$64,012,379	To Be Established
<b>\$64,012,379</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$0	To Be Established
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$64,012,379</b>	<b>TOTAL OTHER CHARGES</b>

### Acquisitions and Major Repairs

Amount	Description
To Be Established	



## Performance Information

- 1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital and 15.0 days for psychiatric patients admitted to the hospital each state fiscal year.**

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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Average daily census (LAPAS CODE - 9885)	52.0	45.5	50.0	50.0	56.0	To Be Established
<p>In order for average daily census to be meaningful, it must 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 (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC.</p>							
K	Emergency department visits (LAPAS CODE - 5884)	29,165	28,378	30,302	26,628	29,165	To Be Established
<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. ED visits include ER visits (ED Encounters) plus ER admits.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9890)	13.0%	11.6%	13.0%	13.0%	13.0%	To Be Established
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9891)	92%	96%	61%	61%	61%	To Be Established
<p>Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.</p>							
K	FTE staff per patient (per adjusted day) (LAPAS CODE - 23235)	Not Applicable	5.00	4.60	4.38	5.00	To Be Established
<p>This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.</p>							



**Performance Indicators (Continued)**

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Cost per adjusted day (LAPAS CODE - 23236)	Not Applicable	\$ 1,284	\$ 1,222	\$ 1,368	\$ 1,348	To Be Established
<p>This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.</p>							
K	Willingness to recommend hospital (LAPAS CODE - 23237)	Not Applicable	65%	66%	66%	66%	To Be Established
<p>This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.</p>							
S	Number of staffed beds (LAPAS CODE - 9884)	66	57	70	70	67	To Be Established
<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.</p>							
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	13.1	12.6	15.0	15.0	13.0	To Be Established
<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 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 dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The Comparative Performance of U.S. Hospitals-The Sourcebook, 2003. The LSU-HCSD systemwide standard is 15.0 days.</p>							
S	Average length of stay for acute medical surgery (LAPAS CODE - 15454)	5.0	4.8	5.0	5.0	5.0	To Be Established
<p>Acute Care is a type of healthcare in which a patient is treated for an 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. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days.</p>							

**2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.**

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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15506)	60%	64%	50%	50%	50%	To Be Established
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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. LSU-HCSD's systemwide standard is 50%. 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 5,000 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.

K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15508)	32%	55%	60%	60%	60%	To Be Established
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.



## 610\_9000 — Leonard J Chabert Medical Center

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

### Program Description

Leonard J. Chabert Medical Center services families in a five-parish area near the Gulf of Mexico (Assumption, Lafourche, St. James, St. Mary, and Terrebonne). The hospital provides multiple services targeted to the pediatric, adolescent, and adult populations, including women/infant/children programs, disease management programs for diabetes and asthma, shots for tots, neonatal intensive care unit, and pediatric walk in. In addition to the provision of acute, primary, and general critical medical care to indigent, Medicare, and Medicaid populations, the hospital provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and various diagnostic services.

The mission of the Leonard J. Chabert Medical Center is to:

- Provide access to high quality medical care.
- Develop medical and clinical work force through accredited residency and other health education programs.
- Operate efficiently and cost-effectively.
- Work cooperatively with other healthcare providers and agencies to improve healthcare 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 and external partners and constituencies to advance excellence in healthcare.
- 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](#)

## Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$6,026,309	\$104,950,767	908	Leonard J. Chabert Medical Center
<b>\$6,026,309</b>	<b>\$104,950,767</b>	<b>908</b>	<b>Grand Total of Activities Recommended including Non T.O. FTE Ceiling</b>

## Leonard J Chabert Medical Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 4,294,962	\$ 6,245,423	\$ 6,567,124	\$ 17,203,189	\$ 6,026,309	\$ (540,815)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	78,427,958	78,427,958
Fees and Self-generated Revenues	0	0	0	0	8,196,196	8,196,196
Statutory Dedications	343,061	0	370,000	0	0	(370,000)
Interim Emergency Board	1,258,774	0	166,895	0	0	(166,895)
Federal Funds	0	0	0	0	12,300,304	12,300,304
<b>Total Means of Financing</b>	<b>\$ 5,896,797</b>	<b>\$ 6,245,423</b>	<b>\$ 7,104,019</b>	<b>\$ 17,203,189</b>	<b>\$ 104,950,767</b>	<b>\$ 97,846,748</b>
<b>Expenditures &amp; Request:</b>						
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	5,896,797	6,245,423	7,104,019	17,203,189	104,950,767	97,846,748
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 5,896,797</b>	<b>\$ 6,245,423</b>	<b>\$ 7,104,019</b>	<b>\$ 17,203,189</b>	<b>\$ 104,950,767</b>	<b>\$ 97,846,748</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	908	908
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>908</b>	<b>908</b>



## Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid and Uncompensated Care Costs (UCC) that are received from the Department of Health & Hospitals Medical Vendor Payments. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

## Leonard J Chabert Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	343,061	0	370,000	0	0	(370,000)

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 6,567,124	\$ 7,104,019	0	<b>Existing Oper Budget as of 12/1/09</b>
<b>Statewide Major Financial Changes:</b>			
(321,701)	(691,701)	0	Non-recurring Carryforwards
0	(166,895)	0	Non-recurring IEBs
<b>Non-Statewide Major Financial Changes:</b>			
(219,114)	(219,114)	0	Annualization of the FY 2009-2010 mid-year budget reductions.
0	98,924,458	908	Provide budget authority for other Means of Financing for the LSU Health Care Services Division (HCSD). In addition, based on a recommendation by the Commission on Streamlining Government, implement a Table of Organization (T.O.) for each program within the LSU HCSD.
\$ 6,026,309	\$ 104,950,767	908	<b>Recommended FY 2010-2011</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 6,026,309	\$ 104,950,767	908	<b>Base Executive Budget FY 2010-2011</b>
\$ 6,026,309	\$ 104,950,767	908	<b>Grand Total Recommended</b>



## Professional Services

Amount	Description
	To Be Established

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$104,950,767	To Be Established
<b>\$104,950,767</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$0	To Be Established
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$104,950,767</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	To Be Established

## Performance Information

- (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital and 15.0 days for psychiatric patients admitted to the hospital each state fiscal year.**

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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Average daily census (LAPAS CODE - 9899)	73.0	66.9	76.0	76.0	67.0	To Be Established
<p>In order for average daily census to be meaningful, it must 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 (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC.</p>							
K	Emergency department visits (LAPAS CODE - 5890)	40,000	40,021	41,555	41,555	41,555	To Be Established
<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. ED visits include ER visits (ED Encounters) plus ER admits.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9904)	11.3%	12.7%	11.3%	11.3%	15.0%	To Be Established
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9905)	91%	92%	61%	61%	61%	To Be Established
<p>Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.</p>							
K	FTE staff per patient (per adjusted day) (LAPAS CODE - 23238)	Not Applicable	5.00	4.87	4.81	4.80	To Be Established
<p>This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.</p>							
K	Cost per adjusted day (LAPAS CODE - 23239)	Not Applicable	\$ 1,658	\$ 1,485	\$ 1,518	\$ 1,744	To Be Established
<p>This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.</p>							
K	Willingness to recommend hospital (LAPAS CODE - 23240)	Not Applicable	84%	66%	66%	66%	To Be Established
<p>This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.</p>							
S	Number of staffed beds (LAPAS CODE - 9898)	98	90	85	85	83	To Be Established



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.					
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15510)	9.0	8.5	15.0	15.0	9.0	To Be Established
		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 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 dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The Comparative Performance of U.S. Hospitals-The Sourcebook, 2003. The LSU-HCSD systemwide standard is 15.0 days.					
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15511)	4.4	4.3	5.0	5.0	4.4	To Be Established
		Acute Care is a type of healthcare in which a patient is treated for an 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. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days.					

## 2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.

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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15516)	49%	56%	50%	50%	50%	To Be Established

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. LSU-HCSD's systemwide standard is 50%. 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 5,000 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.

K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15518)	49%	62%	60%	60%	60%	To Be Established
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.



## 610\_10A0 — Charity Hospital & Medical Center of Louisiana



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

### Program Description

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

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

The goals of Medical Center of Louisiana at New Orleans 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 and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

The Medical Center of Louisiana has historically been New Orleans' major healthcare system provider, serving as the official trauma center of the greater New Orleans area, including Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, and St. John parishes. It provides acute, primary, and surgical care to indigent, Medicare, Medicaid, and private insurance patients. Programs, clinics, and services include medicine, dental, HIV, cardiology, dermatology, urology, surgery, pulmonary, renal, oncology, neurology, obstetrics/gynecology, neurosur-

gery, and hyperbaric. Support functions include pharmacy, blood bank, infection control, radiology, social services, nutrition services, anesthesiology, and diagnostic services. University Hospital has 190 inpatient beds and opens beds as it hires staff. Therapies offered include respiratory, physical, occupational, and speech. Medical Emergency Services moved to the LSU Interim Hospital upon its opening in November 2007. The DePaul campus opened 14 inpatient mental health beds in September 2007.

For additional information, see:

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

[Medical Center of Louisiana Homepage](#)

### Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$25,779,630	\$358,995,209	2,497	Charity Hospital and Medical Center of Louisiana
<b>\$25,779,630</b>	<b>\$358,995,209</b>	<b>2,497</b>	<b>Grand Total of Activities Recommended including Non T.O. FTE Ceiling</b>

### Charity Hospital & Medical Center of Louisiana Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 49,068,376	\$ 26,547,454	\$ 26,547,454	\$ 61,738,471	\$ 25,779,630	\$ (767,824)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	269,608,376	269,608,376
Fees and Self-generated Revenues	0	0	0	0	36,320,337	36,320,337
Statutory Dedications	1,500,000	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	27,286,866	27,286,866
<b>Total Means of Financing</b>	<b>\$ 50,568,376</b>	<b>\$ 26,547,454</b>	<b>\$ 26,547,454</b>	<b>\$ 61,738,471</b>	<b>\$ 358,995,209</b>	<b>\$ 332,447,755</b>
<b>Expenditures &amp; Request:</b>						
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	50,568,376	26,547,454	26,547,454	61,738,471	358,995,209	332,447,755
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0



## Charity Hospital & Medical Center of Louisiana Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
<b>Total Expenditures &amp; Request</b>	\$ 50,568,376	\$ 26,547,454	\$ 26,547,454	\$ 61,738,471	\$ 358,995,209	\$ 332,447,755
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	2,497	2,497
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	2,497	2,497

### Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid and Uncompensated Care Costs (UCC) that are received from the Department of Health & Hospitals Medical Vendor Payments. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

### Charity Hospital & Medical Center of Louisiana Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	\$ 1,500,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 26,547,454	\$ 26,547,454	0	Existing Oper Budget as of 12/1/09
<b>Statewide Major Financial Changes:</b>			
<b>Non-Statewide Major Financial Changes:</b>			
\$ (350,000)	\$ (350,000)	0	Non-recr one-time funding provided for a statewide colorectal cancer screening program.
\$ (417,824)	\$ (417,824)	0	Annualization of the FY 2009-2010 mid-year budget reductions.



### Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 333,215,579	2,497	Provide budget authority for other Means of Financing for the LSU Health Care Services Division (HCSD). In addition, based on a recommendation by the Commission on Streamlining Government, implement a Table of Organization (T.O.) for each program within the LSU HCSD.
\$ 25,779,630	\$ 358,995,209	2,497	<b>Recommended FY 2010-2011</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 25,779,630	\$ 358,995,209	2,497	<b>Base Executive Budget FY 2010-2011</b>
\$ 25,779,630	\$ 358,995,209	2,497	<b>Grand Total Recommended</b>

### Professional Services

Amount	Description
To Be Established	

### Other Charges

Amount	Description
	<b>Other Charges:</b>
\$358,995,209	To Be Established
<b>\$358,995,209</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$0	To Be Established
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$358,995,209</b>	<b>TOTAL OTHER CHARGES</b>

### Acquisitions and Major Repairs

Amount	Description
To Be Established	



## Performance Information

- 1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital and 15.0 days for psychiatric patients admitted to the hospital each state fiscal year.**

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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Average daily census (LAPAS CODE - 9913)	282.0	206.8	254.0	217.0	220.0	To Be Established
<p>In order for average daily census to be meaningful, it must 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 (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC.</p>							
K	Emergency department visits (LAPAS CODE - 5896)	72,000	63,508	72,000	66,683	73,500	To Be Established
<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. ED visits include ER visits (ED Encounters) plus ER admits.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9917)	10.3%	10.2%	10.3%	10.3%	10.0%	To Be Established
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9918)	83%	93%	61%	61%	61%	To Be Established
<p>Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.</p>							
K	FTE staff per patient (per adjusted day) (LAPAS CODE - 23241)	Not Applicable	8.00	8.35	7.32	7.00	To Be Established
<p>This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.</p>							



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Cost per adjusted day (LAPAS CODE - 23242)	Not Applicable	\$ 3,412	\$ 3,729	\$ 3,107	\$ 3,019	To Be Established
<p>This performance indicator did not appear under Act 19 of 2008 and does not have performance standards for FY 2008-2009. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.</p>							
K	Willingness to recommend hospital (LAPAS CODE - 23243)	Not Applicable	68%	66%	66%	66%	To Be Established
<p>This performance indicator did not appear under ACT 19 of 2008 and does not have performance standards for FY 2008-2009. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.</p>							
S	Number of staffed beds (LAPAS CODE - 9912)	313	244	269	254	255	To Be Established
<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds. Medical Center of Louisiana at New Orleans ceased inpatients services after Hurrigan Katrina and, as of 6/30/06, had only 39 inpatients beds at the Elmwood Trauma Center. University Hospital opened with 156 medical/surgical (M/S) beds in November 2006, had 202 at 6/30/07, and had 211 at 6/30/08. In September 2007, MCLNO opened 38 psychiatric beds at DePaul Hospital. During SFY 2010, MCLNO plans to open an additional 20 M/S beds. The SFY 09 performance standards were overly optimistic, as the New Orleans area continues to recover from Hurricane Katrina.</p>							
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15520)	14.6	10.8	15.0	15.0	10.0	To Be Established
<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 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 dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The Comparative Performance of U.S. Hospitals-The Sourcebook, 2003. The LSU-HCSD systemwide standard is 15.0 days.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15521)	5.7	5.3	5.0	5.0	5.0	To Be Established
<p>Acute Care is a type of healthcare in which a patient is treated for an 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. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days.</p>							

**2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.**

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 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15526)	50%	45%	50%	50%	50%	To Be Established
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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. LSU-HCSD's systemwide standard is 50%. 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 5,000 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.

K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15528)	50%	44%	60%	60%	60%	To Be Established
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.



