LSU Health Care Services Division

Department Description

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

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

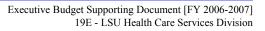
LSU Health Care Services Division Budget Summary

	Prior Year Actuals 7 2004-2005	F	Enacted Y 2005-2006	I	Existing FY 2005-2006		commended 7 2006-2007	Total commended Over/Under EOB
Means of Financing:								
State General Fund (Direct) State General Fund by:	\$ 25,618,765	\$	78,166,380	\$	78,166,380	\$	69,406,449	\$ (8,759,931)
Total Interagency Transfers	0		0		0		0	0
Fees and Self-generated Revenues	0		0		0		0	0
Statutory Dedications	0		0		0		0	0
Interim Emergency Board	0		0		0		0	0
Federal Funds	0		0		0		0	0
Total Means of Financing	\$ 25,618,765	\$	78,166,380	\$	78,166,380	\$	69,406,449	\$ (8,759,931)
Expenditures & Request:								
LA Health Care Services Division	\$ 25,618,765	\$	78,166,380	\$	78,166,380	\$	69,406,449	\$ (8,759,931)
Total Expenditures & Request	\$ 25,618,765	\$	78,166,380	\$	78,166,380	\$	69,406,449	\$ (8,759,931)



LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2004-2005	Enacted FY 2005-2006	Existing FY 2005-2006	Recommended FY 2006-2007	Total Recommended Over/Under EOB
Authorized Full-Time Equiva	lents:				
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
Total FTEs	0	0	0	0	0





19E-610 — LA Health Care Services Division

LSU	Health Sciences Center
	HEALTH CARE SERVICES DIVISION

Agency Description

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

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

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

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

For additional information, see:

LA Health Care Services Division



LA Health Care Services Division Budget Summary

		Prior Year Actuals 2 2004-2005	F	Enacted Y 2005-2006	F	Existing FY 2005-2006		commended 2006-2007	Total commended Over/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	25,618,765	\$	78,166,380	\$	78,166,380	\$	69,406,449	\$ (8,759,931)
State General Fund by:									
Total Interagency Transfers		0		0		0		0	0
Fees and Self-generated Revenues		0		0		0		0	0
Statutory Dedications		0		0		0		0	0
Interim Emergency Board		0		0		0		0	0
Federal Funds		0		0		0		0	0
Total Means of Financing	\$	25,618,765	\$	78,166,380	\$	78,166,380	\$	69,406,449	\$ (8,759,931)
Expenditures & Request:									
Earl K Long Medical Center		1,592,596		9,960,547		9,960,547		9,309,811	(650,736)
Huey P Long Medical Center		1,237,485		6,042,181		6,042,181		5,647,437	(394,744)
University Medical Center		2,810,454		4,243,749		4,243,749		3,966,499	(277,250)
W.O. Moss Regional Medical Center		2,162,456		4,744,358		4,744,358		4,434,403	(309,955)
Lallie Kemp Regional Medical Center		1,281,233		5,364,259		5,364,259		5,013,805	(350,454)
Washingtion-St Tammany Regional Medical Center		525,380		2,475,162		2,475,162		2,313,456	(161,706)
Leonard J Chabert Medical Center		2,124,394		3,893,389		3,893,389		3,639,029	(254,360)
Charity Hospital & Medical Center of Louisiana		13,884,767		41,442,735		41,442,735		35,082,009	(6,360,726)
Total Expenditures & Request	\$	25,618,765	\$	78,166,380	\$	78,166,380	\$	69,406,449	\$ (8,759,931)
Authorized Full-Time Equiva	lents:								
Classified		0		0		0		0	0
Unclassified		0		0		0		0	0
Total FTEs		0		0		0		0	0



610_3000 — Earl K Long Medical Center



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

Program Description

The mission of Earl K. Long Medical Center is:

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

The goals of Earl K. Long Medical Center are:

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

For additional information, see:

Earl K Long Medical Center



Earl K Long Medical Center Budget Summary

		rior Year Actuals 2004-2005	F	Enacted Y 2005-2006	F	Existing 'Y 2005-2006		commended 2006-2007	Total commended ver/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	1,592,596	\$	9,960,547	\$	9,960,547	\$	9,309,811	\$ (650,736)
State General Fund by:									
Total Interagency Transfers		0		0		0		0	0
Fees and Self-generated Revenues		0		0		0		0	0
Statutory Dedications		0		0		0		0	0
Interim Emergency Board		0		0		0		0	0
Federal Funds		0		0		0		0	0
Total Means of Financing	\$	1,592,596	\$	9,960,547	\$	9,960,547	\$	9,309,811	\$ (650,736)
Expenditures & Request:									
Personal Services	\$	0	\$	0	\$	0	\$	0	\$ 0
Total Operating Expenses		0		0		0		0	0
Total Professional Services		0		0		0		0	0
Total Other Charges		1,592,596		9,960,547		9,960,547		9,309,811	(650,736)
Total Acq& Major Repairs		0		0		0		0	0
Total Unallotted		0		0		0		0	0
Total Expenditures & Request	\$	1,592,596	\$	9,960,547	\$	9,960,547	\$	9,309,811	\$ (650,736)
Authorized Full-Time Equiva	lents								
Classified	ients.	0		0		0		0	0
Unclassified		0		0		0		0	0
Total FTEs		0		0		0		0	0

Source of Funding

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

Major Changes from Existing Operating Budget

Ge	neral Fund	Т	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
\$	9,960,547	\$	9,960,547	0	Existing Oper Budget as of 12/01/05
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:

Non-Statewide Major Financial Changes:



Major Changes from Existing Operating Budget (Continued)

G	eneral Fund	1	otal Amount	Table of Organization	Description
	(650,736)		(650,736)	0	Funding for non-allowable costs
¢	0.000.011	^	0.000.011	0	
\$	9,309,811	\$	9,309,811	0	Recommended FY 2006-2007
\$	0	\$	0	0	Less Governor's Supplementary Recommendations
¢	0 200 811	¢	0 200 911	0	Dece Encoded Didate EV 2007 2007
\$	9,309,811	2	9,309,811	0	Base Executive Budget FY 2006-2007
\$	9,309,811	\$	9,309,811	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2006-2007

Other Charges

Amount	Description
	Other Charges:
\$9,309,811	Funding for non-allowable costs
\$9,309,811	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2006-2007
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$9,309,811	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2006-2007

Performance Information

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

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



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

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

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

Performance Indicators

				Performance Ind	licator Values	
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K	Average daily census (LAPAS CODE - 9807)	107.0	103.1	102.0	102.0	102.0

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

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

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

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

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



			Performance Inc	dicator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
S Number of staffed beds (LAPAS CODE - 9806)	135	134	134	134	134
				nd psychiatric beds set up a ivery beds or emergency ro	nd in service for inpatients on om beds.
K Emergency department visits (LAPAS CODE - 5854)	46,390	44,415	44,181	44,415	44,415
An emergency room visit basis. The patient must be				es medical or surgical care	usually on an unscheduled
K Total outpatient encounter (LAPAS CODE - 9809)	s 170,877	179,795	168,668	179,795	179,795
preventive, curative, rehal	pilitative and educationa	l services on a schee	luled basis to ambul	51 0 5	rooviding diagnostic, room treatment is defined as AHA Hospital Statistics, 2005

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

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

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

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



			Performance Ind	icator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	124	119	109	109	109
Hospitalization rate is defined heart failure, it does not mean "failure" indicated the heart is term "congestive heart failure accompanied by a buildup of narrowing of the arteries supp abuse at any age. Hyperthyroi can cause heart failure. In add deficiencies can result in hear of admissions of any cause qu admits for any reason in past	the heart has stopped on the heart has stopped on the pumping effection (CHF) is often sym body fluid in the lun blying blood to the he idism and various ab lition, viral or inflam t failure (American la narter times 1000 and	d working, but rathe vely enough to meet onymous with heart gs and elsewhere. T eart muscle. Heart fa normalities of the heart deart Association). I dividing that by the	er that it is not workin the body's needs for failure but also refer he most common cau uilure is also associate eart valves (particular or primary heart mus Hospitalization days	ng as efficiently as it should. oxygen rich blood, either du s to the state in which decre- use of congestive heart failur ed with untreated hyper tens rly aortic and mitral) are among the disease, and in rate insta related to congestive heart f	In other words, the term aring exercise or at rest. The ased heart function is e is coronary artery disease- ion, alcohol abuse and drug ong the other disorders that nees extreme vitamin ailure by taking the number
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	40%	50%	41%	41%	41%
Diabetes mellitus is a disease the body store and use the sug pancreas produces very little hemoglobin A1C test, also ca have glucose attached to them	gar and fat from the f insulin or when the b lled a glycated hemo	ood individuals eat. ody does not respor globin test, measure	Diabetes occurs when ad appropriately to in es the proportion of h	en the pancreas does not pro sulin, a condition called "ins emoglobin molecules in a pa	duce any insulin, or the sulin resistance". The atient's red blood cells that

hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 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 HbgA1c<=7 and diving that by the number of diabetics with current HbgA1c.



Performance Indicators (Continued)

				Performance Ind	icator Values	
	ance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
years of ag receiving n testing in th	e of women 40 ge or older nammogram he past year ODE - 15458)	25%	37%	36%	36%	36%
-	•	•	•	t year is calculated by en in the population.	y taking the number of wom	en>=40 years of age with a
years of ag receiving p	bap smear test in ar (LAPAS	25%	29%	25%	25%	25%
diagnostic symptoms sexual acti	procedures must be that could be due to vity, if earlier. The	done. The pap test a cervical cancer. screening interval is	is not a diagnostic te Pap test screening is s usually every year,	est. It can not be used recommended for al although, if there ha	attes that there may be a prob d to exclude a cancer of cerv l women beginning at age 1 ve been no previous abnorm	ix for a person who has 8 years or at the onset of al test, the interval may be

extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women>=18 years of age with a pap smear in the past year and dividing that by the number of women in the population>=18 years of age.

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

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

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

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



L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Ind Performance Standard as Initially Appropriated FY 2005-2006	licator Values Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007				
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	13.0	14.7	13.3	13.3	13.3				
	Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge for psychiatric care.									
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15451)	4.6	4.8	4.5	4.5	4.5				
	Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.)									
K	Percentage of readmissions (LAPAS CODE - 9814)	9.0%	10.1%	9.3%	9.3%	9.3%				
	Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.									

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

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

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

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



				Performance Inc	licator Values	
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
	Patient satisfaction survey rating (LAPAS CODE - 9815)	89%	93%	88%	88%	88%

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



610_4000 — Huey P Long Medical Center



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

Program Description

The mission of Huey P. Long Medical Center is:

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

The goals of Huey P. Long Medical Center are:

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

For additional information, see:

Huey P Long Medical Center

Huey P Long Medical Center Budget Summary

	Pi		e e e e e e e e e e e e e e e e e e e		Existing FY 2005-2006	Recommended FY 2006-2007		Total Recommended Over/Under EOB			
Means of Financing:											
State General Fund (Direct)	\$	1,237,485	\$	6,042,181	\$	6,042,181		\$	5,647,437	\$	(394,744)
State General Fund by:											
Total Interagency Transfers		0		0		0			0		0
Fees and Self-generated Revenues		0		0		0			0		0
Statutory Dedications		0		0		0			0		0
Interim Emergency Board		0		0		0			0		0
Federal Funds		0		0		0			0		0
Total Means of Financing	\$	1,237,485	\$	6,042,181	\$	6,042,181		\$	5,647,437	\$	(394,744)
Expenditures & Request:											
Personal Services	\$	0	\$	0	\$	0		\$	0	\$	0
Total Operating Expenses		0		0		0			0		0
Total Professional Services		0		0		0			0		0
Total Other Charges		1,237,485		6,042,181		6,042,181			5,647,437		(394,744)
Total Acq & Major Repairs		0		0		0			0		0
Total Unallotted		0		0		0			0		0
Total Expenditures & Request	\$	1,237,485	\$	6,042,181	\$	6,042,181		\$	5,647,437	\$	(394,744)
Authorized Full-Time Equiva	lents:										
Classified		0		0		0			0		0
Unclassified		0		0		0			0		0
Total FTEs		0		0		0			0		0

Source of Funding

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

Major Changes from Existing Operating Budget

Gei	neral Fund	Т	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
\$	6,042,181	\$	6,042,181	0	Existing Oper Budget as of 12/01/05
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:

Executive Budget Supporting Document [FY 2006-2007] 19E - LSU Health Care Services Division

Major Changes from Existing Operating Budget (Continued)

G	eneral Fund	Т	otal Amount	Table of Organization	Description
	(394,744)		(394,744)	0	Funding for non-allowable costs
_					
\$	5,647,437	\$	5,647,437	0	Recommended FY 2006-2007
\$	0	\$	0	0	Less Governor's Supplementary Recommendations
_					
\$	5,647,437	\$	5,647,437	0	Base Executive Budget FY 2006-2007
		^			
\$	5,647,437	\$	5,647,437	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2006-2007

Other Charges

Amount	Description
	Other Charges:
\$5,647,437	Funding for non-allowable costs
\$5,647,437	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2006-2007
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$5,647,437	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2006-2007

Performance Information

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

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

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

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

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

Performance Indicators

				Performance Indi	cator Values	
L				Performance		
е		Yearend		Standard as	Existing	Performance
\mathbf{v}		Performance	Actual Yearend	Initially	Performance	At Executive
е	Performance Indicator	Standard	Performance	Appropriated	Standard	Budget Level
1	Name	FY 2004-2005	FY 2004-2005	FY 2005-2006	FY 2005-2006	FY 2006-2007
Κ	Average daily census					
	(LAPAS CODE - 9807)	44.0	41.3	42.0	45.0	45.0

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

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

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

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

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



			Performance In	dicator Values					
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007				
S Number of staffed beds (LAPAS CODE - 9806)	55	55	55	60	60				
Staffed beds are defined as a a routine basis. Further mor	· 1 1	,		1.2	and in service for inpatients on room beds.				
K Emergency department visits (LAPAS CODE - 5854)	35,506	38,598	38,014	46,055	46,055				
An emergency room visit is basis. The patient must be the		5	1 1	es medical or surgical car	re, usually on an unscheduled				
K Total outpatient encounters (LAPAS CODE - 9809)	99,223	94,986	101,100	102,443	102,443				
preventive, curative, rehabi	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005								

Health Forum LLC.

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

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

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

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



			Performance Inc	dicator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	143	56	132	132	132
Hospitalization rate is defined heart failure, it does not mean "failure" indicated the heart is term "congestive heart failure" accompanied by a buildup of b narrowing of the arteries suppl abuse at any age. Hyperthyroic can cause heart failure. In addi deficiencies can result in heart of admissions of any cause qua admits for any reason in past q	the heart has stopp not pumping effect (CHF) is often sy body fluid in the lu lying blood to the l dism and various a ition, viral or inflar failure (American arter times 1000 ar	ed working, but rathe ively enough to mee nonymous with heart ngs and elsewhere. T heart muscle. Heart fa phormalities of the heart mation of the heart Heart Association). d dividing that by th	er that it is not worki t the body's needs for failure but also refe he most common ca ailure is also associa eart valves (particula or primary heart mu Hospitalization days	ing as efficiently as it should. r oxygen rich blood, either du ers to the state in which decrea- use of congestive heart failur ted with untreated hyper tens arly aortic and mitral) are amouscle disease, and in rate insta s related to congestive heart f	In other words, the term ring exercise or at rest. The ased heart function is e is coronary artery disease- tion, alcohol abuse and drug ong the other disorders that nees extreme vitamin ailure by taking the number
K Percentage of diabetic					

The body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and diving that by the number of diabetics with current HbgA1c<



Performance Indicators (Continued)

		Performance Ind	licator Values	
Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
25%	27%	31%	31%	31%
C	0 1			en>=40 years of age with a
35%	32%	34%	34%	34%
	Performance Standard FY 2004-2005 25% ears of age with marr and dividing that by	Performance Standard FY 2004-2005Actual Yearend Performance FY 2004-200525%27%25%27%ears of age with mammogram in the past and dividing that by the number of women	Yearend Performance Standard Standard FY 2004-2005Actual Yearend Performance FY 2004-2005Performance Standard as Initially Appropriated FY 2005-200625%27%31%25%27%31%ears of age with mammogram in the past year is calculated by and dividing that by the number of women in the population.	Yearend Performance Standard FY 2004-2005Actual Yearend Performance FY 2004-2005Initially Appropriated FY 2005-2006Performance Standard FY 2005-200625%27%31%31%ears of age with mammogram in the past year is calculated by taking the number of women and dividing that by the number of women in the population.31%

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

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

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

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

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



L e v e l	Performance Indicator Name	Standard	ctual Yearend Performance	Performance Indi Performance Standard as Initially Appropriated FY 2005-2006	cator Values Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007			
1	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	7.8	9.0	7.9	7.9	7.9			
	Average length of stay for psyc disorders and while lodged in t similar in size and teaching sta for psychiatric care divided by	he hospital at least ov tus. The average leng	ernight. The average th of stay for psychia	e length of stay is ca atric inpatients is ca	ompared to median values f	or groups of hospitals			
1	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	4.0	4.0	4.2	4.2	4.2			
	Acute Care is a type of health c injuries related to an accident c complex and sophisticated tech length of stay for acute medica acute care medical surgery disc predictive of the average resour 2002.)	or other trauma, or dun inical equipment and l surgery inpatients is charges from the hosp	ing recovery from s materials. Unlike ch the total number of ital. The average len	urgery. Acute care a ronic care, acute ca acute care medical gth of stay is a key	is given in the hospital by sp re is often necessary for onl surgery discharge days divi indicator of utilization and	becialized personnel, using y a short time. Average ded by the total number of clinical management and is			
	Percentage of Readmissions (LAPAS CODE - 9814)	9.3%	12.2%	10.2%	10.2%	10.2%			
	CODE - 9814)9.3%12.2%10.2%10.2%Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.								

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

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

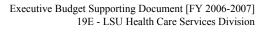
Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

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



			Performance Ind	licator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K Patient satisfaction survey rating (LAPAS CODE - 9815)	86%	82%	86%	86%	86%

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





610_5000 — University Medical Center



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

Program Description

The mission of University Medical Center is:

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

The goals of University Medical Center are:

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

For additional information, see:

University Medical Center



University Medical Center Budget Summary

		ior Year Actuals 2004-2005	F	Enacted Y 2005-2006	F	Existing 'Y 2005-2006		ommended 2006-2007	Total commended ver/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	2,810,454	\$	4,243,749	\$	4,243,749	\$	3,966,499	\$ (277,250)
State General Fund by:									
Total Interagency Transfers		0		0		0		0	0
Fees and Self-generated Revenues		0		0		0		0	0
Statutory Dedications		0		0		0		0	0
Interim Emergency Board		0		0		0		0	0
Federal Funds		0		0		0		0	0
Total Means of Financing	\$	2,810,454	\$	4,243,749	\$	4,243,749	\$	3,966,499	\$ (277,250)
Expenditures & Request:									
Personal Services	\$	0	\$	0	\$	0	\$	0	\$ 0
Total Operating Expenses		0		0		0		0	0
Total Professional Services		0		0		0		0	0
Total Other Charges		2,810,454		4,243,749		4,243,749		3,966,499	(277,250)
Total Acq & Major Repairs		0		0		0		0	0
Total Unallotted		0		0		0		0	0
Total Expenditures & Request	\$	2,810,454	\$	4,243,749	\$	4,243,749	\$	3,966,499	\$ (277,250)
Authorized Full-Time Equiva	lents:								
Classified		0		0		0		0	0
Unclassified		0		0		0		0	0
Total FTEs		0		0		0		0	0

Source of Funding

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

Major Changes from Existing Operating Budget

Ge	neral Fund	Т	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
\$	4,243,749	\$	4,243,749	0	Existing Oper Budget as of 12/01/05
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:

Non-Statewide Major Financial Changes:



Major Changes from Existing Operating Budget (Continued)

Gen	eral Fund	То	tal Amount	Table of Organization	Description
	(277,250)		(277,250)	0	Funding for non-allowable costs
\$	3,966,499	\$	3,966,499	0	Recommended FY 2006-2007
Ψ	5,700,477	Ψ	5,700,477	U	
\$	0	\$	0	0	Less Governor's Supplementary Recommendations
\$	3,966,499	¢	3,966,499	0	Base Executive Budget FY 2006-2007
φ	3,900,499	φ	3,900,499	0	Dase Executive Budget F1 2000-2007
\$	3,966,499	\$	3,966,499	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2006-2007

Other Charges

Amount	Description
	Other Charges:
\$3,966,499	Funding for non-allowable costs
\$3,966,499	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2006-2007
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$3,966,499	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2006-2007

Performance Information

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

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



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

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

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

Performance Indicators

				Performance Ind	licator Values	
L		Yearend		Performance Standard as	Existing	Performance
v		Performance	Actual Yearend	Initially	Performance	At Executive
е 1	Performance Indicator Name	Standard FY 2004-2005	Performance FY 2004-2005	Appropriated FY 2005-2006	Standard FY 2005-2006	Budget Level FY 2006-2007

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

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

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

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

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

			Performance Inc	dicator Values					
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007				
S Number of staffed beds (LAPAS CODE - 9806)	100	92	99	104	104				
Staffed beds are defined as a a routine basis. Further mor					and in service for inpatients on bom beds.				
K Emergency department visits (LAPAS CODE - 5854)	41,643	39,145	41,081	44,267	44,267				
An emergency room visit is basis. The patient must be the				es medical or surgical care	, usually on an unscheduled				
K Total outpatient encounters (LAPAS CODE - 9809)	164,956	153,077	158,605	163,727	163,727				
preventive, curative, rehabi	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005								

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

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

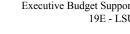
Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

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



			Performance Ind	licator Values	
L e v e Performance Indicator I Name	Yearend Performance Standard FY 2004-2005	rmance Actual Yearend ndard Performance A		Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	113	75	57	57	57
Hospitalization rate is defined heart failure, it does not mean "failure" indicated the heart is term "congestive heart failure accompanied by a buildup of narrowing of the arteries supp abuse at any age. Hyperthyroi can cause heart failure. In add deficiencies can result in hear of admissions of any cause qu admits for any reason in past	the heart has stoppe not pumping effecti " (CHF) is often syn body fluid in the lun lying blood to the he dism and various ab lition, viral or inflam t failure (American H parter times 1000 and	d working, but rathe vely enough to meet onymous with heart gs and elsewhere. T eart muscle. Heart fa normalities of the heart deart Association). I dividing that by the	er that it is not workin the body's needs for failure but also refer he most common cau uilure is also associate eart valves (particular or primary heart mus Hospitalization days	ng as efficiently as it should. oxygen rich blood, either du rs to the state in which decre- use of congestive heart failur ed with untreated hyper tens rly aortic and mitral) are among the disease, and in rate instation related to congestive heart f	In other words, the term aring exercise or at rest. The ased heart function is e is coronary artery disease- ion, alcohol abuse and drug ong the other disorders that nees extreme vitamin ailure by taking the number
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	39%	52%	43%	43%	43%
Diabetes mellitus is a disease the body store and use the sug pancreas produces very little hemoglobin A1C test, also ca have glucose attached to them	ar and fat from the f nsulin or when the b lled a glycated hemo n (and thus are "glyca	ood individuals eat. ody does not respor globin test, measure ated"). Once glycate	Diabetes occurs when ad appropriately to in es the proportion of h d, a hemoglobin mol-	en the pancreas does not pro- sulin, a condition called "ins- nemoglobin molecules in a pa- ecule stays that way through	duce any insulin, or the sulin resistance". The atient's red blood cells that yout the 3 to 4 month

lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 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 HbgA1c<=7 and diving that by the number of diabetics with current HbgA1c.



Performance Indicators (Continued)

				Performance Ind	icator Values				
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007			
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	36%	37%	34%	34%	34%			
	Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women>=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.								
К	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	32%	30%	26%	26%	26%			
	The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology								

extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women>=18 years of age with a pap smear in the population>=18 years of age.

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

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

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

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



			Performance Ind	licator Values					
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007				
S Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	15.6	12.2	14.8	14.8	14.8				
Average length of stay for psy disorders and while lodged in similar in size and teaching st for psychiatric care divided b	the hospital at least of atus. The average len	overnight. The averageth of stay for psyc	age length of stay is hiatric inpatients is c	compared to median values	for groups of hospitals				
 S Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451) 	4.5	4.6	4.5	4.5	4.5				
Acute Care is a type of health injuries related to an accident complex and sophisticated tec length of stay for acute medic acute care medical surgery di- predictive of the average reso 2002.)	or other trauma, or d chnical equipment and cal surgery inpatients scharges from the hos	uring recovery from d materials. Unlike is the total number of spital. The average l	a surgery. Acute care chronic care, acute c of acute care medica ength of stay is a key	e is given in the hospital by are is often necessary for ou Il surgery discharge days div y indicator of utilization and	specialized personnel, using nly a short time. Average vided by the total number of d clinical management and is				
K Percentage of Readmissions (LAPAS CODE - 9814)	9.4%	9.5%	10.5%	10.5%	10.5%				
all area of care, including OB	Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge.								

by total admissions.

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

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

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

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



				Performance Ind	licator Values	
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
	Patient satisfaction survey rating (LAPAS CODE - 9815)	88%	92%	90%	90%	90%

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



610_6000 — W.O. Moss Regional Medical Center



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

Program Description

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

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

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

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

For additional information, see:

W.O. Moss Regional Medical Center



W.O. Moss Regional Medical Center Budget Summary

		rior Year Actuals 2004-2005	F	Enacted Y 2005-2006	F	Existing 'Y 2005-2006			commended 7 2006-2007	Total commended over/Under EOB
Means of Financing:										
State General Fund (Direct)	\$	2,162,456	\$	4,744,358	\$	4,744,358	5	5	4,434,403	\$ (309,955)
State General Fund by:										
Total Interagency Transfers		0		0		0			0	0
Fees and Self-generated Revenues		0		0		0			0	0
Statutory Dedications		0		0		0			0	0
Interim Emergency Board		0		0		0			0	0
Federal Funds		0		0		0			0	0
Total Means of Financing	\$	2,162,456	\$	4,744,358	\$	4,744,358	5	5	4,434,403	\$ (309,955)
Expenditures & Request:										
Personal Services	\$	0	\$	0	\$	0	Ś	5	0	\$ 0
Total Operating Expenses		0		0		0			0	0
Total Professional Services		0		0		0			0	0
Total Other Charges		2,162,456		4,744,358		4,744,358			4,434,403	(309,955)
Total Acq & Major Repairs		0		0		0			0	0
Total Unallotted		0		0		0			0	0
Total Expenditures & Request	\$	2,162,456	\$	4,744,358	\$	4,744,358	5	5	4,434,403	\$ (309,955)
Authorized Full-Time Equiva	lents•									
Classified		0		0		0			0	0
Unclassified		0		0		0			0	0
Total FTEs		0		0		0			0	0

Source of Funding

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

Major Changes from Existing Operating Budget

Ge	neral Fund	Т	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
\$	4,744,358	\$	4,744,358	0	Existing Oper Budget as of 12/01/05
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:

Executive Budget Supporting Document [FY 2006-2007] 19E - LSU Health Care Services Division

Major Changes from Existing Operating Budget (Continued)

Ge	eneral Fund	Т	otal Amount	Table of Organization	Description
	(309,955)		(309,955)	0	Funding for non-allowable costs
\$	4,434,403	\$	4,434,403	0	Recommended FY 2006-2007
_					
\$	0	\$	0	0	Less Governor's Supplementary Recommendations
_					
\$	4,434,403	\$	4,434,403	0	Base Executive Budget FY 2006-2007
_					
\$	4,434,403	\$	4,434,403	0	Grand Total Recommended

Professional Services

Amount	Description					
There is no specific allocation for Professional Services for Fiscal Year 2006-2007						

Other Charges

Amount	Description				
	Other Charges:				
\$4,434,403	Funding for non-allowable costs				
\$4,434,403 SUB-TOTAL OTHER CHARGES					
	Interagency Transfers:				
	There is no specific allocation for Interagency Transfers for Fiscal Year 2006-2007				
\$0	SUB-TOTAL INTERAGENCY TRANSFERS				
\$4,434,403	TOTAL OTHER CHARGES				

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2006-2007

Performance Information

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

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

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

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

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

Performance Indicators

			Performance Ind	licator Values	
L			Performance		
e	Yearend		Standard as	Existing	Performance
v	Performance	Actual Yearend	Initially	Performance	At Executive
e Performance Indicator	Standard	Performance	Appropriated	Standard	Budget Level
l Name	FY 2004-2005	FY 2004-2005	FY 2005-2006	FY 2005-2006	FY 2006-2007
K Average daily census					
(LAPAS CODE - 9807)	24.0	22.2	25.0	25.0	25.0

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

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

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

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

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



			Performance Indi	icator Values			
L e v e Performance Indicator l Name	Standard	ctual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007		
S Number of staffed beds (LAPAS CODE - 9806)	38	32	30	32	32		
Staffed beds are defined as a routine basis. Further mo					d in service for inpatients on m beds.		
K Emergency department visits (LAPAS CODE - 9854)	25,005	23,170	23,886	23,886	23,886		
An emergency room visit is basis. The patient must be				s medical or surgical care, u	sually on an unscheduled		
K Total outpatient encounters (LAPAS CODE - 9809) 86,234 77,117 81,781 81,781 81,781 Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 20							

Health Forum LLC.

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

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

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

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



			Performance In	dicator Values			
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007		
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	58	49	59	59	59		
Hospitalization rate is defined as hospitalization for any cause. The values expressed is days per 1,000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery diseas narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and dru abuse at any age. Hyperthyroidism and various abnormalities of the heart or primary heart muscle disease, and in rate instances extreme vitamin deficiencies can result in heart failure (American Heart Association). Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admiss for any reason in past quarter per 1000 patients.							
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	45%	67%	36%	36%	36%		

Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 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 HbgA1c<=7 and diving that by the number of diabetics with current HbgA1c<



Performance Indicators (Continued)

			Performance Ind	licator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	41%	53%	45%	45%	45%
Percentage of woman >=40 ye mammogram in the past year	U	0 1			men>=40 years of age with a
K Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	18%	22%	20%	20%	20%

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

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

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

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

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

L e v e l	Performance Indicator Name	Vearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Ind Performance Standard as Initially Appropriated FY 2005-2006	licator Values Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007			
	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	8.0	9.5	8.2	8.2	8.2			
	Average length of stay for psy disorders and while lodged in similar in size and teaching st for psychiatric care divided by	the hospital at least atus. The average le	overnight. The averangth of stay for psyc	age length of stay is hiatric inpatients is o	compared to median value	s for groups of hospitals			
	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	4.3	5.2	4.7	4.7	4.7			
	Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.)								
	Percentage of Readmissions (LAPAS CODE - 9814)	10.5%	8.7%	10.1%	10.1%	10.1%			
	CODE - 9614)10.3%8.7%10.1%10.1%10.1%Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge								

by total admissions.

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

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

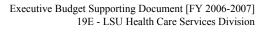
Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

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



v ePerformance PerformanceActual Yearend PerformanceInitially AppropriatedPerformance StandardAt Executive Budget Leve FY 2005-2006INameFY 2004-2005FY 2004-2005FY 2005-2006FY 2005-2006KPatient satisfaction survey rating (LAPAS CODE -FY 2004-2005FY 2005-2006FY 2005-2006				Performance Ind	licator Values	
rating (LAPAS CODE -	e v e Performance Indicator	Performance Standard	Performance	Standard as Initially Appropriated	Performance Standard	Performance At Executive Budget Level FY 2006-2007
<u>9815)</u> 87% 91% 92% 92% 92		87%	91%	92%	92%	92%

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





610_7000 — Lallie Kemp Regional Medical Center



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

Program Description

The mission of Lallie Kemp Medical Center is:

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

The goals of Lallie Kemp Medical Center are:

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

For additional information, see:

Lallie Kemp Regional Medical Center



Lallie Kemp Regional Medical Center Budget Summary

		rior Year Actuals 2004-2005	F	Enacted Y 2005-2006	F	Existing 'Y 2005-2006			commended 2006-2007	Total commended iver/Under EOB
Means of Financing:										
State General Fund (Direct)	\$	1,281,233	\$	5,364,259	\$	5,364,259	S	5	5,013,805	\$ (350,454)
State General Fund by:										
Total Interagency Transfers		0		0		0			0	0
Fees and Self-generated Revenues		0		0		0			0	0
Statutory Dedications		0		0		0			0	0
Interim Emergency Board		0		0		0			0	0
Federal Funds		0		0		0			0	0
Total Means of Financing	\$	1,281,233	\$	5,364,259	\$	5,364,259	5	5	5,013,805	\$ (350,454)
Expenditures & Request:										
Personal Services	\$	0	\$	0	\$	0	5	5	0	\$ 0
Total Operating Expenses		0		0		0			0	0
Total Professional Services		0		0		0			0	0
Total Other Charges		1,281,233		5,364,259		5,364,259			5,013,805	(350,454)
Total Acq & Major Repairs		0		0		0			0	0
Total Unallotted		0		0		0			0	0
Total Expenditures & Request	\$	1,281,233	\$	5,364,259	\$	5,364,259	S	5	5,013,805	\$ (350,454)
Authorized Full-Time Equiva	lents:									
Classified		0		0		0			0	0
Unclassified		0		0		0			0	0
Total FTEs		0		0		0			0	0

Source of Funding

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

Major Changes from Existing Operating Budget

Ge	neral Fund	Т	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
\$	5,364,259	\$	5,364,259	0	Existing Oper Budget as of 12/01/05
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:

Non-Statewide Major Financial Changes:



Major Changes from Existing Operating Budget (Continued)

G	eneral Fund	T	otal Amount	Table of Organization	Description
	(350,454)		(350,454)	0	Funding for non-allowable costs
_					
\$	5,013,805	\$	5,013,805	0	Recommended FY 2006-2007
\$	0	\$	0	0	
Э	0	\$	0	0	Less Governor's Supplementary Recommendations
\$	5,013,805	\$	5,013,805	0	Base Executive Budget FY 2006-2007
\$	5,013,805	\$	5,013,805	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2006-2007

Other Charges

Amount	Description
	Other Charges:
\$5,013,805	Funding for non-allowable costs
\$5,013,805	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2006-2007
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$5,013,805	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2006-2007

Performance Information

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

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



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

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

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

Performance Indicators

				Performance Indicator Values				
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007		
K	Average daily census (LAPAS CODE - 9807)	18.0	14.3	17.0	17.0	17.0		

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

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

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

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

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



			Performance Inc	dicator Values					
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007				
S Number of staffed beds (LAPAS CODE - 9806)	28	25	28	25	25				
	Staffed beds are defined as all adult, pediatric patients, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed beds don't include new born bassinets, labor and delivery beds or emergency room beds.								
K Emergency department visits (LAPAS CODE - 5854)	28,800	26,285	28,223	28,223	28,223				
	An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.								
K Total outpatient encounters (LAPAS CODE - 9809)	110,183	85,787	107,206	107,206	107,206				
preventive, curative, rehabi	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005								

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

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

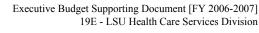
Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

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



			Performance Ind	icator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	179	9	111	111	111
Hospitalization rate is defined heart failure, it does not mean "failure" indicated the heart is term "congestive heart failure accompanied by a buildup of narrowing of the arteries supp abuse at any age. Hyperthyroi can cause heart failure. In add deficiencies can result in hear of admissions of any cause qu admits for any reason in past	the heart has stopped not pumping effectiv " (CHF) is often syno body fluid in the lung blying blood to the hea dism and various abn lition, viral or inflamm t failure (American H uarter times 1000 and	I working, but rathe ely enough to meet nymous with heart s and elsewhere. Th art muscle. Heart fai ormalities of the he nation of the heart of eart Association). I dividing that by the	r that it is not workin the body's needs for failure but also refer ne most common cau ilure is also associate art valves (particular or primary heart mus Hospitalization days	ng as efficiently as it should oxygen rich blood, either di s to the state in which decre use of congestive heart failu ed with untreated hyper tens rly aortic and mitral) are am cle disease, and in rate insta related to congestive heart	I. In other words, the term uring exercise or at rest. The eased heart function is re is coronary artery disease- sion, alcohol abuse and drug nong the other disorders that ances extreme vitamin failure by taking the number
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	49%	60%	49%	49%	49%
Diabetes mellitus is a disease the body store and use the sug pancreas produces very little hemoglobin A1C test, also ca have glucose attached to then	gar and fat from the fo insulin or when the bo lled a glycated hemog	ood individuals eat. 1 ody does not respon- globin test, measures	Diabetes occurs whe d appropriately to in s the proportion of h	en the pancreas does not pro sulin, a condition called "in emoglobin molecules in a p	duce any insulin, or the sulin resistance". The atient's red blood cells that

have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 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 HbgA1c<=7 and diving that by the number of diabetics with current HbgA1c.





Performance Indicators (Continued)

				Performance Ind	licator Values	
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
К	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	32%	34%	32%	32%	32%
	Percentage of woman >=40 ye mammogram in the past year a	U	0 1			en>=40 years of age with a
К	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	25%	24%	33%	33%	33%
	The Pap test is a screening test diagnostic procedures must be symptoms that could be due to sexual activity, if earlier. The extended. The Pap test is perfe	done. The pap test a cervical cancer.	is not a diagnostic te Pap test screening is s usually every year,	est. It can not be used recommended for al although, if there ha	d to exclude a cancer of cerv Il women beginning at age 13 ive been no previous abnorm	ix for a person who has 8 years or at the onset of al test, the interval may be

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

laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women>=18 years of age with a pap smear in the past year

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

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

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

and dividing that by the number of women in the population>=18years of age.



L e v e Performance Indica l Name	Yearend Performance tor Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Inc Performance Standard as Initially Appropriated FY 2005-2006	licator Values Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007			
S Average length of stay psychiatric inpatients (LAPAS CODE - 1545		Not Applicable	Not Applicable	Not Applicable	Not Applicable			
disorders and while loc similar in size and teac for psychiatric care div	lged in the hospital at least hing status. The average le	overnight. The averangth of stay for psyc f discharges for psyc	age length of stay is hiatric inpatients is hiatric care. Lallie k	compared to median value calculated by taking the tot Lemp does not provide psyc	ment for mental or emotional s for groups of hospitals al number of discharge days chiatric inpatient services and			
S Average length of stay acute medical/surgery inpatients (LAPAS CC - 15451)		4.4	4.5	4.5	4.5			
injuries related to an ac complex and sophistica length of stay for acute acute care medical surg	Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.)							
K Percentage of Readmissions (LAPAS CODE - 9814)	S 9.2%	8.3%	8.9%	8.9%	8.9%			
all area of care, includi	ng OB. Acute care readmis	sions only. Excludes	s readmissions to rel	nabilitation, detoxification	dmission rate is calculated on unit or psychiatric units. 32 days of previous discharge			

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

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

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

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



				Performance Inc	licator Values	
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
	Patient satisfaction survey rating (LAPAS CODE - 9815)	90%	93%	89%	89%	89%

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



610_8000 — Washingtion-St Tammany Regional Medical Center

LSU Health Sciences Center HEALTH CARE SERVICES DIVISION

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

Program Description

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

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

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

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

For additional information, see:

Washingtion-St Tammany Regional Medical Center

Washingtion-St Tammany Regional Medical Center Budget Summary

	A	ior Year Actuals 2004-2005	F	Enacted Y 2005-2006	ł	Existing TY 2005-2006		commended 7 2006-2007	Total commended wer/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	525,380	\$	2,475,162	\$	2,475,162	\$	2,313,456	\$ (161,706)
State General Fund by:									
Total Interagency Transfers		0		0		0		0	0
Fees and Self-generated Revenues		0		0		0		0	0
Statutory Dedications		0		0		0		0	0
Interim Emergency Board		0		0		0		0	0
Federal Funds		0		0		0		0	0
Total Means of Financing	\$	525,380	\$	2,475,162	\$	2,475,162	\$	2,313,456	\$ (161,706)
Expenditures & Request:									
Personal Services	\$	0	\$	0	\$	0	\$	0	\$ 0
Total Operating Expenses		0		0		0		0	0
Total Professional Services		0		0		0		0	0
Total Other Charges		525,380		2,475,162		2,475,162		2,313,456	(161,706)
Total Acq & Major Repairs		0		0		0		0	0
Total Unallotted		0		0		0		0	0
Total Expenditures & Request	\$	525,380	\$	2,475,162	\$	2,475,162	\$	2,313,456	\$ (161,706)
Authorized Full-Time Equiva	lents:								
Classified		0		0		0		0	0
Unclassified		0		0		0		0	0
Total FTEs		0		0		0		0	0

Source of Funding

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

Major Changes from Existing Operating Budget

Gei	neral Fund	T	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
\$	2,475,162	\$	2,475,162	0	Existing Oper Budget as of 12/01/05
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:

Executive Budget Supporting Document [FY 2006-2007] 19E - LSU Health Care Services Division

Major Changes from Existing Operating Budget (Continued)

Ge	neral Fund	Т	otal Amount	Table of Organization	Description
	(161,706)		(161,706)	0	Funding for non-allowable costs
\$	2,313,456	\$	2,313,456	0	Recommended FY 2006-2007
\$	0	\$	0	0	Less Governor's Supplementary Recommendations
\$	2,313,456	\$	2,313,456	0	Base Executive Budget FY 2006-2007
\$	2,313,456	\$	2,313,456	0	Grand Total Recommended

Professional Services

Amount	Description						
There is no specific allocation for Professional Services for Fiscal Year 2006-2007							

Other Charges

Amount	Description						
	Other Charges:						
\$2,313,456	Funding for non-allowable costs						
\$2,313,456	\$2,313,456 SUB-TOTAL OTHER CHARGES						
	Interagency Transfers:						
	There is no specific allocation for Interagency Transfers for Fiscal Year 2006-2007						
\$0	SUB-TOTAL INTERAGENCY TRANSFERS						
\$2,313,456	TOTAL OTHER CHARGES						

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2006-2007

Performance Information

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

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

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

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

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

Performance Indicators

			Performance Ind	licator Values	
L			Performance		
е	Yearend		Standard as	Existing	Performance
V	Performance	Actual Yearend	Initially	Performance	At Executive
e Performance Indicator	Standard	Performance	Appropriated	Standard	Budget Level
l Name	FY 2004-2005	FY 2004-2005	FY 2005-2006	FY 2005-2006	FY 2006-2007
K Average daily census					
(LAPAS CODE - 9807)	55.0	53.8	55.0	56.0	56.0

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

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

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

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

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



L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Ind Performance Standard as Initially Appropriated FY 2005-2006	dicator Values Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007			
S Number of staffed beds (LAPAS CODE - 9806)	66	66	66	82	82			
a routine basis. Further mor	· I I	· ·		1 2 1	and in service for inpatients on room beds.			
K Emergency department visits (LAPAS CODE - 5854)	29,775	27,309	28,913	28,913	28,913			
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.								
K Total outpatient encounters (LAPAS CODE - 9809)	77,582	71,937	71,411	79,957	79,957			
Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005								

Health Forum LLC.

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

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

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

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



			Performance In	dicator Values					
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007				
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	179	241	179	179	179				
heart failure, it does not mean "failure" indicated the heart is term "congestive heart failure accompanied by a buildup of narrowing of the arteries supp abuse at any age. Hyperthyroi can cause heart failure. In add deficiencies can result in hear of admissions of any cause qu	Hospitalization rate is defined as hospitalization for any cause. The values expressed is days per 1,000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart or primary heart muscle disease, and in rate instances extreme vitamin deficiencies can result in heart failure (American Heart Association). Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.								
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	44%	60%	46%	46%	46%				
Diabetes mellitus is a disease the body store and use the sug	I (0	, ,	1	1				

Diabetes mentus is a disease of the pancreas (an organ behind your stomach). Normanly, the pancreas releases a hormone called insum that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 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 HbgA1c<=7 and diving that by the number of diabetics with current HbgA1c.



Performance Indicators (Continued)

			Performance Ind	licator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	32%	26%	32%	32%	32%
Percentage of woman >=40 ye mammogram in the past year	U	0 1			men>=40 years of age with a
K Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	22%	22%	23%	23%	23%

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

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

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

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

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



				Performance Inc	licator Values			
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007		
S	Average length of stay for psychiatric (LAPAS CODE - 15450)	13.6	11.5	13.1	13.1	13.1		
	Average length of stay for psyc disorders and while lodged in t similar in size and teaching sta for psychiatric care divided by	he hospital at least tus. The average le	overnight. The averangth of stay for psyc	age length of stay is hiatric inpatients is	compared to median value	s for groups of hospitals		
S	Average length of stay for acute medical/surgery (LAPAS CODE - 15454)	5.2	5.3	5.3	5.3	5.3		
	Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.							
K	Percentage of Readmissions (LAPAS CODE - 9814)	9.3%	14.0%	15.7%	15.7%	15.7%		
	Readmission is defined as total all area of care, including OB. Excludes admissions for resear by total admissions.	Acute care readmis	ssions only. Excludes	s readmissions to reh	nabilitation, detoxification	unit or psychiatric units.		

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

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

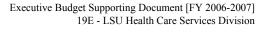
Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

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



			Performance Ind	licator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K Patient satisfaction survey rating (LAPAS CODE - 9815)	93%	92%	94%	94%	94%

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





610_9000 — Leonard J Chabert Medical Center

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

Program Description

The mission of Leonard J. Chabert Medical Center is:

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

The goals of Leonard J. Chabert Medical Center are:

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

For additional information, see:

Leonard J Chabert Medical Center



Leonard J Chabert Medical Center Budget Summary

		rior Year Actuals 2004-2005	F	Enacted Y 2005-2006	F	Existing FY 2005-2006			commended 7 2006-2007	Total commended)ver/Under EOB
Means of Financing:										
State General Fund (Direct)	\$	2,124,394	\$	3,893,389	\$	3,893,389	S	5	3,639,029	\$ (254,360)
State General Fund by:										
Total Interagency Transfers		0		0		0			0	0
Fees and Self-generated Revenues		0		0		0			0	0
Statutory Dedications		0		0		0			0	0
Interim Emergency Board		0		0		0			0	0
Federal Funds		0		0		0			0	0
Total Means of Financing	\$	2,124,394	\$	3,893,389	\$	3,893,389	5	\$	3,639,029	\$ (254,360)
Expenditures & Request:										
Personal Services	\$	0	\$	0	\$	0	5	5	0	\$ 0
Total Operating Expenses		0		0		0			0	0
Total Professional Services		0		0		0			0	0
Total Other Charges		2,124,394		3,893,389		3,893,389			3,639,029	(254,360)
Total Acq& Major Repairs		0		0		0			0	0
Total Unallotted		0		0		0			0	0
Total Expenditures & Request	\$	2,124,394	\$	3,893,389	\$	3,893,389	5	\$	3,639,029	\$ (254,360)
Authorized Full-Time Equiva	lents:									
Classified		0		0		0			0	0
Unclassified		0		0		0			0	0
Total FTEs		0		0		0			0	0

Source of Funding

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

Major Changes from Existing Operating Budget

Ge	neral Fund	Т	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
\$	3,893,389	\$	3,893,389	0	Existing Oper Budget as of 12/01/05
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:

Non-Statewide Major Financial Changes:



Major Changes from Existing Operating Budget (Continued)

Ge	eneral Fund	T	otal Amount	Table of Organization	Description
	(254,360)		(254,360)	0	Funding for non-allowable costs
\$	3,639,029	\$	3,639,029	0	Recommended FY 2006-2007
\$	0	\$	0	0	Less Governor's Supplementary Recommendations
Ψ	Ŭ	Ψ	Ŭ	0	Less covernor s supplementary recommendations
\$	3,639,029	\$	3,639,029	0	Base Executive Budget FY 2006-2007
\$	3,639,029	\$	3,639,029	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2006-2007

Other Charges

Amount	Description
	Other Charges:
\$3,639,029	Funding for non-allowable costs
\$3,639,029	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2006-2007
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$3,639,029	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2006-2007

Performance Information

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

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



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

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

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

Performance Indicators

				Performance Inc	licator Values	
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K	Average daily census (LAPAS CODE - 9807)	69	64	67	67	67

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

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

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

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

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



				Performance Inc	dicator Values				
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007			
	Number of staffed beds (LAPAS CODE - 9806)	99	95	82	83	83			
	Staffed beds are defined as all a routine basis. Further more,	· • •				and in service for inpatients on boom beds.			
	Emergency department visits (LAPAS CODE - 5854)	46,000	46,280	48,502	49,702	49,702			
	An emergency room visit is ar basis. The patient must be treated		5	1 1	es medical or surgical care	, usually on an unscheduled			
	Total outpatient encounters (LAPAS CODE - 9809)	176,868	167,615	172,554	182,104	182,104			
	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005								

Health Forum LLC.

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

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

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

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



			Performance Ind	licator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	233	87	143	143	143
Hospitalization rate is defined heart failure, it does not mean "failure" indicated the heart is term "congestive heart failure accompanied by a buildup of narrowing of the arteries supp abuse at any age. Hyperthyroi can cause heart failure. In add deficiencies can result in hear of admissions of any cause qu admits for any reason in past	the heart has stopped on the pumping effection (CHF) is often symboly fluid in the lum oblying blood to the head idism and various ab lition, viral or inflam t failure (American head parter times 1000 and	d working, but rather vely enough to meet onymous with heart gs and elsewhere. T eart muscle. Heart fa normalities of the heart Heart Association). I dividing that by the	er that it is not worki the body's needs for failure but also refer he most common can uilure is also associat eart valves (particula or primary heart mus Hospitalization days	ng as efficiently as it shoul r oxygen rich blood, either or rs to the state in which decruse use of congestive heart fail- ted with untreated hyper ter rrly aortic and mitral) are an scle disease, and in rate ins strelated to congestive heart	d. In other words, the term during exercise or at rest. The reased heart function is ure is coronary artery disease- nsion, alcohol abuse and drug mong the other disorders that tances extreme vitamin t failure by taking the number
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	48%	58%	49%	49%	49%
Diabetes mellitus is a disease the body store and use the sug pancreas produces very little i hemoglobin A1C test, also ca have glucose attached to them lifecycle of its red blood cell.	gar and fat from the b insulin or when the b lled a glycated hemo n (and thus are "glyc	food individuals eat. body does not respon- bglobin test, measure ated"). Once glycate	Diabetes occurs when a appropriately to in es the proportion of h d, a hemoglobin mol	en the pancreas does not pr nsulin, a condition called "i nemoglobin molecules in a lecule stays that way throug	oduce any insulin, or the nsulin resistance". The patient's red blood cells that ghout the 3 to 4 month

lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 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 $A1C \le 7$ is calculated by taking the number of diabetics with current $HbgA1c \le 7$ and diving that by the number of diabetics with current HbgA1c.



Performance Indicators (Continued)

				Performance Ind	icator Values					
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007				
К	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	46%	44%	49%	49%	49%				
	Percentage of woman >=40 ye mammogram in the past year a	U	0 1	5 5	U U	en>=40 years of age with a				
К	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	36%	34%	38%	38%	38%				
	CODE - 15459)36%34%38%38%38%38%The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology									

extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women>=18 years of age with a pap smear in the past year and dividing that by the number of women in the population>=18 years of age.

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

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

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

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



			Performance In	dicator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
S Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	6.2	6.2	6.1	6.1	6.1
disorders and while lodged i	n the hospital at least of status. The average ler	overnight. The aver igth of stay for psyc	age length of stay is chiatric inpatients is	compared to median val	eatment for mental or emotional ues for groups of hospitals total number of discharge days
S Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	4.7	4.2	4.4	4.4	4.4
injuries related to an accider complex and sophisticated to length of stay for acute med acute care medical surgery d	t or other trauma, or d echnical equipment an ical surgery inpatients lischarges from the hos	uring recovery from d materials. Unlike is the total number spital. The average	n surgery. Acute car chronic care, acute of acute care medic length of stay is a ke	e is given in the hospital care is often necessary fo al surgery discharge days ey indicator of utilization	for the subsequent treatment of by specialized personnel, using r only a short time. Average divided by the total number of and clinical management and is U.S. Hospitals-The Sourcebook
K Percentage of Readmissions (LAPAS CODE - 9814)	10.6%	11.5%	11.3%	11.3%	11.3%
Readmission is defined as to		5 0	U		eadmission rate is calculated on

Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.

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

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

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

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



				Performance Indicator Values					
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007			
	Patient satisfaction survey rating (LAPAS CODE - 9815)	92%	92%	91%	91%	91%			

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



610_10A0 — Charity Hospital & Medical Center of Louisiana

LSU Health Sciences Center HEALTH CARE SERVICES DIVISION

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

Program Description

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

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

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

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

For additional information, see:

Charity Hospital & Medical Center of Louisiana



Charity Hospital & Medical Center of Louisiana Budget Summary

		Prior Year Actuals ¥ 2004-2005	F	Enacted 'Y 2005-2006	I	Existing 7Y 2005-2006			commended 7 2006-2007	Total commended Over/Under EOB
Means of Financing:										
State General Fund (Direct)	\$	13,884,767	\$	41,442,735	\$	41,442,735	5	5	35,082,009	\$ (6,360,726)
State General Fund by:										
Total Interagency Transfers		0		0		0			0	0
Fees and Self-generated Revenues		0		0		0			0	0
Statutory Dedications		0		0		0			0	0
Interim Emergency Board		0		0		0			0	0
Federal Funds		0		0		0			0	0
Total Means of Financing	\$	13,884,767	\$	41,442,735	\$	41,442,735	\$	5	35,082,009	\$ (6,360,726)
Expenditures & Request:										
Personal Services	\$	0	\$	0	\$	0	5	5	0	\$ 0
Total Operating Expenses		0		0		0			0	0
Total Professional Services		0		0		0			0	0
Total Other Charges		13,884,767		41,442,735		41,442,735			35,082,009	(6,360,726)
Total Acq & Major Repairs		0		0		0			0	0
Total Unallotted		0		0		0			0	0
Total Expenditures & Request	\$	13,884,767	\$	41,442,735	\$	41,442,735	5	5	35,082,009	\$ (6,360,726)
Authorized Full-Time Equiva	lents									
Classified		0		0		0			0	0
Unclassified		0		0		0			0	0
Total FTEs		0		0		0			0	0

Source of Funding

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

Major Changes from Existing Operating Budget

Ge	eneral Fund	Т	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
\$	41,442,735	\$	41,442,735	0	Existing Oper Budget as of 12/01/05
					Statewide Major Financial Changes:
	(3,908,319)		(3,908,319)	0	Executive Order No. KBB 2005-82 Expenditure Reduction



Major Changes from Existing Operating Budget (Continued)

General Fund	Т	otal Amount	Table of Organization	Description
				Non-Statewide Major Financial Changes:
(2,452,407)		(2,452,407)	0	Funding for non-allowable costs
\$ 35,082,009	\$	35,082,009	0	Recommended FY 2006-2007
\$ 0	\$	0	0	Less Governor's Supplementary Recommendations
\$ 35,082,009	\$	35,082,009	0	Base Executive Budget FY 2006-2007
\$ 35,082,009	\$	35,082,009	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2006-2007

Other Charges

Amount	Description
	Other Charges:
\$35,082,009	Funding for non-allowable costs
\$35,082,009	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2006-2007
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$35,082,009	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

 Amount
 Description

 There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2006-2007

Performance Information

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

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



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

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

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

Performance Indicators

				Performance Indicator Values				
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007		
	Average daily census (LAPAS CODE - 9807)	408.0	377.5	389.0	416.0	416.0		

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

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

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

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

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



			Performance Ind	licator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
S Number of staffed beds (LAPAS CODE - 9806)	566	465	561	572	572
Staffed beds are defined as a noutine basis. Further mor					nd in service for inpatients on om beds.
K Emergency department visits (LAPAS CODE - 5854)	125,263	119,815	135,406	135,406	135,406
An emergency room visit is basis. The patient must be the				es medical or surgical care,	usually on an unscheduled
K Total outpatient encounters (LAPAS CODE - 9809)	410,462	384,615	444,696	444,696	444,696
	itative and educational	services on a sched	luled basis to ambula	atory patients. Emergency r	roviding diagnostic, room treatment is defined as .HA Hospital Statistics, 2005

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

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

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

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



			Performance Inc	dicator Values	
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	395	164	406	406	406
term "congestive heart failur	In the heart has stopp is not pumping effect re" (CHF) is often sy f body fluid in the lu pplying blood to the l bidism and various a ldition, viral or inflat art failure (American quarter times 1000 ar	ed working, but rath- tively enough to mee nonymous with heart ngs and elsewhere. T heart muscle. Heart fa bnormalities of the h- nmation of the heart Heart Association). Ind dividing that by th	er that it is not worki t the body's needs for failure but also refe he most common ca ailure is also associa eart valves (particula or primary heart mu Hospitalization days	ing as efficiently as it should r oxygen rich blood, either d ors to the state in which decre use of congestive heart failu ted with untreated hyper tens arly aortic and mitral) are am scle disease, and in rate insta s related to congestive heart	In other words, the term uring exercise or at rest. The eased heart function is re is coronary artery disease- sion, alcohol abuse and drug tong the other disorders that ances extreme vitamin failure by taking the number
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	31%	49%	28%	28%	28%
Diabetes mellitus is a disease the body store and use the su pancreas produces very little	agar and fat from the insulin or when the	food individuals eat. body does not respon	Diabetes occurs wh and appropriately to in	en the pancreas does not pro	duce any insulin, or the sulin resistance". The

the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 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 $A1C \le 7$ is calculated by taking the number of diabetics with current HbgA1c <= 7 and diving that by the number of diabetics with current HbgA1c.



Performance Indicators (Continued)

	Performance Indicator Values					
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007	
K Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	27%	34%	33%	33%	33%	
Percentage of woman >=40 ye mammogram in the past year	U	0 1			nen>=40 years of age with a	
K Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	22%	29%	28%	28%	28%	

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

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

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

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

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



L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Ind Performance Standard as Initially Appropriated FY 2005-2006	icator Values Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007	
	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	14.9	14.6	15.3	15.3	15.3	
	Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care.						
1	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	5.3	5.2	5.1	5.1	5.1	
	Acute Care is a type of health c injuries related to an accident c complex and sophisticated tech length of stay for acute medica acute care medical surgery disc predictive of the average resou 2002.)	or other trauma, or du nnical equipment and l surgery inpatients i charges from the hos	uring recovery from I materials. Unlike c is the total number o pital. The average le	surgery. Acute care hronic care, acute ca f acute care medical ngth of stay is a key	is given in the hospital by s are is often necessary for or surgery discharge days div indicator of utilization and	pecialized personnel, using ly a short time. Average ided by the total number of clinical management and is	
	Percentage of Readmissions (LAPAS CODE - 9814)	11.7%	10.9%	10.3%	10.3%	10.3%	
	Readmission is defined as total all area of care, including OB. Excludes admissions for resear by total admissions.	Acute care readmiss	ions only. Excludes	readmissions to reha	abilitation, detoxification un	nit or psychiatric units.	

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

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

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

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



	Performance Indicator Values						
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2004-2005	Actual Yearend Performance FY 2004-2005	Performance Standard as Initially Appropriated FY 2005-2006	Existing Performance Standard FY 2005-2006	Performance At Executive Budget Level FY 2006-2007		
K Patient satisfaction survey rating (LAPAS CODE - 9815)	89%	82%	83%	83%	83%		

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

