# 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 2005-2006	F	Enacted Y 2006-2007	I	Existing FY 2006-2007	Continuation FY 2007-2008	ecommended Y 2007-2008	Total ecommended Over/Under EOB
Means of Financing:								
State General Fund (Direct)	\$ 74,258,061	\$	69,446,449	\$	69,446,449	\$ 69,406,449	\$ 79,945,971	\$ 10,499,522
State General Fund by: Total Interagency Transfers	0		0		0	0	0	0
Fees and Self-generated Revenues	0		0		0	0	0	0
Statutory Dedications	0		0		0	0	0	0
Interim Emergency Board	0		0		0	0	0	0
Federal Funds	0		0		0	0	0	0
Total Means of Financing	\$ 74,258,061	\$	69,446,449	\$	69,446,449	\$ 69,406,449	\$ 79,945,971	\$ 10,499,522
Expenditures & Request:								
LA Health Care Services Division	\$ 74,258,061	\$	69,446,449	\$	69,446,449	\$ 69,406,449	\$ 79,945,971	\$ 10,499,522
Total Expenditures & Request	\$ 74,258,061	\$	69,446,449	\$	69,446,449	\$ 69,406,449	\$ 79,945,971	\$ 10,499,522



# LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2005-2006	Enacted FY 2006-2007	Existing FY 2006-2007	Continuation FY 2007-2008	Recommended FY 2007-2008	Total Recommended Over/Under EOB
Authorized Full-Time Equiv	alents:					
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	<b>s</b> 0	0	0	0	0	0





# 19E-610 — LA Health Care Services Division

LSU Health Sciences Center HEALTH CARE SERVICES DIVISION	
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# **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 7 2005-2006	F	Enacted Y 2006-2007	F	Existing Y 2006-2007	Continuation FY 2007-2008	ecommended TY 2007-2008	Total commended over/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	74,258,061	\$	69,446,449	\$	69,446,449	\$ 69,406,449	\$ 79,945,971	\$ 10,499,522
State General Fund by:									
Total Interagency Transfers		0		0		0	0	0	0
Fees and Self-generated Revenues		0		0		0	0	0	0
Statutory Dedications		0		0		0	0	0	0
Interim Emergency Board		0		0		0	0	0	0
Federal Funds		0		0		0	0	0	0
Total Means of Financing	\$	74,258,061	\$	69,446,449	\$	69,446,449	\$ 69,406,449	\$ 79,945,971	\$ 10,499,522
Expenditures & Request:									
Earl K Long Medical Center		9,960,547		9,309,811		9,309,811	9,309,811	10,495,894	1,186,083
Huey P Long Medical Center		6,042,181		5,647,437		5,647,437	5,647,437	6,238,178	590,741
University Medical Center		4,243,749		3,966,499		3,966,499	3,966,499	4,740,043	773,544
W.O. Moss Regional Medical Center		4,744,358		4,474,403		4,474,403	4,434,403	4,870,342	395,939
Lallie Kemp Regional Medical Center		5,364,259		5,013,805		5,013,805	5,013,805	5,315,730	301,925
Washingtion-St Tammany Regional Medical Center		2,475,162		2,313,456		2,313,456	2,313,456	2,712,667	399,211
Leonard J Chabert Medical Center		3,893,389		3,639,029		3,639,029	3,639,029	4,278,150	639,121
Charity Hospital & Medical Center of Louisiana		37,534,416		35,082,009		35,082,009	35,082,009	41,294,967	6,212,958
Total Expenditures & Request	\$	74,258,061	\$	69,446,449	\$	69,446,449	\$ 69,406,449	\$ 79,945,971	\$ 10,499,522
Authorized Full-Time Equiva	lents:								
Classified		0		0		0	0	0	0
Unclassified		0		0		0	0	0	0
Total FTEs		0		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.

Since 1968 Earl K. Long Medical Center has served as a state operated, acute care, primary care medical/teaching facility. The hospital services families in East and West Baton Rouge, East and West Feliciana, Iberville, Livingston, and Pointe Coupee parishes. With several multiple services targeted at the pediatric and adolescent populations, Earl K. Long's clinics service high risk infants, pediatric HIV, general pediatric, ADHD, allergies, diabetes and Kid Med populations. In addition, the hospital treats patients from the Louisiana State Peniten-



tiary (Angola) and other surrounding prisons. Additional clinics which are also conducted at Earl K. Long Medical Center include medicine, eye, early intervention, HIV, CHF, oncology, ambulatory care, family practice, general surgery, orthopedic, pediatric, oral surgery, diabetic foot care, wound care, asthma and infusion. In addition to patient care, disease management and clinic services, the medical center provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and diagnostic services. The medical center is licensed for one hundred fifty seven beds and six of those are designated for prisoner care and forty four are off site psychiatric care.

### For additional information, see:

Earl K Long Medical Center

# Earl K Long Medical Center Budget Summary

		rior Year Actuals 2005-2006	F	Enacted Y 2006-2007	F	Existing 'Y 2006-2007	Continuation FY 2007-2008	ecommended FY 2007-2008	Total commended Over/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	9,960,547	\$	9,309,811	\$	9,309,811	\$ 9,309,811	\$ 10,495,894	\$ 1,186,083
State General Fund by:									
Total Interagency Transfers		0		0		0	0	0	0
Fees and Self-generated Revenues		0		0		0	0	0	0
Statutory Dedications		0		0		0	0	0	0
Interim Emergency Board		0		0		0	0	0	0
Federal Funds		0		0		0	0	0	0
Total Means of Financing	\$	9,960,547	\$	9,309,811	\$	9,309,811	\$ 9,309,811	\$ 10,495,894	\$ 1,186,083
Expenditures & Request:									
Personal Services	\$	0	\$	0	\$	0	\$ 0	\$ 0	\$ 0
Total Operating Expenses		0		0		0	0	0	0
Total Professional Services		0		0		0	0	0	0
Total Other Charges		9,960,547		9,309,811		9,309,811	9,309,811	10,495,894	1,186,083
Total Acq & Major Repairs		0		0		0	0	0	0
Total Unallotted		0		0		0	0	0	0
Total Expenditures & Request	\$	9,960,547	\$	9,309,811	\$	9,309,811	\$ 9,309,811	\$ 10,495,894	\$ 1,186,083
Authorized Full-Time Equiva	lents:								
Classified		0		0		0	0	0	0
Unclassified		0		0		0	0	0	0
Total FTEs		0		0		0	0	0	0



# **Source of Funding**

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

# Major Changes from Existing Operating Budget

\$   0   \$   0   0   Mid-Year Adjustments (BA-7s):     \$   9,309,811   \$   9,309,811   0   Existing Oper Budget as of 12/01/06     \$   9,309,811   \$   9,309,811   0   Existing Oper Budget as of 12/01/06     \$   9,309,811   \$   9,309,811   0   Existing Oper Budget as of 12/01/06     \$   1,186,083   1,186,083   0   Funding for non-Statewide Major Financial Changes: Non-Statewide Major Financial Changes:     \$   10,495,894   \$   10,495,894   0   Recommended FY 2007-2008     \$   0   \$   0   0   Less Hurricane Disaster Recovery Funding     \$   10,495,894   \$   10,495,894   0   Base Executive Budget FY 2007-2008	Ge	neral Fund	Т	otal Amount	Table of Organization	Description
Statewide Major Financial Changes:   Non-Statewide Major Financial Changes:     1,186,083   1,186,083   0     Funding for non-allowable costs.   Funding for non-allowable costs.     \$ 10,495,894   \$ 10,495,894   0     Recommended FY 2007-2008   Secommended FY 2007-2008	\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
Statewide Major Financial Changes:     Non-Statewide Major Financial Changes:     1,186,083   1,186,083   0   Funding for non-allowable costs.     \$   10,495,894   \$   10,495,894   0   Recommended FY 2007-2008     \$   0   \$   0   0   Less Hurricane Disaster Recovery Funding						
Non-Statewide Major Financial Changes:       1,186,083     1,186,083     0     Funding for non-allowable costs.       \$     10,495,894     \$     10,495,894     0     Recommended FY 2007-2008       \$     0     \$     0     0     Less Hurricane Disaster Recovery Funding	\$	9,309,811	\$	9,309,811	0	Existing Oper Budget as of 12/01/06
Non-Statewide Major Financial Changes:     1,186,083   1,186,083   0   Funding for non-allowable costs.     \$ 10,495,894   10,495,894   0   Recommended FY 2007-2008     \$ 0   \$ 0   0   Less Hurricane Disaster Recovery Funding						
1,186,083   1,186,083   0   Funding for non-allowable costs.     \$ 10,495,894   \$ 10,495,894   0   Recommended FY 2007-2008     \$ 0 \$ 0 0   0   Less Hurricane Disaster Recovery Funding						•
\$ 10,495,894   \$ 10,495,894   0   Recommended FY 2007-2008     \$ 0   \$ 0   \$ 0   0   Less Hurricane Disaster Recovery Funding						Non-Statewide Major Financial Changes:
\$ 0 \$ 0 0 Less Hurricane Disaster Recovery Funding		1,186,083		1,186,083	0	Funding for non-allowable costs.
\$ 0 \$ 0 0 Less Hurricane Disaster Recovery Funding						
	\$	10,495,894	\$	10,495,894	0	Recommended FY 2007-2008
\$ 10,495,894     \$ 10,495,894     0     Base Executive Budget FY 2007-2008	\$	0	\$	0	0	Less Hurricane Disaster Recovery Funding
\$     10,495,894     \$     10,495,894     0     Base Executive Budget FY 2007-2008						
	\$	10,495,894	\$	10,495,894	0	Base Executive Budget FY 2007-2008
\$ 10,495,894 \$ 10,495,894 0 Grand Total Recommended	\$	10,495,894	\$	10,495,894	0	Grand Total Recommended

# **Professional Services**

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2007-2008.

# **Other Charges**

Amount	Description
	Other Charges:
\$10,495,894	Funding for non-allowable costs
\$10,495,894	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2007-2008.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$10,495,894	TOTAL OTHER CHARGES



### **Acquisitions and Major Repairs**



There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2007-2008.

### **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 At	Performance
$\mathbf{v}$		Performance	Actual Yearend	Initially	Performance	Continuation	At Executive
е	Performance Indicator	Standard	Performance	Appropriated	Standard	Budget Level	Budget Level
1	Name	FY 2005-2006	FY 2005-2006	FY 2006-2007	FY 2006-2007	FY 2007-2008	FY 2007-2008
K	Average daily census						
	(LAPAS CODE - 9807)	102.0	119.9	102.0	102.0	115.0	115.0

In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level FY07-08 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

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

### **Performance Indicators**

				Performance Ind	icator Values					
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008			
	Number of staffed beds (LAPAS CODE - 9806)	134	138	134	134	138	138			
:	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. The performance at continuation budget level FY07-08 is based on anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.									
,	Emergency department visits (LAPAS CODE - 5854)	44,415	44,947	44,415	44,415	44,415	44,415			
     	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. 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. The performance at continuation budget level FY07-08 is based on anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.									
	Total outpatient encounters (LAPAS CODE - 9809)	179,795	191,147	179,795	179,795	179,795	179,795			
] ; ; ;	(LAPAS CODE - 9809)179,795191,147179,795179,795179,795179,795Total 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. 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. The performance at continuation budget level FY07-08 is based on anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.									

### 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 1	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	109	122	109	109	122	122
	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 heart of admissions of any cause qu admits for any reason in past of FY 05 budget, hence, FY 07 p performance standards for ren	the heart has stopp not pumping effect " (CHF) is often syn body fluid in the lun lying blood to the h dism and various al ition, viral or inflar t failure (American arter times 1000 an quarter per 1000 pat rojections are the s	ed working, but rathe ively enough to meet nonymous with heart ngs and elsewhere. T teart muscle. Heart fa phormalities of the heart Heart Association). d dividing that by the ients. The performan	er that it is not workin t the body's needs for failure but also refer he most common cau ailure is also associate eart valves (particular or primary heart mus Hospitalization days e number in the CHF ce at continuation bu	ng as efficiently as oxygen rich blood, rs to the state in wh use of congestive he ed with untreated h rly aortic and mitra scle disease, and in related to congesti population. The in idget level FY 07-0	it should. In other w , either during exerci- ich decreased heart f eart failure is corona yper tension, alcoho l) are among the oth rate instances extrem ve heart failure by ta dicator definition is 8 is based on an anti-	ords, the term ise or at rest. The function is ry artery disease- of abuse and drug er disorders that ne vitamin uking the number the number of cipated standstill
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	41%	50%	41%	41%	41%	41%
	Diabetes mellitus is a disease the body store and use the sug pancreas produces very little i hemoglobin A1C test, also cal have glucose attached to them lifecycle of its red blood cell. patient's body. The hemoglob Control and Complications Tr or preventing complications th Kingdom Prospective Diabete blood glucose control signific Association & the Departmen	ar and fat from the nsulin or when the led a glycated hem (and thus are "glyc Red blood cells are in A1C goal for pe- ial (DCCT), found p nat affect the eyes, l s Study (UKPDS), antly reduces the ri t of Patient Educati	food individuals eat. body does not respor oglobin test, measure cated"). Once glycate continually dying ar ople with Type 2 dial batients who keep the cidneys, and nerves t a 20 year study that i sk of major diabetic o on and Health Inform	Diabetes occurs whe ad appropriately to in es the proportion of h d, a hemoglobin mol ad being replaced, so betes is less than 7%. Fir hemoglobin A1C I han people with a he involves more than 5 eye disease and early nation/Department of	en the pancreas doe isulin, a condition c isumoglobin molecul ecule stays that wa at any given time t The finding of a m evels close to 7% h moglobin A1C of a ,000 people with ty kidney damage. D f Endocrinology at	s not produce any in salled "insulin resista les in a patient's red y throughout the 3 to hey have a range of najor diabetes study, ave a much better ch approximately 9%. T pe 2 diabetes, show efinition-American I the Cleveland Clinic	sulin, or the ance". The blood cells that o 4 month ages in the the Diabetes nance of delaying he United ed that intensive Diabetes e - 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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence, FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.



### **Performance Indicators (Continued)**

				Performance Ind	licator Values							
I e v e l		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008					
k	X Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	36%	51%	36%	36%	51%	51%					
	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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence, FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.											
k	K Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	25%	41%	25%	25%	41%	41%					

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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence, FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.

# 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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008	
S Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	13.3	14.3	13.3	13.3	13.3	13.3	
Average length of stay for per disorders and while lodged i similar in size and teaching for psychiatric care divided on an anticipated standstill I 06 performance standards for	n the hospital at least of status. The average ler by the total number of TY 05; hence projectio	by ernight. The avera agth of stay for psyc discharges for psycl ns are the same as F	nge length of stay is hiatric inpatients is c hiatric care. The perf	compared to media calculated by taking formance at continu	n values for groups og the total number of ation budget level F	of hospitals discharge days Y 07-08 is based	
S Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15451)	4.5	4.8	4.5	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 inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.) The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.							
K Percentage of readmissions (LAPAS CODE - 9814)	9.3%	10.1%	9.3%	9.3%	9.3%	9.3%	
Readmission is defined as to							

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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.

# 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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
	Patient satisfaction survey rating (LAPAS CODE - 9815)	88%	91%	88%	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". The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.



# 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.

Since 1939, Huey P. Long Medical Center (HPLMC) has served as a state operated, acute primary care medical facility providing health care services and support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and various diagnostic services. Huey P. Long provides multiple services targeted at the pediatric and adolescent populations. The hospital services families in Central Louisiana (Allen, Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn) and is an acute care teaching facility with 60





available adult and pediatric beds. The medical center provides outpatient services by appointment at Huey P. Long Pineville campus and England Airpark. Programs, clinics, and services such as "homebound" educationa clinic for children with hospitalizations of more than one week, women/infant/children programs, and disease management programs for diabetes, asthma, kid med clinic and pediatric walk-in clinic are just a few programs provided to a service population.

### For additional information, see:

Huey P Long Medical Center

# Huey P Long Medical Center Budget Summary

		Prior Year Actuals 7 2005-2006	F	Enacted Y 2006-2007	F	Existing Y 2006-2007	Continuation	ecommended TY 2007-2008	Total ecommended Over/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	6,042,181	\$	5,647,437	\$	5,647,437	\$ 5,647,437	\$ 6,238,178	\$ 590,741
State General Fund by:									
Total Interagency Transfers		0		0		0	0	0	0
Fees and Self-generated Revenues		0		0		0	0	0	0
Statutory Dedications		0		0		0	0	0	0
Interim Emergency Board		0		0		0	0	0	0
Federal Funds		0		0		0	0	0	0
Total Means of Financing	\$	6,042,181	\$	5,647,437	\$	5,647,437	\$ 5,647,437	\$ 6,238,178	\$ 590,741
Expenditures & Request:									
Personal Services	\$	0	\$	0	\$	0	\$ 0	\$ 0	\$ 0
Total Operating Expenses		0		0		0	0	0	0
Total Professional Services		0		0		0	0	0	0
Total Other Charges		6,042,181		5,647,437		5,647,437	5,647,437	6,238,178	590,741
Total Acq & Major Repairs		0		0		0	0	0	0
Total Unallotted		0		0		0	0	0	0
Total Expenditures & Request	\$	6,042,181	\$	5,647,437	\$	5,647,437	\$ 5,647,437	\$ 6,238,178	\$ 590,741
Authorized Full-Time Equiva	lents:								
Classified		0		0		0	0	0	0
Unclassified		0		0		0	0	0	0
Total FTEs		0		0		0	0	0	0



# **Source of Funding**

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

# Major Changes from Existing Operating Budget

G	eneral Fund	То	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
_					
\$	5,647,437	\$	5,647,437	0	Existing Oper Budget as of 12/01/06
					Statemide Maine Financial Channess
					Statewide Major Financial Changes: Non-Statewide Major Financial Changes:
	590,741		590,741	0	
			,		
\$	6,238,178	\$	6,238,178	0	Recommended FY 2007-2008
\$	0	\$	0	0	Less Hurricane Disaster Recovery Funding
\$	6,238,178	\$	6,238,178	0	Base Executive Budget FY 2007-2008
\$	6,238,178	\$	6,238,178	0	Grand Total Recommended
	. ,				

# **Professional Services**

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2007-2008.

# **Other Charges**

Amount	Description
	Other Charges:
\$6,238,178	Funding for non-allowable costs
\$6,238,178	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2007-2008.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$6,238,178	TOTAL OTHER CHARGES





### **Acquisitions and Major Repairs**

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2007-2008.

### **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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Average daily census (LAPAS CODE - 9823)	45.0	42.0	45.0	45.0	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 Ind	icator Values		
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Number of staffed beds (LAPAS CODE - 9822)	60	59	60	60	63	63
	Staffed beds are defined as all a routine basis. Further more, s continuation budget level FY ( disease management and produ	staffed beds don't in 07-08 is based on ar	nclude new born bass n anticipated standstil	inets, labor and deliv Il FY 05 budget, hen	very beds or emerge ice projections are t	ency room beds. The	performance at
K	Emergency department visits (LAPAS CODE - 5860)	46,055	40,432	46,055	46,055	46,055	46,055
	An emergency room visit is an basis. The patient must be trea based on an anticipated stands indicators and FY 06 performa	ted by ER staff/asso till FY 05 budget, h	ciates to be counted ence projections are	as an ER visit. The	performance at con	tinuation budget leve	el FY 07-08 is
K	Total outpatient encounters (LAPAS CODE - 9826)	102,443	99,615	102,443	102,443	102,443	102,443
	Total outpatient encounters inc preventive, curative, rehabilita immediate treatment of ill or in Health Forum LLC. The perfo are the same as FY 05 actuals	tive and educationan njured persons who rmance at continuat	I services on a sched require medical or su tion budget level FY	uled basis to ambula irgical care, usually 07-08 is based on ar	tory patients. Emer on an unscheduled an anticipated stands	gency room treatme basis. AHA Hospita till FY 05 budget, he	nt is defined as l Statistics, 2005 ence projections

### 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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15462)	132	56	132	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 qui admits for any reason in past q FY 05 budget, hence FY 07 pr performance standards for rem	the heart has stopped not pumping effective (CHF) is often sync body fluid in the lung lying blood to the he dism and various abr failure (American H arter times 1000 and uarter per 1000 patie ojections are the san	d working, but rathe yely enough to meet onymous with heart as and elsewhere. The art muscle. Heart fa normalities of the he nation of the heart of leart Association). I dividing that by the ents. The performance	r that it is not workin the body's needs for failure but also refer ne most common cau ilure is also associat art valves (particula or primary heart mus Hospitalization days e number in the CHF ce at continuation bu	ng as efficiently as oxygen rich blood, rs to the state in whi use of congestive he ad with untreated h rly aortic and mitra scle disease, and in related to congestiv population. The in idget level FY 07-07	it should. In other we either during exerci- ich decreased heart failure is corona yper tension, alcoho I) are among the oth rate instances extrer we heart failure by ta dicator definition is 8 is based on an anti	ords, the term se or at rest. The function is ry artery disease- l abuse and drug er disorders that ne vitamin king the number the number of cipated standstill
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15466)	46%	55%	46%	46%	46%	46%
Diabetes mellitus is a disease of the body store and use the sug- pancreas produces very little in hemoglobin A1C test, also cal	ar and fat from the for nsulin or when the b	ood individuals eat. ody does not respon	Diabetes occurs whe d appropriately to in	en the pancreas doe sulin, a condition c	s not produce any in alled "insulin resista	sulin, or the ince". 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  $A1C \ll 7$  is calculated by taking the number of diabetics with current HbgA1c. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.



CODE - 15469)

34%

34%

### **Performance Indicators (Continued)**

				Performance Ind	licator Values		
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15468)	31%	26%	31%	31%	31%	31%
	Percentage of woman >=40 ye mammogram in the past year is based on an anticipated star production indicators and FY	and dividing that by ndstill FY 05 budget	the number of wome , hence FY 07 projec	en in the population. ctions are the same a	The performance at	continuation budge	t level FY 07-08
К	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS						

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>=18 years of age. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.

34%

34%

30%

# 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

34%



L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Ind Performance Standard as Initially Appropriated FY 2006-2007	licator Values Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
	Average length of stay for psychiatric inpatients (LAPAS CODE - 15461)	7.9	8.1	7.9	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 on an anticipated standstill FY and FY 06 performance standa	the hospital at least tus. The average least the total number of 05 budget, hence p	overnight. The avera ngth of stay for psyc discharges for psych rojections are the sa	age length of stay is hiatric inpatients is c hiatric care. The perf	compared to media calculated by taking formance at continu	n values for groups og the total number of ation budget level F	of hospitals discharge days Y 07-08 is based
	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15460)	4.2	4.7	4.2	4.2	4.2	4.2
	Acute Care is a type of health c injuries related to an accident of complex and sophisticated tech length of stay for acute medica acute care medical surgery disc predictive of the average resou 2002.) The performance at con FY 05 actuals for the disease n	or other trauma, or or nnical equipment an l surgery inpatients charges from the ho rces used during a p tinuation budget lev	during recovery from ad materials. Unlike is the total number spital. The average l patient's stay in the h yel FY 07-08 is based	n surgery. Acute care chronic care, acute c of acute care medica ength of stay is a key ospital (The Compre d on an anticipated st	is given in the host are is often necessa I surgery discharge y indicator of utiliza hensive Performan- tandstill FY 05 budg	pital by specialized p rry for only a short ti days divided by the ation and clinical ma ce of U.S. Hospitals- get, hence projections	bersonnel, using me. Average total number of nagement and is The Sourcebook
	Percentage of Readmissions (LAPAS CODE - 9831)	10.2%	12.6%	10.2%	10.2%	10.2%	10.2%
	Readmission is defined as total all area of care, including OB. Excludes admissions for resear by total admissions. The perfor	Acute care readmis ch at MCLNO. The	sions only. Excludes percentage is calcu	s readmissions to reh lated by dividing rea	abilitation, detoxifi dmissions incurred	cation unit or psychi within 32 days of pro	atric units. evious discharge

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

are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Patient satisfaction survey rating (LAPAS CODE - 9832)	86%	90%	86%	86%	86%	86%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods". The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.





# 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.

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



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

### For additional information, see:

### University Medical Center

# **University Medical Center Budget Summary**

	Prior Year Actuals FY 2005-2006		F	Enacted FY 2006-2007		Existing FY 2006-2007		Continuation FY 2007-2008		ecommended 'Y 2007-2008	Total Recommended Over/Under EOB	
Means of Financing:												
State General Fund (Direct)	\$	4,243,749	\$	3,966,499	\$	3,966,499	\$	3,966,499	\$	4,740,043	\$	773,544
State General Fund by:												
Total Interagency Transfers		0		0		0		0		0		0
Fees and Self-generated Revenues		0		0		0		0		0		0
Statutory Dedications		0		0		0		0		0		0
Interim Emergency Board		0		0		0		0		0		0
Federal Funds		0		0		0		0		0		0
Total Means of Financing	\$	4,243,749	\$	3,966,499	\$	3,966,499	\$	3,966,499	\$	4,740,043	\$	773,544
Expenditures & Request:												
Personal Services	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0
Total Operating Expenses		0		0		0		0		0		0
Total Professional Services		0		0		0		0		0		0
Total Other Charges		4,243,749		3,966,499		3,966,499		3,966,499		4,740,043		773,544
Total Acq & Major Repairs		0		0		0		0		0		0
Total Unallotted		0		0		0		0		0		0
Total Expenditures & Request	\$	4,243,749	\$	3,966,499	\$	3,966,499	\$	3,966,499	\$	4,740,043	\$	773,544
Authorized Full-Time Equiva	lents:											
Classified		0		0		0		0		0		0
Unclassified		0		0		0		0		0		0
Total FTEs		0		0		0		0		0		0



# **Source of Funding**

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

# Major Changes from Existing Operating Budget

G	eneral Fund	To	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
_					
\$	3,966,499	\$	3,966,499	0	Existing Oper Budget as of 12/01/06
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:
	773,544		773,544	0	Funding for non-allowable costs.
\$	4,740,043	\$	4,740,043	0	Recommended FY 2007-2008
¢	0	¢	0	0	
\$	0	\$	0	0	Less Hurricane Disaster Recovery Funding
\$	4,740,043	\$	4,740,043	0	Base Executive Budget FY 2007-2008
\$	4,740,043	\$	4,740,043	0	Grand Total Recommended

# **Professional Services**

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2007-2008.

# **Other Charges**

Amount	Description								
	Other Charges:								
\$4,740,043	Funding for non-allowable costs								
\$4,740,043	JB-TOTAL OTHER CHARGES								
	Interagency Transfers:								
	There is no specific allocation for Interagency Transfers for Fiscal Year 2007-2008.								
\$0	SUB-TOTAL INTERAGENCY TRANSFERS								
\$4,740,043	TOTAL OTHER CHARGES								



### **Acquisitions and Major Repairs**



### **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	Performance Indicator Values						
$\mathbf{L}$				Performance							
е		Yearend		Standard as	Existing	Performance At	Performance				
$\mathbf{v}$		Performance	Actual Yearend	Initially	Performance	Continuation	At Executive				
е	Performance Indicator	Standard	Performance	Appropriated	Standard	Budget Level	Budget Level				
1	Name	FY 2005-2006	FY 2005-2006	FY 2006-2007	FY 2006-2007	FY 2007-2008	FY 2007-2008				
Κ	Average daily census										
	(LAPAS CODE - 9839)	77.0	87.3	77.0	77.0	80.0	80.0				

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 performance at continuation budget level 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	icator Values					
L e v e Performance Indicator l Name	Standard	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008			
S Number of staffed beds (LAPAS CODE - 9838)	104	114	104	104	115	115			
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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.									
K Emergency department visits (LAPAS CODE - 5866)	44,267	41,486	44,267	44,267	41,000	41,000			
An emergency room visit is basis. The patient must be tra- based on an anticipated stand indicators and FY06 perform	eated by ER staff/associ dstill FY05 budget; hen	iates to be counted ce projections are t	as an ER visit. The	performance at con	tinuation budget lev	el FY 07-08 is			
K Total outpatient encounters (LAPAS CODE - 8613)	163,727	172,858	163,727	163,727	171,000	171,000			
Total outpatient encounters i preventive, curative, rehabili immediate treatment of ill or	tative and educational	services on a sched	uled basis to ambula	tory patients. Emer	gency room treatme	nt is defined as			

### 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.

Health Forum LLC. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

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				
	ince Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008		
to congestiv	tion rate related /e heart failure APAS CODE -	57	75	57	57	57	57		
heart failure" in- "failure" in- term "cong accompanie narrowing o abuse at an- can cause h deficiencies of admissio admits for a FY05 budg	e, it does not mean dicated the heart is estive heart failure" ed by a buildup of t of the arteries supply age. Hyperthyroid eart failure. In addi a can result in heart ns of any cause qua my reason in past q	the heart has stoppen not pumping effect (CHF) is often syr body fluid in the lur ying blood to the h dism and various ab tion, viral or inflan failure (American arter times 1000 and uarter per 1000 pati jections are the sam	or any cause. The va ed working, but rathe ively enough to meet ionymous with heart onymous with heart gs and elsewhere. The eart muscle. Heart fa onormalities of the heart mation of the heart of Heart Association). I d dividing that by the ients. The performance e as FY05 actuals for	r that it is not workin the body's needs for failure but also refer he most common cau ilure is also associate art valves (particular or primary heart mus Hospitalization days e number in the CHF ce at continuation bu	ng as efficiently as oxygen rich blood, is to the state in whi use of congestive he ed with untreated h rly aortic and mitra scle disease, and in related to congestiv population. The in idget level FY 07-07	it should. In other w either during exerci- ich decreased heart f eart failure is corona: yper tension, alcoho l) are among the oth- rate instances extren we heart failure by ta dicator definition is 8 is based on an antio	ords, the term se or at rest. The function is ry artery disease- l abuse and drug er disorders that ne vitamin king the number the number of cipated standstill		
0,5	h long term ontrol (LAPAS	43%	52%	43%	43%	43%	43%		
glycemic control (LAPAS CODE - 15476)43%52%43%43%43%Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 mo 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 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 Di Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance or or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The Un									

Singly provide the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

### **Performance Indicators (Continued)**

				Performance Ind	licator Values		
L e v e l		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15478)	34%	37%	34%	34%	34%	34%
	Percentage of woman >=40 ye mammogram in the past year a is based on an anticipated stan productivity indicators and FY	and dividing that by dstill FY05 budget;	the number of wome hence FY06 project	en in the population.	The performance at	continuation budge	t level FY 07-08
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15479)	26%	30%	26%	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 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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence FY06 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

# 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



			Indicator Values						
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008		
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15470)	14.8	15.9	14.8	14.8	14.8	14.8		
Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY06 budget; hence projections are the same as FY06 actuals for the disease management and production indicators and FY07 performance standards for remaining indicators.									
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15471)	4.5	4.6	4.5	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 inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.) The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY06 budget; hence projections are the same as FY06 actuals for the disease management and production indicators and FY07 performance standards for remaining indicators.									
K	Percentage of Readmissions (LAPAS CODE - 9849)	10.5%	10.7%	10.5%	10.5%	10.5%	10.5%		
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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY06 budget; hence projections									

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

are the same as FY06 actuals for the disease management and production indicators and FY07 performance standards for remaining indicators.

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008		
	Patient satisfaction survey rating (LAPAS CODE - 9845)	90%	90%	90%	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". The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY06 budget; hence projections are the same as FY06 actuals for the disease management and production indicators and FY07 performance standards for remaining indicators.



# 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.



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

### For additional information, see:

### W.O. Moss Regional Medical Center

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

	Prior Year Actuals FY 2005-2006		Enacted FY 2006-2007		Existing FY 2006-2007		Continuation FY 2007-2008		Recommended FY 2007-2008		Total Recommended Over/Under EOB	
Means of Financing:												
State General Fund (Direct)	\$	4,744,358	\$	4,474,403	\$	4,474,403	\$	4,434,403	\$	4,870,342	\$	395,939
State General Fund by:												
Total Interagency Transfers		0		0		0		0		0		0
Fees and Self-generated Revenues		0		0		0		0		0		0
Statutory Dedications		0		0		0		0		0		0
Interim Emergency Board		0		0		0		0		0		0
Federal Funds		0		0		0		0		0		0
Total Means of Financing	\$	4,744,358	\$	4,474,403	\$	4,474,403	\$	4,434,403	\$	4,870,342	\$	395,939
Expenditures & Request:												
Personal Services	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0
Total Operating Expenses		0		0		0		0		0		0
Total Professional Services		0		0		0		0		0		0
Total Other Charges		4,744,358		4,474,403		4,474,403		4,434,403		4,870,342		395,939
Total Acq & Major Repairs		0		0		0		0		0		0
Total Unallotted		0		0		0		0		0		0
Total Expenditures & Request	\$	4,744,358	\$	4,474,403	\$	4,474,403	\$	4,434,403	\$	4,870,342	\$	395,939
Authorized Full-Time Equiva	lents:											
Classified		0		0		0		0		0		0
Unclassified		0		0		0		0		0		0
Total FTEs		0		0		0		0		0		0



# **Source of Funding**

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

# Major Changes from Existing Operating Budget

General Fund		Total Amount		Table of Organization	Description			
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):			
\$	4,474,403	\$	4,474,403	0	Existing Oper Budget as of 12/01/06			
					Statewide Major Financial Changes:			
					Non-Statewide Major Financial Changes:			
	(40,000)		(40,000)	0	Non-recur funding to W.O. Moss Regional Medical Center for SWLA Center for Health Services for prescription drugs.			
	435,939		435,939	0	Funding for non-allowable costs.			
\$	4,870,342	\$	4,870,342	0	Recommended FY 2007-2008			
\$	0	\$	0	0	Less Hurricane Disaster Recovery Funding			
\$	4,870,342	\$	4,870,342	0	Base Executive Budget FY 2007-2008			
\$	4,870,342	\$	4,870,342	0	Grand Total Recommended			

# **Professional Services**

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2007-2008.

# **Other Charges**

Amount	Description				
	Other Charges:				
\$4,870,342	Funding for non-allowable costs				
\$4,870,342	42 SUB-TOTAL OTHER CHARGES				
	Interagency Transfers:				
	There is no specific allocation for Interagency Transfers for Fiscal Year 2007-2008.				
\$0	SUB-TOTAL INTERAGENCY TRANSFERS				
\$4,870,342	TOTAL OTHER CHARGES				

### **Acquisitions and Major Repairs**

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2007-2008.

### **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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Average daily census (LAPAS CODE - 9853)	25.0	24.0	25.0	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

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

### **Performance Indicators**

	Performance Indicator Values						
L e v e Performance Indicator I Name	Standard	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008	
S Number of staffed beds (LAPAS CODE - 9852)	32	35	32	32	32	32	
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 - 5872)	23,886	18,889	23,886	23,886	23,886	23,886	
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.							
K Total outpatient encounters (LAPAS CODE - 8617)	81,781	69,040	81,781	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, 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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15482)	59	64	59	59	59	59
Hospitalization rate is defined heart failure, it does not mean "failure" indicated the heart is term "congestive heart failure" accompanied by a buildup of h narrowing of the arteries supp abuse at any age. Hyperthyroic can cause heart failure. In add deficiencies can result in heart of admissions of any cause qu admits for any reason in past of	the heart has stopp not pumping effec ' (CHF) is often sy body fluid in the lu lying blood to the l dism and various a ition, viral or inflat failure (American arter times 1000 ar	bed working, but rathe tively enough to meet nonymous with heart ngs and elsewhere. T heart muscle. Heart fa bnormalities of the heart mation of the heart Heart Association). and dividing that by the	er that it is not worki the body's needs for failure but also refe he most common ca uilure is also associa eart valves (particula or primary heart mu Hospitalization days	ing as efficiently as r oxygen rich blood, rs to the state in wh use of congestive he ted with untreated h arly aortic and mitra scle disease, and in s related to congestiv	it should. In other we either during exerci- ich decreased heart f eart failure is coronar yper tension, alcoho I) are among the other rate instances extrem we heart failure by ta	ords, the term se or at rest. The function is ry artery disease- l abuse and drug er disorders that he vitamin king the number
K Percentage of diabetic patients with long term						

Diabetes mentus is a disease of the pancreas (an organ behind your stomach). Normanly, the pancreas releases a normone 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  $A1C \ll 7$  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 Performance Indicator l Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15488)	45%	50%	45%	45%	45%	45%
Percentage of woman >=40 ye mammogram in the past year	U	0 1			of women>=40 yea	rs of age with a
K Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15489)	20%	22%	20%	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



Ŧ				Performance Ind Performance	icator Values		
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
	Average length of stay for psychiatric inpatients (LAPAS CODE - 15480)	8.2	9.7	8.2	8.2	8.2	8.2
	Average length of stay for psy- disorders and while lodged in similar in size and teaching sta for psychiatric care divided by	the hospital at least atus. The average le	overnight. The avera ngth of stay for psyc	age length of stay is on hiatric inpatients is c	compared to media	n values for groups of	of hospitals
	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15481)	4.7	5.2	4.7	4.7	4.7	4.7
	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 dis predictive of the average resou 2002.)	or other trauma, or o hnical equipment ar al surgery inpatients charges from the ho	during recovery from ad materials. Unlike is the total number of spital. The average l	n surgery. Acute care chronic care, acute c of acute care medica ength of stay is a key	is given in the hosp are is often necessa l surgery discharge y indicator of utiliza	pital by specialized p ry for only a short ti days divided by the attion and clinical ma	bersonnel, using me. Average total number of nagement and is
	Percentage of Readmissions (LAPAS CODE - 9589)	10.1%	8.2%	10.1%	10.1%	10.1%	10.1%
	Readmission is defined as tota all area of care, including OB. Excludes admissions for resea	Acute care readmis	sions only. Excludes	readmissions to reh	abilitation, detoxifi	cation unit or psychi	atric units.

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Patient satisfaction survey rating (LAPAS CODE - 9860)	92%	85%	92%	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.



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

### For additional information, see:

### Lallie Kemp Regional Medical Center

## Lallie Kemp Regional Medical Center Budget Summary

	A	ior Year Actuals 2005-2006	F	Enacted Y 2006-2007	F	Existing TY 2006-2007	Continuation FY 2007-2008	ecommended TY 2007-2008	Total commended Over/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	5,364,259	\$	5,013,805	\$	5,013,805	\$ 5,013,805	\$ 5,315,730	\$ 301,925
State General Fund by:									
Total Interagency Transfers		0		0		0	0	0	0
Fees and Self-generated Revenues		0		0		0	0	0	0
Statutory Dedications		0		0		0	0	0	0
Interim Emergency Board		0		0		0	0	0	0
Federal Funds		0		0		0	0	0	0
Total Means of Financing	\$	5,364,259	\$	5,013,805	\$	5,013,805	\$ 5,013,805	\$ 5,315,730	\$ 301,925
Expenditures & Request:									
Personal Services	\$	0	\$	0	\$	0	\$ 0	\$ 0	\$ 0
Total Operating Expenses		0		0		0	0	0	0
Total Professional Services		0		0		0	0	0	0
Total Other Charges		5,364,259		5,013,805		5,013,805	5,013,805	5,315,730	301,925
Total Acq& Major Repairs		0		0		0	0	0	0
Total Unallotted		0		0		0	0	0	0
Total Expenditures & Request	\$	5,364,259	\$	5,013,805	\$	5,013,805	\$ 5,013,805	\$ 5,315,730	\$ 301,925
Authorized Full-Time Equiva	lents								
Classified	ients.	0		0		0	0	0	0
Unclassified		0		0		0	0	0	0
Total FTEs		0		0		0	0	0	0



## Source of Funding

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

## Major Changes from Existing Operating Budget

G	eneral Fund	Te	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
_					
\$	5,013,805	\$	5,013,805	0	Existing Oper Budget as of 12/01/06
_					
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:
	301,925		301,925	0	Funding for non-allowable costs.
\$	5,315,730	\$	5,315,730	0	Recommended FY 2007-2008
\$	0	\$	0	0	Less Hurricane Disaster Recovery Funding
\$	5,315,730	\$	5,315,730	0	Base Executive Budget FY 2007-2008
\$	5,315,730	\$	5,315,730	0	Grand Total Recommended

## **Professional Services**

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2007-2008.

## **Other Charges**

Amount	Description					
	Other Charges:					
\$5,315,730	Funding for non-allowable costs					
\$5,315,730	SUB-TOTAL OTHER CHARGES					
	Interagency Transfers:					
	There is no specific allocation for Interagency Transfers for Fiscal Year 2007-2008.					
\$0	SUB-TOTAL INTERAGENCY TRANSFERS					
\$5,315,730	TOTAL OTHER CHARGES					



## **Acquisitions and Major Repairs**

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2007-2008.

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 At	Performance
$\mathbf{v}$		Performance	Actual Yearend	Initially	Performance	Continuation	At Executive
е	Performance Indicator	Standard	Performance	Appropriated	Standard	Budget Level	Budget Level
1	Name	FY 2005-2006	FY 2005-2006	FY 2006-2007	FY 2006-2007	FY 2007-2008	FY 2007-2008
Κ	Average daily census						
	(LAPAS CODE - 9868)	17.0	12.3	17.0	17.0	15.0	15.0

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 performance at continuation budget level FY 07-08 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

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

#### **Performance Indicators**

L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Ind Performance Standard as Initially Appropriated FY 2006-2007	icator Values Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Number of staffed beds (LAPAS CODE - 9867)	25	25	25	25	25	25
	Staffed beds are defined as all a routine basis. Further more, s continuation budget level FY 0 disease management and produ	staffed beds don't in 07-08 is based on ar	clude new born bass anticipated standstil	inets, labor and deliv Il FY05 budget; heno	very beds or emerge ce, projections are t	ency room beds. The	performance at
K	Emergency department visits (LAPAS CODE - 5878)	28,223	25,088	28,223	28,223	27,132	27,132
	An emergency room visit is an basis. The patient must be treat based on an anticipated standst indicators and FY06 performant	ted by ER staff/asso till FY05 budget; he	ociates to be counted ence, projections are	as an ER visit. The	performance at con	tinuation budget lev	el FY 07-08 is
K	Total outpatient encounters (LAPAS CODE - 9810)	107,206	85,107	107,206	107,206	93,830	93,830
	Total outpatient encounters inc preventive, curative, rehabilita immediate treatment of ill or ir Health Forum LLC. The perfor are the same as FY05 actuals for	tive and educationan njured persons who rmance at continua	l services on a sched require medical or su tion budget level FY	uled basis to ambula irgical care, usually 07-08 is based on a	ntory patients. Emer on an unscheduled n anticipated stands	gency room treatmen basis. AHA Hospital still FY05 budget; he	nt is defined as Statistics, 2005 nce, projections

### 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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15492)	111	92	111	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 of FY05 budget; hence, FY 07pr performance standards for rem	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 lition, viral or inflar t failure (American harter times 1000 ar quarter per 1000 pat ojections are the sa	ed working, but rathe ively enough to meet nonymous with heart ngs and elsewhere. T heart muscle. Heart fa bnormalities of the heart Heart Association). d dividing that by the ients. The performan	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 e number in the CHF ce at continuation bu	ng as efficiently as oxygen rich blood, is to the state in wh use of congestive he ed with untreated h rly aortic and mitra icle disease, and in related to congesti population. The in idget level FY 07-0	it should. In other w , either during exerci- ich decreased heart f eart failure is corona yper tension, alcoho l) are among the oth rate instances extrem ve heart failure by ta dicator definition is 8 is based on an anti-	ords, the term se or at rest. The function is ry artery disease- l abuse and drug er disorders that ne vitamin king the number the number of cipated standstill
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15496)	49%	59%	49%	49%	51%	51%
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. patient's body. The hemoglob Control and Complications Tr or preventing complications th Kingdom Prospective Diabete blood glucose control signific Association & the Departmen	gar and fat from the insulin or when the lled a glycated hem in (and thus are "glyc Red blood cells are bin A1C goal for pe ial (DCCT), found that affect the eyes, es Study (UKPDS), antly reduces the ri	food individuals eat. body does not resport oglobin test, measured cated"). Once glycate continually dying an ople with Type 2 dial batients who keep the kidneys, and nerves t a 20 year study that it sk of major diabetic of	Diabetes occurs when a appropriately to in es the proportion of h d, a hemoglobin mol- d being replaced, so betes is less than 7%. Fir hemoglobin A1C I han people with a her nvolves more than 5, eye disease and early	en the pancreas doe sulin, a condition c emoglobin molecu ecule stays that wa at any given time t The finding of a m evels close to 7% h moglobin A1C of a ,000 people with ty kidney damage. D	es not produce any in called "insulin resista les in a patient's red y throughout the 3 to hey have a range of najor diabetes study, nave a much better ch approximately 9%. T ype 2 diabetes, show efinition-American I	sulin, or the ince". The blood cells that o 4 month ages in the the Diabetes ance of delaying he United ed that intensive Diabetes

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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



## **Performance Indicators (Continued)**

				Performance Ind	licator Values		
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15498)	32%	34%	32%	32%	41%	41%
	Percentage of woman >=40 ye mammogram in the past year a is based on an anticipated stand productivity indicators and FY	nd dividing that by t dstill FY05 budget; 1	he number of wome hence, FY 07project	n in the population.	The performance at	continuation budge	t level FY 07-08
К	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15499)	33%	24%	33%	33%	29%	29%

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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

# 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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Ind Performance Standard as Initially Appropriated FY 2006-2007	icator Values Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 21330)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Average length of stay for psyc disorders and while lodged in a similar in size and teaching sta for psychiatric care divided by thus no data/information for th 08 is based on an anticipated so indicators and FY06 performan	n values for groups of the total number of de psychiatric inpaties at continuation buc	of hospitals discharge days ient services and lget level FY 07-				
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15491)	4.5	3.7	4.5	4.5	3.9	3.9
	Acute Care is a type of health of injuries related to an accident of complex and sophisticated teel length of stay for acute medica acute care medical surgery disc predictive of the average resou 2002.) The performance at con as FY05 actuals for the disease	or other trauma, or mical equipment an al surgery inpatients charges from the ho rces used during a ntinuation budget lo	during recovery from nd materials. Unlike of is the total number of ospital. The average lo patient's stay in the ho evel FY 07-08 is base	surgery. Acute care chronic care, acute c of acute care medica ength of stay is a key ospital (The Compre- ed on an anticipated	is given in the hosp are is often necessa I surgery discharge v indicator of utiliza hensive Performance standstill FY05 bud	pital by specialized p ry for only a short ti days divided by the ation and clinical ma be of U.S. Hospitals- lget; hence, projection	bersonnel, using me. Average total number of nagement and is The Sourcebook ons are the same
K	Percentage of Readmissions (LAPAS CODE - 9876)	8.9%	13.3%	8.9%	8.9%	8.9%	8.9%
	Readmission is defined as tota all area of care, including OB. Excludes admissions for resear by total admissions. The perfor are the same as FY05 actuals f	Acute care readmis ch at MCLNO. The rmance at continua	ssions only. Excludes e percentage is calcul ttion budget level FY	readmissions to reh ated by dividing read 07-08 is based on a	abilitation, detoxified dmissions incurred n anticipated stands	cation unit or psychi within 32 days of pro still FY05 budget; he	atric units. evious discharge ence, projections

## 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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
	Patient satisfaction survey rating (LAPAS CODE - 9870)	89%	93%	89%	89%	95%	95%

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". The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



## 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.



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

For additional information, see:

Washingtion-St Tammany Regional Medical Center

## Washingtion-St Tammany Regional Medical Center Budget Summary

		rior Year Actuals 2005-2006	F	Enacted Y 2006-2007	F	Existing 'Y 2006-2007	Continuation FY 2007-2008	ecommended TY 2007-2008	Total ecommended Over/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	2,475,162	\$	2,313,456	\$	2,313,456	\$ 2,313,456	\$ 2,712,667	\$ 399,211
State General Fund by:									
Total Interagency Transfers		0		0		0	0	0	C
Fees and Self-generated Revenues		0		0		0	0	0	(
Statutory Dedications		0		0		0	0	0	C
Interim Emergency Board		0		0		0	0	0	C
Federal Funds		0		0		0	0	0	C
Total Means of Financing	\$	2,475,162	\$	2,313,456	\$	2,313,456	\$ 2,313,456	\$ 2,712,667	\$ 399,211
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		2,475,162		2,313,456		2,313,456	2,313,456	2,712,667	399,211
Total Acq & Major Repairs		0		0		0	0	0	C
Total Unallotted		0		0		0	0	0	C
Total Expenditures & Request	\$	2,475,162	\$	2,313,456	\$	2,313,456	\$ 2,313,456	\$ 2,712,667	\$ 399,211
Authorized Full-Time Equiva	lents:								
Classified		0		0		0	0	0	0
Unclassified		0		0		0	0	0	0
<b>Total FTEs</b>		0		0		0	0	0	0



## **Source of Funding**

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

## Major Changes from Existing Operating Budget

(	General Fund	Т	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
_					
\$	2,313,456	\$	2,313,456	0	Existing Oper Budget as of 12/01/06
_					
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:
	399,211		399,211	0	Funding for non-allowable costs.
\$	2,712,667	\$	2,712,667	0	Recommended FY 2007-2008
\$	0	\$	0	0	Less Hurricane Disaster Recovery Funding
\$	2,712,667	\$	2,712,667	0	Base Executive Budget FY 2007-2008
\$	2,712,667	\$	2,712,667	0	Grand Total Recommended

## **Professional Services**

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2007-2008.

## **Other Charges**

Amount	Description
	Other Charges:
\$2,712,667	Funding for non-allowable costs
\$2,712,667	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2007-2008.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$2,712,667	TOTAL OTHER CHARGES



## **Acquisitions and Major Repairs**

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2007-2008.

## **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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Average daily census (LAPAS CODE - 9885)	56.0	45.0	56.0	56.0	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 performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 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

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

### **Performance Indicators**

			Performance Inc	licator Values		
L e v e Performance Indicator l Name		Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S Number of staffed beds (LAPAS CODE - 9884)	82	59	82	82	82	82
Staffed beds are defined a a routine basis. Further me continuation budget level disease management and	ore, staffed beds don't incl FY 07-08 is based on an a	lude new born bassi anticipated standsti	nets, labor and deliv ll FY05 budget; hen	very beds or emerge ice, projections are t	ncy room beds. The	performance at
K Emergency department visits (LAPAS CODE - 5884)	28,913	25,940	28,913	28,913	28,913	28,913
An emergency room visit basis. The patient must be based on an anticipated st indicators and FY06 perfo	treated by ER staff/assoc andstill FY05 budget; hen	iates to be counted ace, projections are	as an ER visit. The	performance at con	ntinuation budget lev	el FY 07-08 is
K Total outpatient encounter (LAPAS CODE - 8625)	s 79,957	75,278	79,957	79,957	79,957	79,957
Total outpatient encounter preventive, curative, rehal	bilitative and educational	services on a sched	uled basis to ambul	atory patients. Emer	rgency room treatme	nt is defined as

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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

### 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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
<ul> <li>K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15509)</li> </ul>	179	121	179	179	179	179
Hospitalization rate is define heart failure, it does not mean "failure" indicated the heart is term "congestive heart failure accompanied by a buildup of narrowing of the arteries sup abuse at any age. Hyperthyro can cause heart failure. In ad- deficiencies can result in hear of admissions of any cause q admits for any reason in past FY05 budget; hence, FY 07 p performance standards for re	n the heart has stoppers s not pumping effect e" (CHF) is often syr body fluid in the lur plying blood to the h bidism and various ab dition, viral or inflan rt failure (American uarter times 1000 and quarter per 1000 pati projections are the sa	ed working, but rathe ively enough to meet nonymous with heart ags and elsewhere. The eart muscle. Heart fa phormalities of the heart mation of the heart of Heart Association). I d dividing that by the ents. The performance	er that it is not working the body's needs for failure but also refer he most common cau- ilure is also associate eart valves (particula- or primary heart mus Hospitalization days e number in the CHF ce at continuation but	ng as efficiently as oxygen rich blood, rs to the state in wh use of congestive he ad with untreated h rly aortic and mitra scle disease, and in related to congesti population. The in udget level FY 07-0	it should. In other w , either during exerci- ich decreased heart f eart failure is corona yper tension, alcoho l) are among the oth rate instances extrem ve heart failure by ta dicator definition is 8 is based on an anti-	ords, the term se or at rest. The function is ry artery disease- l abuse and drug er disorders that ne vitamin king the number the number of cipated standstill
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15506)	46%	63%	46%	46%	46%	46%
Diabetes mellitus is a disease the body store and use the su pancreas produces very little hemoglobin A1C test, also ca	gar and fat from the insulin or when the alled a glycated hemo	food individuals eat. body does not respon bglobin test, measure	Diabetes occurs when a appropriately to in a s the proportion of h	en the pancreas doe nsulin, a condition c nemoglobin molecu	s not produce any in alled "insulin resista les in a patient's red	sulin, or the ince". The 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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



the past year (LAPAS CODE - 15502)

#### **Performance Indicators (Continued)**

			Performance Ind	licator Values				
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008		
K Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15508)	32%	31%	32%	32%	32%	32%		
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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.								
K Percentage of women 18 years of age or older receiving pap smear test in								

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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

23%

23%

23%

23%

25%

# 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

23%



Standard	Performance	Performance Ind Performance Standard as Initially Appropriated EV 2006 2007	Existing Performance Standard	Performance At Continuation Budget Level EV 2007 2008	Performance At Executive Budget Level FY 2007-2008
13.1	11.9	13.1	13.1	13.1	13.1
the hospital at least o atus. The average leng the total number of d 705 budget; hence, pro	vernight. The avera gth of stay for psych lischarges for psych ojections are the sam	ge length of stay is o liatric inpatients is c liatric care. The perfo	compared to media calculated by taking cormance at continu	n values for groups of the total number of ation budget level F	f hospitals discharge days Y 07-08 is based
5.3	4.6	5.3	5.3	5.3	5.3
or other trauma, or du chnical equipment and al surgery inpatients i scharges from the hosp urces used during a pa ntinuation budget leve	aring recovery from a materials. Unlike c s the total number o pital. The average le atient's stay in the he d FY 07-08 is based	surgery. Acute care hronic care, acute care f acute care medical ength of stay is a key pospital. The Compre- on an anticipated sta	is given in the hosp are is often necessa I surgery discharge y indicator of utiliza chensive Performan andstill FY05 budg	pital by specialized p ry for only a short ti days divided by the ation and clinical ma ce of U.S.Hospitals- et; hence, projections	ersonnel, using me. Average total number of nagement and is The Sourcebook
15.7%	11.9%	15.7%	15.7%	15.7%	15.7%
	Performance Standard FY 2005-2006 13.1 whiatric inpatients is a the hospital at least of tatus. The average leng y the total number of c Y05 budget; hence, pr ards for remaining ind 5.3 care in which a patien or other trauma, or du chnical equipment and cal surgery inpatients i scharges from the hos urces used during a p ntinuation budget leve management and prod	Performance Standard FY 2005-2006       Actual Yearend Performance FY 2005-2006         13.1       11.9         rchiatric inpatients is a projection of length the hospital at least overnight. The avera status. The average length of stay for psych y the total number of discharges for psych Y05 budget; hence, projections are the sam ards for remaining indicators.         5.3       4.6         care in which a patient is treated for a acu or other trauma, or during recovery from chnical equipment and materials. Unlike c as laurgery inpatients is the total number of scharges from the hospital. The average lea urces used during a patient's stay in the ho- ntinuation budget level FY 07-08 is based management and productivity indicators a	Yearend Performance FY 2005-2006Actual Yearend Performance FY 2005-2006Initially Appropriated FY 2006-200713.111.913.113.111.913.1rchiatric inpatients is a projection of length of stay for individue the hospital at least overnight. The average length of stay is of status. The average length of stay for psychiatric care. The perfor Y05 budget; hence, projections are the same as FY05 actuals is ards for remaining indicators.5.34.65.3care in which a patient is treated for a acute (immediate and so or other trauma, or during recovery from surgery. Acute care chinical equipment and materials. Unlike chronic care, acute c as laurgery inpatients is the total number of acute care medica scharges from the hospital. The average length of stay is a key urces used during a patient's stay in the hospital. The Compre- ntinuation budget level FY 07-08 is based on an anticipated st management and productivity indicators and FY06 performant	Yearend Performance FY 2005-2006Actual Yearend Performance FY 2005-2006Standard a Performance FY 2006-2007Existing Performance Standard FY 2006-200713.111.913.113.113.111.913.113.1rchiatric inpatients is a projection of length of stay for individuals who are received to the hospital at least overnight. The average length of stay is compared to mediat status. The average length of stay for psychiatric inpatients is calculated by taking ty the total number of discharges for psychiatric care. The performance at continu V05 budget; hence, projections are the same as FY05 actuals for the disease man ards for remaining indicators.5.36.35.34.65.35.3care in which a patient is treated for a acute (immediate and severe) episode of ill or other trauma, or during recovery from surgery. Acute care is given in the hosp chnical equipment and materials. Unlike chronic care, acute care is often necessa are al surgery inpatients is the total number of acute care medical surgery discharge scharges from the hospital. The average length of stay is a key indicator of utiliza urces used during a patient's stay in the hospital. The Comprehensive Performance ntinuation budget level FY 07-08 is based on an anticipated standstill FY05 budg management and productivity indicators and FY06 performance standards for remaining tinue to budget hospital. The comprehensive formance at and acute for performance standards for remaining noticators and FY06 performance standards for remaining tinue to budget level FY 07-08 is based on an anticipated standstill FY05 budg management and productivity indicators and FY06 performance standards for remaining	Yearend Performance Standard FY 2005-2006Actual Yearend Performance FY 2005-2006Standard Initially Appropriated FY 2006-2007Existing Performance Standard FY 2006-2007Performance Continuation Budget Level FY 2006-200713.111.913.113.113.113.111.913.113.113.113.114 least overnight. The average length of stay for individuals who are receiving treatment for men the hospital at least overnight. The average length of stay is compared to median values for groups o tatus. The average length of stay for psychiatric care. The performance at continuation budget level FY Y05 budget; hence, projections are the same as FY05 actuals for the disease management and product ards for remaining indicators.5.35.35.35.34.65.35.35.35.3care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequ or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized p chnical equipment and materials. Unlike chronic care, acute care is often necessary for only a short ti al surgery inpatients is the total number of astay is a key indicator of utilization and clinical ma urces used during a patient's stay in the hospital. The average length of stay is a key indicator of utilization and clinical ma urces used during a patient's stay in the hospital. The comprehensive Performance of U.S.Hospitals- ntinuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections management and productivity indicators and FY06 performance standards for remaining indicators.

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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

## 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	icator Values		
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Patient satisfaction survey rating (LAPAS CODE - 9891)	94%	93%	94%	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". The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.





## 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.

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



For additional information, see:

Leonard J Chabert Medical Center

## Leonard J Chabert Medical Center Budget Summary

		rior Year Actuals 2005-2006	F	Enacted 'Y 2006-2007	F	Existing 'Y 2006-2007	Continuation FY 2007-2008	ecommended 'Y 2007-2008	Total ecommended Over/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	3,893,389	\$	3,639,029	\$	3,639,029	\$ 3,639,029	\$ 4,278,150	\$ 639,121
State General Fund by:									
Total Interagency Transfers		0		0		0	0	0	0
Fees and Self-generated Revenues		0		0		0	0	0	0
Statutory Dedications		0		0		0	0	0	0
Interim Emergency Board		0		0		0	0	0	0
Federal Funds		0		0		0	0	0	0
Total Means of Financing	\$	3,893,389	\$	3,639,029	\$	3,639,029	\$ 3,639,029	\$ 4,278,150	\$ 639,121
Expenditures & Request:									
Personal Services	\$	0	\$	0	\$	0	\$ 0	\$ 0	\$ 0
Total Operating Expenses		0		0		0	0	0	0
Total Professional Services		0		0		0	0	0	0
Total Other Charges		3,893,389		3,639,029		3,639,029	3,639,029	4,278,150	639,121
Total Acq & Major Repairs		0		0		0	0	0	0
Total Unallotted		0		0		0	0	0	0
Total Expenditures & Request	\$	3,893,389	\$	3,639,029	\$	3,639,029	\$ 3,639,029	\$ 4,278,150	\$ 639,121
Authorized Full-Time Equiva	lonter								
Classified	ients.	0		0		0	0	0	0
Unclassified		0		0		0	0	0	0
Total FTEs		0		0		0	0	0	0

## **Source of Funding**

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



Ge	neral Fund	Т	otal Amount	Table of Organization	Description
\$	0	\$	0	0	Mid-Year Adjustments (BA-7s):
\$	3,639,029	\$	3,639,029	0	Existing Oper Budget as of 12/01/06
					Statewide Major Financial Changes:
					Non-Statewide Major Financial Changes:
	639,121		639,121	0	Funding for non-allowable costs.
\$	4,278,150	\$	4,278,150	0	Recommended FY 2007-2008
\$	0	\$	0	0	Less Hurricane Disaster Recovery Funding
\$	4,278,150	\$	4,278,150	0	Base Executive Budget FY 2007-2008
_					
\$	4,278,150	\$	4,278,150	0	Grand Total Recommended

## Major Changes from Existing Operating Budget

## **Professional Services**

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2007-2008.

## **Other Charges**

Amount	Description
	Other Charges:
\$4,278,150	Funding for non-allowable costs
\$4,278,150	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2007-2008.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$4,278,150	TOTAL OTHER CHARGES

## **Acquisitions and Major Repairs**

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2007-2008.



## **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				Performance			
е		Yearend		Standard as	Existing	Performance At	Performance
v		Performance	Actual Yearend	Initially	Performance	Continuation	At Executive
e	Performance Indicator	Standard	Performance	Appropriated	Standard	Budget Level	Budget Level
1	Name	FY 2005-2006	FY 2005-2006	FY 2006-2007	FY 2006-2007	FY 2007-2008	FY 2007-2008
K /	Average daily census						
(	LAPAS CODE - 9899)	67	72	67	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 performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 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	icator Values		
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Number of staffed beds (LAPAS CODE - 9898)	83	85	83	83	83	83
	Staffed beds are defined as all a routine basis. Further more, s continuation budget level FY ( disease management and produ	staffed beds don't in 07-08 is based on an	clude new born bassi anticipated standstil	nets, labor and deliv Il FY05 budget; hen	very beds or emerge ce, projections are t	ncy room beds. The	performance at
K	Emergency department visits (LAPAS CODE - 5890)	49,702	40,662	49,702	49,702	49,702	49,702
	An emergency room visit is an basis. The patient must be trea based on an anticipated stands indicators and FY06 performan	ted by ER staff/asso till FY05 budget; he	ciates to be counted ence, projections are	as an ER visit. The	performance at cor	tinuation budget lev	el FY 07-08 is
K	Total outpatient encounters (LAPAS CODE - 8629)	182,104	169,874	182,104	182,104	182,104	182,104
	Total outpatient encounters inc preventive, curative, rehabilita immediate treatment of ill or in Health Forum LLC. The perfo are the same as FY05 actuals f	tive and educationa njured persons who rmance at continua	l services on a sched require medical or su tion budget level FY	uled basis to ambula argical care, usually 07-08 is based on a	tory patients. Emer on an unscheduled n anticipated stands	gency room treatme basis. AHA Hospita still FY05 budget; he	nt is defined as l Statistics, 2005 ence, projections

## 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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15512)	143	134	143	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 of FY05 budget; hence, FY 07 p performance standards for ren	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 lition, viral or inflat t failure (American larter times 1000 ar juarter per 1000 pat rojections are the sa	bed working, but rather tively enough to meet nonymous with heart ngs and elsewhere. T heart muscle. Heart fa bnormalities of the heart mation of the heart Heart Association). Ind dividing that by the inents. The performan	er that it is not workin t the body's needs for failure but also refer he most common cau ailure is also associate eart valves (particular or primary heart mus Hospitalization days e number in the CHF ce at continuation bu	ng as efficiently as oxygen rich blood is to the state in wh use of congestive he ed with untreated herly aortic and mitra iscle disease, and in related to congesti population. The in udget level FY 07-0	it should. In other w , either during exerci- ich decreased heart f eart failure is corona yper tension, alcoho l) are among the oth rate instances extrem ve heart failure by ta dicator definition is 8 is based on an anti-	ords, the term se or at rest. The function is ry artery disease- l abuse and drug er disorders that ne vitamin king the number the number of cipated standstill
K Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15516)	49%	54%	49%	49%	49%	49%
Diabetes mellitus is a disease the body store and use the sug pancreas produces very little i hemoglobin A1C test, also cal have glucose attached to them lifecycle of its red blood cell. patient's body. The hemoglob Control and Complications Tr or preventing complications th Kingdom Prospective Diabete blood glucose control signific	ar and fat from the nsulin or when the lled a glycated hem a (and thus are "gly Red blood cells are bin A1C goal for pe ial (DCCT), found hat affect the eyes, ss Study (UKPDS),	food individuals eat. body does not respon- oglobin test, measure cated"). Once glycate continually dying an ople with Type 2 diat patients who keep the kidneys, and nerves t a 20 year study that i	Diabetes occurs when appropriately to in es the proportion of h d, a hemoglobin mol- nd being replaced, so betes is less than 7%. Fir hemoglobin A1C 1 han people with a her involves more than 5	en the pancreas doe sulin, a condition of emoglobin molecu ecule stays that wa at any given time t The finding of a m evels close to 7% h moglobin A1C of a ,000 people with ty	es not produce any in called "insulin resista les in a patient's red y throughout the 3 to hey have a range of najor diabetes study, nave a much better ch approximately 9%. T ype 2 diabetes, show	sulin, or the ince". The blood cells that o 4 month ages in the the Diabetes ance of delaying he United ed that intensive

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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



#### **Performance Indicators (Continued)**

			Performance Ind	licator Values		
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15518)	49%	43%	49%	49%	49%	49%
Percentage of woman >=40 mammogram in the past yea is based on an anticipated st indicators and FY06 perform	r and dividing that by andstill FY05 budget	the number of wome ; hence, projections a	en in the population.	The performance a	t continuation budge	et level FY 07-08
K Percentage of women 18 years of age or older						

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 is calculated by taking the number of women>=18 years of age with a pap smear in the population>=18years of age. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

# 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	icator Values		
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
F	Average length of stay for osychiatric inpatients LAPAS CODE - 15510)	6.1	6.9	6.1	6.1	6.1	6.1
c s f c	Average length of stay for psyc lisorders and while lodged in t similar in size and teaching sta for psychiatric care divided by on an anticipated standstill FY and FY06 performance standard	he hospital at least tus. The average least the total number of 05 budget; hence, p	overnight. The avera ngth of stay for psyc discharges for psych rojections are the sat	age length of stay is of hiatric inpatients is c hiatric care. The perfo	compared to media alculated by taking ormance at continu	n values for groups og the total number of nation budget level F	f hospitals discharge days Y 07-08 is based
a i	Average length of stay for acute medical/surgery npatients (LAPAS CODE 15511)	4.4	4.0	4.4	4.4	4.4	4.4
i c l a F 2	Acute Care is a type of health c njuries related to an accident of complex and sophisticated tech ength of stay for acute medica acute care medical surgery disc predictive of the average resou 2002.) The performance at con FY05 actuals for the disease m	or other trauma, or o unical equipment and l surgery inpatients charges from the ho rces used during a p tinuation budget lev	during recovery from d materials. Unlike is the total number of spital. The average l patient's stay in the ho rel FY 07-08 is based	n surgery. Acute care chronic care, acute care of acute care medical ength of stay is a key ospital (The Compre- d on an anticipated sta	is given in the hos are is often necessa I surgery discharge v indicator of utiliz- hensive Performan- andstill FY05 budg	pital by specialized p ry for only a short the days divided by the ation and clinical ma ce of U.S. Hospitals- et; hence, projections	ersonnel, using me. Average total number of nagement and is The Sourcebook
F	Percentage of Readmissions (LAPAS CODE - 9904)	11.3%	11.9%	11.3%	11.3%	11.3%	11.3%
a H	Readmission is defined as total Ill area of care, including OB. Excludes admissions for resear vo total admissions. The perfor	Acute care readmis ch at MCLNO. The	sions only. Excludes percentage is calcul	s readmissions to reh lated by dividing read	abilitation, detoxifi imissions incurred	cation unit or psychi within 32 days of pre	atric units. evious discharge

by total admissions for research at MCLINO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

# 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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
	Patient satisfaction survey rating (LAPAS CODE - 9905)	91%	93%	91%	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". The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



## 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



		rior Year Actuals 7 2005-2006	F	Enacted 'Y 2006-2007	F	Existing Y 2006-2007	Continuation FY 2007-2008	ecommended FY 2007-2008	Total ecommended Over/Under EOB
Means of Financing:									
State General Fund (Direct)	\$	37,534,416	\$	35,082,009	\$	35,082,009	\$ 35,082,009	\$ 41,294,967	\$ 6,212,958
State General Fund by:									
Total Interagency Transfers		0		0		0	0	0	0
Fees and Self-generated Revenues		0		0		0	0	0	0
Statutory Dedications		0		0		0	0	0	0
Interim Emergency Board		0		0		0	0	0	0
Federal Funds		0		0		0	0	0	0
Total Means of Financing	\$	37,534,416	\$	35,082,009	\$	35,082,009	\$ 35,082,009	\$ 41,294,967	\$ 6,212,958
Expenditures & Request:									
Personal Services	\$	0	\$	0	\$	0	\$ 0	\$ 0	\$ 0
Total Operating Expenses		0		0		0	0	0	0
Total Professional Services		0		0		0	0	0	0
Total Other Charges		37,534,416		35,082,009		35,082,009	35,082,009	41,294,967	6,212,958
Total Acq & Major Repairs		0		0		0	0	0	0
Total Unallotted		0		0		0	0	0	0
Total Expenditures & Request	\$	37,534,416	\$	35,082,009	\$	35,082,009	\$ 35,082,009	\$ 41,294,967	\$ 6,212,958
Authorized Full-Time Equiva	lents:								
Classified		0		0		0	0	0	0
Unclassified		0		0		0	0	0	0
Total FTEs		0		0		0	0	0	0

## Charity Hospital & Medical Center of Louisiana Budget Summary

## **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):	
\$	35,082,009	\$	35,082,009	0	Existing Oper Budget as of 12/01/06	
					Statewide Major Financial Changes:	
	Non-Statewide Major Financial Changes:					

Executive Budget Supporting Document [FY 2007-2008] 19E - LSU Health Care Services Division

## Major Changes from Existing Operating Budget (Continued)

Ge	eneral Fund	Te	otal Amount	Table of Organization	Description
	6,212,958		6,212,958	0	Funding for non-allowable costs.
\$	41,294,967	\$	41,294,967	0	Recommended FY 2007-2008
_					
\$	0	\$	0	0	Less Hurricane Disaster Recovery Funding
٠		<b>^</b>			
\$	41,294,967	\$	41,294,967	0	Base Executive Budget FY 2007-2008
\$	41,294,967	\$	41,294,967	0	Grand Total Recommended
φ	41,294,907	φ	41,294,907	0	

## **Professional Services**

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2007-2008.

## **Other Charges**

Amount	Description					
	Other Charges:					
\$40,594,967	Funding for non-allowable costs					
\$700,000	nding for Breast and Cervical Cancer Programs					
\$41,294,967	SUB-TOTAL OTHER CHARGES					
	Interagency Transfers:					
	There is no specific allocation for Interagency Transfers for Fiscal Year 2007-2008.					
\$0	SUB-TOTAL INTERAGENCY TRANSFERS					
\$41,294,967	TOTAL OTHER CHARGES					

## **Acquisitions and Major Repairs**

 Amount
 Description

 There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2007-2008.

## **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	icator Values		
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
	Average daily census (LAPAS CODE - 9913)	416.0	69.0	416.0	416.0	182.0	182.0

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 In l Name	Yearend Performan ndicator Standard FY 2005-20	Performance	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008			
S Number of staffer (LAPAS CODE -		572 39	572	572	202	202			
	Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.								
K Emergency depar visits (LAPAS C 5896)		406 49,918	135,406	135,406	111,600	111,600			
0,00	om visit is an immediate tr must be treated by ER sta	5	1 1	res medical or surgica	al care, usually on a	n unscheduled			
K Total outpatient er (LAPAS CODE -		696 108,661	444,696	444,696	256,596	256,596			
preventive, curati	ncounters include visits an ve, rehabilitative and educ ent of ill or injured persons C.	ational services on a sch	eduled basis to ambu	latory patients. Emer	gency room treatme	nt is defined as			

## 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



L						
e v e Performance Indicator I Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15522)	406	108	406	406	406	406
Hospitalization rate is defined heart failure, it does not mear "failure" indicated the heart is term "congestive heart failure accompanied by a buildup of narrowing of the arteries sup abuse at any age. Hyperthyro 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 stopp s not pumping effects (CHF) is often sy body fluid in the lu- plying blood to the l idism and various a dition, viral or inflar tt failure (American uarter times 1000 ar	ed working, but rathe 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). Id 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 r oxygen rich blood, ers to the state in whi use of congestive he ted with untreated h arly aortic and mitra iscle disease, and in s related to congestive	it should. In other we either during exerci- the decreased heart failure is coronal yper tension, alcoho I) are among the other rate instances extrem we heart failure by ta	ords, the term se or at rest. The unction is ry artery disease- l abuse and drug er disorders that he vitamin king the number
K Percentage of diabetic patients with long term glycemic control (LAPAS						

Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normanly, the pancreas releases a normone 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  $A1C \ll 7$  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 Inc	licator Values		
L e v e Performance Indicator l Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15528)	33%	28%	33%	33%	33%	33%
Percentage of woman >=4 mammogram in the past ye	5 0	0 1	2		r of women>=40 yea	rs of age with a
K Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15529)	28%	27%	28%	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

Ţ				Performance Ind	icator Values					
L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008			
]	Average length of stay for psychiatric inpatients (LAPAS CODE - 15520)	15.3	2.1	15.3	15.3	Not Applicable	Not Applicable			
:	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.									
i	Average length of stay for acute medical/surgery inpatients (LAPAS CODE 15521)	5.1	2.1	5.1	5.1	6.0	6.0			
i ( ] ;	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 - 9917)	10.3%	9.5%	10.3%	10.3%	10.3%	10.3%			
;	Readmission is defined as total all area of care, including OB. Excludes admissions for resear	Acute care readmis	sions only. Excludes	readmissions to reh	abilitation, detoxifi	cation unit or psych	iatric units.			

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K Patient satisfaction survey rating (LAPAS CODE - 9918)	83%	94%	83%	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".



