

## LSU Health Care Services Division

### Department Description

The LSU Health Care Services Division (LSU HCSD) includes Executive Administration and General Support (Central Office) and six (6) hospitals that have entered into cooperative endeavor agreements (CEA) for public-private partnerships and the Lallie Kemp Regional Medical Center. The five hospitals that currently have CEAs are the Earl K. Long Medical Center, University Medical Center, W.O. Moss Regional Medical Center, Washington-St. Tammany Regional Medical Center, Leonard J. Chabert Medical Center and the Medical Center of Louisiana at New Orleans.

### LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2013-2014	Enacted FY 2014-2015	Existing Oper Budget as of 12/01/14	Continuation FY 2015-2016	Recommended FY 2015-2016	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 7,612,504	\$ 3,860,659	\$ 3,860,659	\$ 4,005,434	\$ 3,860,659	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	43,595,800	40,589,668	40,589,668	40,648,259	33,243,383	(7,346,285)
Fees and Self-generated Revenues	14,149,107	81,773,639	81,773,639	81,927,011	4,334,389	(77,439,250)
Statutory Dedications	20,000,000	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	10,296,776	4,800,336	4,800,336	4,800,336	4,800,336	0
<b>Total Means of Financing</b>	<b>\$ 95,654,187</b>	<b>\$ 131,024,302</b>	<b>\$ 131,024,302</b>	<b>\$ 131,381,040</b>	<b>\$ 46,238,767</b>	<b>\$ (84,785,535)</b>
<b>Expenditures &amp; Request:</b>						
LA Health Care Services Division	\$ 95,654,187	\$ 131,024,302	\$ 131,024,302	\$ 131,381,040	\$ 46,238,767	\$ (84,785,535)
<b>Total Expenditures &amp; Request</b>	<b>\$ 95,654,187</b>	<b>\$ 131,024,302</b>	<b>\$ 131,024,302</b>	<b>\$ 131,381,040</b>	<b>\$ 46,238,767</b>	<b>\$ (84,785,535)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	302	302	302	302	302	0
Unclassified	29	29	29	29	29	0
<b>Total FTEs</b>	<b>331</b>	<b>331</b>	<b>331</b>	<b>331</b>	<b>331</b>	<b>0</b>



## 19E-610 — LA Health Care Services Division



### Agency Description

The LSU Health Care Services Division (LSU HCSD) includes Executive Administration and General Support (Central Office) and six (6) hospitals that have entered into cooperative endeavor agreements (CEA) for public-private partnerships and the Lallie Kemp Regional Medical Center. The five hospitals that currently have CEAs are the Earl K. Long Medical Center, University Medical Center, W.O. Moss Regional Medical Center, Washington-St. Tammany Regional Medical Center, Leonard J. Chabert Medical Center and the Medical Center of Louisiana at New Orleans.

### LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2013-2014	Enacted FY 2014-2015	Existing Oper Budget as of 12/01/14	Continuation FY 2015-2016	Recommended FY 2015-2016	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 7,612,504	\$ 3,860,659	\$ 3,860,659	\$ 4,005,434	\$ 3,860,659	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	43,595,800	40,589,668	40,589,668	40,648,259	33,243,383	(7,346,285)
Fees and Self-generated Revenues	14,149,107	81,773,639	81,773,639	81,927,011	4,334,389	(77,439,250)
Statutory Dedications	20,000,000	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	10,296,776	4,800,336	4,800,336	4,800,336	4,800,336	0
<b>Total Means of Financing</b>	<b>\$ 95,654,187</b>	<b>\$ 131,024,302</b>	<b>\$ 131,024,302</b>	<b>\$ 131,381,040</b>	<b>\$ 46,238,767</b>	<b>\$ (84,785,535)</b>
<b>Expenditures &amp; Request:</b>						
Executive Administration and General Support	\$ 0	\$ 87,439,250	\$ 87,439,250	\$ 87,592,622	\$ 0	\$ (87,439,250)
W.O. Moss Regional Medical Center	1,009,131	0	0	0	0	0
Lallie Kemp Regional Medical Center	53,853,919	43,585,052	43,585,052	43,788,418	46,238,767	2,653,715
Washington-St Tammany Regional Medical Center	40,791,137	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 95,654,187</b>	<b>\$ 131,024,302</b>	<b>\$ 131,024,302</b>	<b>\$ 131,381,040</b>	<b>\$ 46,238,767</b>	<b>\$ (84,785,535)</b>



## LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2013-2014	Enacted FY 2014-2015	Existing Oper Budget as of 12/01/14	Continuation FY 2015-2016	Recommended FY 2015-2016	Total Recommended Over/(Under) EOB
<b>Authorized Full-Time Equivalents:</b>						
Classified	302	302	302	302	302	0
Unclassified	29	29	29	29	29	0
<b>Total FTEs</b>	<b>331</b>	<b>331</b>	<b>331</b>	<b>331</b>	<b>331</b>	<b>0</b>



## 610\_1000 — Executive Administration and General Support



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

### Program Description

The mission of the Executive Administration and General Support (Central Office) is:

- Support the provision of quality care at Lallie Kemp Medical Center
- Support the Public/Private Partnerships and fulfill obligations resulting from the transition of the former LSU Hospitals managed by the Health Care Services Division
- Support education of current and future healthcare providers
- Work and learn collaboratively with other organizations to advance quality and efficiency in care delivery
- Operate in a fiscally responsible manner
- To positively impact health and healthcare to Louisiana citizens

The goals the Central Office 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.
- 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.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence-based standards.
- VI. Service: To meet and exceed the standards in customer service with internal and external partners.

For additional information, see:

[La Health Care Services Division](#)

## Executive Administration and General Support Budget Summary

	Prior Year Actuals FY 2013-2014	Enacted FY 2014-2015	Existing Oper Budget as of 12/01/14	Continuation FY 2015-2016	Recommended FY 2015-2016	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	0	10,000,000	10,000,000	10,000,000	0	(10,000,000)
Fees and Self-generated Revenues	0	77,439,250	77,439,250	77,592,622	0	(77,439,250)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	<b>\$ 0</b>	<b>\$ 87,439,250</b>	<b>\$ 87,439,250</b>	<b>\$ 87,592,622</b>	<b>\$ 0</b>	<b>\$ (87,439,250)</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 24,947,157	\$ 24,947,157	\$ 0	\$ (24,947,157)
Total Operating Expenses	0	0	7,994,866	7,994,866	0	(7,994,866)
Total Professional Services	0	0	19,665,360	19,665,360	0	(19,665,360)
Total Other Charges	0	87,439,250	34,831,867	34,985,239	0	(34,831,867)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 0</b>	<b>\$ 87,439,250</b>	<b>\$ 87,439,250</b>	<b>\$ 87,592,622</b>	<b>\$ 0</b>	<b>\$ (87,439,250)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 87,439,250	0	Existing Oper Budget as of 12/01/14
<b>Statewide Major Financial Changes:</b>			
<b>Non-Statewide Major Financial Changes:</b>			
0	(10,000,000)	0	Non-recr Interagency Transfers from the Department of Health and Hospitals for legacy cost.



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

General Fund	Total Amount	Table of Organization	Description
0	(77,439,250)	0	Non-recur funding for hospital contracts from the operating budget. Hospital contract funding will still be available through off-budget accounts.
\$ 0	\$ 0	0	<b>Recommended FY 2015-2016</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 0	\$ 0	0	<b>Base Executive Budget FY 2015-2016</b>
\$ 0	\$ 0	0	<b>Grand Total Recommended</b>



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



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

### Program Description

This hospital has entered into a cooperative endeavor agreement (CEA) for a public-private partnership.

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

	Prior Year Actuals FY 2013-2014	Enacted FY 2014-2015	Existing Oper Budget as of 12/01/14	Continuation FY 2015-2016	Recommended FY 2015-2016	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 560,526	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	433,332	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	15,273	0	0	0	0	0
<b>Total Means of Financing</b>	<b>\$ 1,009,131</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 1,009,131	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	0	0	0	0	0	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 1,009,131</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 0	0	Existing Oper Budget as of 12/01/14
<b>Statewide Major Financial Changes:</b>			
<b>Non-Statewide Major Financial Changes:</b>			
\$ 0	\$ 0	0	Recommended FY 2015-2016
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 0	0	Base Executive Budget FY 2015-2016
\$ 0	\$ 0	0	Grand Total Recommended



## 610\_7000 — Lallie Kemp Regional Medical Center



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

### Program Description

The mission of the Lallie Kemp Medical Center is:

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

The goals Lallie Kemp Medical Center are:

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

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

For additional information, see:

[Lallie Kemp Regional Medical Center](#)

## Lallie Kemp Regional Medical Center Budget Summary

	Prior Year Actuals FY 2013-2014	Enacted FY 2014-2015	Existing Oper Budget as of 12/01/14	Continuation FY 2015-2016	Recommended FY 2015-2016	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 3,860,659	\$ 3,860,659	\$ 3,860,659	\$ 4,005,434	\$ 3,860,659	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	20,858,535	30,589,668	30,589,668	30,648,259	33,243,383	2,653,715
Fees and Self-generated Revenues	4,334,389	4,334,389	4,334,389	4,334,389	4,334,389	0
Statutory Dedications	20,000,000	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	4,800,336	4,800,336	4,800,336	4,800,336	4,800,336	0
<b>Total Means of Financing</b>	<b>\$ 53,853,919</b>	<b>\$ 43,585,052</b>	<b>\$ 43,585,052</b>	<b>\$ 43,788,418</b>	<b>\$ 46,238,767</b>	<b>\$ 2,653,715</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 43,583,506	\$ 24,234,395	\$ 28,307,125	\$ 28,307,125	\$ 28,307,125	\$ 0
Total Operating Expenses	7,581,904	9,256,360	9,774,887	9,774,887	10,549,873	774,986
Total Professional Services	808,215	1,333,084	905,850	905,850	905,850	0
Total Other Charges	1,816,875	8,380,755	4,493,348	4,696,714	6,372,077	1,878,729
Total Acq & Major Repairs	63,419	380,458	103,842	103,842	103,842	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 53,853,919</b>	<b>\$ 43,585,052</b>	<b>\$ 43,585,052</b>	<b>\$ 43,788,418</b>	<b>\$ 46,238,767</b>	<b>\$ 2,653,715</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	302	302	302	302	302	0
Unclassified	29	29	29	29	29	0
<b>Total FTEs</b>	<b>331</b>	<b>331</b>	<b>331</b>	<b>331</b>	<b>331</b>	<b>0</b>

## Source of Funding

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

## Lallie Kemp Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2013-2014	Enacted FY 2014-2015	Existing Oper Budget as of 12/01/14	Continuation FY 2015-2016	Recommended FY 2015-2016	Total Recommended Over/(Under) EOB
Overcollections Fund	\$ 20,000,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 3,860,659	\$ 43,585,052	331	Existing Oper Budget as of 12/01/14
			<b>Statewide Major Financial Changes:</b>
			<b>Non-Statewide Major Financial Changes:</b>
\$ 0	\$ 2,653,715	0	Increase Interagency Transfers for Uncompensated Care Cost (UCC) funding to be received from the Department of Health and Hospitals.
\$ 3,860,659	\$ 46,238,767	331	Recommended FY 2015-2016
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 3,860,659	\$ 46,238,767	331	Base Executive Budget FY 2015-2016
\$ 3,860,659	\$ 46,238,767	331	Grand Total Recommended

## Professional Services

Amount	Description
\$905,850	Contracted medical services for physicians, etc.
<b>\$905,850</b>	<b>TOTAL PROFESSIONAL SERVICES</b>

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$5,633,771	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
<b>\$5,633,771</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>



### Other Charges (Continued)

Amount	Description
\$72,835	Department of Civil Service and Comprehensive Public Training Program (CPTP)
\$650,598	Office of Risk Management
\$14,873	Legislative Auditor Expenses
<b>\$738,306</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$6,372,077</b>	<b>TOTAL OTHER CHARGES</b>

### Acquisitions and Major Repairs

Amount	Description
\$103,842	Replacement of medical equipment
<b>\$103,842</b>	<b>TOTAL ACQUISITIONS AND MAJOR REPAIRS</b>

### Performance Information

- (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, working towards maintaining average lengths of stay for medical/surgical patients admitted to the hospital each fiscal year, consistent with benchmarks established through the University Health Systems Consortium, of which LSU Health is a member organization.**

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

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

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



## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2013-2014	Actual Yearend Performance FY 2013-2014	Performance Standard as Initially Appropriated FY 2014-2015	Existing Performance Standard FY 2014-2015	Performance At Continuation Budget Level FY 2015-2016	Performance At Executive Budget Level FY 2015-2016
K	FTEs per adjusted occupied bed (LAPAS CODE - 24899)	4.9	6.7	4.9	4.9	4.9	4.9
	Along with cost per adjusted patient day, the standard for these indicators comes from University Healthsystem Consortium (UHC) national benchmarks. LSU Health's UHC membership yields standard definitions and methods to collect financial and operational information, ensuring current and relevant operational comparisons in the areas of: labor productivity, expenses, and operating practices. Our membership allows us to identify meaningful comparative organizations with which to benchmark our public hospitals, a critical strategy during these difficult budget times. As a member of UHC, LSU is provided relevant information for analyses to support performance improvement, budgeting, cost reduction, and identification of best performers.						
K	Acute patient days (LAPAS CODE - 24900)	3,000	3,332	3,000	3,000	3,000	3,000
	LSU Health measures key volume indicators in order to trend service activity levels. These two statistics have been chosen as material measurements of patient deliverables. Likewise, these volume measures, in composite with all other performance indicators, are reported as part of the LSU Health Balanced Scorecard and presented quarterly to the Board of Supervisors.						
K	Hospital admissions (LAPAS CODE - 24901)	750	831	750	750	750	750
	LSU Health measures key volume indicators in order to trend service activity levels. These two statistics have been chosen as material measurements of patient deliverables. Likewise, these volume measures, in composite with all other performance indicators, are reported as part of the LSU Health Balanced Scorecard and presented quarterly to the Board of Supervisors.						
S	AMI: Aspirin at arrival (LAPAS CODE - 24902)	98	0	98	98	98	98
	The quality indicators listed above, along with patient satisfaction, contain national benchmarks based upon a summary of the latest survey results from the DHHS Centers for Medicaid and Medicare Services online survey, certification and reporting database. These types of indicators will be important in the future as Medicare metrics become tied to reimbursement. Clinical quality measures are submitted to a clinical data warehouse wherein hospitals submit patient record data for the appropriate clinical conditions. Information for the surveys of patients' hospital experiences is collected and reported using MyQualityNetis (Hospital Consumer Assessment of Healthcare Providers and Systems) HCAPHS survey. This survey is representative of patients nationwide and their experiences with medical, surgical, or maternity care during a recent overnight stay in the hospital. Both of these databases are updated quarterly, generally in March, June, September and December with the most current statistics. LSU's decision to adopt these indicators allows us to benchmark ourselves against other similar hospitals, ensuring the ability to design and implement effective strategies towards meeting national standards of care, maintaining patient safety, providing quality care, while at the same time ensuring efficient use of federal and state budgeted resources. FY14 Actual: No AMI cases met criteria for inclusion in dataset.						
S	Heart failure ace inhibitor (LAPAS CODE - 24903)	94	95	94	94	94	94
	The quality indicators listed above, along with patient satisfaction, contain national benchmarks based upon a summary of the latest survey results from the DHHS Centers for Medicaid and Medicare Services online survey, certification and reporting database. These types of indicators will be important in the future as Medicare metrics become tied to reimbursement. Clinical quality measures are submitted to a clinical data warehouse wherein hospitals submit patient record data for the appropriate clinical conditions. Information for the surveys of patients' hospital experiences is collected and reported using MyQualityNetis (Hospital Consumer Assessment of Healthcare Providers and Systems) HCAPHS survey. This survey is representative of patients nationwide and their experiences with medical, surgical, or maternity care during a recent overnight stay in the hospital. Both of these databases are updated quarterly, generally in March, June, September and December with the most current statistics. LSU's decision to adopt these indicators allows us to benchmark ourselves against other similar hospitals, ensuring the ability to design and implement effective strategies towards meeting national standards of care, maintaining patient safety, providing quality care, while at the same time ensuring efficient use of federal and state budgeted resources.						
S	Pneumonia appropriate antibiotic (LAPAS CODE - 24904)	91	100	91	91	91	91



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values				
		Yearend Performance Standard FY 2013-2014	Actual Yearend Performance FY 2013-2014	Performance Standard as Initially Appropriated FY 2014-2015	Existing Performance Standard FY 2014-2015	Performance At Continuation Budget Level FY 2015-2016

The quality indicators listed above, along with patient satisfaction, contain national benchmarks based upon a summary of the latest survey results from the DHHS Centers for Medicaid and Medicare Services online survey, certification and reporting database. These types of indicators will be important in the future as Medicare metrics become tied to reimbursement. Clinical quality measures are submitted to a clinical data warehouse wherein hospitals submit patient record data for the appropriate clinical conditions. Information for the surveys of patients' hospital experiences is collected and reported using MyQualityNet's (Hospital Consumer Assessment of Healthcare Providers and Systems) HCAPHS survey. This survey is representative of patients nationwide and their experiences with medical, surgical, or maternity care during a recent overnight stay in the hospital. Both of these databases are updated quarterly, generally in March, June, September and December with the most current statistics. LSU's decision to adopt these indicators allows us to benchmark ourselves against other similar hospitals, ensuring the ability to design and implement effective strategies towards meeting national standards of care, maintaining patient safety, providing quality care, while at the same time ensuring efficient use of federal and state budgeted resources.

K	Number of clinic visits (LAPAS CODE - 24905)	32,500	28,534	32,500	32,500	32,500	32,500
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The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code.

K	Emergency department visits (LAPAS CODE - 5878)	27,000	27,206	27,000	27,000	27,000	27,000
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An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit. ED visits include ER visits (ED Encounters) plus ER admits.

K	Overall patient satisfaction survey rating (LAPAS CODE - 9870)	75%	79%	75%	75%	75%	75%
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Patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national, and west south regional averages. LSU-HCSD will follow the CMS rules for reporting, which represents data from a prior quarter being reported due to timing. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.

K	Cost per adjusted patient day (LAPAS CODE - 23233)	\$ 1,863	\$ 1,708	\$ 1,863	\$ 1,863	\$ 1,863	\$ 1,863
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Cost per adjusted patient day = Total Expenses/(Patient Days\*(Total Revenue/Inpatient Revenue)). The LSU Health System is working with the University Healthsystem Consortium to further define performance indicators and peer group comparisons. Performance Indicator definitions may be modified as a result of this initiative to improve comparability to the peer group.

K	Willingness to recommend hospital (LAPAS CODE - 23234)	75%	82%	75%	75%	75%	75%
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Patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting, which represents data from a prior quarter being reported due to timing.



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2013-2014	Actual Yearend Performance FY 2013-2014	Performance Standard as Initially Appropriated FY 2014-2015	Existing Performance Standard FY 2014-2015	Performance At Continuation Budget Level FY 2015-2016	Performance At Executive Budget Level FY 2015-2016
S	Number of staffed beds (LAPAS CODE - 9867)	17	17	17	17	17	17
	Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.						
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15491)	4.0	4.3	4.0	4.0	4.0	4.0
	Acute care is a type of health care in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.						

**2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2016 show improvements over those at June 30, 2015.**

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

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

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



**Performance Indicators**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2013-2014	Actual Yearend Performance FY 2013-2014	Performance Standard as Initially Appropriated FY 2014-2015	Existing Performance Standard FY 2014-2015	Performance At Continuation Budget Level FY 2015-2016	Performance At Executive Budget Level FY 2015-2016
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15496)	50%	55%	50%	50%	50%	50%

Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycated). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. LSU-HCSD's systemwide standard is 50%. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c.

K	Percentage of women >= 50 years of age receiving mammogram in the past 2 years. (LAPAS CODE - 24906)	80%	76%	80%	80%	80%	80%
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2020. The LSU-HCSD systemwide standard is 60%.



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



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

### Program Description

This hospital has entered into a cooperative endeavor agreement (CEA) for a public-private partnership.

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

	Prior Year Actuals FY 2013-2014	Enacted FY 2014-2015	Existing Oper Budget as of 12/01/14	Continuation FY 2015-2016	Recommended FY 2015-2016	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 3,191,319	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	22,303,933	0	0	0	0	0
Fees and Self-generated Revenues	9,814,718	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	5,481,167	0	0	0	0	0
<b>Total Means of Financing</b>	<b>\$ 40,791,137</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 26,971,444	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	9,329,627	0	0	0	0	0
Total Professional Services	832,826	0	0	0	0	0
Total Other Charges	3,190,164	0	0	0	0	0
Total Acq & Major Repairs	467,076	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 40,791,137</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 0	0	Existing Oper Budget as of 12/01/14
<b>Statewide Major Financial Changes:</b>			
<b>Non-Statewide Major Financial Changes:</b>			
\$ 0	\$ 0	0	Recommended FY 2015-2016
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 0	0	Base Executive Budget FY 2015-2016
\$ 0	\$ 0	0	Grand Total Recommended

