

LSU Health Care Services Division

Department Description

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

- Executive Administration and General Support
- Earl K. Long Medical Center
- University Medical Center
- W. O. Moss Regional Medical Center
- Lallie Kemp Regional Medical Center
- Washington-St. Tammany Regional Medical Center
- Leonard J. Chabert Medical Center
- Medical Center of Louisiana at New Orleans and University Hospital

LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 72,220,020	\$ 64,261,831	\$ 64,296,464	\$ 68,041,631	\$ 23,193,051	\$ (41,103,413)
State General Fund by:						
Total Interagency Transfers	654,541,841	595,045,883	595,045,883	610,542,671	574,169,936	(20,875,947)
Fees and Self-generated Revenues	92,324,742	65,788,131	65,788,131	66,171,572	98,682,558	32,894,427
Statutory Dedications	300,000	0	0	0	41,068,780	41,068,780
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	78,082,167	79,447,612	79,447,612	80,439,285	87,945,188	8,497,576
Total Means of Financing	\$ 897,468,770	\$ 804,543,457	\$ 804,578,090	\$ 825,195,159	\$ 825,059,513	\$ 20,481,423
Expenditures & Request:						
LA Health Care Services Division	\$ 897,468,770	\$ 804,543,457	\$ 804,578,090	\$ 825,195,159	\$ 825,059,513	\$ 20,481,423
Total Expenditures & Request	\$ 897,468,770	\$ 804,543,457	\$ 804,578,090	\$ 825,195,159	\$ 825,059,513	\$ 20,481,423



LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Authorized Full-Time Equivalents:						
Classified	7,215	6,929	6,172	6,172	5,590	(582)
Unclassified	0	0	757	757	739	(18)
Total FTEs	7,215	6,929	6,929	6,929	6,329	(600)



19E-610 — LA Health Care Services Division



Agency Description

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

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

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

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

For additional information, see:

[LA Health Care Services Division](#)

[LSU Board of Supervisors](#)

LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 72,220,020	\$ 64,261,831	\$ 64,296,464	\$ 68,041,631	\$ 23,193,051	\$ (41,103,413)
State General Fund by:						
Total Interagency Transfers	654,541,841	595,045,883	595,045,883	610,542,671	574,169,936	(20,875,947)
Fees and Self-generated Revenues	92,324,742	65,788,131	65,788,131	66,171,572	98,682,558	32,894,427
Statutory Dedications	300,000	0	0	0	41,068,780	41,068,780
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	78,082,167	79,447,612	79,447,612	80,439,285	87,945,188	8,497,576
Total Means of Financing	\$ 897,468,770	\$ 804,543,457	\$ 804,578,090	\$ 825,195,159	\$ 825,059,513	\$ 20,481,423
Expenditures & Request:						
Executive Administration and General Support	\$ 21,214,881	\$ 24,053,099	\$ 24,053,099	\$ 24,694,708	\$ 24,053,099	\$ 0
Earl K Long Medical Center	144,745,418	118,769,886	118,773,315	122,379,387	127,514,486	8,741,171
University Medical Center	110,664,187	108,838,365	108,842,650	111,389,563	114,106,701	5,264,051
W.O. Moss Regional Medical Center	44,984,624	31,451,557	31,461,148	32,508,156	39,657,787	8,196,639
Lallie Kemp Regional Medical Center	40,447,704	41,967,261	41,967,261	43,148,900	40,998,737	(968,524)
Washington-St Tammany Regional Medical Center	63,855,830	61,009,788	61,009,788	62,732,637	60,543,796	(465,992)
Leonard J Chabert Medical Center	102,871,499	96,677,689	96,695,017	99,098,866	99,209,250	2,514,233
Medical Center of Louisiana at New Orleans	368,684,627	321,775,812	321,775,812	329,242,942	318,975,657	(2,800,155)
Total Expenditures & Request	\$ 897,468,770	\$ 804,543,457	\$ 804,578,090	\$ 825,195,159	\$ 825,059,513	\$ 20,481,423
Authorized Full-Time Equivalents:						
Classified	7,215	6,929	6,172	6,172	5,590	(582)
Unclassified	0	0	757	757	739	(18)
Total FTEs	7,215	6,929	6,929	6,929	6,329	(600)



610_1000 — Executive Administration and General Support



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

Program Description

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

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

The goals of Executive Administration and General Support area and LSU Health Sciences Center, Health Care Services Division are:

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

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

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

For additional information, see:

[La Health Care Services Division](#)

Executive Administration and General Support Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	363,525	0	0
Fees and Self-generated Revenues	21,214,881	24,053,099	24,053,099	24,331,183	24,053,099	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 21,214,881	\$ 24,053,099	\$ 24,053,099	\$ 24,694,708	\$ 24,053,099	\$ 0
Expenditures & Request:						
Personal Services	\$ 15,112,743	\$ 16,211,401	\$ 18,291,553	\$ 18,933,162	\$ 18,291,553	\$ 0
Total Operating Expenses	2,087,789	2,188,736	1,789,280	1,789,280	1,789,280	0
Total Professional Services	499,039	542,492	499,500	499,500	499,500	0
Total Other Charges	3,440,573	5,059,950	3,285,466	3,285,466	3,285,466	0
Total Acq & Major Repairs	74,737	50,520	187,300	187,300	187,300	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 21,214,881	\$ 24,053,099	\$ 24,053,099	\$ 24,694,708	\$ 24,053,099	\$ 0
Authorized Full-Time Equivalents:						
Classified	195	195	48	48	48	0
Unclassified	0	0	154	154	141	(13)
Total FTEs	195	195	202	202	189	(13)

Source of Funding

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



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	7	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 24,053,099	202	Existing Oper Budget as of 12/1/11
			Statewide Major Financial Changes:
			Non-Statewide Major Financial Changes:
0	0	(13)	Adjust the Authorized (Appropriated) Table of Organization Full Time Equivalents (T.O. FTEs) for the LSU Health Care Services Division.
\$ 0	\$ 24,053,099	189	Recommended FY 2012-2013
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 24,053,099	189	Base Executive Budget FY 2012-2013
\$ 0	\$ 24,053,099	189	Grand Total Recommended

Professional Services

Amount	Description
\$499,500	Contracted legal and consulting services
\$499,500	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$374,380	Medical Informatics and Telemedicine, PeopleSoft IT support, rent, payroll and AP check processing, Internal Audit, Disease Management, and other miscellaneous expenses
\$374,380	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$0	Department of Civil Service
\$0	Comprehensive Public Training Program (CPTP)
\$0	Legislative Auditor Expenses
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$374,380	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
\$187,300	Replacement of computers, printers and monitors
\$187,300	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

1. (KEY) To target budgeted dollars for the provision of direct patient care, while ensuring efficient administrative costs by capping HCSD's administrative program at no more than 3.1% of the total operating budget.

Children's Budget link: Not applicable

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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
		K Administrative (central office) operating budget as a percent of the total HCSD operating budget (LAPAS CODE - 9789)	2.25%	2.24%	2.25%	3.10%	3.10%

The annual allocation of the budget for the Central Office (HCSD Headquarters) is no more than 3.1% of the sum total of the HCSD Hospitals' budget. Allocation is not inclusive of the Central Billing Office (CBO) and other direct hospital expenditures.



610_3000 — Earl K Long Medical Center



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

Program Description

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

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

The goals of Earl K. Long are:

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

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

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

For additional information, see:

[Earl K Long Medical Center](#)

Earl K Long Medical Center Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 19,612,917	\$ 16,353,557	\$ 16,356,986	\$ 17,290,130	\$ 7,446,645	\$ (8,910,341)
State General Fund by:						
Total Interagency Transfers	109,148,931	93,571,074	93,571,074	96,255,248	90,718,954	(2,852,120)
Fees and Self-generated Revenues	9,131,280	514,267	514,267	387,614	11,884,342	11,370,075
Statutory Dedications	0	0	0	0	8,906,912	8,906,912
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	6,852,290	8,330,988	8,330,988	8,446,395	8,557,633	226,645
Total Means of Financing	\$ 144,745,418	\$ 118,769,886	\$ 118,773,315	\$ 122,379,387	\$ 127,514,486	\$ 8,741,171
Expenditures & Request:						
Personal Services	\$ 72,372,066	\$ 70,017,422	\$ 67,146,838	\$ 69,941,969	\$ 71,597,379	\$ 4,450,541
Total Operating Expenses	38,280,391	36,561,566	25,714,931	25,714,931	33,403,160	7,688,229
Total Professional Services	5,220,176	3,761,267	3,500,000	3,496,571	4,552,942	1,052,942
Total Other Charges	28,872,785	8,198,371	22,411,546	23,225,916	17,961,005	(4,450,541)
Total Acq & Major Repairs	0	231,260	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 144,745,418	\$ 118,769,886	\$ 118,773,315	\$ 122,379,387	\$ 127,514,486	\$ 8,741,171
Authorized Full-Time Equivalents:						
Classified	1,202	1,083	955	955	857	(98)
Unclassified	0	0	108	108	107	(1)
Total FTEs	1,202	1,083	1,063	1,063	964	(99)



Source of Funding

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

Earl K Long Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Overcollections Fund	\$ 0	\$ 0	\$ 0	\$ 0	\$ 8,906,912	\$ 8,906,912

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 3,429	\$ 3,429	(20)	Mid-Year Adjustments (BA-7s):
\$ 16,356,986	\$ 118,773,315	1,063	Existing Oper Budget as of 12/1/11
Statewide Major Financial Changes:			
\$ (3,429)	\$ (3,429)	0	Non-recurring Carryforwards
Non-Statewide Major Financial Changes:			
\$ 0	\$ (1,973,999)	0	Reduce Interagency Transfers associated with Upper Payment Limit (UPL) payments due to the implementation of Bayou Health.
\$ 0	\$ 5,162,228	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
\$ 0	\$ 4,500,000	0	Increase in Fees and Self-generated revenues for Outpatient Pharmacy.
\$ (8,906,912)	\$ 0	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 0	(99)	Adjust the Authorized (Appropriated) Table of Organization Full Time Equivalents (T.O. FTEs) for the LSU Health Care Services Division.
\$ 0	\$ 1,056,371	0	Adjust Interagency Transfer budget authority for funds to be received from the Department of Health and Hospitals.
\$ 7,446,645	\$ 127,514,486	964	Recommended FY 2012-2013
\$ 0	\$ 8,906,912	0	Less Supplementary Recommendation
\$ 7,446,645	\$ 118,607,574	964	Base Executive Budget FY 2012-2013
Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.			
\$ 0	\$ 8,906,912	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 8,906,912	0	Total Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.
\$ 7,446,645	\$ 127,514,486	964	Grand Total Recommended

Professional Services

Amount	Description
\$4,552,942	Contracted medical services for residents and physicians, etc.
\$4,552,942	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$0	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
\$0	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$181,583	Department of Civil Service and Comprehensive Public Training Program (CPTP)
\$15,423,859	Medical services provided by the LSU Health Sciences Center
\$2,308,355	Office of Risk Management
\$47,208	Legislative Auditor Expenses
\$17,961,005	SUB-TOTAL INTERAGENCY TRANSFERS
\$17,961,005	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$0	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2012-2013.
\$0	TOTAL ACQUISITIONS AND MAJOR REPAIRS



Performance Information

- 1. (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

Level	Performance Indicator Name	Performance Indicator Values					Performance At Executive Budget Level FY 2012-2013
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance Continuation Budget Level FY 2012-2013	
K	FTEs per adjusted occupied bed (LAPAS CODE - 24875)	Not Applicable	Not Applicable	4.9	4.9	4.9	To Be Established
	New Indicator for FY 2011-2012						
K	Acute patient days (LAPAS CODE - 24876)	Not Applicable	Not Applicable	22,000	22,000	15,000	To Be Established
	New Indicator for FY 2011-2012						
K	Hospital admissions (LAPAS CODE - 24877)	Not Applicable	Not Applicable	5,250	5,250	3,800	To Be Established
	New Indicator for FY 2011-2012						
S	AMI: Aspirin at arrival (LAPAS CODE - 24878)	Not Applicable	Not Applicable	98	98	98	To Be Established
	New Indicator for FY 2011-2012.						
S	Heart Failure: Ace Inhibitor (LAPAS CODE - 24879)	Not Applicable	Not Applicable	94	94	94	To Be Established
	New Indicator for FY 2011-2012						
S	Pneumonia appropriate antibiotic (LAPAS CODE - 24880)	Not Applicable	Not Applicable	91	91	91	To Be Established
	New Indicator for FY 2011-2012						
K	Number of clinic visits (LAPAS CODE - 24881)	Not Applicable	Not Applicable	113,500	113,500	113,500	To Be Established
	The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012						
K	Emergency department visits (LAPAS CODE - 5854)	42,250	49,816	49,500	49,500	49,000	To Be Established
	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.						



Performance Indicators (Continued)

Level	Performance Indicator Name	Performance Indicator Values					Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013		
K	Overall patient satisfaction survey rating (LAPAS CODE - 9815)	64%	56%	67%	67%	67%	To Be Established	
<p>Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.</p>								
K	Cost per adjusted patient day (LAPAS CODE - 23224)	\$ 2,425	\$ 2,243	\$ 1,890	\$ 1,890	\$ 2,200	To Be Established	
<p>Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.</p>								
K	Willingness to recommend hospital (LAPAS CODE - 23225)	68%	63%	69%	69%	69%	To Be Established	
<p>Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.</p>								
S	Number of staffed beds (LAPAS CODE - 9806)	95	83	90	90	80	To Be Established	
<p>Staffed beds include all adult, pediatric, neonatal intensive care beds, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.</p>								
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15451)	5.0	3.9	4.8	4.8	4.9	To Be Established	
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.</p>								

2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2013 show improvements over those at June 30, 2012.

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 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	50%	45%	50%	50%	50%	To Be Established
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Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycosylated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycosylated). Once glycosylated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. LSU-HCSD's systemwide standard is 50%. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c.

K	Percentage of women >= 50 years of age receiving mammogram in the past 2 years. (LAPAS CODE - 24882)	Not Applicable	Not Applicable	60%	60%	80%	To Be Established
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Percentage of women >=50 years of age with mammogram in the past 2 years is calculated by taking the number of women >= 50 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >= 50. New Indicator for FY 2011-2012.



610_5000 — University Medical Center



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

Program Description

The mission of the University Medical Center is:

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

The goals of University Medical Center are:

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

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

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

For additional information, see:

[University Medical Center](#)

University Medical Center Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 6,328,939	\$ 5,483,965	\$ 5,488,250	\$ 5,793,483	\$ 2,497,141	\$ (2,991,109)
State General Fund by:						
Total Interagency Transfers	91,932,498	90,051,674	90,051,674	92,213,944	86,377,126	(3,674,548)
Fees and Self-generated Revenues	2,706,518	3,209,115	3,209,115	3,210,474	9,008,319	5,799,204
Statutory Dedications	0	0	0	0	2,986,824	2,986,824
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	9,696,232	10,093,611	10,093,611	10,171,662	13,237,291	3,143,680
Total Means of Financing	\$ 110,664,187	\$ 108,838,365	\$ 108,842,650	\$ 111,389,563	\$ 114,106,701	\$ 5,264,051
Expenditures & Request:						
Personal Services	\$ 61,592,417	\$ 66,303,278	\$ 61,636,177	\$ 64,093,289	\$ 69,512,876	\$ 7,876,699
Total Operating Expenses	24,402,678	28,373,895	25,166,892	25,166,892	30,052,003	4,885,111
Total Professional Services	3,840,814	3,899,717	1,846,169	1,841,884	1,600,109	(246,060)
Total Other Charges	20,801,550	10,163,731	20,095,668	20,189,754	12,843,969	(7,251,699)
Total Acq & Major Repairs	26,728	97,744	97,744	97,744	97,744	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 110,664,187	\$ 108,838,365	\$ 108,842,650	\$ 111,389,563	\$ 114,106,701	\$ 5,264,051
Authorized Full-Time Equivalents:						
Classified	992	982	831	831	743	(88)
Unclassified	0	0	121	121	120	(1)
Total FTEs	992	982	952	952	863	(89)



Source of Funding

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

University Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Overcollections Fund	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,986,824	\$ 2,986,824

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 4,285	\$ 4,285	(30)	Mid-Year Adjustments (BA-7s):
\$ 5,488,250	\$ 108,842,650	952	Existing Oper Budget as of 12/1/11
Statewide Major Financial Changes:			
\$ (4,285)	\$ (4,285)	0	Non-recurring Carryforwards
Non-Statewide Major Financial Changes:			
\$ 0	\$ (1,639,693)	0	Reduce Interagency Transfers associated with Upper Payment Limit (UPL) payments due to the implementation of Bayou Health.
\$ 0	\$ 4,649,804	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
\$ 0	\$ 2,500,000	0	Increase in Fees and Self-generated revenues for Outpatient Pharmacy.
\$ (2,986,824)	\$ 0	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 0	(89)	Adjust the Authorized (Appropriated) Table of Organization Full Time Equivalents (T.O. FTEs) for the LSU Health Care Services Division.
\$ 0	\$ (241,775)	0	Adjust Interagency Transfer budget authority for funds to be received from the Department of Health and Hospitals.
\$ 2,497,141	\$ 114,106,701	863	Recommended FY 2012-2013
\$ 0	\$ 2,986,824	0	Less Supplementary Recommendation
\$ 2,497,141	\$ 111,119,877	863	Base Executive Budget FY 2012-2013
Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.			



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 2,986,824	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 2,986,824	0	Total Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.
\$ 2,497,141	\$ 114,106,701	863	Grand Total Recommended

Professional Services

Amount	Description
\$1,600,109	Contracted medical services for physicians, etc.
\$1,600,109	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$1,125,000	Other miscellaneous expenses
\$1,125,000	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$175,237	Department of Civil Service and Comprehensive Public Training Program (CPTP)
\$10,200,001	Medical services provided by the LSU Health Sciences Center
\$1,773,285	Office of Risk Management
\$70,446	Legislative Auditor Expenses
\$12,218,969	SUB-TOTAL INTERAGENCY TRANSFERS
\$13,343,969	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$97,744	Replacement of medical equipment
\$97,744	TOTAL ACQUISITIONS AND MAJOR REPAIRS



Performance Information

1. (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

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	FTEs per adjusted occupied bed (LAPAS CODE - 24883)	Not Applicable	Not Applicable	4.9	4.9	4.9	
	New Indicator for FY 2011-2012.						
K	Acute patient days (LAPAS CODE - 24884)	Not Applicable	Not Applicable	24,000	24,000	24,000	To Be Established
	New Indicator for FY 2011-2012.						
K	Hospital admissions (LAPAS CODE - 24885)	Not Applicable	Not Applicable	4,600	4,600	4,600	To Be Established
	New Indicator for FY 2011-2012.						
S	AMI: Aspirin at arrival (LAPAS CODE - 24886)	Not Applicable	Not Applicable	98	98	98	To Be Established
	New Indicator for FY 2011-2012.						
S	Heart failure ace inhibitor (LAPAS CODE - 24887)	Not Applicable	Not Applicable	94	94	94	To Be Established
	New Indicator for FY 2011-2012.						
S	Pneumonia appropriate antibiotic (LAPAS CODE - 24888)	Not Applicable	Not Applicable	91	91	91	To Be Established
	New Indicator for FY 2011-2012.						
K	Number of clinic visits (LAPAS CODE - 24889)	Not Applicable	Not Applicable	97,000	97,000	97,000	To Be Established
	The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.						
K	Emergency department visits (LAPAS CODE - 5866)	45,850	47,058	47,000	47,000	45,000	To Be Established
	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.						



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	Overall patient satisfaction survey rating (LAPAS CODE - 9845)	64%	76%	67%	67%	75%	To Be Established
	Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.						
K	Cost per adjusted patient day (LAPAS CODE - 23227)	\$ 1,775	\$ 1,698	\$ 1,850	\$ 1,850	\$ 1,850	To Be Established
	Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - 23228)	68%	76%	69%	69%	75%	To Be Established
	Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.						
S	Number of staffed beds (LAPAS CODE - 9838)	105	87	101	101	87	To Be Established
	Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.						
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15471)	5.0	4.6	4.8	4.8	4.8	To Be Established
	Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.						

2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2013 show improvements over those at June 30, 2012.

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

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

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



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					Performance At Executive Budget Level FY 2012-2013
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15476)	50%	69%	50%	50%	50%	To Be Established

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

K	Percentage of women >= 50 years of age receiving mammogram in the past 2 years. (LAPAS CODE - 24890)	Not Applicable	Not Applicable	60%	60%	80%	To Be Established
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Percentage of women >=50 years of age with mammogram in the past 2 years is calculated by taking the number of women >= 50 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >= 50. New Indicator for FY 2011-2012. New Indicator for FY 2011-2012.



610_6000 — W.O. Moss Regional Medical Center



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

Program Description

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

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

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

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

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

For additional information, see:

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

W.O. Moss Regional Medical Center Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 8,047,074	\$ 7,551,609	\$ 7,561,200	\$ 7,973,116	\$ 3,438,649	\$ (4,122,551)
State General Fund by:						
Total Interagency Transfers	32,202,351	20,604,853	20,604,853	21,254,059	20,677,614	72,761
Fees and Self-generated Revenues	1,266,731	920,094	920,094	866,649	7,440,252	6,520,158
Statutory Dedications	300,000	0	0	0	4,112,960	4,112,960
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	3,168,468	2,375,001	2,375,001	2,414,332	3,988,312	1,613,311
Total Means of Financing	\$ 44,984,624	\$ 31,451,557	\$ 31,461,148	\$ 32,508,156	\$ 39,657,787	\$ 8,196,639
Expenditures & Request:						
Personal Services	\$ 23,223,243	\$ 17,092,840	\$ 17,720,211	\$ 18,497,066	\$ 19,279,042	\$ 1,558,831
Total Operating Expenses	12,857,958	9,527,524	10,844,619	10,844,619	16,834,939	5,990,320
Total Professional Services	4,594,866	4,086,065	648,976	639,385	1,730,295	1,081,319
Total Other Charges	3,917,555	732,761	2,237,343	2,517,087	1,803,512	(433,831)
Total Acq & Major Repairs	391,002	12,367	9,999	9,999	9,999	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 44,984,624	\$ 31,451,557	\$ 31,461,148	\$ 32,508,156	\$ 39,657,787	\$ 8,196,639
Authorized Full-Time Equivalents:						
Classified	402	360	392	392	352	(40)
Unclassified	0	0	9	9	9	0
Total FTEs	402	360	401	401	361	(40)



Source of Funding

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

W.O. Moss Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Overcollections Fund	\$ 300,000	\$ 0	\$ 0	\$ 0	\$ 4,112,960	\$ 4,112,960

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 9,591	\$ 9,591	41	Mid-Year Adjustments (BA-7s):
\$ 7,561,200	\$ 31,461,148	401	Existing Oper Budget as of 12/1/11
Statewide Major Financial Changes:			
\$ (9,591)	\$ (9,591)	0	Non-recurring Carryforwards
Non-Statewide Major Financial Changes:			
\$ 0	\$ (716,371)	0	Reduce Interagency Transfers associated with Upper Payment Limit (UPL) payments due to the implementation of Bayou Health.
\$ 0	\$ 3,331,691	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
\$ 0	\$ 4,500,000	0	Increase in Fees and Self-generated revenues for Outpatient Pharmacy.
\$ (4,112,960)	\$ 0	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 0	(40)	Adjust the Authorized (Appropriated) Table of Organization Full Time Equivalent (T.O. FTEs) for the LSU Health Care Services Division.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 1,090,910	0	Adjust Interagency Transfer budget authority for funds to be received from the Department of Health and Hospitals.
\$ 3,438,649	\$ 39,657,787	361	Recommended FY 2012-2013
\$ 0	\$ 4,112,960	0	Less Supplementary Recommendation
\$ 3,438,649	\$ 35,544,827	361	Base Executive Budget FY 2012-2013
			Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.
\$ 0	\$ 4,112,960	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 4,112,960	0	Total Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.
\$ 3,438,649	\$ 39,657,787	361	Grand Total Recommended

Professional Services

Amount	Description
\$1,730,295	Contracted medical services for physicians, etc.
\$1,730,295	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$1,125,000	Outpatient Pharmacy costs
\$1,125,000	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$62,416	Department of Civil Service and Comprehensive Public Training Program (CPTP)
\$590,533	Office of Risk Management
\$25,563	Legislative Auditor Expenses
\$678,512	SUB-TOTAL INTERAGENCY TRANSFERS
\$1,803,512	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
\$9,999	Replacement of computers, printers and monitors
\$9,999	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

1. (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

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	FTEs per adjusted occupied bed (LAPAS CODE - 24891)	Not Applicable	Not Applicable	4.9	4.9	4.9	To Be Established
	New Indicator for FY 2011-2012.						
K	Acute patient days (LAPAS CODE - 24892)	Not Applicable	Not Applicable	8,500	8,500	8,500	To Be Established
	New Indicator for FY 2011-2012.						
K	Hospital admissions (LAPAS CODE - 24893)	Not Applicable	Not Applicable	1,250	1,250	1,250	To Be Established
	New Indicator for FY 2011-2012.						
S	AMI: Aspirin at arrival (LAPAS CODE - 24894)	Not Applicable	Not Applicable	98	98	98	To Be Established
	New Indicator for FY 2011-2012.						
S	Heart failure ace inhibitor (LAPAS CODE - 24895)	Not Applicable	Not Applicable	94	94	94	To Be Established
	New Indicator for FY 2011-2012.						
S	Pneumonia appropriate antibiotic (LAPAS CODE - 24896)	Not Applicable	Not Applicable	91	91	91	To Be Established
	New Indicator for FY 2011-2012.						



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	Number of clinic visits (LAPAS CODE - 24897)	Not Applicable	Not Applicable	49,000	49,000	49,000	To Be Established
<p>The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.</p>							
K	Emergency department visits (LAPAS CODE - 5872)	27,000	28,157	28,000	28,000	28,000	To Be Established
<p>An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit. ED visits include ER visits (ED Encounters) plus ER admits.</p>							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9860)	64%	59%	67%	67%	67%	To Be Established
<p>Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.</p>							
K	Cost per adjusted patient day (LAPAS CODE - 23230)	\$ 1,325	\$ 1,318	\$ 1,750	\$ 1,750	\$ 1,318	To Be Established
<p>Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.</p>							
K	Willingness to recommend hospital (LAPAS CODE - 23231)	68%	63%	69%	69%	69%	To Be Established
<p>Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.</p>							
S	Number of staffed beds (LAPAS CODE - 9852)	30	32	30	30	32	To Be Established
<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15481)	4.2	4.1	4.8	4.8	4.2	To Be Established
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.</p>							



2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2013 show improvements over those at June 30, 2012.

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

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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					Performance At Executive Budget Level FY 2012-2013
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15486)	50%	44%	50%	50%	50%	To Be Established
<p>Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycosylated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycosylated). Once glycosylated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. LSU-HCSD's systemwide standard is 50%. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HgbA1c<=7 and dividing that by the number of diabetics with current HgbA1c.</p>							
K	Percentage of women >= 50 years of age receiving mammogram in the past 2 years. (LAPAS CODE - 24898)	Not Applicable	Not Applicable	60%	60%	80%	To Be Established
<p>Percentage of women >=50 years of age with mammogram in the past 2 years is calculated by taking the number of women >= 50 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >= 50. New Indicator for FY 2011-2012.</p>							



610_7000 — Lallie Kemp Regional Medical Center



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

Program Description

The mission of the Lallie Kemp Medical Center is:

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

The goals Lallie Kemp Medical Center are:

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

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

For additional information, see:

[Lallie Kemp Regional Medical Center](#)

Lallie Kemp Regional Medical Center Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 4,377,682	\$ 4,293,412	\$ 4,293,412	\$ 4,539,221	\$ 1,955,019	\$ (2,338,393)
State General Fund by:						
Total Interagency Transfers	30,266,132	30,272,557	30,272,557	31,143,465	28,887,521	(1,385,036)
Fees and Self-generated Revenues	1,733,416	2,478,993	2,478,993	2,486,140	2,895,505	416,512
Statutory Dedications	0	0	0	0	2,338,393	2,338,393
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	4,070,474	4,922,299	4,922,299	4,980,074	4,922,299	0
Total Means of Financing	\$ 40,447,704	\$ 41,967,261	\$ 41,967,261	\$ 43,148,900	\$ 40,998,737	\$ (968,524)
Expenditures & Request:						
Personal Services	\$ 25,042,982	\$ 24,896,894	\$ 25,528,954	\$ 26,517,559	\$ 26,899,329	\$ 1,370,375
Total Operating Expenses	8,720,390	10,566,952	10,529,100	10,529,100	9,892,326	(636,774)
Total Professional Services	4,146,226	4,326,665	3,569,976	3,569,976	3,238,226	(331,750)
Total Other Charges	2,306,727	1,948,029	2,064,047	2,257,081	693,672	(1,370,375)
Total Acq & Major Repairs	231,379	228,721	275,184	275,184	275,184	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 40,447,704	\$ 41,967,261	\$ 41,967,261	\$ 43,148,900	\$ 40,998,737	\$ (968,524)
Authorized Full-Time Equivalents:						
Classified	419	393	371	371	350	(21)
Unclassified	0	0	42	42	42	0
Total FTEs	419	393	413	413	392	(21)

Source of Funding

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



Lallie Kemp Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Overcollections Fund	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,338,393	\$ 2,338,393

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	20	Mid-Year Adjustments (BA-7s):
\$ 4,293,412	\$ 41,967,261	413	Existing Oper Budget as of 12/1/11
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
\$ 0	\$ (636,774)	0	Reduce Interagency Transfers associated with Upper Payment Limit (UPL) payments due to the implementation of Bayou Health.
\$ (2,338,393)	\$ 0	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 0	(21)	Adjust the Authorized (Appropriated) Table of Organization Full Time Equivalents (T.O. FTEs) for the LSU Health Care Services Division.
\$ 0	\$ (331,750)	0	Adjust Interagency Transfer budget authority for funds to be received from the Department of Health and Hospitals.
\$ 1,955,019	\$ 40,998,737	392	Recommended FY 2012-2013
\$ 0	\$ 2,338,393	0	Less Supplementary Recommendation
\$ 1,955,019	\$ 38,660,344	392	Base Executive Budget FY 2012-2013
Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.			
\$ 0	\$ 2,338,393	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 2,338,393	0	Total Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.
\$ 1,955,019	\$ 40,998,737	392	Grand Total Recommended

Professional Services

Amount	Description
\$3,238,226	Contracted medical services for physicians, etc.



Professional Services (Continued)

Amount	Description
\$3,238,226	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$25,218	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
\$25,218	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$62,089	Department of Civil Service and Comprehensive Public Training Program (CPTP)
\$0	Forms Management and Data Processing
\$583,642	Office of Risk Management
\$22,723	Legislative Auditor Expenses
\$668,454	SUB-TOTAL INTERAGENCY TRANSFERS
\$693,672	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$275,184	Replacement of medical equipment
\$275,184	TOTAL ACQUISITIONS AND MAJOR REPAIRS

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

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	FTEs per adjusted occupied bed (LAPAS CODE - 24899)	Not Applicable	Not Applicable	4.9	4.9	4.9	To Be Established
New Indicator for FY 2011-2012.							
K	Acute patient days (LAPAS CODE - 24900)	Not Applicable	Not Applicable	4,000	4,000	4,000	To Be Established
New Indicator for FY 2011-2012.							
K	Hospital admissions (LAPAS CODE - 24901)	Not Applicable	Not Applicable	1,000	1,000	1,000	To Be Established
New Indicator for FY 2011-2012.							
S	AMI: Aspirin at arrival (LAPAS CODE - 24902)	Not Applicable	Not Applicable	98	98	98	To Be Established
New Indicator for FY 2011-2012.							
S	Heart failure ace inhibitor (LAPAS CODE - 24903)	Not Applicable	Not Applicable	94	94	94	To Be Established
New Indicator for FY 2011-2012.							
S	Pneumonia appropriate antibiotic (LAPAS CODE - 24904)	Not Applicable	Not Applicable	91	91	91	To Be Established
New Indicator for FY 2011-2012.							
K	Number of clinic visits (LAPAS CODE - 24905)	Not Applicable	Not Applicable	42,000	42,000	42,000	To Be Established
The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.							
K	Emergency department visits (LAPAS CODE - 5878)	24,950	28,173	27,000	27,000	27,000	To Be Established
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)	64%	72%	67%	67%	75%	To Be Established
Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.							
K	Cost per adjusted patient day (LAPAS CODE - 23233)	\$ 2,150	\$ 1,923	\$ 1,750	\$ 1,750	\$ 1,923	To Be Established
Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.							



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	Willingness to recommend hospital (LAPAS CODE - 23234)	68%	76%	69%	69%	75%	To Be Established
Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.							
S	Number of staffed beds (LAPAS CODE - 9867)	18	18	18	18	18	To Be Established
Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15491)	4.0	3.8	4.8	4.8	4.8	To Be Established
Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.							

2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2013 show improvements over those at June 30, 2012.

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 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15496)	50%	50%	50%	50%	50%	To Be Established

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

K	Percentage of women >= 50 years of age receiving mammogram in the past 2 years. (LAPAS CODE - 24906)	Not Applicable	Not Applicable	60%	60%	80%	To Be Established
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Percentage of women >=50 years of age with mammogram in the past 2 years is calculated by taking the number of women >= 50 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >= 50. New Indicator for FY 2011-2012.



610_8000 — Washington-St Tammany Regional Medical Center



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

Program Description

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

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

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

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

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

For additional information, see:

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

Washington-St Tammany Regional Medical Center Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 4,645,183	\$ 4,557,954	\$ 4,557,954	\$ 4,827,926	\$ 2,075,479	\$ (2,482,475)
State General Fund by:						
Total Interagency Transfers	41,330,974	38,890,992	38,890,992	40,113,580	37,130,586	(1,760,406)
Fees and Self-generated Revenues	7,432,480	6,598,508	6,598,508	6,664,279	7,892,922	1,294,414
Statutory Dedications	0	0	0	0	2,482,475	2,482,475
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	10,447,193	10,962,334	10,962,334	11,126,852	10,962,334	0
Total Means of Financing	\$ 63,855,830	\$ 61,009,788	\$ 61,009,788	\$ 62,732,637	\$ 60,543,796	\$ (465,992)
Expenditures & Request:						
Personal Services	\$ 38,786,380	\$ 38,673,401	\$ 36,540,835	\$ 38,049,364	\$ 39,052,382	\$ 2,511,547
Total Operating Expenses	14,035,834	16,827,082	15,228,329	15,228,329	16,959,828	1,731,499
Total Professional Services	3,778,653	3,347,102	2,697,187	2,697,187	2,311,243	(385,944)
Total Other Charges	6,617,260	2,139,476	6,122,051	6,336,371	1,798,957	(4,323,094)
Total Acq & Major Repairs	637,703	22,727	421,386	421,386	421,386	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 63,855,830	\$ 61,009,788	\$ 61,009,788	\$ 62,732,637	\$ 60,543,796	\$ (465,992)
Authorized Full-Time Equivalents:						
Classified	640	640	523	523	447	(76)
Unclassified	0	0	107	107	106	(1)
Total FTEs	640	640	630	630	553	(77)

Source of Funding

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

Washington-St Tammany Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Overcollections Fund	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,482,475	\$ 2,482,475

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	(10)	Mid-Year Adjustments (BA-7s):
\$ 4,557,954	\$ 61,009,788	630	Existing Oper Budget as of 12/1/11
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
\$ 0	\$ (780,048)	0	Reduce Interagency Transfers associated with Upper Payment Limit (UPL) payments due to the implementation of Bayou Health.
\$ 0	\$ 700,000	0	Increase in Fees and Self-generated revenues for Outpatient Pharmacy.
\$ (2,482,475)	\$ 0	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 0	(77)	Adjust the Authorized (Appropriated) Table of Organization Full Time Equivalents (T.O. FTEs) for the LSU Health Care Services Division.
\$ 0	\$ (385,944)	0	Adjust Interagency Transfer budget authority for funds to be received from the Department of Health and Hospitals.
\$ 2,075,479	\$ 60,543,796	553	Recommended FY 2012-2013
\$ 0	\$ 2,482,475	0	Less Supplementary Recommendation
\$ 2,075,479	\$ 58,061,321	553	Base Executive Budget FY 2012-2013
Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.			
\$ 0	\$ 2,482,475	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 2,482,475	0	Total Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.
\$ 2,075,479	\$ 60,543,796	553	Grand Total Recommended



Professional Services

Amount	Description
\$2,311,243	Contracted medical services for physicians services
\$2,311,243	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$749,096	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
\$749,096	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$94,486	Department of Civil Service and Comprehensive Public Training Program (CPTP)
\$935,482	Office of Risk Management
\$19,893	Legislative Auditor Expenses
\$1,049,861	SUB-TOTAL INTERAGENCY TRANSFERS
\$1,798,957	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$421,386	Replacement of medical equipment
\$421,386	TOTAL ACQUISITIONS AND MAJOR REPAIRS

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 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	FTEs per adjusted occupied bed (LAPAS CODE - 24907)	Not Applicable	5.0	4.9	4.9	4.9	To Be Established
	New Indicator for FY 2011-2012.						
K	Acute patient days (LAPAS CODE - 24908)	Not Applicable	Not Applicable	15,500	15,500	15,500	To Be Established
	New Indicator for FY 2011-2012.						
K	Hospital admissions (LAPAS CODE - 24909)	Not Applicable	Not Applicable	3,300	3,300	3,300	To Be Established
	New Indicator for FY 2011-2012.						
S	AMI: Aspirin at arrival (LAPAS CODE - 24910)	Not Applicable	Not Applicable	98	98	98	To Be Established
	New Indicator for FY 2011-2012.						
S	Heart failure ace inhibitor (LAPAS CODE - 24911)	Not Applicable	Not Applicable	94	94	94	To Be Established
	New Indicator for FY 2011-2012.						
S	Pneumonia appropriate antibiotic (LAPAS CODE - 24912)	Not Applicable	Not Applicable	91	91	91	To Be Established
	New Indicator for FY 2011-2012.						
K	Number of clinic visits (LAPAS CODE - 24913)	Not Applicable	Not Applicable	56,000	56,000	60,000	To Be Established
	The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.						
K	Emergency department visits (LAPAS CODE - 5884)	26,750	29,643	29,500	29,500	29,000	To Be Established
	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 - 9891)	64%	66%	67%	67%	67%	To Be Established
	Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.						
K	Cost per adjusted patient day (LAPAS CODE - 23236)	\$ 1,350	\$ 1,444	\$ 1,750	\$ 1,750	\$ 1,750	To Be Established
	Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - 23237)	68%	64%	69%	69%	69%	To Be Established



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
	Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.						
S	Number of staffed beds (LAPAS CODE - 9884)	57	55	60	60	55	To Be Established
	Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.						
S	Average length of stay for acute medical surgery (LAPAS CODE - 15454)	5.0	3.9	4.8	4.8	4.8	To Be Established
	Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.						

2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2013 show improvements over those at June 30, 2012.

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 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15506)	50%	49%	50%	50%	50%	To Be Established
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Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycosylated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycosylated). Once glycosylated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. LSU-HCSD's systemwide standard is 50%. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c.

K	Percentage of women >= 50 years of age receiving mammogram in the past 2 years. (LAPAS CODE - 24914)	Not Applicable	Not Applicable	60%	60%	80%	To Be Established
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Percentage of women >=50 years of age with mammogram in the past 2 years is calculated by taking the number of women >= 50 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >= 50. New Indicator for FY 2011-2012.



610_9000 — Leonard J Chabert Medical Center

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

Program Description

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

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

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

The goals of Leonard J. Chabert Medical Center are:

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

For additional information, see:

[Leonard J Chabert Medical Center](#)

Leonard J Chabert Medical Center Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 5,884,707	\$ 4,584,865	\$ 4,602,193	\$ 4,845,457	\$ 2,087,733	\$ (2,514,460)
State General Fund by:						
Total Interagency Transfers	78,817,389	74,374,857	74,374,857	76,360,672	70,970,884	(3,403,973)
Fees and Self-generated Revenues	4,819,099	5,468,045	5,468,045	5,482,189	7,889,639	2,421,594
Statutory Dedications	0	0	0	0	2,497,132	2,497,132
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	13,350,304	12,249,922	12,249,922	12,410,548	15,763,862	3,513,940
Total Means of Financing	\$ 102,871,499	\$ 96,677,689	\$ 96,695,017	\$ 99,098,866	\$ 99,209,250	\$ 2,514,233
Expenditures & Request:						
Personal Services	\$ 52,508,732	\$ 48,990,565	\$ 53,721,438	\$ 55,956,807	\$ 54,322,588	\$ 601,150
Total Operating Expenses	25,602,508	26,889,117	29,099,027	29,099,027	31,960,840	2,861,813
Total Professional Services	18,535,863	17,929,307	10,782,442	10,765,114	10,184,862	(597,580)
Total Other Charges	5,990,990	2,553,149	2,426,309	2,612,117	2,075,159	(351,150)
Total Acq & Major Repairs	233,406	315,551	665,801	665,801	665,801	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 102,871,499	\$ 96,677,689	\$ 96,695,017	\$ 99,098,866	\$ 99,209,250	\$ 2,514,233
Authorized Full-Time Equivalents:						
Classified	975	968	849	849	784	(65)
Unclassified	0	0	111	111	110	(1)
Total FTEs	975	968	960	960	894	(66)

Source of Funding

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



Leonard J Chabert Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Overcollections Fund	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,497,132	\$ 2,497,132

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 17,328	\$ 17,328	(8)	Mid-Year Adjustments (BA-7s):
\$ 4,602,193	\$ 96,695,017	960	Existing Oper Budget as of 12/1/11
Statewide Major Financial Changes:			
\$ (17,328)	\$ (17,328)	0	Non-recurring Carryforwards
Non-Statewide Major Financial Changes:			
\$ 0	\$ (1,496,419)	0	Reduce Interagency Transfers associated with Upper Payment Limit (UPL) payments due to the implementation of Bayou Health.
\$ 0	\$ 3,608,232	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
\$ 0	\$ 1,000,000	0	Increase in Fees and Self-generated revenues for Outpatient Pharmacy.
\$ (2,497,132)	\$ 0	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 0	(66)	Adjust the Authorized (Appropriated) Table of Organization Full Time Equivalents (T.O. FTEs) for the LSU Health Care Services Division.
\$ 0	\$ (580,252)	0	Adjust Interagency Transfer budget authority for funds to be received from the Department of Health and Hospitals.
\$ 2,087,733	\$ 99,209,250	894	Recommended FY 2012-2013
\$ 0	\$ 2,497,132	0	Less Supplementary Recommendation
\$ 2,087,733	\$ 96,712,118	894	Base Executive Budget FY 2012-2013
Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.			
\$ 0	\$ 2,497,132	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 2,497,132	0	Total Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.
\$ 2,087,733	\$ 99,209,250	894	Grand Total Recommended



Professional Services

Amount	Description
\$10,184,862	Contracted medical services for specialty care, primary care, surgical services, physicians, etc.
\$10,184,862	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$252,705	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
\$252,705	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$149,385	Department of Civil Service and Comprehensive Public Training Program (CPTP)
\$1,647,104	Office of Risk Management
\$25,965	Legislative Auditor Expenses
\$1,822,454	SUB-TOTAL INTERAGENCY TRANSFERS
\$2,075,159	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$665,801	Replacement of medical equipment
\$665,801	TOTAL ACQUISITIONS AND MAJOR REPAIRS

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

Level	Performance Indicator Name	Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Indicator Values			
				Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	FTEs per adjusted occupied bed (LAPAS CODE - 24915)	Not Applicable	Not Applicable	4.9	4.9	4.9	To Be Established
New Indicator for FY 2011-2012.							
K	Acute patient days (LAPAS CODE - 24916)	Not Applicable	Not Applicable	24,000	24,000	24,000	To Be Established
New Indicator for FY 2011-2012.							
K	Hospital admissions (LAPAS CODE - 24917)	Not Applicable	Not Applicable	4,900	4,900	49,000	To Be Established
New Indicator for FY 2011-2012.							
S	AMI: Aspirin at arrival (LAPAS CODE - 24918)	Not Applicable	Not Applicable	98	98	98	To Be Established
New Indicator for FY 2011-2012.							
S	Heart failure ace inhibitor (LAPAS CODE - 24919)	Not Applicable	Not Applicable	94	94	94	To Be Established
New Indicator for FY 2011-2012.							
S	Pneumonia appropriate antibiotic (LAPAS CODE - 24920)	Not Applicable	Not Applicable	91	91	91	To Be Established
New Indicator for FY 2011-2012.							
K	Number of clinic visits (LAPAS CODE - 24921)	Not Applicable	Not Applicable	95,000	95,000	95,000	To Be Established
The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.							
K	Emergency department visits (LAPAS CODE - 5890)	38,300	45,531	45,000	45,000	45,000	To Be Established
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 - 9905)	64%	75%	67%	67%	75%	To Be Established
Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.							
K	Cost per adjusted patient day (LAPAS CODE - 23239)	\$ 1,675	\$ 1,461	\$ 1,800	\$ 1,800	\$ 1,800	To Be Established
Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.							
K	Willingness to recommend hospital (LAPAS CODE - 23240)	68%	80%	69%	69%	75%	To Be Established



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
S	Number of staffed beds (LAPAS CODE - 9898)	90	87	90	90	87	To Be Established
Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15511)	5.0	3.9	4.8	4.8	4.8	To Be Established
Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.							

2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2013 show improvements over those at June 30, 2012.

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 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15516)	50%	52%	50%	50%	50%	To Be Established

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

K	Percentage of women >= 50 years of age receiving mammogram in the past 2 years. (LAPAS CODE - 24922)	Not Applicable	Not Applicable	60%	60%	80%	To Be Established
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Percentage of women >=50 years of age with mammogram in the past 2 years is calculated by taking the number of women >= 50 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >= 50. New Indicator for FY 2011-2012.



610_10A0 — Medical Center of Louisiana at New Orleans



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

Program Description

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

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

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

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

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



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

For additional information, see:

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

[Medical Center of Louisiana Homepage](#)

Medical Center of Louisiana at New Orleans Budget Summary

	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 23,323,518	\$ 21,436,469	\$ 21,436,469	\$ 22,772,298	\$ 3,692,385	\$ (17,744,084)
State General Fund by:						
Total Interagency Transfers	270,843,566	247,279,876	247,279,876	252,838,178	239,407,251	(7,872,625)
Fees and Self-generated Revenues	44,020,337	22,546,010	22,546,010	22,743,044	27,618,480	5,072,470
Statutory Dedications	0	0	0	0	17,744,084	17,744,084
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	30,497,206	30,513,457	30,513,457	30,889,422	30,513,457	0
Total Means of Financing	\$ 368,684,627	\$ 321,775,812	\$ 321,775,812	\$ 329,242,942	\$ 318,975,657	\$ (2,800,155)
Expenditures & Request:						
Personal Services	\$ 167,642,649	\$ 171,279,978	\$ 167,872,355	\$ 174,506,883	\$ 167,872,355	\$ 0
Total Operating Expenses	90,586,122	81,885,173	85,428,955	85,428,955	80,700,911	(4,728,044)
Total Professional Services	30,596,989	30,014,596	27,086,846	27,086,846	29,014,735	1,927,889
Total Other Charges	79,447,930	38,596,065	41,387,656	42,220,258	41,387,656	0
Total Acq & Major Repairs	410,937	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 368,684,627	\$ 321,775,812	\$ 321,775,812	\$ 329,242,942	\$ 318,975,657	\$ (2,800,155)
Authorized Full-Time Equivalents:						
Classified	2,390	2,308	2,203	2,203	2,009	(194)
Unclassified	0	0	105	105	104	(1)
Total FTEs	2,390	2,308	2,308	2,308	2,113	(195)



Source of Funding

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

Medical Center of Louisiana at New Orleans Statutory Dedications

Fund	Prior Year Actuals FY 2010-2011	Enacted FY 2011-2012	Existing Oper Budget as of 12/1/11	Continuation FY 2012-2013	Recommended FY 2012-2013	Total Recommended Over/(Under) EOB
Overcollections Fund	\$ 0	\$ 0	\$ 0	\$ 0	\$ 17,744,084	\$ 17,744,084

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 21,436,469	\$ 321,775,812	2,308	Existing Oper Budget as of 12/1/11
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
\$ 0	\$ (4,728,044)	0	Reduce Interagency Transfers associated with Upper Payment Limit (UPL) payments due to the implementation of Bayou Health.
\$ (11,675,304)	\$ 0	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 0	(195)	Adjust the Authorized (Appropriated) Table of Organization Full Time Equivalents (T.O. FTEs) for the LSU Health Care Services Division.
\$ 0	\$ 1,927,889	0	Adjust Interagency Transfer budget authority for funds to be received from the Department of Health and Hospitals.
\$ (6,068,780)	\$ 0	0	Means of financing substitution replacing State General Fund with Statutory Dedications from the Overcollections Fund in order to maximize the use of other means of financing.
\$ 3,692,385	\$ 318,975,657	2,113	Recommended FY 2012-2013
\$ 0	\$ 17,744,084	0	Less Supplementary Recommendation
\$ 3,692,385	\$ 301,231,573	2,113	Base Executive Budget FY 2012-2013
Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.			
\$ 0	\$ 11,675,304	0	Means of financing substitution for the sale of New Orleans Adolescent Hospital (NOAH).
\$ 0	\$ 6,068,780	0	Means of financing substitution replacing State General Fund with Statutory Dedications from the Overcollections Fund in order to maximize the use of other means of financing.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 17,744,084	0	Total Enhanced Revenues from the transfer of fund balances delineated in the funds bill to the Overcollections Fund upon approval of the Legislature.
\$ 3,692,385	\$ 318,975,657	2,113	Grand Total Recommended

Professional Services

Amount	Description
\$29,014,735	Contracted food services and medical services for hospitalists, house officers, resident supervision, specialty care, etc.
\$29,014,735	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$22,483,658	IT PeopleSoft Support and other miscellaneous expenses
\$22,483,658	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$460,148	Department of Civil Service and Comprehensive Public Training Program (CPTP)
\$5,583,677	Office of Risk Management
\$314,569	Legislative Auditor Expenses
\$12,545,604	Medical services provided by the LSU Health Sciences Center
\$18,903,998	SUB-TOTAL INTERAGENCY TRANSFERS
\$41,387,656	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2012-2013.

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					Performance At Executive Budget Level FY 2012-2013
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	
K	FTEs per adjusted occupied bed (LAPAS CODE - 24923)	Not Applicable	Not Applicable	5.5	5.5	6.0	To Be Established
	New Indicator for FY 2011-2012.						
K	Acute patient days (LAPAS CODE - 24924)	Not Applicable	Not Applicable	69,000	69,000	71,000	To Be Established
	New Indicator for FY 2011-2012.						
K	Hospital admissions (LAPAS CODE - 24925)	Not Applicable	Not Applicable	12,000	12,000	12,000	To Be Established
	New Indicator for FY 2011-2012.						
S	AMI: Aspirin at arrival (LAPAS CODE - 24926)	Not Applicable	Not Applicable	98	98	98	To Be Established
	New Indicator for FY 2011-2012.						
S	Heart failure ace inhibitor (LAPAS CODE - 24927)	Not Applicable	Not Applicable	94	94	94	To Be Established
	New Indicator for FY 2011-2012.						
S	Pneumonia appropriate antibiotic (LAPAS CODE - 24928)	Not Applicable	Not Applicable	91	91	91	To Be Established
	New Indicator for FY 2011-2012.						
K	Number of clinic visits (LAPAS CODE - 24929)	Not Applicable	Not Applicable	143,000	143,000	145,000	To Be Established
	The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.						
K	Emergency department visits (LAPAS CODE - 5896)	57,800	61,220	61,000	61,000	61,000	To Be Established
	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 - 9918)	64%	52%	67%	67%	67%	To Be Established
	Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.						
K	Cost per adjusted patient day (LAPAS CODE - 23242)	\$ 3,575	\$ 3,535	\$ 2,500	\$ 2,500	\$ 3,500	To Be Established
	Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					Performance At Executive Budget Level FY 2012-2013
		Yearend Performance Standard FY 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	
K	Willingness to recommend hospital (LAPAS CODE - 23243)	68%	67%	69%	69%	69%	To Be Established
<p>Patient satisfaction is measured using Avatar International and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU Health has set its performance standards above the state, national and west south regional averages. LSU Health will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.</p>							
S	Number of staffed beds (LAPAS CODE - 9912)	250	230	255	255	255	To Be Established
<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15521)	5.0	5.3	5.4	5.4	5.4	To Be Established
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.</p>							

2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2013 show improvements over those at June 30, 2012.

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 2010-2011	Actual Yearend Performance FY 2010-2011	Performance Standard as Initially Appropriated FY 2011-2012	Existing Performance Standard FY 2011-2012	Performance At Continuation Budget Level FY 2012-2013	Performance At Executive Budget Level FY 2012-2013
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15526)	50%	43%	50%	50%	50%	To Be Established

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

K	Percentage of women >= 50 years of age receiving mammogram in the past 2 years. (LAPAS CODE - 24930)	Not Applicable	Not Applicable	60%	60%	80%	To Be Established
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Percentage of women >=50 years of age with mammogram in the past 2 years is calculated by taking the number of women >= 50 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >= 50. New Indicator for FY 2011-2012.



