

LSU Health Care Services Division

Department Description

The LSU Health Care Services Division (LSU HCSD) serves as the governing body for the Lallie Kemp Medical Center to support the provision of quality care at that facility. HCSD also supports the public/private partnerships entered into for six former hospitals LSU hospitals. It also fulfills various legacy obligations of the six former hospitals (medical records management, FEMA closeout, Cost Report settlements, mal practice lawsuits, various oversight audits and former employees' personnel management). HCSD also manages the transition of technology systems and infrastructure as the partner hospitals are transitioned to the partner hospitals' technology systems. The health care effectiveness program works collaboratively with other providers to advance quality and efficiency in care delivery, support education of current and future healthcare providers to positively impact health and healthcare for Louisiana citizens.

LSU Health Care Services Division Budget Summary

| | Prior Year Actuals FY 2018-2019 | Enacted FY 2019-2020 | Existing Oper Budget as of 12/01/19 | Continuation FY 2020-2021 | Recommended FY 2020-2021 | Total Recommended Over/(Under) EOB |
|--|---------------------------------------|-------------------------|---|------------------------------|-----------------------------|---|
| Means of Financing: | | | | | | |
| State General Fund (Direct) | \$ 30,478,413 | \$ 23,981,083 | \$ 23,981,083 | \$ 24,946,200 | \$ 24,766,943 | \$ 785,860 |
| State General Fund by: | | | | | | |
| Total Interagency Transfers | 9,769,905 | 17,616,847 | 17,616,847 | 18,022,409 | 17,700,261 | 83,414 |
| Fees and Self-generated Revenues | 18,332,900 | 15,670,284 | 15,670,284 | 16,019,498 | 16,019,498 | 349,214 |
| Statutory Dedications | 0 | 0 | 0 | 0 | 0 | 0 |
| Interim Emergency Board | 0 | 0 | 0 | 0 | 0 | 0 |
| Federal Funds | 4,800,336 | 4,850,666 | 4,850,666 | 4,993,082 | 4,993,082 | 142,416 |
| Total Means of Financing | \$ 63,381,554 | \$ 62,118,880 | \$ 62,118,880 | \$ 63,981,189 | \$ 63,479,784 | \$ 1,360,904 |
| Expenditures & Request: | | | | | | |
| LA Health Care Services Division | \$ 63,381,554 | \$ 62,118,880 | \$ 62,118,880 | \$ 63,981,189 | \$ 63,479,784 | \$ 1,360,904 |
| Total Expenditures & Request | \$ 63,381,554 | \$ 62,118,880 | \$ 62,118,880 | \$ 63,981,189 | \$ 63,479,784 | \$ 1,360,904 |
| Authorized Full-Time Equivalents: | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 |
| Total FTEs | 0 | 0 | 0 | 0 | 0 | 0 |



19E-610 — LA Health Care Services Division



Agency Description

The LSU Health Care Services Division (LSU HCSD) serves as the governing body for the Lallie Kemp Medical Center to support the provision of quality care at that facility. HCSD also supports the public/private partnerships entered into for six former hospitals LSU hospitals. It also fulfills various legacy obligations of the six former hospitals (medical records management, FEMA closeout, Cost Report settlements, mal practice lawsuits, various oversight audits and former employees’ personnel management). HCSD also manages the transition of technology systems and infrastructure as the partner hospitals are transitioned to the partner hospitals’ technology systems. The health care effectiveness program works collaboratively with other providers to advance quality and efficiency in care delivery, support education of current and future healthcare providers to positively impact health and healthcare for Louisiana citizens.

LA Health Care Services Division Budget Summary

| | Prior Year Actuals FY 2018-2019 | Enacted FY 2019-2020 | Existing Oper Budget as of 12/01/19 | Continuation FY 2020-2021 | Recommended FY 2020-2021 | Total Recommended Over/(Under) EOB |
|--|---------------------------------------|-------------------------|---|------------------------------|-----------------------------|---|
| Means of Financing: | | | | | | |
| State General Fund (Direct) | \$ 30,478,413 | \$ 23,981,083 | \$ 23,981,083 | \$ 24,946,200 | \$ 24,766,943 | \$ 785,860 |
| State General Fund by: | | | | | | |
| Total Interagency Transfers | 9,769,905 | 17,616,847 | 17,616,847 | 18,022,409 | 17,700,261 | 83,414 |
| Fees and Self-generated Revenues | 18,332,900 | 15,670,284 | 15,670,284 | 16,019,498 | 16,019,498 | 349,214 |
| Statutory Dedications | 0 | 0 | 0 | 0 | 0 | 0 |
| Interim Emergency Board | 0 | 0 | 0 | 0 | 0 | 0 |
| Federal Funds | 4,800,336 | 4,850,666 | 4,850,666 | 4,993,082 | 4,993,082 | 142,416 |
| Total Means of Financing | \$ 63,381,554 | \$ 62,118,880 | \$ 62,118,880 | \$ 63,981,189 | \$ 63,479,784 | \$ 1,360,904 |
| Expenditures & Request: | | | | | | |
| Lallie Kemp Regional Medical Center | \$ 63,381,554 | \$ 62,118,880 | \$ 62,118,880 | \$ 63,981,189 | \$ 63,479,784 | \$ 1,360,904 |
| Total Expenditures & Request | \$ 63,381,554 | \$ 62,118,880 | \$ 62,118,880 | \$ 63,981,189 | \$ 63,479,784 | \$ 1,360,904 |
| Authorized Full-Time Equivalents: | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 |
| Total FTEs | 0 | 0 | 0 | 0 | 0 | 0 |



610_7000 — Lallie Kemp Regional Medical Center



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

Program Description

The mission of the Lallie Kemp Medical Center is:

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

The goals Lallie Kemp Medical Center are:

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

Lallie Kemp Medical Center is a Critical Access Hospital that provides acute, primary and general critical medical care to the Florida Parishes population. The hospital also provides Oncology, Cardiology, and other specialty services as well as pharmacy, blood bank, respiratory therapy, and anesthesiology. MRI services will soon be offered as well as other diagnostic services. Lallie Kemp Medical Center works cooperatively with the LSU Health Sciences Center to broaden the opportunity for residents in training. The hospital has partnered with Job Corps School to Work, Louisiana

Technical College, Southeastern Louisiana University, Southwest Mississippi Community College and North Shore Career College to provide nursing and allied health training to students in the areas of nursing (CAN, LPN, RN), EMT, Respiratory Therapy and Phlebotomy.

For additional information, see:

[Lallie Kemp Regional Medical Center](#)

Lallie Kemp Regional Medical Center Budget Summary

| | Prior Year Actuals FY 2018-2019 | Enacted FY 2019-2020 | Existing Oper Budget as of 12/01/19 | Continuation FY 2020-2021 | Recommended FY 2020-2021 | Total Recommended Over/(Under) EOB |
|--|---------------------------------------|-------------------------|---|------------------------------|-----------------------------|---|
| Means of Financing: | | | | | | |
| State General Fund (Direct) | \$ 30,478,413 | \$ 23,981,083 | \$ 23,981,083 | \$ 24,946,200 | \$ 24,766,943 | \$ 785,860 |
| State General Fund by: | | | | | | |
| Total Interagency Transfers | 9,769,905 | 17,616,847 | 17,616,847 | 18,022,409 | 17,700,261 | 83,414 |
| Fees and Self-generated Revenues | 18,332,900 | 15,670,284 | 15,670,284 | 16,019,498 | 16,019,498 | 349,214 |
| Statutory Dedications | 0 | 0 | 0 | 0 | 0 | 0 |
| Interim Emergency Board | 0 | 0 | 0 | 0 | 0 | 0 |
| Federal Funds | 4,800,336 | 4,850,666 | 4,850,666 | 4,993,082 | 4,993,082 | 142,416 |
| Total Means of Financing | \$ 63,381,554 | \$ 62,118,880 | \$ 62,118,880 | \$ 63,981,189 | \$ 63,479,784 | \$ 1,360,904 |
| Expenditures & Request: | | | | | | |
| Personal Services | \$ 45,180,034 | \$ 39,241,887 | \$ 39,241,887 | \$ 40,083,785 | \$ 40,083,785 | \$ 841,898 |
| Total Operating Expenses | 15,637,857 | 8,951,627 | 8,951,627 | 9,419,357 | 8,951,627 | 0 |
| Total Professional Services | 981,820 | 1,833,086 | 1,833,086 | 1,833,086 | 1,833,086 | 0 |
| Total Other Charges | 1,424,758 | 11,711,821 | 11,711,821 | 12,249,854 | 12,230,827 | 519,006 |
| Total Acq & Major Repairs | 157,085 | 380,459 | 380,459 | 395,107 | 380,459 | 0 |
| Total Unallotted | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures & Request | \$ 63,381,554 | \$ 62,118,880 | \$ 62,118,880 | \$ 63,981,189 | \$ 63,479,784 | \$ 1,360,904 |
| Authorized Full-Time Equivalents: | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 |
| Total FTEs | 0 | 0 | 0 | 0 | 0 | 0 |



Source of Funding

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

Major Changes from Existing Operating Budget

| General Fund | Total Amount | Table of Organization | Description |
|---|---------------|-----------------------|--|
| \$ 0 | \$ 0 | 0 | Mid-Year Adjustments (BA-7s): |
| \$ 23,981,083 | \$ 62,118,880 | 0 | Existing Oper Budget as of 12/01/19 |
| Statewide Major Financial Changes: | | | |
| 322,148 | 841,898 | 0 | Market Rate Classified |
| 457,203 | 512,497 | 0 | Risk Management |
| 6,509 | 6,509 | 0 | Civil Service Fees |
| Non-Statewide Major Financial Changes: | | | |
| \$ 24,766,943 | \$ 63,479,784 | 0 | Recommended FY 2020-2021 |
| \$ 0 | \$ 0 | 0 | Less Supplementary Recommendation |
| \$ 24,766,943 | \$ 63,479,784 | 0 | Base Proposed Budget FY 2020-2021 |
| \$ 24,766,943 | \$ 63,479,784 | 0 | Grand Total Recommended |

Professional Services

| Amount | Description |
|--------------------|--|
| \$1,833,086 | Contracted medical services for physicians, etc. |
| \$1,833,086 | TOTAL PROFESSIONAL SERVICES |

Other Charges

| Amount | Description |
|-------------------------------|--|
| Other Charges: | |
| \$11,439,740 | Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses |
| \$11,439,740 | SUB-TOTAL OTHER CHARGES |
| Interagency Transfers: | |
| \$784,578 | Transfers to other state agencies |



Other Charges (Continued)

| Amount | Description |
|--------------|---------------------------------|
| \$784,578 | SUB-TOTAL INTERAGENCY TRANSFERS |
| \$12,224,318 | TOTAL OTHER CHARGES |

Acquisitions and Major Repairs

| Amount | Description |
|-----------|--------------------------------------|
| \$380,459 | Replacement of medical equipment |
| \$380,459 | 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 2018-2019 | Actual Yearend Performance FY 2018-2019 | Performance Standard as Initially Appropriated FY 2019-2020 | Existing Performance Standard FY 2019-2020 | Performance At Continuation Budget Level FY 2020-2021 | Performance At Proposed Budget Level FY 2020-2021 |
| K | FTEs per adjusted occupied bed (LAPAS CODE - 24899) | 4.0 | 6.5 | 7.0 | 7.0 | 7.0 | 7.0 |
| <p>Along with cost per adjusted patient day, the standard for these indicators comes from University Healthsystem Consortium (UHC) national benchmarks. LSU Health's UHC membership yields standard definitions and methods to collect financial and operational information, ensuring current and relevant operational comparisons in the areas of: labor productivity, expenses, and operating practices. Our membership allows us to identify meaningful comparative organizations with which to benchmark our public hospitals, a critical strategy during these difficult budget times. As a member of UHC, LSU is provided relevant information for analyses to support performance improvement, budgeting, cost reduction, and identification of best performers.</p> | | | | | | | |
| K | Acute patient days (LAPAS CODE - 24900) | 2,450 | 1,664 | 2,450 | 2,450 | 1,700 | 1,700 |
| <p>LSU Health measures key volume indicators in order to trend service activity levels. These two statistics have been chosen as material measurements of patient deliverables. Likewise, these volume measures, in composite with all other performance indicators, are reported as part of the LSU Health Balanced Scorecard and presented quarterly to the Board of Supervisors.</p> | | | | | | | |
| K | Hospital admissions (LAPAS CODE - 24901) | 817 | 499 | 600 | 600 | 500 | 500 |



Performance Indicators (Continued)

| L e v e l | Performance Indicator Name | Performance Indicator Values | | | | | |
|-----------------------|--|--|---|---|---|--|--|
| | | Yearend Performance Standard FY 2018-2019 | Actual Yearend Performance FY 2018-2019 | Performance Standard as Initially Appropriated FY 2019-2020 | Existing Performance Standard FY 2019-2020 | Performance At Continuation Budget Level FY 2020-2021 | Performance At Proposed Budget Level FY 2020-2021 |
| | <p>LSU Health measures key volume indicators in order to trend service activity levels. These two statistics have been chosen as material measurements of patient deliverables. Likewise, these volume measures, in composite with all other performance indicators, are reported as part of the LSU Health Balanced Scorecard and presented quarterly to the Board of Supervisors.</p> | | | | | | |
| K | Number of clinic visits (LAPAS CODE - 24905) | 34,000 | 34,446 | 34,000 | 34,000 | 34,000 | 34,000 |
| | <p>The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code.</p> | | | | | | |
| K | Emergency department visits (LAPAS CODE - 5878) | 27,000 | 21,581 | 22,000 | 22,000 | 22,000 | 22,000 |
| | <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 - 9870) | 80% | 69% | 80% | 80% | 80% | 80% |
| | <p>Patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national, and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.</p> | | | | | | |
| K | Cost per adjusted patient day (LAPAS CODE - 23233) | \$ 2,002 | \$ 2,185 | \$ 2,002 | \$ 2,002 | \$ 2,002 | \$ 2,002 |
| | <p>Cost per adjusted patient day = Total Expenses/(Patient Days*(Total Revenue/Inpatient Revenue)). The LSU Health System is working with the University Healthsystem Consortium to further define performance indicators and peer group comparisons. Performance Indicator definitions may be modified as a result of this initiative to improve comparability to the peer group.</p> | | | | | | |
| K | Willingness to recommend hospital (LAPAS CODE - 23234) | 80% | 88% | 80% | 80% | 80% | 80% |
| | <p>Patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing.</p> | | | | | | |
| S | Number of staffed beds (LAPAS CODE - 9867) | 15 | 15 | 15 | 15 | 15 | 15 |
| S | Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15491) | 4.0 | 3.2 | 4.0 | 4.0 | 4.0 | 4.0 |
| | <p>Acute care is a type of health care in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.</p> | | | | | | |



2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2017 show improvements over those at June 30, 2016.

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 2018-2019 | Actual Yearend Performance FY 2018-2019 | Performance Standard as Initially Appropriated FY 2019-2020 | Existing Performance Standard FY 2019-2020 | Performance At Continuation Budget Level FY 2020-2021 | Performance At Proposed Budget Level FY 2020-2021 |
| K | Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15496) | 52% | 52% | 52% | 52% | 52% | 52% |

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

| | | | | | | | |
|---|--|-----|-----|-----|-----|-----|-----|
| K | Percentage of women >= 50 years of age receiving mammogram in the past 2 years. (LAPAS CODE - 24906) | 73% | 91% | 73% | 73% | 80% | 80% |
|---|--|-----|-----|-----|-----|-----|-----|

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

