

LSU Health Care Services Division

Department Description

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

LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2014-2015	Enacted FY 2015-2016	Existing Oper Budget as of 12/01/15	Continuation FY 2016-2017	Recommended FY 2016-2017	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 3,860,659	\$ 37,262,084	\$ 37,222,579	\$ 30,356,069	\$ 20,505,447	\$ (16,717,132)
State General Fund by:						
Total Interagency Transfers	22,694,574	31,543,383	31,543,383	32,317,160	24,501,178	(7,042,205)
Fees and Self-generated Revenues	4,878,873	6,034,389	6,034,389	8,488,655	9,977,215	3,942,826
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	4,488,695	4,800,336	4,800,336	4,800,336	4,800,336	0
Total Means of Financing	\$ 35,922,801	\$ 79,640,192	\$ 79,600,687	\$ 75,962,220	\$ 59,784,176	\$ (19,816,511)
Expenditures & Request:						
LA Health Care Services Division	\$ 35,922,801	\$ 79,640,192	\$ 79,600,687	\$ 75,962,220	\$ 59,784,176	\$ (19,816,511)
Total Expenditures & Request	\$ 35,922,801	\$ 79,640,192	\$ 79,600,687	\$ 75,962,220	\$ 59,784,176	\$ (19,816,511)
Authorized Full-Time Equivalents:						
Classified	302	302	302	302	0	(302)
Unclassified	29	29	29	29	0	(29)
Total FTEs	331	331	331	331	0	(331)



19E-610 — LA Health Care Services Division



Agency Description

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

LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2014-2015	Enacted FY 2015-2016	Existing Oper Budget as of 12/01/15	Continuation FY 2016-2017	Recommended FY 2016-2017	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 3,860,659	\$ 37,262,084	\$ 37,222,579	\$ 30,356,069	\$ 20,505,447	\$ (16,717,132)
State General Fund by:						
Total Interagency Transfers	22,694,574	31,543,383	31,543,383	32,317,160	24,501,178	(7,042,205)
Fees and Self-generated Revenues	4,878,873	6,034,389	6,034,389	8,488,655	9,977,215	3,942,826
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	4,488,695	4,800,336	4,800,336	4,800,336	4,800,336	0
Total Means of Financing	\$ 35,922,801	\$ 79,640,192	\$ 79,600,687	\$ 75,962,220	\$ 59,784,176	\$ (19,816,511)
Expenditures & Request:						
Lallie Kemp Regional Medical Center	35,922,801	79,640,192	79,600,687	75,962,220	59,784,176	(19,816,511)
Total Expenditures & Request	\$ 35,922,801	\$ 79,640,192	\$ 79,600,687	\$ 75,962,220	\$ 59,784,176	\$ (19,816,511)
Authorized Full-Time Equivalents:						
Classified	302	302	302	302	0	(302)
Unclassified	29	29	29	29	0	(29)
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610_7000 — Lallie Kemp Regional Medical Center



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

Program Description

The mission of the Lallie Kemp Medical Center is:

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

The goals Lallie Kemp Medical Center are:

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

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

For additional information, see:

[Lallie Kemp Regional Medical Center](#)

Lallie Kemp Regional Medical Center Budget Summary

	Prior Year Actuals FY 2014-2015	Enacted FY 2015-2016	Existing Oper Budget as of 12/01/15	Continuation FY 2016-2017	Recommended FY 2016-2017	Total Recommended Over/(Under) EOB
Means of Financing:						
State General Fund (Direct)	\$ 3,860,659	\$ 37,262,084	\$ 37,222,579	\$ 30,356,069	\$ 20,505,447	\$ (16,717,132)
State General Fund by:						
Total Interagency Transfers	22,694,574	31,543,383	31,543,383	32,317,160	24,501,178	(7,042,205)
Fees and Self-generated Revenues	4,878,873	6,034,389	6,034,389	8,488,655	9,977,215	3,942,826
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	4,488,695	4,800,336	4,800,336	4,800,336	4,800,336	0
Total Means of Financing	\$ 35,922,801	\$ 79,640,192	\$ 79,600,687	\$ 75,962,220	\$ 59,784,176	\$ (19,816,511)
Expenditures & Request:						
Personal Services	\$ 25,358,776	\$ 28,307,125	\$ 43,572,795	\$ 44,206,305	\$ 35,680,995	\$ (7,891,800)
Total Operating Expenses	7,492,049	10,549,873	17,439,636	17,439,636	11,093,677	(6,345,959)
Total Professional Services	0	905,850	1,833,086	1,833,086	1,833,086	0
Total Other Charges	1,978,564	39,773,502	16,374,711	12,102,734	10,795,959	(5,578,752)
Total Acq & Major Repairs	1,093,412	103,842	380,459	380,459	380,459	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 35,922,801	\$ 79,640,192	\$ 79,600,687	\$ 75,962,220	\$ 59,784,176	\$ (19,816,511)
Authorized Full-Time Equivalents:						
Classified	302	302	302	302	0	(302)
Unclassified	29	29	29	29	0	(29)
Total FTEs	331	331	331	331	0	(331)

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
\$ (39,505)	\$ (39,505)	0	Mid-Year Adjustments (BA-7s):
\$ 37,222,579	\$ 79,600,687	331	Existing Oper Budget as of 12/01/15
Statewide Major Financial Changes:			
(6,475,404)	(6,475,404)	0	State General Fund (SGF) reduction in accordance with the Louisiana Constitution, Article VII, Section 11(A).
Non-Statewide Major Financial Changes:			
(5,553,547)	(5,553,547)	0	Transfer of Legacy Cost associated with buildings in New Orleans from the Louisiana LSU Health Care Services Division (HCSD) to LSU Health Sciences Center in New Orleans.
(4,688,181)	(4,688,181)	0	Adjustment of Legacy Costs for the LSU Health Care Services Division.
0	0	(331)	Remove the Table of Organization (T.O.) for the Lallie Kemp Regional Medical Center.
0	(4,729,498)	0	Decrease Interagency Transfers for Uncompensated Care Cost (UCC) funding to be received from the Department of Health and Hospitals.
0	3,942,826	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
0	(2,312,707)	0	Uncompensated Care Cost (UCC) savings as a result of Medicaid Expansion.
\$ 20,505,447	\$ 59,784,176	0	Recommended FY 2016-2017
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 20,505,447	\$ 59,784,176	0	Base Executive Budget FY 2016-2017
\$ 20,505,447	\$ 59,784,176	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:	
\$9,937,588	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
\$9,937,588	SUB-TOTAL OTHER CHARGES



Other Charges (Continued)

Amount	Description
Interagency Transfers:	
\$72,816	Department of Civil Service and Comprehensive Public Training Program (CPTP)
\$768,469	Office of Risk Management
\$17,086	Legislative Auditor Expenses
\$858,371	SUB-TOTAL INTERAGENCY TRANSFERS
\$10,795,959	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 2014-2015	Actual Yearend Performance FY 2014-2015	Performance Standard as Initially Appropriated FY 2015-2016	Existing Performance Standard FY 2015-2016	Performance At Continuation Budget Level FY 2016-2017	Performance At Executive Budget Level FY 2016-2017
K	FTEs per adjusted occupied bed (LAPAS CODE - 24899)	4.9	7.5	4.9	4.9	4.9	4.9
<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)	3,000	2,911	3,000	3,000	3,000	3,000
<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)	750	907	750	750	750	750
<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>							
S	AMI: Aspirin at arrival (LAPAS CODE - 24902)	98	0	98	98	98	98
<p>The quality indicators listed above, along with patient satisfaction, contain national benchmarks based upon a summary of the latest survey results from the DHHS Centers for Medicaid and Medicare Services online survey, certification and reporting database. These types of indicators will be important in the future as Medicare metrics become tied to reimbursement. Clinical quality measures are submitted to a clinical data warehouse wherein hospitals submit patient record data for the appropriate clinical conditions. Information for the surveys of patients' hospital experiences is collected and reported using MyQualityNetis (Hospital Consumer Assessment of Healthcare Providers and Systems) HCAPHS survey. This survey is representative of patients nationwide and their experiences with medical, surgical, or maternity care during a recent overnight stay in the hospital. Both of these databases are updated quarterly, generally in March, June, September and December with the most current statistics. LSU's decision to adopt these indicators allows us to benchmark ourselves against other similar hospitals, ensuring the ability to design and implement effective strategies towards meeting national standards of care, maintaining patient safety, providing quality care, while at the same time ensuring efficient use of federal and state budgeted resources. FY14 Actual: No AMI cases met criteria for inclusion in dataset.</p>							
S	Heart failure ace inhibitor (LAPAS CODE - 24903)	94	100	94	94	94	94
<p>The quality indicators listed above, along with patient satisfaction, contain national benchmarks based upon a summary of the latest survey results from the DHHS Centers for Medicaid and Medicare Services online survey, certification and reporting database. These types of indicators will be important in the future as Medicare metrics become tied to reimbursement. Clinical quality measures are submitted to a clinical data warehouse wherein hospitals submit patient record data for the appropriate clinical conditions. Information for the surveys of patients' hospital experiences is collected and reported using MyQualityNetis (Hospital Consumer Assessment of Healthcare Providers and Systems) HCAPHS survey. This survey is representative of patients nationwide and their experiences with medical, surgical, or maternity care during a recent overnight stay in the hospital. Both of these databases are updated quarterly, generally in March, June, September and December with the most current statistics. LSU's decision to adopt these indicators allows us to benchmark ourselves against other similar hospitals, ensuring the ability to design and implement effective strategies towards meeting national standards of care, maintaining patient safety, providing quality care, while at the same time ensuring efficient use of federal and state budgeted resources.</p>							
S	Pneumonia appropriate antibiotic (LAPAS CODE - 24904)	91	92	91	91	91	91



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values				
		Yearend Performance Standard FY 2014-2015	Actual Yearend Performance FY 2014-2015	Performance Standard as Initially Appropriated FY 2015-2016	Existing Performance Standard FY 2015-2016	Performance At Continuation Budget Level FY 2016-2017

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

K	Number of clinic visits (LAPAS CODE - 24905)	32,500	34,120	32,500	32,500	32,500	32,500
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The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code.

K	Emergency department visits (LAPAS CODE - 5878)	27,000	28,213	27,000	27,000	27,000	27,000
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An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit. ED visits include ER visits (ED Encounters) plus ER admits.

K	Overall patient satisfaction survey rating (LAPAS CODE - 9870)	75%	83%	75%	75%	75%	75%
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Patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national, and west south regional averages. LSU-HCSD will follow the CMS rules for reporting, which represents data from a prior quarter being reported due to timing. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.

K	Cost per adjusted patient day (LAPAS CODE - 23233)	\$ 1,863	\$ 2,086	\$ 1,863	\$ 1,863	\$ 1,863	\$ 1,863
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Cost per adjusted patient day = Total Expenses/(Patient Days*(Total Revenue/Inpatient Revenue)). The LSU Health System is working with the University Healthsystem Consortium to further define performance indicators and peer group comparisons. Performance Indicator definitions may be modified as a result of this initiative to improve comparability to the peer group.

K	Willingness to recommend hospital (LAPAS CODE - 23234)	75%	85%	75%	75%	75%	75%
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Patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting, which represents data from a prior quarter being reported due to timing.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2014-2015	Actual Yearend Performance FY 2014-2015	Performance Standard as Initially Appropriated FY 2015-2016	Existing Performance Standard FY 2015-2016	Performance At Continuation Budget Level FY 2016-2017	Performance At Executive Budget Level FY 2016-2017
S	Number of staffed beds (LAPAS CODE - 9867)	17	21	17	17	17	17
	Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.						
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15491)	4.0	3.5	4.0	4.0	4.0	4.0
	Acute care is a type of health care in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.						

2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 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 2014-2015	Actual Yearend Performance FY 2014-2015	Performance Standard as Initially Appropriated FY 2015-2016	Existing Performance Standard FY 2015-2016	Performance At Continuation Budget Level FY 2016-2017	Performance At Executive Budget Level FY 2016-2017
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15496)	50%	52%	50%	50%	50%	50%

Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a 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)	80%	77%	80%	80%	80%	80%
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2020. The LSU-HCSD systemwide standard is 60%.

