

LSU Health Care Services Division

Department Description

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

- Executive Administration and General Support
- Earl K. Long Medical Center
- Huey P. Long Pineville (an inpatient facility) and England Airpark Medical Center (an outpatient facility)
- University Medical Center
- W. O. Moss Regional Medical Center
- Lallie Kemp Regional Medical Center
- Washington-St. Tammany Regional Medical Center
- Leonard J. Chabert Medical Center
- Medical Center of Louisiana at New Orleans and University Hospital

LSU Health Care Services Division Budget Summary

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



LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2005-2006	Enacted FY 2006-2007	Existing FY 2006-2007	Continuation FY 2007-2008	Recommended FY 2007-2008	Total Recommended Over/Under EOB
Authorized Full-Time 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 mission of the LSU Health Sciences Center, Health Care Services Division is:

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

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

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

For additional information, see:

[LA Health Care Services Division](#)

LA Health Care Services Division Budget Summary

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



610_3000 — Earl K Long Medical Center



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

Program Description

The mission of Earl K. Long Medical Center is:

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

The goals of Earl K. Long Medical Center are:

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

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

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

For additional information, see:

[Earl K Long Medical Center](#)

Earl K Long Medical Center Budget Summary

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

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

Major Changes from Existing Operating Budget

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

Professional Services

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

Other Charges

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

Acquisitions and Major Repairs

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

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Average daily census (LAPAS CODE - 9807)	102.0	119.9	102.0	102.0	115.0	115.0

In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level FY07-08 is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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



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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
		S	Number of staffed beds (LAPAS CODE - 9806)	134	138	134	134
		Staffed beds are defined as all adult, pediatric patients, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed beds don't include new born bassinets, labor and delivery beds or emergency room beds. The performance at continuation budget level FY07-08 is based on anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.					
K	Emergency department visits (LAPAS CODE - 5854)	44,415	44,947	44,415	44,415	44,415	44,415
		An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit. Staffed beds are defined as all adult, pediatric patients, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed beds don't include new born bassinets, labor and delivery beds or emergency room beds. The performance at continuation budget level FY07-08 is based on anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.					
K	Total outpatient encounters (LAPAS CODE - 9809)	179,795	191,147	179,795	179,795	179,795	179,795
		Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005 Health Forum LLC. Staffed beds are defined as all adult, pediatric patients, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed beds don't include new born bassinets, labor and delivery beds or emergency room beds. The performance at continuation budget level FY07-08 is based on anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.					

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	109	122	109	109	122	122

Hospitalization rate is defined as hospitalization for any cause. The values expressed is days per 1,000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves (particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure (American Heart Association). Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence, FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	41%	50%	41%	41%	41%	41%
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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 glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and dividing that by the number of diabetics with current HbgA1c. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence, FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	36%	51%	36%	36%	51%	51%
	Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence, FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.						
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	25%	41%	25%	25%	41%	41%
	The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence, FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.						

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	13.3	14.3	13.3	13.3	13.3	13.3
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15451)	4.5	4.8	4.5	4.5	4.5	4.5
<p>Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.) The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.</p>							
K	Percentage of readmissions (LAPAS CODE - 9814)	9.3%	10.1%	9.3%	9.3%	9.3%	9.3%
<p>Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05; hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.</p>							

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

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	88%	91%	88%	88%	88%	88%

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



610_4000 — Huey P Long Medical Center



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

Program Description

The mission of Huey P. Long Medical Center is:

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

The goals of Huey P. Long Medical Center are:

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

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

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

For additional information, see:

[Huey P Long Medical Center](#)

Huey P Long Medical Center Budget Summary

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

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

Major Changes from Existing Operating Budget

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

Professional Services

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

Other Charges

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



Acquisitions and Major Repairs

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

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Average daily census (LAPAS CODE - 9823)	45.0	42.0	45.0	45.0	45.0	45.0

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Number of staffed beds (LAPAS CODE - 9822)	60	59	60	60	63	63
<p>Staffed beds are defined as all adult, pediatric patients, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed beds don't include new born bassinets, labor and delivery beds or emergency room beds. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.</p>							
K	Emergency department visits (LAPAS CODE - 5860)	46,055	40,432	46,055	46,055	46,055	46,055
<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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.</p>							
K	Total outpatient encounters (LAPAS CODE - 9826)	102,443	99,615	102,443	102,443	102,443	102,443
<p>Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.</p>							

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15462)	132	56	132	132	132	132

Hospitalization rate is defined as hospitalization for any cause. The values expressed is days per 1,000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves (particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure (American Heart Association). Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15466)	46%	55%	46%	46%	46%	46%
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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. 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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15468)	31%	26%	31%	31%	31%	31%
<p>Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15469)	34%	30%	34%	34%	34%	34%
<p>The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence FY 07 projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.</p>							

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15461)	7.9	8.1	7.9	7.9	7.9	7.9
	Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.						
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15460)	4.2	4.7	4.2	4.2	4.2	4.2
	Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.) The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.						
K	Percentage of Readmissions (LAPAS CODE - 9831)	10.2%	12.6%	10.2%	10.2%	10.2%	10.2%
	Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY 05 budget, hence projections are the same as FY 05 actuals for the disease management and production indicators and FY 06 performance standards for remaining indicators.						

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

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

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



610_5000 — University Medical Center



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

Program Description

The mission of University Medical Center is:

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

The goals of University Medical Center are:

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

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

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

For additional information, see:

[University Medical Center](#)

University Medical Center Budget Summary

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

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

Major Changes from Existing Operating Budget

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

Professional Services

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

Other Charges

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



Acquisitions and Major Repairs

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

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Average daily census (LAPAS CODE - 9839)	77.0	87.3	77.0	77.0	80.0	80.0

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Number of staffed beds (LAPAS CODE - 9838)	104	114	104	104	115	115
	Staffed beds are defined as all adult, pediatric patients, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed beds don't include new born bassinets, labor and delivery beds or emergency room beds. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
K	Emergency department visits (LAPAS CODE - 5866)	44,267	41,486	44,267	44,267	41,000	41,000
	An emergency room visit is 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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
K	Total outpatient encounters (LAPAS CODE - 8613)	163,727	172,858	163,727	163,727	171,000	171,000
	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15472)	57	75	57	57	57	57

Hospitalization rate is defined as hospitalization for any cause. The values expressed is days per 1,000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves (particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure (American Heart Association). Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence FY06 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15476)	43%	52%	43%	43%	43%	43%
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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 glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and dividing that by the number of diabetics with current HbgA1c. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence FY06 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15478)	34%	37%	34%	34%	34%	34%
	Percentage of woman ≥ 40 years of age with mammogram in the past year is calculated by taking the number of women ≥ 40 years of age with a mammogram in the past year and dividing that by the number of women in the population. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence FY06 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15479)	26%	30%	26%	26%	26%	26%
	The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women ≥ 18 years of age with a pap smear in the past year is calculated by taking the number of women ≥ 18 years of age with a pap smear in the past year and dividing that by the number of women in the population ≥ 18 years of age. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence FY06 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15470)	14.8	15.9	14.8	14.8	14.8	14.8
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY06 budget; hence projections are the same as FY06 actuals for the disease management and production indicators and FY07 performance standards for remaining indicators.</p>							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15471)	4.5	4.6	4.5	4.5	4.5	4.5
<p>Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.) The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY06 budget; hence projections are the same as FY06 actuals for the disease management and production indicators and FY07 performance standards for remaining indicators.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9849)	10.5%	10.7%	10.5%	10.5%	10.5%	10.5%
<p>Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY06 budget; hence projections are the same as FY06 actuals for the disease management and production indicators and FY07 performance standards for remaining indicators.</p>							

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

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Patient satisfaction survey rating (LAPAS CODE - 9845)	90%	90%	90%	90%	90%	90%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods". The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY06 budget; hence projections are the same as FY06 actuals for the disease management and production indicators and FY07 performance standards for remaining indicators.



610_6000 — W.O. Moss Regional Medical Center



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

Program Description

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

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

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

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

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

For additional information, see:

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

W.O. Moss Regional Medical Center Budget Summary

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

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

Major Changes from Existing Operating Budget

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

Professional Services

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

Other Charges

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



Acquisitions and Major Repairs

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

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
		K	Average daily census (LAPAS CODE - 9853)	25.0	24.0	25.0	25.0

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Number of staffed beds (LAPAS CODE - 9852)	32	35	32	32	32	32
<p>Staffed beds are defined as all adult, pediatric patients, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed beds don't include new born bassinets, labor and delivery beds or emergency room beds.</p>							
K	Emergency department visits (LAPAS CODE - 5872)	23,886	18,889	23,886	23,886	23,886	23,886
<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.</p>							
K	Total outpatient encounters (LAPAS CODE - 8617)	81,781	69,040	81,781	81,781	81,781	81,781
<p>Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005 Health Forum LLC.</p>							

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15482)	59	64	59	59	59	59

Hospitalization rate is defined as hospitalization for any cause. The values expressed is days per 1,000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves (particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure (American Heart Association). Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15486)	36%	62%	36%	36%	36%	36%
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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 glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15488)	45%	50%	45%	45%	45%	45%
<p>Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15489)	20%	22%	20%	20%	20%	20%
<p>The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age.</p>							

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15480)	8.2	9.7	8.2	8.2	8.2	8.2
	Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.						
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15481)	4.7	5.2	4.7	4.7	4.7	4.7
	Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.)						
K	Percentage of Readmissions (LAPAS CODE - 9589)	10.1%	8.2%	10.1%	10.1%	10.1%	10.1%
	Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.						

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

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

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



610_7000 — Lallie Kemp Regional Medical Center



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

Program Description

The mission of Lallie Kemp Medical Center is:

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

The goals of Lallie Kemp Medical Center are:

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

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

For additional information, see:

[Lallie Kemp Regional Medical Center](#)

Lallie Kemp Regional Medical Center Budget Summary

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

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

Major Changes from Existing Operating Budget

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

Professional Services

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

Other Charges

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



Acquisitions and Major Repairs

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

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Average daily census (LAPAS CODE - 9868)	17.0	12.3	17.0	17.0	15.0	15.0

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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



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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Number of staffed beds (LAPAS CODE - 9867)	25	25	25	25	25	25
	Staffed beds are defined as all adult, pediatric patients, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed beds don't include new born bassinets, labor and delivery beds or emergency room beds. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
K	Emergency department visits (LAPAS CODE - 5878)	28,223	25,088	28,223	28,223	27,132	27,132
	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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
K	Total outpatient encounters (LAPAS CODE - 9810)	107,206	85,107	107,206	107,206	93,830	93,830
	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15492)	111	92	111	111	111	111

Hospitalization rate is defined as hospitalization for any cause. The values expressed is days per 1,000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves (particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rate instances extreme vitamin deficiencies can result in heart failure (American Heart Association). Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15496)	49%	59%	49%	49%	51%	51%
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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. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and diving that by the number of diabetics with current HbgA1c. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15498)	32%	34%	32%	32%	41%	41%
	Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15499)	33%	24%	33%	33%	29%	29%
	The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 21330)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care. Lallie Kemp does not provide psychiatric inpatient services and thus no data/information for the period noted would be applicable to report for this indicator. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.</p>							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15491)	4.5	3.7	4.5	4.5	3.9	3.9
<p>Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.) The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9876)	8.9%	13.3%	8.9%	8.9%	8.9%	8.9%
<p>Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators</p>							

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

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods". The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



610_8000 — Washington-St Tammany Regional Medical Center



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

Program Description

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

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

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

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

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

For additional information, see:

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

Washington-St Tammany Regional Medical Center Budget Summary

	Prior Year Actuals FY 2005-2006	Enacted FY 2006-2007	Existing FY 2006-2007	Continuation FY 2007-2008	Recommended FY 2007-2008	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 2,475,162	\$ 2,313,456	\$ 2,313,456	\$ 2,313,456	\$ 2,712,667	\$ 399,211
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 2,475,162	\$ 2,313,456	\$ 2,313,456	\$ 2,313,456	\$ 2,712,667	\$ 399,211
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	2,475,162	2,313,456	2,313,456	2,313,456	2,712,667	399,211
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 2,475,162	\$ 2,313,456	\$ 2,313,456	\$ 2,313,456	\$ 2,712,667	\$ 399,211
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

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

Major Changes from Existing Operating Budget

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

Professional Services

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

Other Charges

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



Acquisitions and Major Repairs

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

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
		K Average daily census (LAPAS CODE - 9885)	56.0	45.0	56.0	56.0	56.0

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.



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

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

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Number of staffed beds (LAPAS CODE - 9884)	82	59	82	82	82	82
<p>Staffed beds are defined as all adult, pediatric patients, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed beds don't include new born bassinets, labor and delivery beds or emergency room beds. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.</p>							
K	Emergency department visits (LAPAS CODE - 5884)	28,913	25,940	28,913	28,913	28,913	28,913
<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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.</p>							
K	Total outpatient encounters (LAPAS CODE - 8625)	79,957	75,278	79,957	79,957	79,957	79,957
<p>Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.</p>							

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008

K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15509)	179	121	179	179	179	179
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Hospitalization rate is defined as hospitalization for any cause. The values expressed is days per 1,000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves (particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure (American Heart Association). Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15506)	46%	63%	46%	46%	46%	46%
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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. 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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15508)	32%	31%	32%	32%	32%	32%
<p>Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15502)	23%	25%	23%	23%	23%	23%
<p>The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.</p>							

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Average length of stay for psychiatric (LAPAS CODE - 15450)	13.1	11.9	13.1	13.1	13.1	13.1
	Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
S	Average length of stay for acute medical/surgery (LAPAS CODE - 15454)	5.3	4.6	5.3	5.3	5.3	5.3
	Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
K	Percentage of Readmissions (LAPAS CODE - 9814)	15.7%	11.9%	15.7%	15.7%	15.7%	15.7%
	Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						

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

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Patient satisfaction survey rating (LAPAS CODE - 9891)	94%	93%	94%	94%	94%	94%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods". The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



610_9000 — Leonard J Chabert Medical Center

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

Program Description

The mission of Leonard J. Chabert Medical Center is:

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

The goals of Leonard J. Chabert Medical Center are:

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

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



For additional information, see:

[Leonard J Chabert Medical Center](#)

Leonard J Chabert Medical Center Budget Summary

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

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



Major Changes from Existing Operating Budget

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

Professional Services

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

Other Charges

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

Acquisitions and Major Repairs

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



Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Average daily census (LAPAS CODE - 9899)	67	72	67	67	67	67

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Number of staffed beds (LAPAS CODE - 9898)	83	85	83	83	83	83
	Staffed beds are defined as all adult, pediatric patients, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed beds don't include new born bassinets, labor and delivery beds or emergency room beds. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
K	Emergency department visits (LAPAS CODE - 5890)	49,702	40,662	49,702	49,702	49,702	49,702
	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. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
K	Total outpatient encounters (LAPAS CODE - 8629)	182,104	169,874	182,104	182,104	182,104	182,104
	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005 Health Forum LLC. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15512)	143	134	143	143	143	143

Hospitalization rate is defined as hospitalization for any cause. The values expressed is days per 1,000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves (particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure (American Heart Association). Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, FY 07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15516)	49%	54%	49%	49%	49%	49%
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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. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and dividing that by the number of diabetics with current HbgA1c. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15518)	49%	43%	49%	49%	49%	49%
	Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15519)	38%	34%	38%	38%	38%	38%
	The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.						

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15510)	6.1	6.9	6.1	6.1	6.1	6.1
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.</p>							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15511)	4.4	4.0	4.4	4.4	4.4	4.4
<p>Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.) The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9904)	11.3%	11.9%	11.3%	11.3%	11.3%	11.3%
<p>Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.</p>							

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

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Patient satisfaction survey rating (LAPAS CODE - 9905)	91%	93%	91%	91%	91%	91%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods". The performance at continuation budget level FY 07-08 is based on an anticipated standstill FY05 budget; hence, projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.



610_10A0 — Charity Hospital & Medical Center of Louisiana



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

Program Description

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

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

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

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

For additional information, see:

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

Charity Hospital & Medical Center of Louisiana Budget Summary

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

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

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 35,082,009	\$ 35,082,009	0	Existing Oper Budget as of 12/01/06

Statewide Major Financial Changes:

Non-Statewide Major Financial Changes:



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
6,212,958	6,212,958	0	Funding for non-allowable costs.
\$ 41,294,967	\$ 41,294,967	0	Recommended FY 2007-2008
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 41,294,967	\$ 41,294,967	0	Base Executive Budget FY 2007-2008
\$ 41,294,967	\$ 41,294,967	0	Grand Total Recommended

Professional Services

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

Other Charges

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

Acquisitions and Major Repairs

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

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen



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

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

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

Performance Indicators

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

In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The FY06 performance is based on an anticipated standstill FY05 budget; hence, FY07 projections are the same as FY05 actuals for the disease management and productivity indicators and FY06 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Number of staffed beds (LAPAS CODE - 9912)	572	39	572	572	202	202
<p>Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.</p>							
K	Emergency department visits (LAPAS CODE - 5896)	135,406	49,918	135,406	135,406	111,600	111,600
<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.</p>							
K	Total outpatient encounters (LAPAS CODE - 8633)	444,696	108,661	444,696	444,696	256,596	256,596
<p>Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. AHA Hospital Statistics, 2005 Health Forum LLC.</p>							

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15522)	406	108	406	406	406	406

Hospitalization rate is defined as hospitalization for any cause. The values expressed is days per 1,000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves (particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure (American Heart Association). Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15526)	28%	44%	28%	28%	28%	28%
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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. 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.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15528)	33%	28%	33%	33%	33%	33%
<p>Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15529)	28%	27%	28%	28%	28%	28%
<p>The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center - Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age.</p>							

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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 2005-2006	Actual Yearend Performance FY 2005-2006	Performance Standard as Initially Appropriated FY 2006-2007	Existing Performance Standard FY 2006-2007	Performance At Continuation Budget Level FY 2007-2008	Performance At Executive Budget Level FY 2007-2008
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15520)	15.3	2.1	15.3	15.3	Not Applicable	Not Applicable
Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15521)	5.1	2.1	5.1	5.1	6.0	6.0
Acute Care is a type of health care in which a patient is treated for a acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital (The Comprehensive Performance of U.S. Hospitals-The Sourcebook 2002.)							
K	Percentage of Readmissions (LAPAS CODE - 9917)	10.3%	9.5%	10.3%	10.3%	10.3%	10.3%
Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.							

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

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

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

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

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

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

