

LSU Health Care Services Division

Department Description

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

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

LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 94,765,933	\$ 89,938,199	\$ 89,938,199	\$ 165,230,314	\$ 79,575,475	\$ (10,362,724)
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	1,870,000	1,870,000	0	0	(1,870,000)
Interim Emergency Board	5,985	0	1,425,670	0	0	(1,425,670)
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 94,771,918	\$ 91,808,199	\$ 93,233,869	\$ 165,230,314	\$ 79,575,475	\$ (13,658,394)
Expenditures & Request:						
LA Health Care Services Division	\$ 94,771,918	\$ 91,808,199	\$ 93,233,869	\$ 165,230,314	\$ 79,575,475	\$ (13,658,394)
Total Expenditures & Request	\$ 94,771,918	\$ 91,808,199	\$ 93,233,869	\$ 165,230,314	\$ 79,575,475	\$ (13,658,394)



LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	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 work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare outcomes, while achieving objectives.

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

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

For additional information, see:

[LA Health Care Services Division](#)

LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 94,765,933	\$ 89,938,199	\$ 89,938,199	\$ 165,230,314	\$ 79,575,475	\$ (10,362,724)
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	1,870,000	1,870,000	0	0	(1,870,000)
Interim Emergency Board	5,985	0	1,425,670	0	0	(1,425,670)
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 94,771,918	\$ 91,808,199	\$ 93,233,869	\$ 165,230,314	\$ 79,575,475	\$ (13,658,394)
Expenditures & Request:						
Earl K Long Medical Center	\$ 18,235,633	\$ 13,604,679	\$ 13,604,679	\$ 32,683,412	\$ 13,494,745	\$ (109,934)
University Medical Center	6,328,061	8,155,547	8,155,547	15,003,513	6,655,547	(1,500,000)
W.O. Moss Regional Medical Center	6,448,161	5,895,391	5,895,391	13,238,470	5,395,391	(500,000)
Lallie Kemp Regional Medical Center	5,315,730	5,318,692	5,318,692	10,674,561	5,318,692	0
Washington-St Tammany Regional Medical Center	5,417,408	3,600,551	3,600,551	7,987,885	2,348,157	(1,252,394)
Leonard J Chabert Medical Center	4,284,135	4,664,962	6,090,632	11,195,763	2,870,471	(3,220,161)
Charity Hospital & Medical Center of Louisiana	48,742,790	50,568,377	50,568,377	74,446,710	43,492,472	(7,075,905)
Total Expenditures & Request	\$ 94,771,918	\$ 91,808,199	\$ 93,233,869	\$ 165,230,314	\$ 79,575,475	\$ (13,658,394)
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 the Earl K. Long Medical Center is:

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

The goals of 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 and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

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

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

For additional information, see:

[Earl K Long Medical Center](#)

Earl K Long Medical Center Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 18,235,633	\$ 13,604,679	\$ 13,604,679	\$ 32,683,412	\$ 13,494,745	\$ (109,934)
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	\$ 18,235,633	\$ 13,604,679	\$ 13,604,679	\$ 32,683,412	\$ 13,494,745	\$ (109,934)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	1,909,921	0	0
Total Professional Services	0	0	0	308,929	0	0
Total Other Charges	18,235,633	13,604,679	13,604,679	30,464,562	13,494,745	(109,934)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 18,235,633	\$ 13,604,679	\$ 13,604,679	\$ 32,683,412	\$ 13,494,745	\$ (109,934)
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):
\$ 13,604,679	\$ 13,604,679	0	Existing Oper Budget as of 2/1/09
			Statewide Major Financial Changes:
			Non-Statewide Major Financial Changes:
(109,934)	(109,934)	0	Evaluation of space allocations to aid in reducing unallowable costs - WST - Physician Private Offices (\$298,642) and Cardiovascular Clinic (\$160,098), Dental Clinics at MCLNO (\$1,242,983) and Chabert (\$87,991), MCLNO - Telemedicine (\$232,604) and EKL - Dermatology Clinic (\$109,934).
\$ 13,494,745	\$ 13,494,745	0	Recommended FY 2009-2010
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 13,494,745	\$ 13,494,745	0	Base Executive Budget FY 2009-2010
\$ 13,494,745	\$ 13,494,745	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2009-2010.

Other Charges

Amount	Description
	Other Charges:
\$13,494,745	Funding for non-allowable costs
\$13,494,745	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2009-2010.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$13,494,745	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2009-2010.

Performance Information

1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital each state fiscal year.

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 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Average daily census (LAPAS CODE - 9807)	115.0	105.1	103.0	103.0	110.0	110.0
	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.						
K	Emergency department visits (LAPAS CODE - 5854)	44,415	43,716	48,353	48,353	43,716	43,716
	An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit. ED visits include ER visits (ED Encounters) plus ER admits.						
K	Percentage of readmissions (LAPAS CODE - 9814)	9.3%	10.8%	9.3%	9.3%	9.3%	9.3%
	Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units and excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.						
K	Overall patient satisfaction survey rating (LAPAS CODE - 9815)	88%	88%	88%	88%	61%	61%
	Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.						



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	FTE staff per patient (per adjusted day) (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	5.57	5.57
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.						
K	Cost per adjusted day (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$ 1,921	\$ 1,921
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	66%	66%
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.						
S	Number of staffed beds (LAPAS CODE - 9806)	138	135	106	106	110	110
	Staffed beds include all adult, pediatric, neonatal intensive care beds, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.						
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15451)	4.5	4.8	4.9	4.9	5.0	5.0
	Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days.						

2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	41%	46%	30%	30%	50%	50%

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

K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15458)	51%	34%	60%	60%	60%	60%
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.



610_5000 — University Medical Center



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

Program Description

The mission of the University Medical Center is:

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

The goals of University Medical Center are:

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

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

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

For additional information, see:

[University Medical Center](#)

University Medical Center Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 6,328,061	\$ 8,155,547	\$ 8,155,547	\$ 15,003,513	\$ 6,655,547	\$ (1,500,000)
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	\$ 6,328,061	\$ 8,155,547	\$ 8,155,547	\$ 15,003,513	\$ 6,655,547	\$ (1,500,000)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	1,263,869	0	0
Total Professional Services	0	0	0	236,823	0	0
Total Other Charges	6,328,061	8,155,547	8,155,547	13,502,821	6,655,547	(1,500,000)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 6,328,061	\$ 8,155,547	\$ 8,155,547	\$ 15,003,513	\$ 6,655,547	\$ (1,500,000)
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):
\$ 8,155,547	\$ 8,155,547	0	Existing Oper Budget as of 2/1/09
			Statewide Major Financial Changes:
			Non-Statewide Major Financial Changes:
(1,500,000)	(1,500,000)	0	Non-recur funding for the implementation of a telehealth pilot program.
\$ 6,655,547	\$ 6,655,547	0	Recommended FY 2009-2010
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 6,655,547	\$ 6,655,547	0	Base Executive Budget FY 2009-2010
\$ 6,655,547	\$ 6,655,547	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2009-2010.

Other Charges

Amount	Description
	Other Charges:
\$6,655,547	Funding for non-allowable costs
\$6,655,547	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2009-2010.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$6,655,547	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2009-2010.

Performance Information

1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital and 15.0 days for psychiatric patients admitted to the hospital each state fiscal year.

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 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Average daily census (LAPAS CODE - 9839)	80.0	88.2	85.0	85.0	85.0	85.0
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 SFY 10 Performance is based on an anticipated standstill 09 budget.							
K	Emergency department visits (LAPAS CODE - 5866)	41,000	45,075	40,000	40,000	45,000	45,000
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. ED visits include ER visits (ED Encounters) plus ER Admits.							
K	Percentage of Readmissions (LAPAS CODE - 9849)	10.5%	8.8%	6.5%	6.5%	12.0%	12.0%
Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit, and 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.							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9845)	90%	96%	90%	90%	61%	61%



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
	Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.						
K	FTE staff per patient (per adjusted day) (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	5.57	5.57
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.						
K	Cost per adjusted day (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$ 1,692	\$ 1,692
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	66%	66%
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.						
S	Number of staffed beds (LAPAS CODE - 9838)	115	110	110	110	110	110
	Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.						
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15470)	14.8	15.3	16.0	16.0	15.0	15.0
	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 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 dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The Comparative Performance of U.S. Hospitals-The Sourcebook, 2003. The LSU-HCSD systemwide standard is 15.0 days.						
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15471)	4.5	5.0	4.6	4.6	5.0	5.0
	Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. The LSU-HCSD systemwide standard is 5.0 days.						



2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15476)	43%	55%	50%	50%	50%	50%
<p>Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycosylated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycosylated). Once glycosylated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The LSU-HSCD systemwide standard is 50%. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c.</p>							
K	Percentage of women >= 40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15478)	34%	35%	40%	40%	60%	60%
<p>Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.</p>							



610_6000 — W.O. Moss Regional Medical Center



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

Program Description

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

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

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

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

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

For additional information, see:

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

W.O. Moss Regional Medical Center Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 6,448,161	\$ 5,895,391	\$ 5,895,391	\$ 13,238,470	\$ 5,395,391	\$ (500,000)
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	\$ 6,448,161	\$ 5,895,391	\$ 5,895,391	\$ 13,238,470	\$ 5,395,391	\$ (500,000)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	549,812	0	0
Total Professional Services	0	0	0	294,409	0	0
Total Other Charges	6,448,161	5,895,391	5,895,391	12,394,249	5,395,391	(500,000)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 6,448,161	\$ 5,895,391	\$ 5,895,391	\$ 13,238,470	\$ 5,395,391	\$ (500,000)
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):
\$ 5,895,391	\$ 5,895,391	0	Existing Oper Budget as of 2/1/09
			Statewide Major Financial Changes:
			Non-Statewide Major Financial Changes:
(500,000)	(500,000)	0	Elimination of program HCSD classifies as a Passthrough - LSU Family Practice Residency Program.
\$ 5,395,391	\$ 5,395,391	0	Recommended FY 2009-2010
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 5,395,391	\$ 5,395,391	0	Base Executive Budget FY 2009-2010
\$ 5,395,391	\$ 5,395,391	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2009-2010.

Other Charges

Amount	Description
	Other Charges:
\$5,395,391	Funding for non-allowable costs
\$5,395,391	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2009-2010.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$5,395,391	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2009-2010

Performance Information

- (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital and 15.0 days for psychiatric patients admitted to the hospital each state fiscal year.**

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 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Average daily census (LAPAS CODE - 9853)	25.0	24.0	25.0	25.0	25.0	25.0
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.							
K	Emergency department visits (LAPAS CODE - 5872)	23,886	24,767	24,694	24,694	25,200	25,200
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit. ED visits include ER visits (ED Encounters) plus ER admits.							
K	Percentage of Readmissions (LAPAS CODE - 9589)	10.1%	9.0%	10.1%	10.1%	10.1%	10.1%
Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9860)	92%	93%	93%	93%	61%	61%



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
	Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.						
K	FTE staff per patient (per adjusted day) (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.01	4.01
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.						
K	Cost per adjusted day (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$ 1,274	\$ 1,274
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	66%	66%
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.						
S	Number of staffed beds (LAPAS CODE - 9852)	32	31	34	34	34	34
	Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.						
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15480)	8.2	11.1	8.2	8.2	15.0	15.0
	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 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 dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The Comparative Performance of U.S. Hospitals-The Sourcebook, 2003. LSU-HCSD's systemwide standard is 15.0 days.						
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15481)	4.7	4.4	4.7	4.7	5.0	5.0
	Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days.						



2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Percentage of diabetic patients with long term glycemetic control (LAPAS CODE - 15486)	36%	61%	60%	60%	50%	50%
<p>Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycosylated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycosylated). Once glycosylated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. LSU-HCSD's systemwide standard is 50%. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c.</p>							
K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15488)	45%	47%	46%	46%	60%	60%
<p>Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.</p>							



610_7000 — Lallie Kemp Regional Medical Center



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

Program Description

The mission of the Lallie Kemp Medical Center is:

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

The goals Lallie Kemp Medical Center are:

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

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

For additional information, see:

[Lallie Kemp Regional Medical Center](#)

Lallie Kemp Regional Medical Center Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 5,315,730	\$ 5,318,692	\$ 5,318,692	\$ 10,674,561	\$ 5,318,692	\$ 0
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	\$ 5,315,730	\$ 5,318,692	\$ 5,318,692	\$ 10,674,561	\$ 5,318,692	\$ 0
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	437,555	0	0
Total Professional Services	0	0	0	257,224	0	0
Total Other Charges	5,315,730	5,318,692	5,318,692	9,979,782	5,318,692	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 5,315,730	\$ 5,318,692	\$ 5,318,692	\$ 10,674,561	\$ 5,318,692	\$ 0
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):
\$ 5,318,692	\$ 5,318,692	0	Existing Oper Budget as of 2/1/09
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
\$ 5,318,692	\$ 5,318,692	0	Recommended FY 2009-2010
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 5,318,692	\$ 5,318,692	0	Base Executive Budget FY 2009-2010
\$ 5,318,692	\$ 5,318,692	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2009-2010.

Other Charges

Amount	Description
Other Charges:	
\$5,318,692	Funding for non-allowable costs
\$5,318,692	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
	There is no specific allocation for Interagency Transfers for Fiscal Year 2009-2010.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$5,318,692	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2009-2010.

Performance Information

- (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 4.0 days for medical/surgical patients admitted to the hospital each state fiscal year.**

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 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Average daily census (LAPAS CODE - 9868)	15.0	10.6	12.0	12.0	12.0	12.0
	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.						
K	Emergency department visits (LAPAS CODE - 5878)	27,132	26,158	26,500	26,500	26,500	26,500
	An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit. ED visits include ER visits (ED Encounters) plus ER admits.						
K	Percentage of Readmissions (LAPAS CODE - 9876)	8.9%	11.9%	8.9%	8.9%	8.9%	8.9%
	Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.						
K	Overall patient satisfaction survey rating (LAPAS CODE - 9870)	95%	92%	95%	95%	61%	61%



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
	Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.						
K	FTE staff per patient (per adjusted day) (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	7.30	7.30
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.						
K	Cost per adjusted day (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$ 2,134	\$ 2,134
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	66%	66%
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.						
S	Number of staffed beds (LAPAS CODE - 9867)	25	17	25	25	25	25
	Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.						
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15491)	3.9	3.9	4.0	4.0	4.0	4.0
	Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days, except for Lallie Kemp which as a Critical Access Hospital must maintain an annual average length of stay of 4.0 days.						



2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Percentage of diabetic patients with long term glycemc control (LAPAS CODE - 15496)	51%	55%	59%	59%	50%	50%
<p>Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a 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 glyated). Once glyated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. LSU-HCSD's systemwide standard is 50%. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and dividing that by the number of diabetics with current HbgA1c.</p>							
K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15498)	41%	43%	32%	32%	60%	60%
<p>Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.</p>							



610_8000 — Washington-St Tammany Regional Medical Center



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

Program Description

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

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

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

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

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

For additional information, see:

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

Washington-St Tammany Regional Medical Center Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 5,417,408	\$ 3,600,551	\$ 3,600,551	\$ 7,987,885	\$ 2,348,157	\$ (1,252,394)
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	\$ 5,417,408	\$ 3,600,551	\$ 3,600,551	\$ 7,987,885	\$ 2,348,157	\$ (1,252,394)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	630,264	0	0
Total Professional Services	0	0	0	144,749	0	0
Total Other Charges	5,417,408	3,600,551	3,600,551	7,212,872	2,348,157	(1,252,394)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 5,417,408	\$ 3,600,551	\$ 3,600,551	\$ 7,987,885	\$ 2,348,157	\$ (1,252,394)
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):
\$ 3,600,551	\$ 3,600,551	0	Existing Oper Budget as of 2/1/09
			Statewide Major Financial Changes:
			Non-Statewide Major Financial Changes:
(130,154)	(130,154)	0	Convert school based programs to hospital based programs; WST - OPH School Based Clinic (\$130,154) and MCLNO - O. Perry Walker School Based Clinic (\$130,154).
(663,500)	(663,500)	0	Create teaching services in areas that were formerly service delivery only. This would include new Residency Programs; Bogalusa Family Practice Program (\$663,500) and Chabert Internal Medicine Residency Program (\$1,336,500) and Re-establish Residency Programs; MCLNO - Anesthesiology Program (\$565,600) and MCLNO - Radiology Program (\$858,300).
(458,740)	(458,740)	0	Evaluation of space allocations to aid in reducing unallowable costs - WST - Physician Private Offices (\$298,642) and Cardiovascular Clinic (\$160,098), Dental Clinics at MCLNO (\$1,242,983) and Chabert (\$87,991), MCLNO - Telemedicine (\$232,604) and EKL - Dermatology Clinic (\$109,934).
\$ 2,348,157	\$ 2,348,157	0	Recommended FY 2009-2010
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 2,348,157	\$ 2,348,157	0	Base Executive Budget FY 2009-2010
\$ 2,348,157	\$ 2,348,157	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2009-2010.

Other Charges

Amount	Description
	Other Charges:
\$2,348,157	Funding for non-allowable costs
\$2,348,157	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:



Other Charges (Continued)

Amount	Description
	There is no specific allocation for Interagency Transfers for Fiscal Year 2009-2010.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$2,348,157	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2009-2010.

Performance Information

- 1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital and 15.0 days for psychiatric patients admitted to the hospital each state fiscal year.**

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 1.1 Maintain adequate facilities and equipment (classrooms, on call rooms, resident housing).

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare 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 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Average daily census (LAPAS CODE - 9885)	56.0	40.5	52.0	52.0	50.0	50.0
	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.						
K	Emergency department visits (LAPAS CODE - 5884)	28,913	28,320	29,165	29,165	30,302	30,302
	An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit. ED visits include ER visits (ED Encounters) plus ER admits.						
K	Percentage of Readmissions (LAPAS CODE - 9814)	15.7%	11.6%	13.0%	13.0%	13.0%	13.0%
	Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.						
K	Overall patient satisfaction survey rating (LAPAS CODE - 9891)	94%	95%	92%	92%	61%	61%
	Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.						
K	FTE staff per patient (per adjusted day) (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.60	4.60
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.						
K	Cost per adjusted day (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$ 1,222	\$ 1,222
	This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	66%	66%



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
	<p>This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.</p>						
S	Number of staffed beds (LAPAS CODE - 9884)	82	51	66	66	70	70
	<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.</p>						
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	13.1	11.3	13.1	13.1	15.0	15.0
	<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 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 dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The Comparative Performance of U.S. Hospitals-The Sourcebook, 2003. The LSU-HCSD systemwide standard is 15.0 days.</p>						
S	Average length of stay for acute medical surgery (LAPAS CODE - 15454)	5.3	4.6	5.0	5.0	5.0	5.0
	<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days.</p>						

2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15506)	46%	60%	60%	60%	50%	50%
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Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycosylated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycosylated). Once glycosylated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. LSU-HCSD's systemwide standard is 50%. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c.

K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15508)	32%	18%	32%	32%	60%	60%
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.



610_9000 — Leonard J Chabert Medical Center

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

Program Description

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

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

The goals of Leonard J. Chabert Medical Center are:

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

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

For additional information, see:

[Leonard J Chabert Medical Center](#)

Leonard J Chabert Medical Center Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 4,278,150	\$ 4,294,962	\$ 4,294,962	\$ 11,195,763	\$ 2,870,471	\$ (1,424,491)
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	370,000	370,000	0	0	(370,000)
Interim Emergency Board	5,985	0	1,425,670	0	0	(1,425,670)
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 4,284,135	\$ 4,664,962	\$ 6,090,632	\$ 11,195,763	\$ 2,870,471	\$ (3,220,161)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	1,153,439	0	0
Total Professional Services	0	0	0	1,082,400	0	0
Total Other Charges	4,284,135	4,664,962	6,090,632	8,959,924	2,870,471	(3,220,161)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 4,284,135	\$ 4,664,962	\$ 6,090,632	\$ 11,195,763	\$ 2,870,471	\$ (3,220,161)
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).



Leonard J Chabert Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Overcollections Fund	\$ 0	\$ 370,000	\$ 370,000	\$ 0	\$ 0	\$ (370,000)

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 1,425,670	0	Mid-Year Adjustments (BA-7s):
\$ 4,294,962	\$ 6,090,632	0	Existing Oper Budget as of 2/1/09
Statewide Major Financial Changes:			
\$ 0	\$ (1,425,670)	0	Non-recurring IEBs
Non-Statewide Major Financial Changes:			
\$ 0	\$ (370,000)	0	Non-recur funding for a flood protection levee at Chabert Medical Center.
\$ (1,336,500)	\$ (1,336,500)	0	Create teaching services in areas that were formerly service delivery only. This would include new Residency Programs; Bogalusa Family Practice Program (\$663,500) and Chabert Internal Medicine Residency Program (\$1,336,500) and Re-establish Residency Programs; MCLNO - Anesthesiology Program (\$565,600) and MCLNO - Radiology Program (\$858,300).
\$ (87,991)	\$ (87,991)	0	Evaluation of space allocations to aid in reducing unallowable costs - WST - Physician Private Offices (\$298,642) and Cardiovascular Clinic (\$160,098), Dental Clinics at MCLNO (\$1,242,983) and Chabert (\$87,991), MCLNO - Telemedicine (\$232,604) and EKL - Dermatology Clinic (\$109,934).
\$ 2,870,471	\$ 2,870,471	0	Recommended FY 2009-2010
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 2,870,471	\$ 2,870,471	0	Base Executive Budget FY 2009-2010
\$ 2,870,471	\$ 2,870,471	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2009-2010.



Other Charges

Amount	Description
	Other Charges:
\$2,870,471	Funding for non-allowable costs
\$2,870,471	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2009-2010.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$2,870,471	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2009-2010.

Performance Information

- (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital and 15.0 days for psychiatric patients admitted to the hospital each state fiscal year.**

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 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Average daily census (LAPAS CODE - 9899)	67.0	74.0	73.0	73.0	76.0	76.0
<p>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.</p>							
K	Emergency department visits (LAPAS CODE - 5890)	49,702	42,400	40,000	40,000	41,555	41,555
<p>An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit. ED visits include ER visits (ED Encounters) plus ER admits.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9904)	11.3%	11.6%	11.3%	11.3%	11.3%	11.3%
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>							
K	Overall patient satisfaction survey rating (LAPAS CODE - 9905)	91%	96%	91%	91%	61%	61%
<p>Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.</p>							
K	FTE staff per patient (per adjusted day) (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.87	4.87
<p>This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.</p>							
K	Cost per adjusted day (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$ 1,485	\$ 1,485
<p>This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.</p>							
K	Willingness to recommend hospital (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	66%	66%



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
		This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.					
S	Number of staffed beds (LAPAS CODE - 9898)	83	95	98	98	85	85
		Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.					
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15510)	6.1	9.9	9.0	9.0	15.0	15.0
		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 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 dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The Comparative Performance of U.S. Hospitals-The Sourcebook, 2003. The LSU-HCSD systemwide standard is 15.0 days.					
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15511)	4.4	4.6	4.4	4.4	5.0	5.0
		Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days.					

2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15516)	49%	58%	49%	49%	50%	50%

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

K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15518)	49%	42%	49%	49%	60%	60%
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Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.



610_10A0 — Charity Hospital & Medical Center of Louisiana



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

Program Description

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

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

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

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

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

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

For additional information, see:

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

[Medical Center of Louisiana Homepage](#)

Charity Hospital & Medical Center of Louisiana Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 48,742,790	\$ 49,068,377	\$ 49,068,377	\$ 74,446,710	\$ 43,492,472	\$ (5,575,905)
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	1,500,000	1,500,000	0	0	(1,500,000)
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 48,742,790	\$ 50,568,377	\$ 50,568,377	\$ 74,446,710	\$ 43,492,472	\$ (7,075,905)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	3,689,682	0	0
Total Professional Services	0	0	0	2,028,274	0	0
Total Other Charges	48,742,790	50,568,377	50,568,377	68,728,754	43,492,472	(7,075,905)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 48,742,790	\$ 50,568,377	\$ 50,568,377	\$ 74,446,710	\$ 43,492,472	\$ (7,075,905)



Charity Hospital & Medical Center of Louisiana Budget Summary

	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	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

Source of Funding

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

Charity Hospital & Medical Center of Louisiana Statutory Dedications

Fund	Prior Year Actuals FY 2007-2008	Enacted FY 2008-2009	Existing Oper Budget as of 2/1/09	Continuation FY 2009-2010	Recommended FY 2009-2010	Total Recommended Over/Under EOB
Overcollections Fund	\$ 0	\$ 1,500,000	\$ 1,500,000	\$ 0	\$ 0	\$ (1,500,000)

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 49,068,377	\$ 50,568,377	0	Existing Oper Budget as of 2/1/09
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
\$ (130,154)	\$ (130,154)	0	Convert school based programs to hospital based programs; WST - OPH School Based Clinic (\$130,154) and MCLNO - O. Perry Walker School Based Clinic (\$130,154).
\$ (1,423,900)	\$ (1,423,900)	0	Create teaching services in areas that were formerly service delivery only. This would include new Residency Programs; Bogalusa Family Practice Program (\$663,500) and Chabert Internal Medicine Residency Program (\$1,336,500) and Re-establish Residency Programs; MCLNO - Anesthesiology Program (\$565,600) and MCLNO - Radiology Program (\$858,300).
\$ (1,475,587)	\$ (1,475,587)	0	Evaluation of space allocations to aid in reducing unallowable costs - WST - Physician Private Offices (\$298,642) and Cardiovascular Clinic (\$160,098), Dental Clinics at MCLNO (\$1,242,983) and Chabert (\$87,991), MCLNO - Telemedicine (\$232,604) and EKL - Dermatology Clinic (\$109,934).
\$ 0	\$ (1,500,000)	0	Non-recur funding for a statewide colorectal cancer screening demonstration program.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ (2,546,264)	\$ (2,546,264)	0	Generate additional revenues associated with unallowable costs thereby reducing dependency on state general fund appropriations - Physician Billings and Contract Sharebacks.
\$ 43,492,472	\$ 43,492,472	0	Recommended FY 2009-2010
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 43,492,472	\$ 43,492,472	0	Base Executive Budget FY 2009-2010
\$ 43,492,472	\$ 43,492,472	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2009-2010.

Other Charges

Amount	Description
	Other Charges:
\$43,492,472	Funding for non-allowable costs
\$43,492,472	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2009-2010.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$43,492,472	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2009-2010.



Performance Information

- 1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, striving to maintain the average length of stay of 5.0 days for medical/surgical patients admitted to the hospital and 15.0 days for psychiatric patients admitted to the hospital each state fiscal year.**

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 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Average daily census (LAPAS CODE - 9913)	182.0	174.9	282.0	282.0	254.0	254.0
	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.						
K	Emergency department visits (LAPAS CODE - 5896)	111,600	51,545	72,000	72,000	72,000	72,000
	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. ED visits include ER visits (ED Encounters) plus ER admits.						
K	Percentage of Readmissions (LAPAS CODE - 9917)	10.3%	8.9%	10.3%	10.3%	10.3%	10.3%
	Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans (MCLNO). The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.						
K	Overall patient satisfaction survey rating (LAPAS CODE - 9918)	83%	94%	83%	83%	61%	61%
	Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States, whereas prior to SFY 2010 LSU-HCSD's patient satisfaction survey was an in-house instrument which measured outpatient care across the LSU-HCSD medical centers.						
K	FTE staff per patient (per adjusted day) (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	8.35	8.35



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
		<p>This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. FTE per adjusted day is calculated by dividing total full time equivalent personnel by the total of inpatient revenue divided by outpatient revenue multiplied by average daily census.</p>					
K	Cost per adjusted day (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$ 3,729	\$ 3,729
		<p>This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Cost per adjusted day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.</p>					
K	Willingness to recommend hospital (LAPAS CODE - new)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	66%	66%
		<p>This performance indicator did not appear under Act 18 of 2007 or Act 19 of 2008 and does not have performance standards for FY 2007-2008 or FY 2008-2009. No performance information for FY 2008-2009 is available because data was not collected or reported during that fiscal year. Effective in SFY 2010, patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.</p>					
S	Number of staffed beds (LAPAS CODE - 9912)	202	211	313	313	269	269
		<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds. Medical Center of Louisiana at New Orleans ceased inpatient services after Hurricane Katrina and, as of 6/30/06, had only 39 inpatient beds at the Elmwood Trauma Center. University Hospital opened with 156 medical/surgical (M/S) beds in November 2006, had 202 at 6/30/07, and had 211 at 6/30/08. In September 2007, MCLNO opened 38 psychiatric beds at DePaul Hospital. During SFY 2010, MCLNO plans to open an additional 20 M/S beds. The SFY 09 performance standards were overly optimistic, as the New Orleans area continues to recover from Hurricane Katrina.</p>					
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15520)	Not Available	11.4	14.6	14.6	15.0	15.0
		<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 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 dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The Comparative Performance of U.S. Hospitals-The Sourcebook, 2003. The LSU-HCSD systemwide standard is 15.0 days.</p>					
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15521)	6.0	5.3	5.7	5.7	5.0	5.0
		<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comparative Performance of U.S. Hospitals - The Sourcebook 2003. LSU-HCSD's systemwide standard is 5.0 days.</p>					



2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2010 show improvements over those at June 30, 2009.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2007-2008	Actual Yearend Performance FY 2007-2008	Performance Standard as Initially Appropriated FY 2008-2009	Existing Performance Standard FY 2008-2009	Performance At Continuation Budget Level FY 2009-2010	Performance At Executive Budget Level FY 2009-2010
K	Percentage of diabetic patients with long term glyceemic control (LAPAS CODE - 15526)	28%	50%	50%	50%	50%	50%
<p>Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a 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 glyated). Once glyated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. LSU-HCSD's systemwide standard is 50%. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and dividing that by the number of diabetics with current HbgA1c.</p>							
K	Percentage of women >=40 years of age receiving mammogram in the past 2 years (LAPAS CODE - 15528)	33%	Not Provided	50%	50%	60%	60%
<p>Percentage of women >=40 years of age with mammogram in the past 2 years is calculated by taking the number of women >=40 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >=40 years of age. Prior to SFY 2010, this measure was based on annual mammograms; the 2-year measure is recommended by Healthy People 2010. The LSU-HCSD systemwide standard is 60%.</p>							



