

## LSU Health Care Services Division

### Department Description

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

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

### LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 78,332,840	\$ 77,121,391	\$ 77,600,361	\$ 80,586,642	\$ 64,261,831	\$ (13,338,530)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	679,320,420	679,320,420	714,927,228	599,643,014	(79,677,406)
Fees and Self-generated Revenues	0	82,026,925	82,026,925	83,300,337	65,788,131	(16,238,794)
Statutory Dedications	370,000	300,000	300,000	0	0	(300,000)
Interim Emergency Board	138,609	0	0	0	0	0
Federal Funds	0	79,393,302	79,393,302	81,120,898	79,447,612	54,310
<b>Total Means of Financing</b>	<b>\$ 78,841,449</b>	<b>\$ 918,162,038</b>	<b>\$ 918,641,008</b>	<b>\$ 959,935,105</b>	<b>\$ 809,140,588</b>	<b>\$ (109,500,420)</b>
<b>Expenditures &amp; Request:</b>						
LA Health Care Services Division	\$ 78,841,449	\$ 918,162,038	\$ 918,641,008	\$ 959,935,105	\$ 809,140,588	\$ (109,500,420)
<b>Total Expenditures &amp; Request</b>	<b>\$ 78,841,449</b>	<b>\$ 918,162,038</b>	<b>\$ 918,641,008</b>	<b>\$ 959,935,105</b>	<b>\$ 809,140,588</b>	<b>\$ (109,500,420)</b>



## LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	7,215	7,215	7,215	6,929	(286)
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	7,215	7,215	7,215	6,929	(286)



## 19E-610 — LA Health Care Services Division



### Agency Description

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

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

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

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

For additional information, see:

[LA Health Care Services Division](#)

[LSU Board of Supervisors](#)

## LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 78,332,840	\$ 77,121,391	\$ 77,600,361	\$ 80,586,642	\$ 64,261,831	\$ (13,338,530)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	679,320,420	679,320,420	714,927,228	599,643,014	(79,677,406)
Fees and Self-generated Revenues	0	82,026,925	82,026,925	83,300,337	65,788,131	(16,238,794)
Statutory Dedications	370,000	300,000	300,000	0	0	(300,000)
Interim Emergency Board	138,609	0	0	0	0	0
Federal Funds	0	79,393,302	79,393,302	81,120,898	79,447,612	54,310
<b>Total Means of Financing</b>	<b>\$ 78,841,449</b>	<b>\$ 918,162,038</b>	<b>\$ 918,641,008</b>	<b>\$ 959,935,105</b>	<b>\$ 809,140,588</b>	<b>\$ (109,500,420)</b>
<b>Expenditures &amp; Request:</b>						
Executive Administration and General Support	\$ 0	\$ 24,778,581	\$ 24,778,581	\$ 26,145,572	\$ 24,053,099	\$ (725,482)
Earl K Long Medical Center	20,884,263	152,516,424	152,551,458	159,148,246	122,103,308	(30,448,150)
University Medical Center	7,003,875	120,779,885	121,056,036	127,050,447	109,415,897	(11,640,139)
W.O. Moss Regional Medical Center	8,470,770	47,563,457	47,613,372	49,892,885	35,156,414	(12,456,958)
Lallie Kemp Regional Medical Center	4,734,884	43,048,548	43,082,018	45,392,914	37,059,269	(6,022,749)
Washington-St Tammany Regional Medical Center	4,845,808	64,267,608	64,267,608	67,702,996	59,668,792	(4,598,816)
Leonard J Chabert Medical Center	6,772,218	105,360,998	105,445,398	109,958,604	93,780,913	(11,664,485)
Charity Hospital & Medical Center of Louisiana	26,129,631	359,846,537	359,846,537	374,643,441	327,902,896	(31,943,641)
<b>Total Expenditures &amp; Request</b>	<b>\$ 78,841,449</b>	<b>\$ 918,162,038</b>	<b>\$ 918,641,008</b>	<b>\$ 959,935,105</b>	<b>\$ 809,140,588</b>	<b>\$ (109,500,420)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	7,215	7,215	7,215	6,929	(286)
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>7,215</b>	<b>7,215</b>	<b>7,215</b>	<b>6,929</b>	<b>(286)</b>



## 610\_1000 — Executive Administration and General Support



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

### Program Description

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

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

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

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

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

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

For additional information, see:

[La Health Care Services Division](#)

## Executive Administration and General Support Budget Summary

	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	0	24,778,581	24,778,581	26,145,572	0	(24,778,581)
Fees and Self-generated Revenues	0	0	0	0	24,053,099	24,053,099
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
<b>Total Means of Financing</b>	<b>\$ 0</b>	<b>\$ 24,778,581</b>	<b>\$ 24,778,581</b>	<b>\$ 26,145,572</b>	<b>\$ 24,053,099</b>	<b>\$ (725,482)</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 16,110,361	\$ 17,445,441	\$ 16,211,401	\$ 101,040
Total Operating Expenses	0	0	2,510,646	2,510,646	2,188,736	(321,910)
Total Professional Services	0	0	542,492	542,492	542,492	0
Total Other Charges	0	24,778,581	5,564,562	5,596,473	5,059,950	(504,612)
Total Acq & Major Repairs	0	0	50,520	50,520	50,520	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 0</b>	<b>\$ 24,778,581</b>	<b>\$ 24,778,581</b>	<b>\$ 26,145,572</b>	<b>\$ 24,053,099</b>	<b>\$ (725,482)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	202	202	202	195	(7)
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>202</b>	<b>202</b>	<b>202</b>	<b>195</b>	<b>(7)</b>

## Source of Funding

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



### Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 0	\$ 24,778,581	202	<b>Existing Oper Budget as of 12/1/10</b>
<b>Statewide Major Financial Changes:</b>			
<b>Non-Statewide Major Financial Changes:</b>			
0	0	(7)	Realign the Table of Organization (T.O.) within the LSU Healthcare Services Division.
0	(725,482)	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
\$ 0	\$ 24,053,099	195	<b>Recommended FY 2011-2012</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 0	\$ 24,053,099	195	<b>Base Executive Budget FY 2011-2012</b>
\$ 0	\$ 24,053,099	195	<b>Grand Total Recommended</b>

### Professional Services

Amount	Description
\$542,492	Contracted legal and consulting services
<b>\$542,492</b>	<b>TOTAL PROFESSIONAL SERVICES</b>

### Other Charges

Amount	Description
<b>Other Charges:</b>	
\$4,738,040	Medical Informatics and Telemedicine, PeopleSoft IT support, rent, payroll and AP check processing, Internal Audit, Disease Management, and other miscellaneous expenses
<b>\$4,738,040</b>	<b>SUB-TOTAL OTHER CHARGES</b>
<b>Interagency Transfers:</b>	
\$9,849	Department of Civil Service
\$1,127	Comprehensive Public Training Program (CPTP)
\$310,934	Legislative Auditor Expenses
<b>\$321,910</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$5,059,950</b>	<b>TOTAL OTHER CHARGES</b>



## Acquisitions and Major Repairs

Amount	Description
\$50,520	Replacement of computers, printers and monitors
<b>\$50,520</b>	<b>TOTAL ACQUISITIONS AND MAJOR REPAIRS</b>

## Performance Information

**1. (KEY) To target budgeted dollars for the provision of direct patient care, while ensuring efficient administrative costs by capping HCSD's administrative program at less than 3% of the total operating budget.**

Children's Budget link: Not applicable

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

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

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	Administrative (central office) operating budget as a percent of the total HCSD operating budget (LAPAS CODE - 9789)	Not Applicable	Not Applicable	2.25%	2.25%	2.25%	2.25%

The annual allocation of the budget for the Central Office (HCSD Headquarters) is no more than 2.25% of the sum total of the HCSD Hospitals' budget. Allocation is not inclusive of the Central Billing Office (CBO) and other direct hospital expenditures.





## 610\_3000 — Earl K Long Medical Center



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

### Program Description

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

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

The goals of Earl K. Long are:

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

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

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

For additional information, see:

[Earl K Long Medical Center](#)

### Earl K Long Medical Center Budget Summary

	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 20,884,263	\$ 21,191,020	\$ 21,226,054	\$ 22,106,716	\$ 16,353,557	\$ (4,872,497)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	109,148,931	109,148,931	114,736,842	96,762,247	(12,386,684)
Fees and Self-generated Revenues	0	13,728,622	13,728,622	13,710,518	601,459	(13,127,163)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	8,447,851	8,447,851	8,594,170	8,386,045	(61,806)
<b>Total Means of Financing</b>	<b>\$ 20,884,263</b>	<b>\$ 152,516,424</b>	<b>\$ 152,551,458</b>	<b>\$ 159,148,246</b>	<b>\$ 122,103,308</b>	<b>\$ (30,448,150)</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 73,988,868	\$ 79,411,966	\$ 70,017,422	\$ (3,971,446)
Total Operating Expenses	0	0	42,705,888	42,705,888	38,862,641	(3,843,247)
Total Professional Services	0	0	5,978,323	5,978,323	4,608,487	(1,369,836)
Total Other Charges	20,884,263	152,516,424	29,578,379	30,752,069	8,383,498	(21,194,881)
Total Acq & Major Repairs	0	0	300,000	300,000	231,260	(68,740)
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 20,884,263</b>	<b>\$ 152,516,424</b>	<b>\$ 152,551,458</b>	<b>\$ 159,148,246</b>	<b>\$ 122,103,308</b>	<b>\$ (30,448,150)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	1,253	1,253	1,253	1,083	(170)
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>1,253</b>	<b>1,253</b>	<b>1,253</b>	<b>1,083</b>	<b>(170)</b>



## Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid, Uncompensated Care Costs (UCC) and Disproportionate Share Hospital (DSH) replacement funds that are received from the Department of Health & Hospitals Medical Vendor Payments; contracted services with The Office of Juvenile Justice; and replacement funds for Medicaid that are received from the State Management Organization for Behavior Services for the System of Coordinated Care initiative. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 35,034	\$ 35,034	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 21,226,054	\$ 152,551,458	1,253	<b>Existing Oper Budget as of 12/1/10</b>
<b>Statewide Major Financial Changes:</b>			
(1,714,585)	(1,714,585)	(6)	Annualization of FY11 Mid-Year Expenditure Reduction
(35,034)	(35,034)	0	Non-recurring Carryforwards
<b>Non-Statewide Major Financial Changes:</b>			
0	(315,046)	0	Adjust Medicaid funding due to savings that will be generated as a result in requiring prior authorization for outpatient surgical procedures, ultrasounds and imaging for treatment of cardiovascular disease.
0	0	(51)	Realign the Table of Organization (T.O.) within the LSU Healthcare Services Division.
0	(3,937,290)	0	Adjust Interagency Transfers and Fees and Self-generated Revenues to properly classify expenditures and revenue within the LSU Healthcare Services Division (HCSD) associated with the LSU HCSD Central Office.
0	139,111	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
0	(3,733,026)	0	Adjust Interagency Transfer budget authority for savings resulting from the use of the Low Income Needy Collaboration (INC) UPL model.
(3,122,878)	(20,852,280)	(113)	Adjust the hospital budgets for the LSU Healthcare Center Services Division.
\$ 16,353,557	\$ 122,103,308	1,083	<b>Recommended FY 2011-2012</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 16,353,557	\$ 122,103,308	1,083	<b>Base Executive Budget FY 2011-2012</b>
\$ 16,353,557	\$ 122,103,308	1,083	<b>Grand Total Recommended</b>



## Professional Services

Amount	Description
\$4,608,487	Contracted medical services for residents and physicians, etc.
<b>\$4,608,487</b>	<b>TOTAL PROFESSIONAL SERVICES</b>

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$5,770,711	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
<b>\$5,770,711</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$174,919	Department of Civil Service
\$20,020	Comprehensive Public Training Program (CPTP)
\$143,195	Forms Management and Data Processing
\$0	DPS - Security of Capitol Annex
\$0	State Treasury Fees
\$2,227,445	Office of Risk Management
\$47,208	Legislative Auditor Expenses
<b>\$2,612,787</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$8,383,498</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
\$231,260	Replacement of building and medical equipment that is necessary to keep hospital up to code
<b>\$231,260</b>	<b>TOTAL ACQUISITIONS AND MAJOR REPAIRS</b>

## Performance Information

- (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, working towards maintaining average lengths of stay for medical/surgical patients admitted to the hospital each fiscal year, consistent with benchmarks established through the University Health Systems Consortium of which LSU Health is a member organization.**

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

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

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



**Performance Indicators**

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	FTEs per adjusted occupied bed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.9	4.9
	New Indicator for FY 2011-2012						
K	Acute patient days (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	22,000	22,000
	New Indicator for FY 2011-2012						
K	Hospital admissions (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	5,250	5,250
	New Indicator for FY 2011-2012						
S	AMI: Aspirin at arrival (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	98	98
	New Indicator for FY 2011-2012.						
S	Heart Failure: Ace Inhibitor (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	94	94
	New Indicator for FY 2011-2012						
S	Pneumonia appropriate antibiotic (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	91	91
	New Indicator for FY 2011-2012						
K	Number of clinic visits (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	113,500	113,500
	The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012						
K	Emergency department visits (LAPAS CODE - 5854)	48,127	47,841	42,250	42,250	49,500	49,500
	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	Overall patient satisfaction survey rating (LAPAS CODE - 9815)	61%	65%	64%	64%	67%	67%
	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.						
K	Cost per adjusted patient day (LAPAS CODE - 23224)	\$ 2,387	\$ 2,486	\$ 2,425	\$ 2,425	\$ 1,890	\$ 1,890
	Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - 23225)	66%	75%	68%	68%	69%	69%



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
S	Number of staffed beds (LAPAS CODE - 9806)	102	95	95	95	90	90
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)	5.0	4.2	5.0	5.0	4.8	4.8
Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.							

## 2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2012 show improvements over those at June 30, 2011.

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 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	50%	44%	50%	50%	50%	50%

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

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



## 610\_5000 — University Medical Center



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

### Program Description

The mission of the University Medical Center is:

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

The goals of University Medical Center are:

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

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



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

For additional information, see:

[University Medical Center](#)

### University Medical Center Budget Summary

	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 7,003,875	\$ 6,690,353	\$ 6,966,504	\$ 7,008,740	\$ 5,483,965	\$ (1,482,539)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	96,132,498	96,132,498	101,797,137	90,512,820	(5,619,678)
Fees and Self-generated Revenues	0	5,185,537	5,185,537	5,178,173	3,280,454	(1,905,083)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	12,771,497	12,771,497	13,066,397	10,138,658	(2,632,839)
<b>Total Means of Financing</b>	<b>\$ 7,003,875</b>	<b>\$ 120,779,885</b>	<b>\$ 121,056,036</b>	<b>\$ 127,050,447</b>	<b>\$ 109,415,897</b>	<b>\$ (11,640,139)</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 64,649,341	\$ 70,623,018	\$ 66,303,278	\$ 1,653,937
Total Operating Expenses	0	0	28,110,770	28,110,770	28,110,770	0
Total Professional Services	0	0	5,561,341	5,561,341	4,577,524	(983,817)
Total Other Charges	7,003,875	120,779,885	22,636,840	22,657,574	10,326,581	(12,310,259)
Total Acq & Major Repairs	0	0	97,744	97,744	97,744	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 7,003,875</b>	<b>\$ 120,779,885</b>	<b>\$ 121,056,036</b>	<b>\$ 127,050,447</b>	<b>\$ 109,415,897</b>	<b>\$ (11,640,139)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	1,041	1,041	1,041	982	(59)
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>1,041</b>	<b>1,041</b>	<b>1,041</b>	<b>982</b>	<b>(59)</b>



## Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid, Uncompensated Care Costs (UCC) and Disproportionate Share Hospital (DSH) replacement funds that are received from the Department of Health & Hospitals Medical Vendor Payments; Ryan White and WIC received from The Office of Public Health; and replacement funds for Medicaid that are received from the State Management Organization for Behavior Services for the System of Coordinated Care initiative. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 276,151	\$ 276,151	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 6,966,504	\$ 121,056,036	1,041	<b>Existing Oper Budget as of 12/1/10</b>
			<b>Statewide Major Financial Changes:</b>
(376,355)	(376,355)	(4)	Annualization of FY11 Mid-Year Expenditure Reduction
(276,151)	(276,151)	0	Non-recurring Carryforwards
			<b>Non-Statewide Major Financial Changes:</b>
0	(248,067)	0	Adjust Medicaid funding due to savings that will be generated as a result in requiring prior authorization for outpatient surgical procedures, ultrasounds and imaging for treatment of cardiovascular disease.
0	0	(49)	Realign the Table of Organization (T.O.) within the LSU Healthcare Services Division.
0	(3,203,324)	0	Adjust Interagency Transfers and Fees and Self-generated Revenues to properly classify expenditures and revenue within the LSU Healthcare Services Division (HCSD) associated with the LSU HCSD Central Office.
0	2,037,237	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
0	(3,083,114)	0	Adjust Interagency Transfer budget authority for savings resulting from the use of the Low Income Needy Collaboration (INC) UPL model.
(830,033)	(6,490,365)	(6)	Adjust the hospital budgets for the LSU Healthcare Center Services Division.
\$ 5,483,965	\$ 109,415,897	982	<b>Recommended FY 2011-2012</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 5,483,965	\$ 109,415,897	982	<b>Base Executive Budget FY 2011-2012</b>
\$ 5,483,965	\$ 109,415,897	982	<b>Grand Total Recommended</b>



## Professional Services

Amount	Description
\$4,577,524	Contracted medical services for oncology, physicians, etc.
<b>\$4,577,524</b>	<b>TOTAL PROFESSIONAL SERVICES</b>

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$8,158,705	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
<b>\$8,158,705</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$154,755	Department of Civil Service
\$17,712	Comprehensive Public Training Program (CPTP)
\$1,911,165	Office of Risk Management
\$84,244	Legislative Auditor Expenses
<b>\$2,167,876</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$10,326,581</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

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

## Performance Information

- (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, working towards maintaining average lengths of stay for medical/surgical patients admitted to the hospital each fiscal year, consistent with benchmarks established through the University Health Systems Consortium, of which LSU Health is a member organization.**

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

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

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

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	FTEs per adjusted occupied bed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.9	4.9
	New Indicator for FY 2011-2012.						
K	Acute patient days (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	24,000	24,000
	New Indicator for FY 2011-2012.						
K	Hospital admissions (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4,600	4,600
	New Indicator for FY 2011-2012.						
S	AMI: Aspirin at arrival (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	98	98
	New Indicator for FY 2011-2012.						
S	Heart failure ace inhibitor (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	94	94
	New Indicator for FY 2011-2012.						
S	Pneumonia appropriate antibiotic (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	91	91
	New Indicator for FY 2011-2012.						
K	Number of clinic visits (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	97,000	97,000
	The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.						
K	Emergency department visits (LAPAS CODE - 5866)	45,000	49,690	45,850	45,850	47,000	47,000
	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	Overall patient satisfaction survey rating (LAPAS CODE - 9845)	61%	82%	64%	64%	67%	67%
	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.						
K	Cost per adjusted patient day (LAPAS CODE - 23227)	\$ 1,736	\$ 1,781	\$ 1,775	\$ 1,775	\$ 1,850	\$ 1,850
	Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - 23228)	66%	83%	68%	68%	69%	69%



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values				
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012

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)	110	97	105	105	101	101
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Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.

S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15471)	5.0	4.6	5.0	5.0	4.8	4.8
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Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.

**2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2012 show improvements over those at June 30, 2011.**

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 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15476)	50%	55%	50%	50%	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. The LSU-HSCD systemwide standard is 50%. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c.

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



## 610\_6000 — W.O. Moss Regional Medical Center



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

### Program Description

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

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

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

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

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

For additional information, see:

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

### W.O. Moss Regional Medical Center Budget Summary

	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 8,470,770	\$ 8,258,171	\$ 8,308,086	\$ 8,631,491	\$ 7,551,609	\$ (756,477)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	30,452,350	30,452,350	32,494,191	24,257,984	(6,194,366)
Fees and Self-generated Revenues	0	5,384,468	5,384,468	5,480,260	951,800	(4,432,668)
Statutory Dedications	0	300,000	300,000	0	0	(300,000)
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	3,168,468	3,168,468	3,286,943	2,395,021	(773,447)
<b>Total Means of Financing</b>	<b>\$ 8,470,770</b>	<b>\$ 47,563,457</b>	<b>\$ 47,613,372</b>	<b>\$ 49,892,885</b>	<b>\$ 35,156,414</b>	<b>\$ (12,456,958)</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 22,986,232	\$ 26,169,390	\$ 17,092,840	\$ (5,893,392)
Total Operating Expenses	0	0	14,795,799	14,795,799	11,995,258	(2,800,541)
Total Professional Services	0	0	6,289,492	6,289,492	5,323,188	(966,304)
Total Other Charges	8,470,770	47,563,457	3,491,849	2,588,204	732,761	(2,759,088)
Total Acq & Major Repairs	0	0	50,000	50,000	12,367	(37,633)
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 8,470,770</b>	<b>\$ 47,563,457</b>	<b>\$ 47,613,372</b>	<b>\$ 49,892,885</b>	<b>\$ 35,156,414</b>	<b>\$ (12,456,958)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	385	385	385	360	(25)
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>385</b>	<b>385</b>	<b>385</b>	<b>360</b>	<b>(25)</b>





## Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid, Uncompensated Care Costs (UCC) and Disproportionate Share Hospital (DSH) replacement funds that are received from the Department of Health & Hospitals Medical Vendor Payments; and replacement funds for Medicaid that are received from the State Management Organization for Behavior Services for the System of Coordinated Care initiative. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

## W.O. Moss Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
Overcollections Fund	\$ 0	\$ 300,000	\$ 300,000	\$ 0	\$ 0	\$ (300,000)

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 49,915	\$ 49,915	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 8,308,086	\$ 47,613,372	385	<b>Existing Oper Budget as of 12/1/10</b>
<b>Statewide Major Financial Changes:</b>			
\$ (334,625)	\$ (334,625)	0	Annualization of FY11 Mid-Year Expenditure Reduction
\$ (49,915)	\$ (49,915)	0	Non-recurring Carryforwards
<b>Non-Statewide Major Financial Changes:</b>			
\$ 0	\$ (73,350)	0	Adjust Medicaid funding due to savings that will be generated as a result in requiring prior authorization for outpatient surgical procedures, ultrasounds and imaging for treatment of cardiovascular disease.
\$ 0	\$ 0	17	Realign the Table of Organization (T.O.) within the LSU Healthcare Services Division.
\$ 0	\$ (1,199,178)	0	Adjust Interagency Transfers and Fees and Self-generated Revenues to properly classify expenditures and revenue within the LSU Healthcare Services Division (HCSD) associated with the LSU HCSD Central Office.
\$ 0	\$ (129,245)	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
\$ 0	\$ (1,342,594)	0	Adjust Interagency Transfer budget authority for savings resulting from the use of the Low Income Needy Collaboration (INC) UPL model.
\$ (371,937)	\$ (8,203,649)	(42)	Adjust the hospital budgets for the LSU Healthcare Center Services Division.



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ (1,124,402)	0	Non-recur one-time funding for Special Legislative Projects (SLP).
\$ 7,551,609	\$ 35,156,414	360	<b>Recommended FY 2011-2012</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 7,551,609	\$ 35,156,414	360	<b>Base Executive Budget FY 2011-2012</b>
\$ 7,551,609	\$ 35,156,414	360	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
\$5,323,188	Contracted medical services for oncology, physicians, etc.
<b>\$5,323,188</b>	<b>TOTAL PROFESSIONAL SERVICES</b>

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$0	This program does not have funding for Other Charges for Fiscal Year 2011-2012
<b>\$0</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$5,975	Department of Civil Service
\$1,127	Comprehensive Public Training Program (CPTP)
\$51,081	Forms Management and Data Processing
\$647,876	Office of Risk Management
\$26,702	Legislative Auditor Expenses
<b>\$732,761</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$732,761</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
\$12,367	Replacement of computers, printers and monitors
<b>\$12,367</b>	<b>TOTAL ACQUISITIONS AND MAJOR REPAIRS</b>



## Performance Information

**1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, working towards maintaining average lengths of stay for medical/surgical patients admitted to the hospital each fiscal year, consistent with benchmarks established through the University Health Systems Consortium, of which LSU Health is a member organization.**

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

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

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

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	FTEs per adjusted occupied bed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.9	4.9
	New Indicator for FY 2011-2012.						
K	Acute patient days (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	8,500	8,500
	New Indicator for FY 2011-2012.						
K	Hospital admissions (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1,250	1,250
	New Indicator for FY 2011-2012.						
S	AMI: Aspirin at arrival (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	98	98
	New Indicator for FY 2011-2012.						
S	Heart failure ace inhibitor (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	94	94
	New Indicator for FY 2011-2012.						
S	Pneumonia appropriate antibiotic (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	91	91
	New Indicator for FY 2011-2012.						
K	Number of clinic visits (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	49,000	49,000
	The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.						
K	Emergency department visits (LAPAS CODE - 5872)	25,200	27,915	27,000	27,000	28,000	28,000
	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.						



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	Overall patient satisfaction survey rating (LAPAS CODE - 9860)	61%	78%	64%	64%	67%	67%
<p>Patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported. It should be noted that CMS' patient satisfaction survey is a standardized instrument which measures inpatient care across the United States.</p>							
K	Cost per adjusted patient day (LAPAS CODE - 23230)	\$ 1,200	\$ 1,270	\$ 1,325	\$ 1,325	\$ 1,750	\$ 1,750
<p>Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.</p>							
K	Willingness to recommend hospital (LAPAS CODE - 23231)	66%	70%	68%	68%	69%	69%
<p>Patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.</p>							
S	Number of staffed beds (LAPAS CODE - 9852)	34	30	30	30	30	30
<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15481)	5.0	4.1	4.2	4.2	4.8	4.8
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.</p>							

## 2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2012 show improvements over those at June 30, 2011.

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 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15486)	50%	52%	50%	50%	50%	50%

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

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



## 610\_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 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 4,734,884	\$ 4,642,202	\$ 4,675,672	\$ 4,853,959	\$ 4,293,412	\$ (382,260)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	30,266,131	30,266,131	32,206,425	26,179,258	(4,086,873)
Fees and Self-generated Revenues	0	3,514,353	3,514,353	3,561,949	1,979,622	(1,534,731)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	4,625,862	4,625,862	4,770,581	4,606,977	(18,885)
<b>Total Means of Financing</b>	<b>\$ 4,734,884</b>	<b>\$ 43,048,548</b>	<b>\$ 43,082,018</b>	<b>\$ 45,392,914</b>	<b>\$ 37,059,269</b>	<b>\$ (6,022,749)</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 24,837,417	\$ 27,058,561	\$ 23,169,568	\$ (1,667,849)
Total Operating Expenses	0	0	10,800,131	10,800,131	8,489,964	(2,310,167)
Total Professional Services	0	0	4,929,777	4,929,777	4,337,875	(591,902)
Total Other Charges	4,734,884	43,048,548	2,239,508	2,329,260	838,991	(1,400,517)
Total Acq & Major Repairs	0	0	275,185	275,185	222,871	(52,314)
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 4,734,884</b>	<b>\$ 43,048,548</b>	<b>\$ 43,082,018</b>	<b>\$ 45,392,914</b>	<b>\$ 37,059,269</b>	<b>\$ (6,022,749)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	384	384	384	393	9
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>384</b>	<b>384</b>	<b>384</b>	<b>393</b>	<b>9</b>



## Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid, Uncompensated Care Costs (UCC) and Disproportionate Share Hospital (DSH) replacement funds that are received from the Department of Health & Hospitals Medical Vendor Payments; and replacement funds for Medicaid that are received from the State Management Organization for Behavior Services for the System of Coordinated Care initiative. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 33,470	\$ 33,470	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 4,675,672	\$ 43,082,018	384	<b>Existing Oper Budget as of 12/1/10</b>
<b>Statewide Major Financial Changes:</b>			
(264,519)	(264,519)	0	Annualization of FY11 Mid-Year Expenditure Reduction
(33,470)	(33,470)	0	Non-recurring Carryforwards
<b>Non-Statewide Major Financial Changes:</b>			
0	(66,481)	0	Adjust Medicaid funding due to savings that will be generated as a result in requiring prior authorization for outpatient surgical procedures, ultrasounds and imaging for treatment of cardiovascular disease.
0	0	35	Realign the Table of Organization (T.O.) within the LSU Healthcare Services Division.
0	(1,099,035)	0	Adjust Interagency Transfers and Fees and Self-generated Revenues to properly classify expenditures and revenue within the LSU Healthcare Services Division (HCSD) associated with the LSU HCSD Central Office.
0	775,321	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
0	(1,214,208)	0	Adjust Interagency Transfer budget authority for savings resulting from the use of the Low Income Needy Collaboration (INC) UPL model.
(84,271)	(4,120,357)	(26)	Adjust the hospital budgets for the LSU Healthcare Center Services Division.
\$ 4,293,412	\$ 37,059,269	393	<b>Recommended FY 2011-2012</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 4,293,412	\$ 37,059,269	393	<b>Base Executive Budget FY 2011-2012</b>
\$ 4,293,412	\$ 37,059,269	393	<b>Grand Total Recommended</b>





## Professional Services

Amount	Description
\$4,337,875	Contracted medical services for oncology, physicians, etc.
<b>\$4,337,875</b>	<b>TOTAL PROFESSIONAL SERVICES</b>

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$137,723	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
<b>\$137,723</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$53,012	Department of Civil Service
\$6,067	Comprehensive Public Training Program (CPTP)
\$36,301	Forms Management and Data Processing
\$581,078	Office of Risk Management
\$24,810	Legislative Auditor Expenses
<b>\$701,268</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$838,991</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
\$222,871	Replacement of medical equipment
<b>\$222,871</b>	<b>TOTAL ACQUISITIONS AND MAJOR REPAIRS</b>

## Performance Information

- (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, working towards maintaining average lengths of stay for medical/surgical patients admitted to the hospital each fiscal year, consistent with benchmarks established through the University Health Systems Consortium, of which LSU Health is a member organization.**

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

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

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

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	FTEs per adjusted occupied bed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.9	4.9
	New Indicator for FY 2011-2012.						
K	Acute patient days (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4,000	4,000
	New Indicator for FY 2011-2012.						
K	Hospital admissions (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1,000	1,000
	New Indicator for FY 2011-2012.						
S	AMI: Aspirin at arrival (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	98	98
	New Indicator for FY 2011-2012.						
S	Heart failure ace inhibitor (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	94	94
	New Indicator for FY 2011-2012.						
S	Pneumonia appropriate antibiotic (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	91	91
	New Indicator for FY 2011-2012.						
K	Number of clinic visits (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	42,000	42,000
	The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.						
K	Emergency department visits (LAPAS CODE - 5878)	26,500	25,829	24,950	24,950	27,000	27,000
	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	Overall patient satisfaction survey rating (LAPAS CODE - 9870)	61%	91%	64%	64%	67%	67%
	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	Cost per adjusted patient day (LAPAS CODE - 23233)	\$ 2,013	\$ 2,245	\$ 2,150	\$ 2,150	\$ 1,750	\$ 1,750
	Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - 23234)	66%	91%	68%	68%	69%	69%



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values				
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012

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	19	18	18	18	18
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Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.

S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15491)	4.0	3.9	4.0	4.0	4.8	4.8
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Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.

**2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2012 show improvements over those at June 30, 2011.**

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 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15496)	50%	55%	50%	50%	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 >= 50 years of age receiving mammogram in the past 2 years. (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	60%	60%
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Percentage of women >=50 years of age with mammogram in the past 2 years is calculated by taking the number of women >= 50 years of age with a mammogram in the past 2 years and dividing that by the number of women in the population >= 50. New Indicator for FY 2011-2012.



## 610\_8000 — Washington-St Tammany Regional Medical Center



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

### Program Description

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

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

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

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

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

For additional information, see:

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

## Washington-St Tammany Regional Medical Center Budget Summary

	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 4,845,808	\$ 4,896,769	\$ 4,896,769	\$ 5,116,071	\$ 4,557,954	\$ (338,815)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	38,880,973	38,880,973	41,690,739	37,485,338	(1,395,635)
Fees and Self-generated Revenues	0	9,697,412	9,697,412	9,900,686	6,638,141	(3,059,271)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	10,792,454	10,792,454	10,995,500	10,987,359	194,905
<b>Total Means of Financing</b>	<b>\$ 4,845,808</b>	<b>\$ 64,267,608</b>	<b>\$ 64,267,608</b>	<b>\$ 67,702,996</b>	<b>\$ 59,668,792</b>	<b>\$ (4,598,816)</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 36,684,751	\$ 40,142,131	\$ 38,673,401	\$ 1,988,650
Total Operating Expenses	0	0	17,067,548	17,067,548	15,445,141	(1,622,407)
Total Professional Services	0	0	4,215,879	4,215,879	3,387,382	(828,497)
Total Other Charges	4,845,808	64,267,608	6,270,026	6,248,034	2,140,141	(4,129,885)
Total Acq & Major Repairs	0	0	29,404	29,404	22,727	(6,677)
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 4,845,808</b>	<b>\$ 64,267,608</b>	<b>\$ 64,267,608</b>	<b>\$ 67,702,996</b>	<b>\$ 59,668,792</b>	<b>\$ (4,598,816)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	545	545	545	640	95
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>545</b>	<b>545</b>	<b>545</b>	<b>640</b>	<b>95</b>



## Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid, Uncompensated Care Costs (UCC) and Disproportionate Share Hospital (DSH) replacement funds that are received from the Department of Health & Hospitals Medical Vendor Payments; and replacement funds for Medicaid that are received from the State Management Organization for Behavior Services for the System of Coordinated Care initiative. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 4,896,769	\$ 64,267,608	545	<b>Existing Oper Budget as of 12/1/10</b>
			<b>Statewide Major Financial Changes:</b>
(251,585)	(251,585)	0	Annualization of FY11 Mid-Year Expenditure Reduction
			<b>Non-Statewide Major Financial Changes:</b>
0	(99,770)	0	Adjust Medicaid funding due to savings that will be generated as a result in requiring prior authorization for outpatient surgical procedures, ultrasounds and imaging for treatment of cardiovascular disease.
0	0	95	Realign the Table of Organization (T.O.) within the LSU Healthcare Services Division.
0	(1,765,436)	0	Adjust Interagency Transfers and Fees and Self-generated Revenues to properly classify expenditures and revenue within the LSU Healthcare Services Division (HCSD) associated with the LSU HCSD Central Office.
0	(384,533)	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
0	(1,473,565)	0	Adjust Interagency Transfer budget authority for savings resulting from the use of the Low Income Needy Collaboration (INC) UPL model.
(87,230)	(623,927)	0	Adjust the hospital budgets for the LSU Healthcare Center Services Division.
\$ 4,557,954	\$ 59,668,792	640	<b>Recommended FY 2011-2012</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 4,557,954	\$ 59,668,792	640	<b>Base Executive Budget FY 2011-2012</b>
\$ 4,557,954	\$ 59,668,792	640	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
\$3,387,382	Contracted medical services for physicians services



## Professional Services (Continued)

Amount	Description
\$3,387,382	TOTAL PROFESSIONAL SERVICES

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$1,103,341	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
<b>\$1,103,341</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$81,602	Department of Civil Service
\$9,339	Comprehensive Public Training Program (CPTP)
\$924,065	Office of Risk Management
\$21,794	Legislative Auditor Expenses
<b>\$1,036,800</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$2,140,141</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
\$22,727	Replacement of medical equipment
<b>\$22,727</b>	<b>TOTAL ACQUISITIONS AND MAJOR REPAIRS</b>

## Performance Information

- (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, working towards maintaining average lengths of stay for medical/surgical patients admitted to the hospital each fiscal year, consistent with benchmarks established through the University Health Systems Consortium, of which LSU Health is a member organization.**

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

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

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





**Performance Indicators**

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	FTEs per adjusted occupied bed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.9	4.9
New Indicator for FY 2011-2012.							
K	Acute patient days (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	15,500	15,500
New Indicator for FY 2011-2012.							
K	Hospital admissions (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3,300	3,300
New Indicator for FY 2011-2012.							
S	AMI: Aspirin at arrival (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	98	98
New Indicator for FY 2011-2012.							
S	Heart failure ace inhibitor (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	94	94
New Indicator for FY 2011-2012.							
S	Pneumonia appropriate antibiotic (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	91	91
New Indicator for FY 2011-2012.							
K	Number of clinic visits (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	56,000	56,000
The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.							
K	Emergency department visits (LAPAS CODE - 5884)	26,628	29,172	26,750	26,750	29,500	29,500
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	Overall patient satisfaction survey rating (LAPAS CODE - 9891)	61%	67%	64%	64%	67%	67%
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-HSCD medical centers.							
K	Cost per adjusted patient day (LAPAS CODE - 23236)	\$ 1,368	\$ 1,523	\$ 1,350	\$ 1,350	\$ 1,750	\$ 1,750
Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.							
K	Willingness to recommend hospital (LAPAS CODE - 23237)	66%	71%	68%	68%	69%	69%



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
S	Number of staffed beds (LAPAS CODE - 9884)	70	57	57	57	60	60
<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.</p>							
S	Average length of stay for acute medical surgery (LAPAS CODE - 15454)	5.0	4.0	5.0	5.0	4.8	4.8
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.</p>							

## 2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2012 show improvements over those at June 30, 2011.

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 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15506)	50%	54%	50%	50%	50%	50%

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

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



## 610\_9000 — Leonard J Chabert Medical Center

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

### Program Description

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

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

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

The goals of Leonard J. Chabert Medical Center are:

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

For additional information, see:

[Leonard J Chabert Medical Center](#)

## Leonard J Chabert Medical Center Budget Summary

	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 6,263,609	\$ 6,047,108	\$ 6,131,508	\$ 6,321,905	\$ 4,584,865	\$ (1,546,643)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	78,817,390	78,817,390	82,781,704	71,374,628	(7,442,762)
Fees and Self-generated Revenues	0	8,196,196	8,196,196	8,298,139	5,531,457	(2,664,739)
Statutory Dedications	370,000	0	0	0	0	0
Interim Emergency Board	138,609	0	0	0	0	0
Federal Funds	0	12,300,304	12,300,304	12,556,856	12,289,963	(10,341)
<b>Total Means of Financing</b>	<b>\$ 6,772,218</b>	<b>\$ 105,360,998</b>	<b>\$ 105,445,398</b>	<b>\$ 109,958,604</b>	<b>\$ 93,780,913</b>	<b>\$ (11,664,485)</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 48,693,045	\$ 52,947,513	\$ 48,990,565	\$ 297,520
Total Operating Expenses	0	0	27,495,310	27,495,310	23,845,590	(3,649,720)
Total Professional Services	0	0	22,576,697	22,576,697	18,625,314	(3,951,383)
Total Other Charges	6,772,218	105,360,998	6,192,346	6,451,084	2,003,893	(4,188,453)
Total Acq & Major Repairs	0	0	488,000	488,000	315,551	(172,449)
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 6,772,218</b>	<b>\$ 105,360,998</b>	<b>\$ 105,445,398</b>	<b>\$ 109,958,604</b>	<b>\$ 93,780,913</b>	<b>\$ (11,664,485)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	908	908	908	968	60
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>908</b>	<b>908</b>	<b>908</b>	<b>968</b>	<b>60</b>



## Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid, Uncompensated Care Costs (UCC) and Disproportionate Share Hospital (DSH) replacement funds that are received from the Department of Health & Hospitals Medical Vendor Payments; and replacement funds for Medicaid that are received from the State Management Organization for Behavior Services for the System of Coordinated Care initiative. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

## Leonard J Chabert Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
Overcollections Fund	\$ 370,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 84,400	\$ 84,400	0	Mid-Year Adjustments (BA-7s):
\$ 6,131,508	\$ 105,445,398	908	Existing Oper Budget as of 12/1/10
<b>Statewide Major Financial Changes:</b>			
\$ (293,615)	\$ (293,615)	0	Annualization of FY11 Mid-Year Expenditure Reduction
\$ (84,400)	\$ (84,400)	0	Non-recurring Carryforwards
<b>Non-Statewide Major Financial Changes:</b>			
\$ 0	\$ (236,028)	0	Adjust Medicaid funding due to savings that will be generated as a result in requiring prior authorization for outpatient surgical procedures, ultrasounds and imaging for treatment of cardiovascular disease.
\$ 0	\$ 0	67	Realign the Table of Organization (T.O.) within the LSU Healthcare Services Division.
\$ 0	\$ (2,902,604)	0	Adjust Interagency Transfers and Fees and Self-generated Revenues to properly classify expenditures and revenue within the LSU Healthcare Services Division (HCSD) associated with the LSU HCSD Central Office.
\$ 0	\$ 1,773,515	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
\$ 0	\$ (2,809,325)	0	Adjust Interagency Transfer budget authority for savings resulting from the use of the Low Income Needy Collaboration (INC) UPL model.



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ (1,168,628)	\$ (7,112,028)	(7)	Adjust the hospital budgets for the LSU Healthcare Center Services Division.
\$ 4,584,865	\$ 93,780,913	968	<b>Recommended FY 2011-2012</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 4,584,865	\$ 93,780,913	968	<b>Base Executive Budget FY 2011-2012</b>
\$ 4,584,865	\$ 93,780,913	968	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
\$18,625,314	Contracted medical services for specialty care, primary care, surgical services, physicians, etc.
<b>\$18,625,314</b>	<b>TOTAL PROFESSIONAL SERVICES</b>

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$167,966	Medical services provided by the LSU Health Sciences Center and other miscellaneous expenses
<b>\$167,966</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$128,420	Department of Civil Service
\$14,698	Comprehensive Public Training Program (CPTP)
\$1,657,143	Office of Risk Management
\$35,666	Legislative Auditor Expenses
<b>\$1,835,927</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$2,003,893</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
\$298,987	Replacement of medical equipment
\$16,564	Minor repair of medical equipment
<b>\$315,551</b>	<b>TOTAL ACQUISITIONS AND MAJOR REPAIRS</b>



## Performance Information

- 1. (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, working towards maintaining average lengths of stay for medical/surgical patients admitted to the hospital each fiscal year, consistent with benchmarks established through the University Health Systems Consortium, of which LSU Health is a member organization.**

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

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

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

### Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	FTEs per adjusted occupied bed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.9	4.9
	New Indicator for FY 2011-2012.						
K	Acute patient days (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	24,000	24,000
	New Indicator for FY 2011-2012.						
K	Hospital admissions (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4,900	4,900
	New Indicator for FY 2011-2012.						
S	AMI: Aspirin at arrival (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	98	98
	New Indicator for FY 2011-2012.						
S	Heart failure ace inhibitor (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	94	94
	New Indicator for FY 2011-2012.						
S	Pneumonia appropriate antibiotic (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	91	91
	New Indicator for FY 2011-2012.						
K	Number of clinic visits (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	95,000	95,000
	The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.						
K	Emergency department visits (LAPAS CODE - 5890)	41,555	43,764	38,300	38,300	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.						





**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	Overall patient satisfaction survey rating (LAPAS CODE - 9905)	61%	82%	64%	64%	67%	67%
<p>Patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. 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	Cost per adjusted patient day (LAPAS CODE - 23239)	\$ 1,518	\$ 1,577	\$ 1,675	\$ 1,675	\$ 1,800	\$ 1,800
<p>Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.</p>							
K	Willingness to recommend hospital (LAPAS CODE - 23240)	66%	91%	68%	68%	69%	69%
<p>Patient satisfaction is measured using The Myers Group, a Centers for Medicare and Medicaid Services (CMS) approved vendor, and is summarized in "overall rating of hospital" and "willingness to recommend hospital." LSU-HCSD has set its performance standards above the state, national and west south regional averages. LSU-HCSD will follow the CMS rules for reporting; which represents data from a prior quarter being reported due to timing. A comment in LAPAS will be made quarterly disclosing the date range being reported.</p>							
S	Number of staffed beds (LAPAS CODE - 9898)	85	90	90	90	90	90
<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15511)	5.0	4.2	5.0	5.0	4.8	4.8
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.</p>							

**2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2012 show improvements over those at June 30, 2011.**

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 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15516)	50%	58%	50%	50%	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 HgbA1c<=7 and dividing that by the number of diabetics with current HgbA1c.

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



## 610\_10A0 — 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, neurosur-

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

For additional information, see:

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

[Medical Center of Louisiana Homepage](#)

### Charity Hospital & Medical Center of Louisiana Budget Summary

	Prior Year Actuals FY 2009-2010	Enacted FY 2010-2011	Existing Oper Budget as of 12/1/10	Continuation FY 2011-2012	Recommended FY 2011-2012	Total Recommended Over/(Under) EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 26,129,631	\$ 25,395,768	\$ 25,395,768	\$ 26,547,760	\$ 21,436,469	\$ (3,959,299)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	270,843,566	270,843,566	283,074,618	253,070,739	(17,772,827)
Fees and Self-generated Revenues	0	36,320,337	36,320,337	37,170,612	22,752,099	(13,568,238)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	27,286,866	27,286,866	27,850,451	30,643,589	3,356,723
<b>Total Means of Financing</b>	<b>\$ 26,129,631</b>	<b>\$ 359,846,537</b>	<b>\$ 359,846,537</b>	<b>\$ 374,643,441</b>	<b>\$ 327,902,896</b>	<b>\$ (31,943,641)</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 165,165,068	\$ 178,844,454	\$ 171,279,978	\$ 6,114,910
Total Operating Expenses	0	0	85,861,055	85,861,055	85,861,055	0
Total Professional Services	0	0	32,856,035	32,856,035	31,829,816	(1,026,219)
Total Other Charges	26,129,631	359,846,537	75,964,379	77,081,897	38,932,047	(37,032,332)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 26,129,631</b>	<b>\$ 359,846,537</b>	<b>\$ 359,846,537</b>	<b>\$ 374,643,441</b>	<b>\$ 327,902,896</b>	<b>\$ (31,943,641)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	2,497	2,497	2,497	2,308	(189)
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>2,497</b>	<b>2,497</b>	<b>2,497</b>	<b>2,308</b>	<b>(189)</b>



## Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers is for Medicaid, Uncompensated Care Costs (UCC) and Disproportionate Share Hospital (DSH) replacement funds that are received from the Department of Health & Hospitals Medical Vendor Payments; and replacement funds for Medicaid that are received from the State Management Organization for Behavior Services for the System of Coordinated Care initiative. The Fees and Self-generated Revenues are derived from collections of commercial and private pay payments. The Federal Funds are derived from Medicare collections.

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	<b>Mid-Year Adjustments (BA-7s):</b>
\$ 25,395,768	\$ 359,846,537	2,497	<b>Existing Oper Budget as of 12/1/10</b>
<b>Statewide Major Financial Changes:</b>			
(2,072,250)	(2,072,250)	0	Annualization of FY11 Mid-Year Expenditure Reduction
<b>Non-Statewide Major Financial Changes:</b>			
0	(942,914)	0	Adjust Medicaid funding due to savings that will be generated as a result in requiring prior authorization for outpatient surgical procedures, ultrasounds and imaging for treatment of cardiovascular disease.
0	0	(107)	Realign the Table of Organization (T.O.) within the LSU Healthcare Services Division.
0	(9,946,232)	0	Adjust Interagency Transfers and Fees and Self-generated Revenues to properly classify expenditures and revenue within the LSU Healthcare Services Division (HCSD) associated with the LSU HCSD Central Office.
0	10,596,306	0	Properly align budget authority to reflect expenditures and revenues which will be generated.
0	(8,910,540)	0	Adjust Interagency Transfer budget authority for savings resulting from the use of the Low Income Needy Collaboration (INC) UPL model.
(1,887,049)	(15,678,011)	(82)	Adjust the hospital budgets for the LSU Healthcare Center Services Division.
0	(4,990,000)	0	Decrease due to the completion of debt service payments for the Hotel Dieu hospital in New Orleans.
\$ 21,436,469	\$ 327,902,896	2,308	<b>Recommended FY 2011-2012</b>
\$ 0	\$ 0	0	<b>Less Supplementary Recommendation</b>
\$ 21,436,469	\$ 327,902,896	2,308	<b>Base Executive Budget FY 2011-2012</b>
\$ 21,436,469	\$ 327,902,896	2,308	<b>Grand Total Recommended</b>



## Professional Services

Amount	Description
\$31,829,816	Contracted food services and medical services for hospitalists, house officers, resident supervision, specialty care, etc.
<b>\$31,829,816</b>	<b>TOTAL PROFESSIONAL SERVICES</b>

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$32,468,040	Medical services provided by the LSU Health Sciences Center, IT PeopleSoft Support and other miscellaneous expenses
<b>\$32,468,040</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
\$387,944	Department of Civil Service
\$44,400	Comprehensive Public Training Program (CPTP)
\$5,867,094	Office of Risk Management
\$164,569	Legislative Auditor Expenses
<b>\$6,464,007</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$38,932,047</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2011-2012

## Performance Information

- (KEY) To provide quality medical care while serving as the state's classroom for medical and clinical education, working towards maintaining average lengths of stay for medical/surgical patients admitted to the hospital each fiscal year, consistent with benchmarks established through the University Health Systems Consortium, of which LSU Health is a member organization.**

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

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

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

**Performance Indicators**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	FTEs per adjusted occupied bed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	5.5	5.5
	New Indicator for FY 2011-2012.						
K	Acute patient days (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	69,000	69,000
	New Indicator for FY 2011-2012.						
K	Hospital admissions (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	12,000	12,000
	New Indicator for FY 2011-2012.						
S	AMI: Aspirin at arrival (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	98	98
	New Indicator for FY 2011-2012.						
S	Heart failure ace inhibitor (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	94	94
	New Indicator for FY 2011-2012.						
S	Pneumonia appropriate antibiotic (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	91	91
	New Indicator for FY 2011-2012.						
K	Number of clinic visits (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	143,000	143,000
	The number of clinic visits is measured as the total ambulatory clinic visits with an evaluation and management code. New Indicator for FY 2011-2012.						
K	Emergency department visits (LAPAS CODE - 5896)	66,683	67,274	57,800	57,800	61,000	61,000
	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	Overall patient satisfaction survey rating (LAPAS CODE - 9918)	61%	54%	64%	64%	67%	67%
	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-HSCD medical centers.						
K	Cost per adjusted patient day (LAPAS CODE - 23242)	\$ 3,107	\$ 3,193	\$ 3,575	\$ 3,575	\$ 2,500	\$ 2,500
	Cost per adjusted patient day is calculated by dividing total expenses by the total of inpatient revenue divided by outpatient revenue multiplied by inpatient days.						
K	Willingness to recommend hospital (LAPAS CODE - 23243)	66%	71%	68%	68%	69%	69%



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
S	Number of staffed beds (LAPAS CODE - 9912)	254	255	250	250	255	255
	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 - 15521)	5.0	5.3	5.0	5.0	5.4	5.4
	Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital.						

## 2. (KEY) Continue systemwide disease management initiatives such that results at June 30, 2012 show improvements over those at June 30, 2011.

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 2009-2010	Actual Yearend Performance FY 2009-2010	Performance Standard as Initially Appropriated FY 2010-2011	Existing Performance Standard FY 2010-2011	Performance At Continuation Budget Level FY 2011-2012	Performance At Executive Budget Level FY 2011-2012
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15526)	50%	44%	50%	50%	50%	50%

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

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



