

**Louisiana State University Health System
Health Care Services Division
Lallie Kemp Medical Center**

Strategic Plan

FY 2023-2024 through FY 2027-2028

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LALLIE KEMP MEDICAL CENTER

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Introduction

The LSU Health Care Services Division, Lallie Kemp Medical Center is located in Independence, Louisiana at 52579 Highway 51 South. Lallie Kemp Medical Center provides care to and accepts patients from multiple payer sources including indigent care, Medicare, Medicaid, self-pay, and commercial insurance.

Mission Statement

Providing quality healthcare from our family to yours

Vision

Serving our community and the region by delivering quality healthcare in a positive and respectful environment.

Philosophy

Provide QUALITY and COMPASSIONATE healthcare in an EFFICIENT and SAFE manner.

Principal Clients and Services

The principal clients and stakeholders of the LSU HCSD Lallie Kemp Medical Center and the services provided to them include:

- All citizens of Louisiana regardless of their ability to pay, who are in need of emergency, primary or specialty medical care services and may benefit from the provision of services by skilled health care professionals.
- The Louisiana legislature and government officials who represent the citizens of Louisiana and hold LSU HCSD accountable to help meet the medical needs of the citizenry while emphasizing effective and efficient stewardship of public resources.
- The medical and allied health professional training schools who utilize the Lallie Kemp Medical Center as the classroom and learning environment for their students who will become highly qualified professionals.
- Employees of the LSU HCSD Lallie Kemp Medical Center who are provided gainful employment opportunities for educational and personal development in a safe environment.
- Community health care providers, leaders and organizations, both public and private, whom are provided assistance when and where requested and are encouraged to partner with the LSU HCSD Lallie Kemp Medical Center to improve the health status of their communities.

External Impediments

The ability to achieve the goals and objectives outlined in this Lallie Kemp Medical Center's strategic plan in the next five years may be impacted by factors over which HCSD has no control. These include but not limited to:

- 1) Funding levels- Fluctuations in Medicaid and direct state funding for indigent care are dependent on many factors outside the control of LSU HCSD Lallie Kemp Medical Center.
- 2) Changes in the health care system- particularly changes related to managed care, skilled and professional labor shortages, and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs could potentially impact Lallie Kemp.
- 3) The ongoing COVID-19 pandemic has adversely impacted staff shortages, supply chain issues, operational changes, and cost increases.
- 4) Physical plant limitations, including size, condition and configuration sometimes impede operations.
- 5) Changes in the economy of the state- as more individuals are employed or insured could result in more insured patients or fewer patients, depending on the changes in the economy of the state and patients' access to other medical care and the medical perception of the medical care provided by the hospital.
- 6) Changes in the population- changes in social determinant of health and an aging population which means an increase in the number of chronic diseases.

Avoidance of Duplication Effort

Within the overall state system of services for Louisiana's population, within the Louisiana Department of Health, the Office of Public Health and the Office of Mental Health provide services for which the LSU HCSD Lallie Kemp Medical Center assist in coordinating and integrating in order to ensure comprehensive and non-duplicative care for our citizens. Across agencies, these services are complementary to our populations served, as in OPH's expertise on community and preventive education and HCSD's expertise in the array of treatment functions.

LSU HCSD Lallie Kemp Medical Center- Program Goals and Objectives

- Goal 1** **Operate the hospital to provide high quality inpatient, clinic, emergency and support services in a manner that is comparable to or better than peer facilities.**
Objective 1.1 Achieve performance levels on core industry-standard benchmarks that are comparable to or better than peer facilities and national averages
Objective 1.2 Maintain a high level of patient satisfaction comparable to or better than peer facilities and national averages
Objective 1.3 Ensure that Lallie Kemp Medical Center remains accredited by the respective health care accrediting bodies, and being in compliance with standards of the life safety code for healthcare organizations.
- Goal 2** **Operate clinical services (inpatient and outpatient settings) to enhance timely access to care by the population in need.**
Objective 2.1 Continue chronic care, disease management initiatives, and wellness/screening to improve outcomes for patients with designated conditions (including: diabetes, asthma, COPD, cancer, congestive heart failure, HIV, tobacco addiction, chronic kidney disease, and hypertension), achieving benchmark performance results that place the LSU HCSD Lallie Kemp Medical Center in the top quartile when compared to national standards.
Objective 2.2 Operate a program to secure free and/or low cost medications for our patients.
Objective 2.3 Operate a patient Advocacy program to patients in helping them to secure appropriate care in a person centered manner.
Objective 2.4 Operate primary care clinics and ancillary services consistent with a patient-centered model, assigning as many patients as feasible to specific physicians and providing patient education to encourage appropriate utilization of hospital services.
- Goal 3** **Efficiently operate the hospital in a manner that enhances the collection of third party payments and minimizes dependence on state funding.**
Objective 3.1 Standardize and systematically improve the processes of billing and collecting revenues owed to the hospitals by third party payers and increase the percentage of bills actually collected.
Objective 3.2 Conduct billing chart reviews to identify potential systemic issues which may lead to erroneous billing and work to correct those issues.
- Goal 4** **Provide opportunities for training in the medical, nursing and other health professional areas in the HCSD Lallie Kemp Medical Center and outpatient clinics, as appropriate.**
Objective 4.1 Maintain residency slots and support rotations in the hospital
Objective 4.2 Enter into agreements with schools of nursing and provide opportunities for nursing students to train in the hospital
Objective 4.3 Enter into agreements with schools of allied health and other health professional training programs to provide opportunities for training in the hospital

Goal 1 Operate the hospital to provide high quality inpatient, clinic, emergency and support services in a manner that is comparable to or better than peer facilities and national averages.

Objective 1.1	Tasks	Time Line	Responsible Party(ies)	
To operate the hospital such that industry-standard performance benchmarks are met.	Operate hospital inpatient, clinic, emergency and support services.	Ongoing	HCSD Leadership and Administration Leadership, including CEO, Medical Director, Chief Nurse Officer, Chief Financial Officer, Department Heads, educational and clinical staff, support staff	
Input	Output	Outcome	Efficiency	Quality
Number of staffed beds Capacity of Emergency Department (ED) Number of clinic hours available	Number of Admissions Number of patient days Number of ED visits Number of Clinic visits	Average Length of Stay Admissions from ED ED patients left without being seen Clinic no-show rate	Inpatient occupancy rate Cost per adjusted patient day FTEs per adjusted occupied bed	Accredited Facility Door to Doctor Time Arrival to CT interpretation for CVA (stroke patients)

Goal 1 Operate the hospital to provide high quality inpatient, clinic, emergency and support services in a manner that is comparable to or better than peer facilities and national averages.

Objective 1.2	Tasks	Time Line	Responsible Party(ies)	
Maintain a high level of patient satisfaction	Operate a system of monitoring patient satisfaction through patient surveys	Ongoing	HCSD Leadership, LAK Leadership, Medical Staff, Patient Advocate, and Patient Advocacy staff	
Input	Output	Outcome	Efficiency	Quality
Patient Advocate Coordinator	Statistical results of patient satisfaction surveys Identification of areas of satisfaction and dissatisfaction among patients	Management informed about areas of satisfaction and areas of concern relative to dissatisfaction among patients	Improved operations and patient care based on information generated and corrective action recommended	Increase in high patient satisfaction ratings Reduction in patient complaints and grievances

Goal 1 Operate the hospital to provide high quality inpatient, clinic, emergency and support services in a manner that is comparable to or better than peer facilities and national averages.

Objective 1.3	Tasks	Time Line	Responsible Party(ies)	
Ensure that the hospital remains accredited by the respective health care accrediting bodies, and being in compliance with the standards of the life safety code for healthcare organizations	Conduct periodic Joint Commission on the Accreditation of Healthcare Organizations readiness reviews, and take corrective action, when necessary	Ongoing	LAK Leadership	
	Conduct periodic life safety reviews, and take corrective action, when necessary	Ongoing		
Input	Output	Outcome	Efficiency	Quality
Lallie Kemp Medical Center	Accreditation survey results	Accreditation deemed status	Not applicable	Acceptable Joint Commission scores with no conditional level findings

Goal 2 Operate clinical services to enhance timely access to care by the population in need.

Objective 2.1	Tasks	Time Line	Responsible Party(ies)	
<p>Continue chronic care, disease management initiatives, and wellness/screening to improve outcomes for patients with chronic conditions (including diabetes, asthma, COPD, cancer, congestive heart failure, HIV, tobacco addiction, chronic kidney disease and wellness) achieving benchmark performance results that place Lallie Kemp Medical Center in the top quartile when compared to national standards,</p>	<p>Continue monitoring and measurement of the effectiveness of the disease management programs and continue publication of results.</p>	<p>Ongoing</p>	<p>For all tasks: HCS D Leadership, Hospital Disease Management Teams, Medical Director, Clinical Leads for HCS D and LAK</p>	
Input	Output	Outcome	Efficiency	Quality
<p>Number of patients with diagnosed chronic conditions addressed by the program</p> <p>Medical and clinical staff</p> <p>Clinical Leads for HCS D System</p> <p>Evidence-based protocols (“common pathways”) and standards of care</p>	<p>Application of evidence-based protocols for patients diagnosed with chronic conditions</p>	<p>Monitoring Patients</p> <ul style="list-style-type: none"> • Closing care gaps (MEGA) • Getting patients what they need (Input & Output)/ Utilization of Navigator • Wellness/Screening of patients 	<p>Percentage reduction in the number of hospitalizations among targeted groups of patients</p> <p>As a member of the Louisiana Quality Network, we are working to decrease all cause readmissions with an emphasis on patients with a diagnosis of COPD, CHF and hyperglycemia.</p>	<p>Patient satisfaction</p> <p>Improvement in key health outcome measures</p>

Goal 2 Operate clinical outpatient services to enhance timely access to care by the population in need.

Objective 2.2	Tasks	Time Line	Responsible Party(ies)	
Provide outpatient medications at low or no cost per patient assistance program	<p>Operate a Medication Procurement Program (MPP) through outpatient pharmacies to leverage free medications obtained through programs for indigent outpatients who have no coverage for pharmaceuticals</p> <p>Main enrollment in the public Health Service (aka 340B) Drug Discount Program</p>	<p>Ongoing</p> <p>Ongoing</p>	LAK Leadership, Pharmacy Director	
Input	Output	Outcome	Efficiency	Quality
<p>Eligibility Determination Workers</p> <p>Outpatient Pharmacy Staff</p> <p>Software</p> <p>Patients assisted in enrolling in manufacturers' assistance programs</p>	<p>Number of prescriptions filled by MPP</p> <p>Cash Value of Free Medications</p> <p>Cost of Outpatient Drugs purchased under the Public Health Service (aka 340B) Drug Discount Program</p>	<p>Reduction in complications associated with targeted diseases</p> <p>Reduction in Emergency Department visits</p> <p>Reduction in readmissions and other hospitalizations</p>	<p>Avoidance of relatively expensive care as a result of access to prescribed outpatient medications</p> <p>Leveraging limited personnel resources to obtain free medications for patients</p>	<p>Improved quality of life and health status</p> <p>Patient satisfaction</p>

Goal 2 Operate clinical services to enhance timely access to care by the population in need.

Objective 2.3	Tasks	Time Line	Responsible Party(ies)	
To operate a Patient Advocacy Program to make ombudsmen available to assist patients in obtaining the care needed, either in the hospital they first accessed or by referral to any other facilities that may offer the appropriate services	Investigate patient complaints and issues of access which come to the attention of the hospital	Ongoing	Patient Advocacy Staff, LAK Leadership	
Input	Output	Outcome	Efficiency	Quality
Patient Advocate Patients and other individuals who raise issues regarding access to appropriate services for individual patients	Patient Advocacy system consisting of: <ul style="list-style-type: none"> • a community referral component; • effective patient problem resolution processes 	Proper adjudication of patient complaints/grievances	Timely resolution of patient care and constituency needs.	Patient satisfaction Reduced complaints and grievances

Goal 2 Operate clinical services to enhance timely access to care by the population in need.

Objective 2.4	Tasks	Time Line	Responsible Party(ies)	
Operate primary care clinics consistent with a patient-centered model, assigning as many patients as feasible to specific physicians and providing patient education to encourage appropriate utilization of hospital services	Provide a patient-centered model in which patients are assigned to a specific physician for their primary care	Ongoing	Hospital Administrator, Medical Staff, Nursing Administration and Clinic Manager	
Input	Output	Outcome	Efficiency	Quality
Patients who utilize LSU Health Care Services Division Lallie Kemp Medical Center	Formal linkages between patients and particular physicians	Increase in timely, ongoing patient care and decrease in episodic care Decreased use of ER and increased use of clinics	Reduction in the incidence of expensive emergency and other care	Increase in ability to provide the right care in the right place at the right time

Goal 3 Operate the hospital in a manner that enhances the collection of third party payments and minimizes dependence on state funding

Objective 3.1	Tasks	Time Line	Responsible Party(ies)	
Build system level infrastructure to efficiently and successfully collect revenues owed to the LSU Health System HCSD Lallie Kemp Medical Center from third party payers	Continue implementation of the onsite Billing Office and related process improvements intended to increase the rate of revenue collection	Ongoing	CFO, Patient Financial Services Manager, and patient accounting department	
Input	Output	Outcome	Efficiency	Quality
Patient Financial Services Hospital Patient Accounting Staff All facility personnel responsible for data required for payable bills to be generated	Improved rate of collections from third party payers	Increased revenues from third party payers	Increase in dollars collected from third party payers as a percent of dollars billed	Ability to cover greater percent of costs with non-state funding and to support indigent care mission by covering an increased portion of hospital overhead cost

Goal 3 Operate the hospital in a manner that enhances the collection of third party payments and minimizes dependence on state funding

Objective 3.2	Tasks	Time Line	Responsible Party(ies)	
<p>Conduct billing chart reviews to identify potential systemic issues which may lead to erroneous billing and work to correct those issues.</p>	<p>Continue monthly billing chart reviews according to the Lallie Kemp Medical Center Compliance Work Plan, as well as perform focused reviews when needed.</p>	<p>Ongoing</p>	<p>Compliance Officer, Billing Chart Auditor, Revenue Cycle Department Managers, and Division Directors</p>	
Input	Output	Outcome	Efficiency	Quality
<p>Compliance Department and Revenue Cycle Departments</p> <p>All facility staff who work in the revenue cycle (registration, provision of care, coding and claim billing).</p>	<p>Improved billing accuracy for services billed to governmental and third party insurance payers.</p>	<p>Increased billing accuracy.</p> <p>Continue to decrease billing error rates.</p>	<p>Continued low rate of focus reviews by governmental and third party insurance payers.</p>	<p>Continued high number of clean claims going to governmental and third party insurance payers.</p>

Goal 4 Provide opportunities for training in the medical, nursing, and other health professional areas at HCSD Lallie Kemp Medical Center and outpatient clinics, as appropriate

Objective 4.1	Tasks	Time Line	Responsible Party(ies)	
Maintain residency slots allocated to the hospital	Meet all hospital requirements of the Residency Review Committee	Ongoing	HCSD Leadership, Hospital Administrator and all medical and support staff	
Input	Output	Outcome	Efficiency	Quality
Number of residency slots	Number of residents rotating at the hospital	Maintain number of residents trained Maintain patient care capacity associated with residency training	Number of patients provided care by residents under physician supervision	Capacity to maximize the volume of health care services with resources available Training experiences provided for future community physicians

Goal 4 Provide opportunities for training in the medical, nursing, and other health professional areas at HCSD Lallie Kemp Medical Center and outpatient clinics, as appropriate

Objective 4.2	Tasks	Time Line	Responsible Party(ies)	
Maintain facility agreements with schools of nursing and provide appropriate rotations within the hospital	Maintain agreements with schools of nursing Provide appropriate nursing student training opportunities within hospital inpatient and outpatient areas	Ongoing	LAK Leadership and Education and Training Department	
Input	Output	Outcome	Efficiency	Quality
Number of nursing students in need of training opportunities	Number of nursing students rotating at the hospital	Stable or increasing number of nursing students afforded training opportunities	Number of patients receiving care from nursing students	Capacity to maximize the volume of health care services with resources available Training experiences provided for future community nurses

Goal 4 Provide opportunities for training in the medical, nursing, and other health professional areas at HCS D Lallie Kemp Medical Center and outpatient clinics, as appropriate

Objective 4.3	Tasks	Time Line	Responsible Party(ies)	
Maintain facility agreements with schools of allied health and other professional training programs and provide appropriate rotations within the hospitals	Maintain agreements with schools of allied health and other professional training programs Provide appropriate allied health and other professional training opportunities within hospital inpatient and outpatient areas	Ongoing	LAK Leadership and Education and Training Department	
Input	Output	Outcome	Efficiency	Quality
Number of allied health and other professions' students in need of training opportunities	Number of allied health and other professions' students rotating at the hospital	Maintain stability on increasing the number of allied health and other professions' students afforded training opportunities	Number of patients receiving care from allied health or other professions' students	Capacity to maximize the volume of health care services with resources available Training experiences provided for future community allied health and other health professionals

Strategic Plan Process and Documentation

Program evaluation processes used to develop objectives and strategies

HCSD and Lallie Kemp Medical Center engage in extensive ongoing assessment of performance leading to changes in the Strategic Plan as well as management decisions. They include:

Quarterly Operational Review Meetings- Quarterly meetings are held to conduct operational reviews on a wide range of performance information. Review team members include HCSD Leadership, LAK Leadership and other staff as deemed appropriate by the medical center.

Each Review covers a standard agenda and a series of formal reports. The principal agenda items include:

Hospital Overview- Review by facility staff that provides a physical update (construction, renovation) and the identification of any critical needs that exist.

Financial Status Overview- Review of latest monthly projections and identification of other financial issues, including a report prepared by the HCSD Budget Director, the Hospital Administrator and CFO

Utilization Overview- Review of standard hospital utilization statistics (admissions, inpatient days, LOS, clinic visits, ER activity, surgeries, observation stays, and others) in order to determine and explain any significant variances as required.

Medical Review- Discussion of Hospital Improvements, utilizing indicators from the HCSD Chronic Care and Disease Management Programs.

Nursing Review- Presentation of patient care data to include any staffing issues.

Compliance/Regulatory Issues Overview- Review of reports and topics required by The Joint Commission and CMS, including an Environment of Care Report, Sentinel Events and/or near Misses, Quality Improvement Activities, and Opportunities for Improvement, Root Cause Analysis of past issues, and compliance with patient safety goals.

Patient Advocate Overview- Includes a review of grievances and patient complaints and any resolution and a discussion of patient satisfaction measurements.

Health Care Effectiveness Site Visits- In addition to the Quarterly Operational Reviews, a Health Care Effectiveness Site Visit occurs approximately twice a year. A wide range of program and facility issues are discussed in detail.

HCSD and the facility under its purview maintain a number of ongoing committees that deal with ensuring quality and measuring performance. They include:

Quality Management Committee- Lallie Kemp Medical Center has established a Quality Management Committee, composed of its Quality Director, a physician, a representative from nursing and hospital administration and a representatives from other disciplines as appropriate. The purpose of the committee is to collect and aggregate data, analyze its significance, present to the appropriate committee of the hospital, and ascertain the needed for changes in policies and procedures.

Medical Executive Committee- Medical staff delegates authority to the Medical Executive Committee (MEC) to carry out medical staff responsibilities. MEC has primary authority for activities relate to self-governance of medical staff and for performance in improvement of the professional services provided by practitioners privileged through the Medical Staff office.

Performance Indicator Documentation

After reviewing the literature and working with other experts, the Statewide Clinical Leads in each disease area select components of care that serve as indicators of the health of a disease management population. The indicators are two (2) types: process and outcome.

Outcome (usually intermediate) indicators show the population's state health at a particular time and are related to the ultimate prognosis (likelihood of having future complications). The indicators are modifiable (through behavior change, medication, exercise, and diet) and reflect changes in the level of risk for disease complications. Outcome indicators are able to be tracked and measured over time.

Process indicators specify key interventions that occur at some time interval for patients in the disease population. When acted on, process indicators have the potential for sustaining current health or reducing future risk. The date is primarily drawn from the EPIC EHR, the Hospital's electronic health record.

Once the indicators are defined by the clinical experts, the collection and evaluation of data to support the measures are flowcharted to check the accuracy validity of the indicators and the proposed collection process. Validity and reliability testing are then performed at the hospital (test site) for each disease management program to elucidate any problems requiring correction.

In addition, the LSU HCSD Lallie Kemp Medical Center is striving to ensure that the indicators reported for internal purposes, as well as for external parties such as the federal government are consistent and in keeping with what should be measured to determine health care effectiveness and program and service impact.

Validity, reliability and appropriateness of each performance indicator

The various committees cited above utilize a wide variety of performance indicators. These indicators are representative of those historical indicators that are generally accepted and used in other hospitals across the country and in the health care industry overall. As examples, Monthly Utilization Reports that are distributed to LSU Health System leadership, HCSD senior staff, hospital administrator, medical director, data coordinators and analysts, as well as DOA budget and planning staff, include the following items:

Total admissions

Total inpatient days

Total staffed beds

Total average daily census

Total occupancy

Average length of stay

Total outpatient visits

Total operating room cases

Total ER visits

Use of performance indicators in management decision making

Indicators generally are not used individually to reach decisions but rather are collectively used to form a broader picture of facility performance that may be the basis for management action. Hospital presents complex, interrelated, multi-program environments. The set of indicators above, plus many others, including financial and operational indicators, are reviewed in a deliberative and analytic process in order to inform management decision-making.

The strategic plan goals and objectives help drive the content of performance data reviews, as does the HCSD Operational Plan. Contents of the meetings are recorded in a format which identifies the issue(s) addressed, responsible persons and outcome of findings.

Timeframe of the Strategic Planning Process

Lallie Kemp Medical Center reviews the strategic goals on a periodic basis. These meetings help to identify problem areas to ensure proper execution of the plan.



VISION

Serving our community and the region by delivering quality healthcare in a positive and respectful environment.

MISSION

Providing quality healthcare from our family to yours

VALUES

Compassion
Empathy
Healing
Honesty
Respect
Teamwork