

A Monthly Column by
Michael K. Butler, MD, CPE, MHA
 CEO of LSU HCSD



The annual forum awards are not like other awards. Once the Super Bowl or World Series is over, one team has won, it takes home

the trophy, and play is finished until next season. We give the forum awards, however, knowing that health care never ends. It is for all seasons. The awards honor a high level of achievement but also recognize that the processes implemented that led to that high level will continue to produce highly desirable outcomes and will continue to be improved upon.

Sports awards indicate a winner-takes-all philosophy. Forum awards indicate a winner-gives-all philosophy with the winner sharing with other HCSD hospitals how its winning ways can benefit patient care.

The UMC Congestive Heart Failure Improvement Project, which won this year's TRRRQSSS Award, is a good example. Staff identified a problem, assembled a multidisciplinary team to address multiple factors in patient care for congestive heart failure, and achieved remarkable results. The processes they implemented to improve outcomes continue, and other HCSD programs can benefit from their project. Their playbook is

See Dr. Butler, page 14

Forum Assesses Progress and the Future *A Report from HCSD Hospitals*

BATON ROUGE—The need for one to have “historical memory” is essential in any discussion on health care reform because people tend to recycle the same ideas and to confuse the use of terms, said Dr. Michael Butler, HCSD CEO, at the twelfth annual Health Care Effectiveness Forum.

“Health, health insurance, and health care delivery are not the same thing,” he said, indicating advocates for health care reform often speak as if the terms are interchangeable.

In a narrow sense, the term health care reform usually refers to payment, but in a comprehensive sense, it should also address health care delivery, quality, disparities, and access, all that is necessary for improving the health of Louisiana’s population.

Critics blame LSU for Louisiana’s poor health rankings since LSU provides a large amount of health care, but that’s false logic, he said. The problems reside mostly outside of LSU, which provides quality care, and many rankings include items indirectly related to health care delivery, such as high-school drop-out rates, traffic- and alcohol-traffic fatalities, and firearm injuries. “But for LSU, Louisiana would be much worse,” he said.

Increased costs, poor outcomes, and poor rankings are due to a lack of coordination inside and across episodes of care, provider-centered care, 10 to 20 percent cost for overhead, futile end-of-life care, and unnecessary use of new technology, among other issues, yet LSU has a well-integrated coordinated patient-centered



North BR Clinic due to open in spring. Dr. Fred Cerise, LSU System vice president for health affairs and medical education, recently gave a tour of the new North Baton Rouge Clinic. Among others in attendance were Willie Hawkins, Governmental Relations, LSU System (left to right); Representative Avon Honey, District 63, beside Dr. Cerise; Representative Pat Smith, District 67; Senator Sharon Weston Broome, District 15; and Representative Steve Carter, District 68.

system of care. “Care should be continuous, not episodic,” he said.

Core reform elements should include access, medical outcomes or quality, and cost per capita.

Chronic disease, not acute disease, is the overriding issue, he said, and health care reform should include efficiencies and economies of scale. HCSD is remaking its model to offer continuous, pro-

See Annual Forum, page 9

TABLE OF CONTENTS

FORUM ASSESSES PROGRESS/FUTURE	PG.1
VIATOR APPOINTED EKL ADMINISTRATOR	PG.2
TOWNSEND APPOINTED INTERIM CEO	PG.3
LKRCM, NO IFS, ANDS OR BUTTS	PG.3
LJC/N.O. CLINICS EARN NCQA	PG.4
DR. CAMPBELL IN WHO'S WHO	PG.5
GIBSON RECEIVES HENNING AWARD	PG.6
EKL/UMC RECEIVE NATIONAL AWARD	PG.7
DR. CRAWFORD'S BRITISH HONOR	PG.8
HCSD RECOGNIZES HOSPITALS	PG.12
CEO/CMO AWARDS	PG.13

LSU Appoints Viator Hospital Administrator for EKL Medical Center

BATON ROUGE— The LSU Health Care Services Division (HCS) has appointed Kathy Viator, DNS, RN, hospital administrator for Earl K. Long Medical Center (EKL) in Baton Rouge, La.

“Dr. Viator has both the clinical and executive experience for leading the Earl K. Long Medical Center,” said Dr. Michael K. Butler, HCS CEO. “She has served in an exemplary fashion as the medical center has expanded to meet demands for its services and as it has responded in times of emergency, such as the arrival and destruction of Hurricane Gustav.”

Dr. Viator, who has served as EKL acting hospital administrator since March 2007, has 30 years of experience in hospital management and health care.

As chief operating officer/associate hospital administrator from 2005 to 2007 for EKL, which has a daily average census of 95 and 170,000 clinic visits annually, she was responsible for the management of more than 1,500 employees and three off-campus clinics.

With expertise in facility management, state fire marshal requirements, and DHH licensing, she oversaw multiple new construction and renovation projects, including the start-up of the LSU Surgical Center and its on-campus clinics and the building of the North Baton Rouge Clinic, scheduled to open in the spring of 2009.

Under her leadership, Dr. Viator has moved EKL to a patient-centered culture. In January 2009, the hospital received the 2009 Outstanding Patient Experience Award from HealthGrades, the nation's leading independent healthcare ratings organization, for ranking in the top 15 percent nationally for exemplary service to patients. In fact, EKL far exceeded the top 15 percent; its percentile ranking was 3.32, placing it among the top four percent in the nation.

“Patient-centered care is always



Kathy Viator

foremost both in our philosophy and in our daily practice of health care,” said Dr. Kathy Viator, acting EKL hospital administrator. “This day-to-day delivery of quality health care translates into patients who are highly satisfied with their experience at our hospital.”

Besides providing quality health care to those with and without the ability to pay, EKL serves as a teaching facility for graduate medical education, nursing, and allied health. Dr. Viator has a wealth of experience in health care education.

Her knowledge spans curriculum development and evaluation for undergraduate and graduate nursing programs as well as program accreditation.

She is on the adjunct faculty of the graduate nurse executive programs of the University of Southern Mississippi and Southeastern Louisiana University (SLU) and has taught health care management in nursing for the University of Phoenix.

She has been the director of organizational development for St. Tammany Parish Hospital, where she was responsible for development and training of mid-level managers, development of orientation and core curriculum for new managers, and

the daily operations of a number of departments and facilities as well as oversight and implementation of all clinical education and leadership development.

As coordinator for the Baton Rouge satellite campus of SLU, she oversaw the daily operation of the campus and management of faculty and student populations. As assistant professor in the undergraduate and graduate nursing programs of SLU, she has taught theory and clinical courses in leadership, management, and pediatrics. She was also on the faculty of the Baton Rouge General School of Nursing.

Her clinical experience includes serving as a registered nurse at Woman's Hospital, Our Lady of the Lake Medical Center, and the East Feliciana School Board.

She received her Doctorate in Nursing Science and Master of Nursing from the LSU Health Sciences Center in New Orleans and her Bachelor of Science degree from Southeastern Louisiana University.

As an expert in healthcare leadership and management, Dr. Viator has made numerous paper presentations at state and national nursing conferences. Her expertise related to the nursing shortage has been sought by the Nursing Supply and Demand Council. In that capacity, she led a team to develop an action plan that targeted both workforce and workplace needs related to practicing nurses.

**Spring HCE/DM
Quarterly Meeting
Tuesday,
April 14, 2009**

Dr. Roxane A. Townsend Appointed As Interim CEO for Interim LSU Public Hospital

NEW ORLEANS—The LSU Health System has appointed Dr. Roxane A. Townsend Interim CEO for the Interim LSU Public Hospital to oversee hospital operations while HCSD conducts a national search for a permanent CEO for the hospital.



Dr. Roxane Townsend

Dr. Cathi Fontenot stepped down as the Interim CEO for the LSU Interim Public Hospital and has begun a new chapter in her career as associate dean for alumni affairs and development at the LSU Health Sciences Center in New Orleans.

“I’d like to thank her for her outstanding service to MCLNO and to the LSU Interim Public Hospital during some of the most trying times in Louisiana’s history,” Dr. Fred Cerise, LSU Health System vice president for health affairs and medical education, said. “She has demonstrated unparalleled professionalism and true commitment to the mission of caring for people in the New Orleans area while promoting excellence in medical education for both LSU

and Tulane Schools of Medicine.”

In order to provide consistent day-to-day leadership for the operations of the hospital, the LSU System has engaged the services of Ms. Sandra Crayton, a principal with Alvarez and Marsal, to serve as the chief management officer. Ms. Crayton brings many years of hospital administrative experience that will allow the hospital to continue the excellent work it have been doing to reestablish health care services to the area. Ms. Crayton will assume daily management responsibilities for the hospital.

Dr. Townsend, who is also LSU assistant vice president for health systems, Office of Health Affairs and Medical Education, will have direct oversight for the Alvarez and Marsal engagement and will be at the hospital on a regular basis during the length of Ms. Crayton’s contract.

No Ifs, Ands, or Butts, Lallie Kemp Says, No Smoking!

INDEPENDENCE— Lallie Kemp Regional Medical Center (LKRMC) is now a tobacco- and smoke-free campus. Since January 1, 2009, the tobacco-free campus policy has prohibited the use of tobacco both within the hospital’s buildings and anywhere on the hospital grounds.

With the help of the Louisiana Rural Health Association’s Operation Against Smoking/Inhaling Secondhand Smoke (OASIS) initiative, which is designed to help the hospital remain tobacco- and smoke-free, LKRMC is supporting patients, families, and staff with the implementation of this new policy.

“Lallie Kemp has a full range of evidence-based cessation services available for patients, employees and

the communities they serve,” said Dr. Sarah Moody-Thomas, professor, LSU School of Public Health, and clinical lead for the HCSD Tobacco Control Initiative. “Services include free behavioral counseling and free or reduced-cost cessation medication for qualified patients, excluding processing fee. Combining behavioral counseling and cessation medication has proven most effective when trying to quit.”

LKRMC became smoke-free in support of LKRMC’s mission to enhance, sustain and restore the health and development of patients and to create and maintain a healthy environment for employees, physicians, families and visitors.

“Our mission here is to promote healthy outcomes for our patients and staff,” said Sherre Pack-Hookfin, LKRMC hospital administrator. “Our leadership collectively made the decision to go smoke free last year and have been advising staff throughout the process so that it could help them facilitate the change.”

For more information on LKRMC assistance in tobacco cessation and services, contact the tobacco cessation office at (985) 878-1362. For more information on the OASIS initiative, contact Michael Calabro at (985) 369-2223 or calabro@lrha.org.



Chabert and New Orleans Clinics Earn NCQA Medical Home Recognition



Dr. Michaela King is the primary care physician at the LSU Community Clinic at Frederick Douglass Senior High.

BATON ROUGE— Leonard J. Chabert Medical Center (LJCMC) and LSU clinics throughout New Orleans have each received recognition status as Physician Practice Connections—Patient Centered Medical Homes (PPC-PCMH) by the National Committee for Quality Assurance (NCQA), heralding a superior quality of health care at LJCMC and Interim LSU Public Hospital.

“This recognition exemplifies the effort that LSU is making to provide quality health care throughout Louisiana,” said Dr. Fred Cerise, LSU System Vice President for Health Affairs and Medical Education. “Coordinating care through medical homes is critical to improving the quality of care for our citizens.”

The LJCMC family practice, ambulatory care, and pediatrics outpatient clinics have met the rigorous NCQA requirements for LJCMC to receive this recognition. These points of care provide ongoing preventative and early intervention health care to patients and coordinate specialized care with LJCMC when patients require it.

“We continually improve services and implement new services all toward the goal of providing the best health care possible.”

The clinics in New Orleans are under the management of the Interim LSU Public Hospital. They are the New Orleans East Community Clinic (5501 Read Blvd.). Frederick Douglass Community Clinic in Bywater (3815 Burgundy St.), Martin Behrman (725 Vallette St.) and Murray Henderson (1911 Hendee Avenue) community clinics in Algiers, the Jackson Barracks Community Clinic (6460 N. Claiborne Avenue) in the Ninth Ward, the LSU Medicine Clinic (1450 Poydras), and the LSU HIV Outpatient Clinic (136 S. Roman St.), both downtown.

“We continually strive to deliver the best possible health care,” said Dr. Roxane Townsend, interim CEO of the hospital. “We evaluate

“The NCQA recognizes providers who adhere to evidence-based best practices in patient care,” said Rhonda Green, LJCMC Hospital Administrator.

our services according to established best practices to ensure that residents of the Greater New Orleans area receive superior health care in our ambulatory clinics.”

The NCQA standards for receiving this recognition are aligned with the joint principles of the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA), which define the key characteristics of the patient-centered medical home.

NCQA worked closely with the four medical specialty organizations and other interested stakeholders to develop the PPC-PCMH, and the specialty societies have supported the standards as the tools to use to recognize practices as medical homes in demonstration projects around the country.

The medical home strengthens the patient-physician relationship by replacing episodic care with coordinated care and a long-term healing relationship. The AAFP, AAP, ACP, and AOA have defined the medical home as a model of care

in which each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician-led care team

is responsible for providing all the patient’s health care needs and, when needed, coordinating care across the health care system.

PPC-PCMH includes nine standards for medical practices to meet, including use of patient self-management support, care coordination, evidence-based guidelines for chronic conditions, and performance reporting and improvement.



Dr. Campbell Named to 2008 Who's Who in Infection Prevention



Dr. Walter Campbell, MD

INDEPENDENCE— *Infection Control Today*, a health-care journal for infectious disease professionals, named Dr. Walter Campbell, Jr., to *Who's Who in Infection Prevention for 2008*.

Dr. Campbell is one of only eighteen practitioners selected for this award from nationwide nominations submitted by their infection control peers. Dr. Campbell directs the Bogalusa Medical Center (BMC) and Lallie Kemp Regional Medical Center (LKRMC) infection control programs, where he primarily treats patients with HIV/AIDS and hepatitis C.

He has been instrumental in the implementation at LKRMC of the new OraQuick rapid HIV testing protocol that is now being offered to all LKRMC emergency-room patients. This test, administered by swabbing the inside of the patient's mouth, yields results in as little as 20 to 30 minutes. Getting the results quicker means patients know their status almost immediately and can begin treatment sooner, which will help to slow the spread of this disease.

Although Dr. Campbell's patient load averages approximate-

ly 200 HIV/AIDS patients and 80 hepatitis C patients monthly, he still manages to take time to explain to patients the diseases and the impact of the diseases on the patients and to educate the patients on disease management.

"He is the kind of doctor who will spend an hour with you if necessary to diagnose, talk, encourage or just plain let you gripe," says La'Nette T. Morris, LPN II, who nominated Dr. Campbell along with colleague Joanne Hamm, administrative assistant. "His compassion with the HIV/AIDS patients he works with is amazing. He works at two different hospitals, taking call duty, doing all critical labs on his patients, being at the clinics two days a week, and in general, just being the doctor everyone adores!"

In Tangipahoa parish, 224 persons are living with HIV/AIDS. In Region IX, which encompasses Livingston, St. Helena, St. Tammany, Tangipahoa and Washington parishes, 860 persons are living with HIV/AIDS, according to the Loui-

siana Office of Public Health.

"Patients with HIV/AIDS or other illnesses who come to our facility for services are treated with the best quality healthcare available regardless of their ability to pay or not," said Dr. Kathleen Willis, LKRMC medical director. "Having a dedicated physician like Dr. Campbell on our team is an invaluable asset to our facility and to the LSU Health System as a whole."

Dr. Campbell holds a Bachelor of Science degree in Biology from Florida A&M University and a Medical Doctorate degree from the University of Florida – College of Medicine. He completed both his internal medicine residency and his infectious diseases fellowship at Tulane University School of Medicine in New Orleans. A member of the Southern Medical Association, he is certified by the American Board of Internal Medicine.

For more information on HIV/AIDS services at BMC call (985) 730-2228 or at LKRMC (985)878-1681.



Another HCSD class has graduated from the Advisory Board Academy Fellowship. This time the class received training in Scottsdale, Arizona. The following graduated on December 16th: Jane Herwehe, project/special studies coordinator, HCSD HQ (left to right); Gail Gibson, director of maternal and child and medical surgical services, Interim LSU Public Hospital; Elizabeth Callais, chief financial officer, Leonard J. Chabert Medical Center; and Kevin Brady, assistant human resources administrator, HCSD HQ.

Gibson Receives Henning Award

BATON ROUGE— Gail Gibson, RN, MN, CPM, received the highest award the American Academy of Certified Public Managers (AACPM) presents to a fellow of the academy, the 2008 Henning Award, for exemplifying the AACPM vision of world-class leadership and public sector management during and in the aftermath of

Hurricane Katrina.

She is the director of maternal and child and medical surgical services for the Interim LSU Public Hospital.

After the hurricane, when she and her staff were stranded by the flood, they cared for twenty babies and twenty-five women, a few of whom would soon be due.

Gibson led her staff in the care of their patients even though many did not know the fates of their own families and homes. At one point, her nurses boarded rowboats, with babies in their arms, while ventilating the sickest by hand bagging, a technique for manually forcing air into the lungs. "Our greatest concern was maintaining the health and well being of babies and mothers," she said.

She and her staff did not lose a mother or baby during the ordeal or the transport out of the hospital five days after the storm though some moms and babies were sick and five babies were born. On their last night in the hospital, the staff successfully

delivered a twenty-three-week-old preemie using lights and medical equipment run by portable generators.

Gibson worked with hospital administrators to plan and implement the evacuation of not only the maternal child division but the entire hospital complex. She was one of the last to leave.

The award also recognizes her overall career accomplishment, leadership, and service to the academy, profession, and community. Members of the AACPM Henning award selection committee were unanimous in their scoring and ranking of Gibson's remarkable contributions. She earned the CPM credential in 1994 and in 2004 received the Charles E. Dunbar Career Civil Service Award, Louisiana's highest award for career public service.

She has served as the AACPM Louisiana Society as president elect, president, and past president, and has represented Louisiana in the academy's House of Delegates since 2005. Even in the aftermath of Katrina, Gibson demonstrated exemplary dedication to the Louisiana Society conducting society meetings by speakerphone and video conference, using every means possible to lead the society after the catastrophe and during rebuilding.

She earned her bachelor and master's degrees in nursing from LSU Medical Center and has been on the hospital staff since 1986.

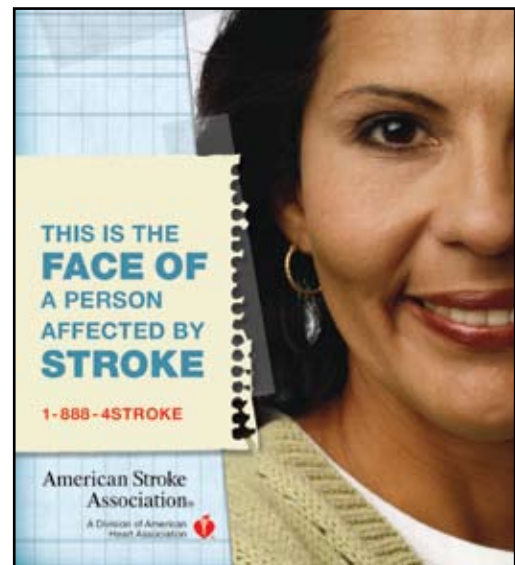


Presenting the Henning award to Gail Gibson, RN, MN, CPM (right), is Barbara C. Pepper, CPM, Mississippi Member at Large.



Construction begins on the EKLHC MHERE.

Many institutions are involved in the development of the EKLHC Mental Health Emergency Room Extension (MHERE) and were represented at the MHERE groundbreaking. With shovels in hand are Rubby Douglas, Capital Area Human Services District (CAHSD) director of emergency preparedness (left to right); Glen Plaisance, director of Social Services, Our Lady of the Lake; Dr. Francine Morrison, CAHSD psychiatrist; Dr. Robert Blanche, psychiatrist, Baton Rouge General; Sgt. Otis Nacoste, Baton Rouge Police Department; Dr. Jan Kasofsky, CAHSD executive director; Laura Broadhurst, EKLHC acting chief operating officer; Stacie Zerangue, CAHSD Adult Mobile Team; Karen Pino, CAHSD housing coordinator; and Darryl Embrey, ThomCo pre-construction manager.



EKLMC and UMC Receive National Award for Outstanding Patient Satisfaction

BATON ROUGE—Earl K. Long Medical Center (EKLMC) and University Medical Center (UMC) have each received the 2009 Outstanding Patient Experience Award from HealthGrades, the nation's leading independent healthcare ratings organization, for ranking in the top 15 percent nationally for exemplary service to patients.



University Medical Center

In fact, both far exceeded the top 15 percent. The percentile ranking for EKLMC was 3.32 and for UMC 3.71, placing both among the top four percent in the nation.

“Patient-centered care is always foremost both in our philosophy and in our daily practice of health care,” said Dr. Kathy Viator, EKLMC hospital administrator. “This day-to-day delivery of quality health care translates into patients who are highly satisfied with their experience at our hospital.”

The ratings are based on patient satisfaction results from The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey that hospital patients provided as part of a new federal initiative to increase public reporting of hospital performance.

The survey includes 27 questions related to physician and nurse communication, responsiveness, hospital cleanliness and noise levels, medication information, and

postdischarge care instructions. It is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS is an initiative of the Centers for Medicare and Medicaid Services (CMS), part of the U.S. Department of Health and Human Services.

“UMC always strives to put patients first and foremost,” said Larry Dorsey, UMC hospital administrator. “Compassionate, patient-centered health care is an essential part of the delivery of quality health care.”

To identify the top-performing hospitals, Health-

Grades analyzed survey results for the 2,592 hospitals nationwide that participated in the HCAHPS program to determine which hospitals scored highest on the surveys. Hospitals had to meet bed size, survey response size, and clinical-quality thresholds in order to be rated. HealthGrades recognized 271 hospitals within the top 15 percent. Information on award recipients, the ratings methodology, and HealthGrades is available, free to the public, at <http://www.healthgrades.com>.

“This truly is a distinction generated by patients for patients,” said HealthGrades Executive Vice President Sarah Loughran. “HealthGrades Outstanding Patient Experience Award recognizes those hospitals that deliver a level of service most highly rated by patients.”

HealthGrades is providing this award to help consumers choose the best hospital for themselves and their loved ones. Patients want to



Earl K. Long Medical Center

know about hospitals' patient experience track records. A recent McKinsey study found that 41% of commercially insured patients consider patient experience measures to be an important factor in choosing a hospital.

In a survey of 868 HealthGrades.com visitors, 84% said that if a hospital received a HealthGrades Outstanding Patient Experience Award it would increase their interest in choosing that hospital.

Health Grades is the leading independent healthcare ratings organization, providing quality ratings, profiles and cost information on the nation's hospitals, physicians, nursing homes and prescription drugs. Millions of patients and many of the nation's largest employers, health plans and hospitals rely on HealthGrades' quality ratings, advisory services and decision-support resources.

The HealthGrades network of websites, including HealthGrades.com and WrongDiagnosis.com, is a top-ten health property, according to ComScore, and is the internet's leading destination for patients choosing providers.

1-800-QUIT-NOW

Dr. Crawford Receives High British Honor

BATON ROUGE—Dr. David Crawford, a first-year emergency medicine resident at Earl K. Long Medical Center, received from an unexpected visitor an unexpected honor for extraordinary service while Dr. Crawford was a lieutenant commander and physician in the U. S. Navy Medical Service Corps.

Commodore Steven Ramm of the Royal Navy traveled to EKLMC from Washington, D.C., where he serves as the British Naval Attache, to present the Commander In Chief's Fleet's Commendation to Dr. Crawford for providing care to an injured British sailor on March 20, 2007.

At the time, Dr. Crawford was serving at the ice camp supporting the submarine the USS Alexandria, operating under the polar ice cap north of Alaska, with the HMS Tireless, a British submarine.

That evening the HMS Tireless reported an explosion onboard and conducted an emergency surface seeking urgent medical care for an injured sailor.

"Lieutenant Commander Crawford unhesitatingly and knowingly put himself at risk in order to provide medical assistance to the HMS Tireless," Commodore Ramm said.

Dr. Crawford, the only medical officer at the ice camp, four U.S. civilians, and a Royal Navy petty officer headed out on four snowmobiles in near darkness, with the temperature at -28 degrees, for the three-mile trip to the sub.

Once at the sub, though the vessel's air was still unsafe, Dr. Crawford, wearing protective breathing gear, immediately sought access to the injured on board. Dr. Crawford and the onboard physician stabilized the injured sailor, but he needed more extensive



Dr. Chapman Lee, EKLMC medical director, and Larry Hollier, chancellor, LSU Health Sciences Center in New Orleans, to the left of Commodore Ramm, were on hand for the Commodore's presentation to Dr. Crawford. Dr. Cris Mandry, director of the EKLMC Department of Emergency Medicine, is to Dr. Crawford's left.

medical care.

Dr. Crawford and the patient traveled in a makeshift rigid inflatable boat adapted as a stretcher and towed behind a snowmobile for the 45 minute journey to a helicopter.

He then continued to monitor the patient aboard a helicopter flight made risky due to potential icing of the blades in the Arctic conditions.

Once reaching the Alaskan mainland, Dr. Crawford again transferred with the patient to a waiting U. S. aircraft, which flew directly to Elmendorf Air Force Base, where he and the patient transferred once more to an ambulance for the trip to a hospital. Dr. Crawford provided continuous support for the six-hour hazardous journey and numerous transfers. Once at the hospital, Dr. Crawford continued to oversee the treatment of the man, who made a full recovery.

"Lieutenant Commander Crawford displayed firm leadership coupled with a calm and professional manner throughout these proceed-

ings and was pivotal to providing the correct medical assistance in some of the most inhospitable conditions in the world," Commodore Ramm said. "For this exceptional professionalism and his willingness to take personal risks in order to assist UK casualties, he is fully deserving of the Commander-in-Chief Fleet's Commendation."



Forum from, page 1

active, clinic- and evidence-based health care with electronic information management and coordinated teams of providers. Key to this shift is the increased “systemness” of the 10 LSU hospitals. Systemness standardizes and digitalizes information management, gains a better price with a single group purchasing agreement, standardizes measures of administrative and clinical performance, and standardizes care management with evidence-based guidelines for disease management and preventative health.

“A unique LSU result is keeping costs down per capita....”

Access is essential to reform. LSU hospitals are developing medical homes and fast-track clinic access, seeking NCQA certification and establishing evidence-based referrals with each other, managing patients with phone calls and chart checks, and using group appointments, nurse practitioners, certified physician assistants, and telemedicine to extend the umbrella of care, among other pursuits.

An assessment of access includes an assessment of quality. HCSD disease management, primary prevention, medication assistance programs, and computerized information management systems provide quality medical outcomes that continually improve.

A unique LSU result is keeping cost down per capita, with a group purchasing organization, product standardization, active formulary management and reduction in supply-driven care, futile care, and duplicate testing. LSU also keeps patients in the hospital only as long as necessary.

Good health care delivery reform improves medical outcomes and access to needed services and lowers the per capita cost for these services. “If you’re

not addressing better health care quality, you’re not addressing key health care reform,” Dr. Butler said.

Stopping Medical Homelessness: Academic Health Systems’ Role in the Medical Home

Dr. Atul Grover, assistant vice president and director of governmental



Lallie Kemp Regional Medical Center

relations for the Association of American Medical Colleges, pointed out the value of academic medical centers providing medical homes and reinforced the use of pursuits that LSU is already engaged in, such as telemedicine for rural care and a patient-centered coordinated health care model.

When adults have a medical home, most always get needed care, and racial and ethnic differences in getting care are eliminated, he said.

He encouraged academic medical centers to move from provider-centered care to patient-centered care, much as the LSU Health Care Effectiveness Program does, focusing on individuals, not just on the labels of their diseases.

Delivering 20 to 25 percent of health care in the nation, academic medical centers are most prepared to provide medical homes and can focus on them in their teaching programs, aligning residency training with this model.

Dr. Grover cited the results of the Educational Innovations Project (EIP) whose objectives included directing residency training programs toward advancing high-quality patient centered care and competency-based

training, developing teaching tools for broad use in teaching programs, and improving training so that it better meets residents’ professional needs and career goals. Twenty-one training programs participated in the EIP. The University of Cincinnati reported that its participation resulted in an 18.9% increase in patient contacts with primary physicians; a 41.5% increase in patient contacts with residents; a reduced rate of ED visits per patient in the practice, especially for patients treated in the ED and released; and tremendous resident-specific gains in the Press-Ganey Satisfaction data—results approach that of the faculty.

Duke University sends medical teams into senior and community centers to see what people need. Its medical home has improved outcomes for clinic patients, and has gone beyond the clinic, training health professionals in community engagement. Duke has engaged in “a fundamental rethinking about how care can be delivered,” he said, and has “a continued emphasis on team, community, and outcomes-based education.”

The FAST Clinic

Access is key to the success of the medical home. Connie Liuzza, RN, director of quality management at Lallie Kemp Regional Medical Center, proposed a clinical redesign for the primary clinic and devised a Fast Access Scheduling Template (FAST) to change the way patients were scheduled to decrease duplicate appointments and the wait time for appointments and to allow flexibility in scheduling.

The plan also was to change the way staff and space for each practitioner were managed, develop more personalized atmosphere for patients and staff akin to a medical home, and develop methodol-

See Forum, next page

Forum, from page 9

ogy for quick response to needs.

“Patients don’t remember appointments two to three months in advance,” Dr. Kathy Willis, LKPMC medical director, said. Patients now call a dedicated phone number for scheduling appointments two weeks before they’re due to see the doctor.

FAST makes it easier for patients to schedule follow-up appointments and provides access for unplanned medical issues. “The patient wasn’t just given an appointment, they were given the next available appointment and asked if it was ok,” Liuzza said. If it wasn’t, the scheduling clerk would continue to provide available appointments until one was good for the patient.

Now, instead of calls going to a phone bank resulting in a folder full of messages for physicians to sort through, calls go to a dedicated line, and a clerk and nurse immediately “triage” the call, decreasing the number of repeat chart pulls.

The FAST project allows for same-day or next-day urgent appointments and the recent addition of a second practitioner ensures access.

Results indicated that one practitioner could see 16 more patients per week or 64 more patients per month or have 768 more patient visits per year. “This is five weeks’ worth of patients,” Dr. Willis said.

The Surgery Prepare Center

W.O. Moss Regional Medical Center created its Prepare Center after to a multidisciplinary committee formed to pursue a solution to surgical cancellations with a threefold goal: to increase customer satisfaction by providing multiple services in one area and reducing appointments; to reduce the number of surgical cancellations due to incomplete work-ups or

abnormal diagnostic results; and to ensure that the appropriate physician is immediately notified in the event of abnormal or critical diagnostic results.

“We had to identify multiple issues to fix the problems,” said Dawn Hinton, RN supervisor. “Patients were disgruntled because of multiple workups and surgeries being cancelled the same day of surgery.”

Now, at the Prepare Center, a one-stop pre-op shop, a registered nurse guides the patient through



Dr. Walter O. Moss Regional Medical Center

the preadmission interview and pre- and post-operative education and escorts the patient to the admitting department for pre-admission and screening. “Physicians and appropriate departments are notified of abnormal or critical values the same day as diagnostic results in order to provide adequate time for surgical clearance or cancellation of procedure,” Hinton said.

Since the Prepare Center opened in May 2008, WOMRMC has had no same-day cancellations due to incomplete pre-operative workups or abnormal diagnostic results, and patient, physician, and staff satisfaction has increased.

Assessing Equity in Access to Healthcare and Quality of Care

To assess equity in access to health care and quality of care, HCSD is pursuing a “much broader agenda” than leading measure sets, which are inadequate to encourage transformational change in health care, said Dr. Ron Horswell, HCSD director of statistical services.

The HCSD analytic strategy is threefold, he said: to set the standard for comprehensive, theory-based measurement, to enhance the ability of HCSD to identify possible areas of improvement, and to use the potential of a provider system to achieve improvement.

We’ve accomplished quite a bit,” he said. “We’re moving to an increasingly more valid measurement scheme,” and illustrated how HCSD has expanded its set of measures and added disease management programs in its goal toward a more comprehensive measurement.

“We have been assessing screening levels for breast cancer, cervical cancer, and prostate cancer,” he said. “We need to add assessment of screening for colorectal cancer and examine post-diagnosis issues, such as tumor stage at diagnosis, time to treatment, treatment options, follow-up screening, and survival time.”

Medical homes present another area of examination. “Improving medical-home access may reduce ED visits,” he said. Access to specialty care and to medications are also paramount for successful medical homes.

The Expanding Role of Computerized Clinical Information Systems at HCSD

Though medical informatics first emerged 35 years ago, it is closer to the beginning than the end, and its effectiveness depends on how it is used, said Dr. Wayne Wilbright, HCSD chief information officer.

“Medical informatics is no more about computers than surgery is about instruments or cardiology is about stethoscopes,” he said. “We undervalue what we achieve if we see information as simply making records electronic.”

Medical informatics can directly affect patient safety and the qual-

See Forum, next page

ity of health care, providing the right information at the right time and in a useful form, unlike the prevalent paper record, which can hinder quality health care delivery.

“Up to 70 percent of adverse drug events are preventable,” Dr. Wilbright said. They increase the risk of death by two percent, increase hospital stay by two days, and cost hospitals nationwide about \$2 billion a year. “Preventable medical errors can be reduced with adequate systems.”

Built to meet the needs of physicians, the HCSD CLIQ medication management project is a major effort to optimize patient safety. CLIQ is the HCSD electronic patient information system. The medication management project makes available to providers the patient’s allergy and medication list, provides real-time interactive alerts, optimizes safety and efficiency in documenting home prescriptions, integrates CLIQ with other data for decision-making, and provides alerts on patient medical history.

The project pushes HCSD to the forefront of medical informatics. “HCSD is one of only 14 healthcare organizations using E-prescribing in the nation,” Dr. Wilbright said.

HCSD, DHH/OPH, and LaPHIE

The importance of the Louisiana Public Health Information Exchange (LaPHIE) is its real-time or near-time bidirectional, or back and forth, patient information exchange between HCSD and DHH Office of Public Health, Jane Herwehe, HCSD project manager, said.

LaPHIE electronically connects HCSD with OPH systems on surveillance and treatment. Since HCSD disease reporting to

OPH can be real or near time, OPH can send important information to health care providers at the point of care, and HCSD can send intervention information back to OPH.

LaPHIE is operational for persons with HIV and will soon include those with syphilis and tuberculosis, improving timeliness of disease reporting and access to care and treatment.

“If LSU can decrease the amount of time with patient identification, it can bring patients into care sooner and decrease mortality and impact of the disease and its transmission,” Herwehe said.



Medical informatics can make the problematic paper record obsolete.

LaPHIE can help locate persons with HIV when they seek care unrelated to HIV, said Beth Scalco, HIV/AIDS program director for the Office of Public Health.

LaPHIE will target those not in care, those who don’t have test results and are unaware of infection status, those who may have results but OPH indicates no monitoring or treatment, and exposed infants in need of follow-up. “Babies need a series of tests to confirm they truly are negative,” she said.

Created with input from HCSD and OPH clinicians and experts, LaPHIE interacts with CLIQ, informs users of recommended actions, and allows for the recording of actions taken.

Cancer Screening

Leonard J. Chabert Medical Center (LJCMC) has increased its one-year Pap, mammogram, and PSA screenings by 17, 27, and 6 percent, respectively. Hurricane Gustav caused a dip in the rates “though some Paps were done by flashlight,” said Dr. Brent Hemelt, LJCMC chief of obstetrics and gynecology.

The goal of the new cancer screening program was simple: increased screening rates. The method of increasing rates was novel: going to where the patients were.

“If a specialty clinic is the only place a person goes for a couple of years, then she could be missed,” Dr. Helmelt said.

Gynecology and primary care clinics traditionally refer patients for screening. “We determined that the greatest potential to improve cancer screening rates exists in the ER and nonprimary care clinics,” he said, so LJCMC formed a multidisciplinary cancer control committee.

The plan includes a cancer screening form with simple questions, prompting the nurse to ask if the patient has had a Pap smear, mammogram, or PSA screening in the last year. If the patient needs screening, the nurse initiates it. The emergency department, urology, surgery, orthopedics, and ophthalmology clinics participate in the screening.

The success of the program is due in part to the cooperation of providers not traditionally involved in screening and the development of new protocol for managing screening test results. “A team of nurses for cancer screening follows up and schedules extra tests if needed,” he said. The nurse with the Louisiana Breast and Cervical Health Program has also been essential for increased access for screening.

HCS D Recognizes Hospitals' Success at Annual Forum

BATON ROUGE—The LSU Health Care Services Division (HCS D) presented awards for quality health care to staff of its seven hospitals at the 12th annual Health Care Effectiveness Forum, entitled “Medical Homes and Academic Health Systems: Fostering Excellence in Health Outcomes in the LSU System.”

University Medical Center (UMC) Congestive Heart Failure Improvement Project received the TRRR AQSSS Award for the most distinguished program for its remarkable success in the treatment of patients with heart failure.

UMC assembled a multidisciplinary team to improve the care of patients with heart failure. The team approached the task on all fronts, identifying and addressing the complicating problems that can compromise patient care, such as other chronic diseases, substance abuse, and compliance issues.

The result of this comprehensive coordinated care was a decrease in the heart-failure readmission rate from 40% to approximately 10% percent, among other accomplishments, including a significant decrease in cost for care.

“UMC deserved the award for both their process and their outcomes,” said Dr. Michael Kaiser, HCS D chief medical officer, in recognition of the project’s accomplishments.

The TRRR AQSSS Award is given to a program that significantly improves any dimension of the core components of HCS D’s mission: teaching, revenue, research, access, quality, service, stakeholder satisfaction, or safety. The award recognizes an excellent collective effort or project, must be at or significantly associated with an HCS D facility, must be able to show measurable benefits and outcomes, and must be able to be replicated. The name of the award is the acronym of the items in the aforementioned



Annual Forum awards recognize achievement throughout HCS D.

series, and the award is given based on competitive applications submitted by the hospitals.

UMC also won first place for clinical excellence in diabetes care and first place for clinical excellence in renal care.

UMC won first place for most improved in diabetes care and first place for most improved in renal care.

UMC won second place for most improved in HIV care.

Bogalusa Medical Center (BMC) won first place for clinical excellence for care in the emergency department, second place for clinical excellence in asthma care, second place in clinical excellence for its tobacco cessation program and second place in clinical excellence for outpatient patient satisfaction.

BMC won second place for most improved in its care for asthma.

The Interim LSU Public Hospital won first place for most improved in congestive heart failure care, asthma care, and cancer screening.

It also won second place for most improved in its tobacco cessation program and tied for second place with Leonard J. Chabert Medical Center for clinical excellence in renal care.

Leonard J. Chabert Medical Center (LJCMC) won first place for clinical

excellence in HIV/AIDS care and first place for clinical excellence in cancer screening. It also won first place for most improved in HIV/AIDS care.

LJCMC won second place for clinical excellence in care for congestive heart failure and second place for clinical excellence in inpatient patient satisfaction.

LJCMC tied with Walter O. Moss Regional Medical Center (WOMRMC) for second place in clinical excellence in diabetes care and tied for second place with the Interim LSU Public Hospital for clinical excellence in renal care.

LJCMC won first place for most improved in HIV/AIDS care and second place for most improved in cancer screening.

Lallie Kemp Regional Medical Center (LKRMC) won first place for clinical excellence in its tobacco cessation program and first place for clinical excellence in outpatient patient satisfaction.

LKRMC tied with WOMRMC for first place in clinical excellence for inpatient patient satisfaction.

LKRMC won second place for clinical excellence for care in its emergency department and tied with WOMRMC for second place for clinical excellence in cancer screening.

EKLMC won first place for clinical excellence in asthma care and first place for most improved for its tobacco cessation program.

EKLMC won second place for most improved for care of congestive heart failure, second place for most improved in its care for patients with diabetes, and second place for most improved in its care for patients with renal disease.

Besides the aforementioned ties, WOMRMC received first place for clinical excellence for care for congestive heart failure and second place for clinical excellence for HIV care.

open for all to peruse.

Clinical excellence and clinical improvement awards reward the effort of a team in a particular area, and though hospitals in HCSD vie for the award, their outcomes are also continually measured against others outside of HCSD and fare quite well, with or without HCSD awards.

Like Olympic gold medals, forum CEO and CMO awards recognize individual achievement, but unlike the Olympics, the competition is not specific to a highly structured event that remains the same for decades. The CEO and CMO awards honor those whose contributions aren't measured against conventional yardsticks, but whose efforts in ordinary or extraordinary circumstances, such as the launching of a new program or the approach of a hurricane or its aftermath, have gone well beyond the call of duty.

Since the season never ends, no one calls it a day after hospitals receive forum awards. Patients continue to arrive. Awards for inpatient and outpatient patient satisfaction indicate patients recognize that hospitals are delivering superior service, and patients have no reason to believe this delivery will falter. These awards recognize the quality of services throughout the hospital and clearly indicate what HCSD promotes—all are responsible, directly or indirectly, for the patient and the quality of care the patient receives.

Sincerely,



Michael Butler, MD, MHA, CPE

**Spring HCE/DM Quarterly Meeting
Tuesday, April 14, 2009**

Fontenot Receives CEO Award Broussard & Daigrepoint CMO Awards

Dr. Cathi Fontenot, formerly interim CEO and medical director of the Interim LSU Public Hospital, received the HCSD Chief Executive Officer Award for her efforts in the recovery of LSU medical services in the New Orleans area after hurricanes Katrina and Rita and for her service throughout her career.



Dr. Cathi Fontenot

"She provided a source of stability during a turbulent time and good counsel and advice," said Dr. Michael K. Butler, HCSD CEO. "She always had the best interests of the patient in mind."

Mary Broussard, RN, MSN, UMC director of nursing, received the Chief Medical Officer Award for her work with the evacuation of HCSD behavioral health patients because of Hurricane Gustav. "She did a terrific job," Dr. Michael Kaiser, HCSD chief medical officer, said of her performance during the emergency.



Mary Broussard

He also praised her work on the HCSD medical home committee and state Medicaid reform committee. "Mary's a good vocal advocate for looking at the system and keeping patient care in mind," he said.

Nathan Daigrepoint, HCSD clinical projects director, received the Chief Medical Officer Award for his work on two HCSD improvement projects—QualEd, a comprehensive initiative for HCSD hospitals to assess and optimize all systems and processes in the management and delivery of emergency care, and LabTracker, a clinical data management and reporting system for LSU infectious disease clinics, which permits care providers to view in a single application essential patient information, such as lab data, medication interactions, diagnoses, and more, for managing chronically ill patients.



Nathan Daigrepoint

Daigrepoint's value to HCSD on these and other projects cannot be overstated. "After hurricanes Katrina and Rita, we needed a project manager for the LSU/VA project in New Orleans, and Nathan stepped in and did a spectacular job," said Dr. Kaiser.

The LSU Health Care Services Division operates seven of the state of Louisiana's public hospitals:

Bogalusa Medical Center
Bogalusa, La.

Earl K. Long Medical Center
Baton Rouge, La.

Lallie Kemp Regional Medical Center
Independence, La.

Leonard J. Chabert Medical Center
Houma, La.

Interim LSU Public Hospital
New Orleans, La.

University Medical Center
Lafayette, La.

Dr. W.O. Moss Regional Medical Center
Lake Charles, La.

LSU Health Care Services Division
P. O. Box 91308
Baton Rouge, LA 70821-1308

ph. 225.922.0488
fx. 225.922.2259

Michael K. Butler, MD, CPE, MHA
Acting CEO

Editor.....Marvin McGraw
Editor.....Michael Higgins
Design.....Shawn M. Taylor
Design.....Stephanie Aymond

lsuhospitals.org