

**Louisiana State University Health System
Health Care Services Division**

Divisional Strategic Plan

FY 2011-2012 THROUGH 2015-2016

Louisiana State University Health System Health Care Services Division

Strategic Plan

2011-2012 through 2015- 2016

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HEALTH CARE SERVICES DIVISION**

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Introduction

In accordance with the provisions of Act 3 of the 1997 Regular Session of the Louisiana Legislature, nine state acute care hospitals and the central office of what was then known as the Louisiana Health Care Authority were transferred to the management of the Louisiana State University Board of Supervisors (LSU BOS). The system was renamed the Health Care Services Division (HCSD). Per Act 3, the LSU Medical Center (LSUMC) assumed operational responsibility for the system on July 1, 1997, and an ambitious agenda for change was initiated. Act 1025 of 1999 changed the name LSUMC to LSU Health Sciences Center (LSUHSC). In July 2005, the LSU BOS delegated management responsibility of LSU HCSD directly to the LSU System President.

The HCSD is budgeted as one budget unit with the following campuses (aka programs):

Executive, Administrative and General Support Office Baton Rouge	Dr. Walter O. Moss Regional Medical Center Lake Charles	Medical Center of Louisiana at New Orleans New Orleans <u>(two campuses: University Hospital Campus and The Reverend Avery C. Alexander Charity Hospital Campus (latter campus closed since 8-29-05, with Hurricane Katrina)</u>
Earl K. Long Medical Center Baton Rouge	Lallie Kemp Regional Medical Center Independence	
University Medical Center Lafayette	Leonard J. Chabert Medical Center Houma	Bogalusa Medical Center Formerly Washington St. Tammany Medical Center, Bogalusa

The LSU Health System's HCSD no longer includes E. A. Conway Medical Center in Monroe, which was transferred to LSUHSC-Shreveport effective 7-1-03, by Act 872 of 2003, and Huey P. Long Medical Center, which was transferred to LSUHSC-Shreveport effective 7-1-07, by Act 220 of 2007.

This strategic plan update represents an editorial refinement and refocusing of the previous plan in light of the priorities of the LSU System. It does not reflect a fundamental change in goals or objectives for the hospitals. The LSU Health System anticipates initiation of a new cycle of strategic planning that will involve extensive coordination and leadership of staff in the medical centers and the Executive, Administrative and General Support Office. This revised Strategic Plan will be the starting point in that effort.

Mission Statement (Act 3 of 1997, as amended by Act 906 of 2003)

On behalf of all the citizens of Louisiana, the LSU Health Care Services Division shall:

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

Vision and Philosophy

- The vision of the LSU Health System's Health Care Services Division is to establish and maintain the HCSD hospitals ensuring quality outcomes while simultaneously fulfilling the historic roles of serving all patients regardless of their ability to pay, and providing training sites for all of the health professions.

The philosophy of the LSU Health System's Health Care Services Division can be summed up in its core values, which include: Transparency, Accountability, Efficiency, Respect, Quality, Teamwork, Equitability, and Rationale, data-driven, evidence based care and decision-making.

Principal Clients and Services

The principal clients and stakeholders of the LSU HCSD system and its facilities and the services provided to them include:

All citizens of Louisiana regardless of their ability to pay, who are in need of primary, secondary, or tertiary medical care services, and may benefit highly from the provision of services by skilled health care professionals trained in the hospital system.

The Louisiana legislature and government officials who represent the citizens of Louisiana and hold LSU accountable to help meet the medical needs of the citizenry while always emphasizing effective and efficient stewardship of public resources.

The medical and health professional training schools who also are clients since the LSU hospitals and clinics serve as the classroom for students who will become highly qualified professionals.

Employees of the LSU Health System's HCSD system who are provided gainful employment opportunities for educational and personal development and a safe environment in which to work and whom demonstrate their willingness to serve, which is our greatest asset in continuously improving this system.

Other health care providers, community leaders, and organizations -- public and private -- who are provided assistance where requested and are encouraged to partner with the LSU Health System's HCSD to improve the health status of the communities.

External Impediments

The ability to achieve the goals and objectives outlined in this plan in the next five years may be changed by a number of factors over which the Division has no control. These include but are not limited to:

- 1) Funding levels – Funding is provided for care of only a third to a half of Louisiana's uninsured population, despite a mandate to provide access to all. Fluctuations in Medicaid and direct state funding for indigent care are dependent on many factors that cannot be controlled. It is likely that there will be an expansion of insurance benefits for indigent children, which may mean an increase in insurance revenues or the loss of some of these clients to the private sector.

There may also be changes in federal support for graduate medical education (GME) which could result in fewer residents, shorter work hours for residents, increased pay for residents and a greater need for ancillary services support. Funding is NOT provided through DSH for the payment of physicians (except those involved in GME), but physicians are critical to providing most care. Dollars available to support care of the uninsured are sometimes diverted to other providers.

- 2) Changes in the health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by Hurricanes Katrina and Rita which struck in 2005 and still continue in some areas and within some disciplines, and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- 3) Potential changes in the health care arena as a result of federal Health Care Reform, for which it is too soon to assess impact, and in the state Medicaid program involving a higher degree of care coordination.
- 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, it 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 perception of the medical care provided by LSU HCSD medical centers.
- 6) The region’s perception of health care provided in the LSU System’s HCSD medical centers. Although this may be influenced by continual improvements in services provided in the HCSD medical centers and by efforts to communicate to the community the high quality health care the medical centers provide in the state, as well as by LSU’s efforts to present the positive evidence on how it’s medical centers benchmark against other like institutions in the nation, there is still a long-standing perception of “charity” hospital services as second rate and even a belief among some they should be, at least minimal.
- 7) Changes in the population – demographic changes in a post-hurricane Katrina environment, and other population changes, including an aging population which means an increase in the number of chronic disease cases.

Avoidance of Duplication of Effort

Given the geographical distance between LSU hospitals and the shortage of resources to provide health care to the indigent and uninsured, duplication of effort generally is not a problem within the LSU Health System’s HCSD system. In addition, the ongoing collaboration between leadership in key administrative areas from facilities across the state and initiation of standardization in operational practices all contribute to lessen duplication of effort.

Within the overall state system of services for Louisiana’s population, within the Department of Health and Hospitals, the Office of Public Health (OPH) and the Office of Mental Health (OMH) provide services for which the LSU Health System’s HCSD 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. OMH has expertise in and the responsibility for the treatment of the acutely and chronically mentally ill and the HCSD provides short-term hospitalization for the acutely mentally ill patient. HCSD is working on an ongoing basis with these offices and the entire Department of Health and Hospitals to coordinate and integrate efforts in providing care for the benefit of the citizens of Louisiana.

Outside of the state system, the LSU Health System's HCSD is working to enhance and expand the network of providers in the community. The Division is making special efforts to establish partnerships and networks with rural hospitals, community health centers, rural providers, and other essential community providers whose service mission is closely akin to the Division's, in order to coordinate and enhance health care provision in under-served areas of the state, and to optimize training opportunities for our health care professional students.

LSU Health System – HCSD - PROGRAM GOALS AND OBJECTIVES

Goal 1 **Operate hospitals that 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 in each facility, comparable to or better than peer facilities and national averages

Objective 1.3. Ensure that all HCSD facilities remain accredited by the respective health care accrediting bodies, and meet 100% of the standards of the life safety code for healthcare organizations.

Goal 2 **Operate programs (in both inpatient and outpatient settings) to enhance timely access to care by the population in need.**

Objective 2.1. Continue system-wide chronic care and disease management initiatives to improve outcomes for patients with designated conditions (including: diabetes, asthma, cancer, congestive heart failure, HIV, cardiopulmonary, tobacco addiction, chronic kidney disease, and hypertension), achieving benchmark performance results that place the LSU Health System's HCSD medical centers in the top quartile when compared to national standards.

Objective 2.2. Operate a program to secure free outpatient medications through drug manufacturers' Indigent Medication Assistance programs, while charging qualifying patients only a dispensing fee.

Objective 2.3. Operate a Patient Advocacy program to provide effective ombudsman services to patients in helping them to secure appropriate care in a person centered manner.

Objective 2.4. Operate appropriate primary care clinics consistent with a Medical Home Model, assigning as many patients as feasible to specific physicians and physician groups and providing patient education to encourage appropriate utilization of

hospital services.

Goal 3 Efficiently operates hospitals 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.

Goal 4. Provide opportunities for training in the medical, nursing and other health professional areas in the HCSD operated hospitals and outpatient clinics, as appropriate. .

Objective 4.1. Maintain residency slots in HCSD hospitals involved in Graduate Medical Education and support rotations in the hospitals

Objective 4.2. Enter into agreements with schools of nursing and provide opportunities for nursing students to train in the hospitals

Objective 4.3. Enter into agreements with schools of allied health and other health professional training programs to provide opportunities for training in the hospitals

Goal 1 Operate hospitals that 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)
<i>To operate hospitals such that industry-standard performance benchmarks are met.</i>		Operate hospital inpatient, clinic, emergency and support services.	Ongoing	LSU Health System leadership, Hospital administration and leadership, including CEO, Medical Director, Chief Nurse Officer, Chief financial Officer, and Department heads, educational and clinical staff, support staff
Input	Output	Outcome	Efficiency	Quality
Number of staffed beds	Number of admissions	ALOS Adult and Pediatric	Inpatient occupancy rate	Accredited facility
Capacity of ED	Number of patient days	ALOS Psychiatric	Cost per adjusted patient day	AMI: High rate of aspirin on arrival
Number of clinic hours Available	Number of ED visits	Admissions from ED	FTEs per adjusted occupied bed	Heart Failure: High rate of Ace Inhibitor
Available patient hotline hours	Number of clinic visits	ED patients left without being seen		Pneumonia: High rate of use of appropriate antibiotic
	Number of calls to patient hotline	Clinic no-show rate		

Goal 1 Operate hospitals that 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)
<i>Maintain a high level of patient satisfaction</i>	Operate a system of monitoring patient satisfaction through patient surveys	Continuous	LSU Health System Leadership, Chief Patient Advocate, Patient Advocacy staff, Hospital Administrators

Input	Output	Outcome	Efficiency	Quality
Lead Patient Advocate Coordinator	Statistical results of patient satisfaction surveys	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
Patient Advocate Coordinator in each LSU-HCSD facility	Identification of areas of satisfaction and dissatisfaction among patients			Reduction in patient complaints and grievances

Goal 2

Operate programs to enhance timely access to care by the population in need.

Objective 2.1	Tasks	Time Line	Responsible Party (ies)	
<p><i>Continue system-wide chronic care and disease management initiatives to improve outcomes for patients with chronic conditions (including diabetes, asthma, cancer, congestive heart failure, HIV, cardiopulmonary, tobacco addiction, chronic kidney disease, and hypertension), achieving benchmark performance results that place the HCSD medical centers in the top quartile when compared to national standards.</i></p>	<p>Continue monitoring and measurement of the effectiveness of the disease management programs and continue publication of results.</p> <p>Continue regular meetings of the Health Care Effectiveness Team and quarterly statewide meetings</p>	<p>Ongoing</p>	<p>For all tasks: LSU Health System Leadership Health Care Effectiveness (HCE) Team, System Disease-Specific Team Leader, Hospital Disease Teams, IS staff, Medical Directors, HCSD System Quality Council</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 HCSD 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>Reduction in the number of emergency department visits among targeted groups of patients who are enrolled in disease management programs</p> <p>Reduction in the number of hospitalizations among targeted groups of patients</p>	<p>Percentage reduction in the number of emergency department visits among targeted groups of patients who are enrolled in disease management programs</p> <p>Percentage reduction in the number of hospitalizations among targeted groups of patients</p>	<p>Patient satisfaction.</p> <p>Improvement in key health outcome measures</p>

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

Objective 2.2	Tasks	Time Line	Responsible Party (ies)
<i>Provide outpatient medications, at the cost of a processing fee only, through drug manufacturers' Indigent Medication Assistance programs. .</i>	<p>Operate a program through outpatient pharmacies to leverage free medications obtained through Indigent Medication Assistance programs for indigent outpatients who have no coverage for pharmaceuticals</p> <p>Maintain enrollment in the Public Health Service (aka 340B) Drug Discount Program</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>LSU Health System Leadership, HCE Team, HCSD Pharmacy Directors, Social Workers in HCSD Medical Centers</p>

Input	Output	Outcome	Efficiency	Quality
<p>Eligibility Determination Workers in each HCSD Medical Center</p> <p>Outpatient Pharmacy Staff</p> <p>Software</p> <p>Patients assisted in enrolling in manufacturers' Indigent Medication Assistance programs</p>	<p># of prescriptions filled by Drug Manufacturers' Indigent Medication Assistance Programs</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 programs to enhance timely access to care by the population in need.

Objective 2.3	Tasks	Time Line	Responsible Party (ies)
<p><i>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 HCSD facility that may offer the appropriate services</i></p>	<p>Investigate patient complaints and issues of access which come to the attention of the hospitals.</p> <p>Maintain a statewide system for referral of patients to LSU Health System facilities and for coordination with other providers in each region.</p> <p>Maintain the Patient Help Line (1-877-578-8255 or 1-877-LSU-TALK) to provide LSU Health System HCSD patients and their families with 24-hour telephone access to health care professionals and health information on a statewide basis.</p>	<p>Ongoing</p>	<p>Patient Advocacy staff, Hospital Administrators, Other HCSD and hospital staff</p>

Input	Output	Outcome	Efficiency	Quality
<p>HCSD Patient Advocate Coordinator</p> <p>Patient Advocate Coordinator in each LSU Health System-HCSD Medical Center</p> <p>Patients and other individuals who raise issues regarding access to appropriate services for individual patients</p>	<p>Patient Advocacy system consisting of:</p> <ul style="list-style-type: none"> • a community referral component; • a Patient Help Line (1-800 number to provide patients with 24 hour access to health care professionals and health information); • effective patient problem resolution processes 	<p>Patients who receive appropriate care</p> <p>Patient satisfaction among those receiving Patient Advocacy services</p>	<p>Timely resolution of patient care and constituency needs</p>	<p>Patient satisfaction.</p> <p>Reduced complaints and grievances</p>

Goal 2 Operate programs to enhance timely access to care by the population in need

Objective 2.4	Tasks	Time Line	Responsible Party (ies)
<i>Operate appropriate primary care clinics consistent with a Medical Home Model, assigning as many patients as feasible to specific physicians and physician groups and providing patient education to encourage appropriate utilization of hospital services.</i>	Implementation of a “medical home” system in which patients are assigned to a specific physician or physician group responsible for their primary care	Ongoing	LSU Health System Leadership, Medical Home Executive Committee; Medical Home project participants at each facility; Facility administrators and medical staff

Input	Output	Outcome	Efficiency	Quality
Patients who utilize LSU Health System HCSD facilities for primary care	<p>Formal linkages between patients and particular physicians or physician groups</p> <p>Management of patient care according to Medical Home protocols</p>	<p>Increase in timely, ongoing patient care and decrease in episodic care</p> <p>Decreased use of ER and increased use of clinics</p>	Reduction in the incidence of expensive emergency and other care for those assigned to medical homes	Increase in ability to provide the right care in the right place at the right time

Goal 3 Operate hospitals 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)
<i>Build system level infrastructure to efficiently and successfully collect revenues owed to the LSU Health System HCSD Hospitals from third party payers</i>	Continue implementation of the Central Billing Office (CBO) and related process improvements intended to increase the rate of revenue collection	Ongoing	LSU Health System Assistant VP for Health System and CFO, CBO, facility CFOs, and patient accounting departments

Input	Output	Outcome	Efficiency	Quality
Central Billing Office 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 payors 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 4. Provide opportunities for training in the medical, nursing and other health professional areas in the HCSD operated hospitals and outpatient clinics, as appropriate.

Objective 3.2	Tasks	Time Line	Responsible Party (ies)
<i>Maintain all residency slots allocated to the hospitals</i>	Meet all hospital requirements of the Residency Review Committees	Ongoing	LSU Health System Leadership, Facility administrators 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 in the HCSD operated hospitals and outpatient clinics, as appropriate.

Objective 3.2	Tasks	Time Line	Responsible Party (ies)
<i>Maintain facility agreements with schools of nursing and provide appropriate rotations within the hospitals</i>	Maintain agreements with schools of nursing Provide appropriate nursing student training opportunities within hospital inpatient and outpatient areas	Ongoing	LSU Health System Leadership - Facility administrators and nursing leadership

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 in the HCSD operated hospitals and outpatient clinics, as appropriate.

Objective 3.2	Tasks	Time Line	Responsible Party (ies)
<i>Maintain facility agreements with schools of allied health and other professional training programs and provide appropriate rotations and other training opportunities within the hospitals</i>	<p>Maintain agreements with schools of allied health and other professional training programs</p> <p>Provide appropriate allied health and other professional training opportunities within hospital inpatient and outpatient areas</p>	Ongoing	Facility administrators and nursing and department leadership

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	<p>Capacity to maximize the volume of health care services with resources available</p> <p>Training experiences provided for future community allied health and other health professionals</p>

Strategic Plan Process and Documentation

Program evaluation processes used to develop objectives and strategies

HCSO and each facility 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 at each facility to conduct operational reviews on a wide range of performance information. Review team members include the HCSO COO, Human Resources Director, Chief Medical Officer, Chief Financial Officer, and the facility administrator and other staff as deemed appropriate by the respective medical centers.

Each Review lasts half a day and 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 HCSO 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 a Health Care Improvement Report and a Hospital Clinical Effectiveness Profile, utilizing indicators from the HCSO Chronic Care and Disease Management program.

Nursing Review - Presentation of the Patient Care Issues Report and discussion of staffing issues, related to these issues.

Compliance/Regulatory Issues overview - Review of reports and topics required by JCAHO 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.

Disease Management Site Visits. In addition to the Quarterly Operational Reviews, a Disease Management Site Visit occurs approximately twice a year lasting a half day and is typically held in the afternoons following completion of the Operational Review meetings. A wide range of program and facility issues are discussed in detail.

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

Quality Management Committee - Each of the HCSO medical centers has established a Quality Management Committee, composed of its Quality Manager, a physician, a representative from nursing and hospital administration and representatives from other disciplines as appropriate. The purpose of the committee is to collect and aggregate data, analyze its significance, bring it to the appropriate committee of the hospital, and ascertain the need for changes in policies and procedures. Data is collected in areas including but not limited to: blood usage, medications usage, surgical case reviews, discrepancies in diagnoses pre and post operative, autopsy results and unplanned returns to surgery and unplanned admits to ICU.

Continuous Quality Improvement Team - Each facility also has established a Continuous Quality Improvement (CQI) team which is mandated by the Joint Commission on Accreditation of Health Care Organizations (JCAHO). The CQI team continually reviews and improves its processes of operation.

Health Care Effectiveness Team - The HCSO Health Care Effectiveness Team is a system-wide group charged to develop and oversee the Disease Management Program. The Team sets goals for evaluating performance within each disease/chronic care focus of the program using standardized indicators and data collected primarily from existing electronic sources. Common indicator definitions and data sets across the hospital system facilitate comparisons and benchmarking. Electronic data sources minimize the abstraction burden on hospital personnel working to collect and collate data.

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 of two (2) types: process and outcome.

Outcome (usually intermediate) **indicators** show the population's state of 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 data is primarily drawn from the Siemens' hospital information system and the SunQuest laboratory information system. Data is accumulated quarterly for system level evaluation and reporting. Data not available electronically is abstracted from the medical record. Random sampling based on a centrally provided list identifies records selected for abstraction.

Once the indicators are defined by the clinical experts, the collection and evaluation of data to support the measures are flowcharted to check the face validity of the indicators and the proposed collection process. Validity and reliability testing are then performed at one hospital (test site) for each disease management program to elucidate any problems requiring correction prior to introducing these measures across the entire hospital system. Electronic data elements are crosschecked against the medical record to ensure congruence.

The LSU Health System has also begun identifying and adopting Benchmarks (internally and nationally derived) in order to be able to demonstrate how our health facilities compare in relation to other similar health care institutions caring for populations with similar disease states. In response to this review, changes will be made over time to ensure LSU's ability to benchmark effectively.

In addition, the LSU Health System 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 administrators, medical directors, data coordinators and analysts, as well as DOA budget and planning staff, include the following items:

Total admissions - adult and pediatric, psychiatric, neonatal ICU, nursery

Total births

Total inpatient days - adults, pediatrics, psychiatric, neonatal ICU, nursery and ICU

Total staffed beds Total average daily census - nursery, adult and pediatric, psychiatric neonatal ICU

Total occupancy - nursery, adult and pediatric, psychiatric neonatal

Average length of stay - adult and pediatrics, nursery psychiatric neonatal ICU

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. Hospitals present 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 person and outcome of findings.

Timeframe of the Strategic Planning Process

In March 2004, HCSD initiated a strategic planning process with a series of meetings and discussions, resulting in the development of mission, vision and value statements and draft plans, including goals, objectives, and indicators; these were circulated for review and comment and finalized in June 2004. The Plans were subsequently reviewed in late summer 2007. The LSU Health System anticipates a new cycle of strategic planning will be initiated in FY 2011 for all of the hospitals under LSU.