

**Louisiana State University Health Sciences Center
Health Care Services Division**

Divisional Strategic Plan

FY 2005-2006 THROUGH 2009-2010

Louisiana State University Health Care Services Division

Strategic Plan

2005-2006 through 2009- 2010

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The Purpose of the LSU Health Sciences Center - Health Care Services Division

Introduction

In accordance with the provisions of Act 3 of the 1997 Regular Session of the Louisiana Legislature, the charity 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 Medical Center (LSUMC). The system was renamed the Health Care Services Division (HCSD) of the LSUMC. LSU Medical Center assumed responsibility for the State Charity Hospital system on July 1, 1997 and an ambitious agenda for change was initiated. In 1999, the name LSUMC was changed to LSU Health Sciences Center (LSUHSC HCSD) to more accurately reflect the medical education, research and health care services functions of the system.

As LSU HSC HCSD moves forward, we recognize the need to pause and reflect how our directions and priorities in the past have shaped the needs of our personnel and expectations of citizens across Louisiana. Change in environmental and financial forces is eminent; a proactive stance is necessary for survival rather than just for advantage. There is much less certainty from year to year as both census and revenues fluctuate. Program responsiveness, an essential element of our mission, is no longer automatic--it becomes a difficult choice among programs and activities. Societal needs and expectations, technological advances, demographic and economic change--all indicate an opportune time for LSUHSC HCSD to take stock, assess its current position and strengths and build for the future, while keeping in sight its mission and tradition of state service which has served LSUHSC HCSD and Louisiana so well.

In this process of creating our future, we as a division come together once again--to reaffirm a common sense of mission and foster an attitude of collaboration and shared responsibility in achieving that mission. Some of the programmatic and administrative projects undertaken are of short-term scope and concrete results can be identified. Many initiatives, however, address fundamental, long-standing challenges, and involve major projects that will require an ongoing commitment of resources to achieve the results that are needed. Strategic planning, is a process which is integral to the operation of the Division.

The HCSD includes:

Executive, Administrative and
General Support Office
Baton Rouge

E.A. Conway Medical Center
Monroe (transferred to LSUHSC-
Shreveport effective 7-1-03)

Earl K. Long Medical Center
Baton Rouge

Huey P. Long Medical Center
Pineville

University Medical Center
Lafayette

Dr. Walter O. Moss Regional Medical Center
Lake Charles

Lallie Kemp Regional Medical Center
Independence

Leonard J. Chabert Medical Center
Houma

Medical Center of Louisiana at New Orleans
New Orleans

Bogalusa Medical Center
Formerly Washington St. Tammany
Medical Center, Bogalusa

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The strategic plan update for the Health Care Services Division, has involved coordination of leadership of staff in the Medical Centers and the Executive, Administrative and General Support Offices. HCSD is committed to achieving the goals; objectives developed and is also committed to the continued planning and implementation processes which will guide further development. We acknowledge the efforts of hospital administrators, their strategic planning staffs and the Executive, Administrative and General Support Office staffs for their input and guidance during this process.

Mission Statement

On behalf of all the citizens of Louisiana, the LSU HSC 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 LSUHSC Health Care Services Division system is to establish and maintain the HCSD hospitals as Centers of Excellence for medical care and superior outcomes in population health improvement while simultaneously fulfilling the historic role of serving the indigent, uninsured and providing training sites for all health professionals.

The philosophy of LSUHSC - Health Care Services Division can be summed up in its core values, which include:

Respect	A high regard for the worth and dignity of the individual.
Quality	Excellence in service.
Integrity	Commitment to high personal standards.
Advocacy	Supporting the cause of those who lack resources for a reasonable quality of life.
Creativity	Inventiveness, flexibility and innovation.
Knowledge	Development through learning, teaching and research.
Partnership	Collaboration with other care providers and educational institutions.

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Principal Clients and Services

The principal clients and stakeholders of the LSUHSC HCSD system and the services provided to them include:

All citizens of Louisiana, who are benefited by highly skilled health care professionals trained in the hospital system and who are provided primary, acute care services without regard to ability to pay in the hospital system.

The Louisiana legislature and local officials, as representatives of the citizens of Louisiana who hold us accountable, to provide the highest quality, lowest cost health care and health professional training for the benefit of those citizens.

The medical and other health professional training schools who are also clients because the hospital system provides training to students who will become highly qualified professionals.

Employees of the LSUHSC HCSD system who are provided gainful employment, opportunities for educational and personal development and a safe environment in which to work. Their willingness is our greatest asset in continuously improving this system.

Other health care providers, public and private, who are provided assistance where requested and are encouraged to partner with LSUHSC 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:

- 1) Funding levels - 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 which could result in fewer residents, shorter work hours for residents, increased pay for residents and a greater need for ancillary services support.
- 2) Changes in the health care system - particularly changes related to managed care, skilled labor shortages and rapid changes in medical technology which require greater attention to capital acquisition needs/use/costs.
- 3) Changes in the economy of the state - if more individuals are employed and insured, it could mean more insured patients or fewer patients, depending on the patient's access to other medical care and the perception of the medical care provided at LSUHSC HCSD medical centers.

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- 4) The region's perception of health care provided in the HCSD medical centers. Although this may be influenced by continual improvements in provision of services 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, 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.
- 5) Changes in the population - the population is aging which means an increase in the number of chronic disease cases.

Avoidance of Duplication of Effort

Given the geographical distance and separation in catchment areas between hospitals and the shortage of resources to provide health care to the indigent and uninsured, duplication of effort is not a problem within the LSUHSC HCSD system.

Within the state system, the Office of Public Health (OPH) and the Office of Mental Health (OMH) provide services and all the agencies involved have worked together to coordinate and integrate with those provided by the Division. These services are complementary, as in OPH there is an expertise on community and preventive education and HCSD has its expertise in the array of treatment functions. OMH has its expertise and the responsibility for the treatment of the acutely and chronically mentally ill patients and the HCSD provides hospitalization for the short-term acutely mentally ill patients. 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 HCSD is working to continuously improve the network of providers in the community. The Division is making special efforts to establish partnerships and networks with rural hospitals, community health centers, and rural providers in order to enhance health care provision in under-served areas of the State.

SYSTEM GOALS AND OBJECTIVES

Goal 1. Teaching. Provide an adequate infrastructure and supportive environment for teaching and learning.

Objective 1.1 Maintain adequate facilities and equipment. (classrooms, on call rooms, resident housing) in each of the system facilities to foster environments conducive to teaching and learning.

Objective 1.2 Promote educational collaboration.

Corresponding Goals, (LSU HSC, Healthy People 2010, Vision 2020, Children's Cabinet)

LSU Health Science Center Environment Goal 3

LSU Health Science Center Education Goals 1 and 2

Goal 2. Research. Continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.

Objective 2.1 Prioritize existing resources (facilities, equipment, space, and personnel) and provide new resources to meet present and future research needs in anticipation of targeted growth and advances in technology.

Objective 2.2 Establish partnerships with public, private and philanthropic institutions, health care practitioners, the community, and industry to help fund and promote collaborative research.

Corresponding Goals, (LSU HSC, Healthy People 2010, Vision 2020, Children's Cabinet)

LSU Health Science Center Research Goals 1-4

LSU Health Science Center Education Goal 3

Vision 2020 Economy Goal 2, Objectives 2.2 and 2.4

Goal 3. Revenue. Maintain an efficient and effective administrative structure necessary to accomplish its mission.

Objective 3.1 Continually assess financial performance, financial viability, efficiency, liquidity, capital, and human resources while prioritizing existing resources (facilities, equipment, space, and personnel), to diversify income streams and improve revenue capture in anticipation of targeted growth and advances in all HCSD system health care services.

Objective 3.2 Establish partnerships with public, private and philanthropic institutions, health care practitioners, the community, and industry.

Corresponding Goals, (LSU HSC, Healthy People 2010, Vision 2020, Children's Cabinet) LSU Health Science Center Environment Goal 2

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Goal 4. Access To Patient Care. Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Objective 4.1 Provide accessible, cost effective, high quality health care.

Corresponding Goals, (LSU HSC, Healthy People 2010, Vision 2020, Children's Cabinet)

LSU Health Science Center Patient Care Goals 1-4

Healthy People 2010 Goal 1

Children's Cabinet Goal 2

Goal 5. Quality. Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Objective 5.1 Continue the system wide development of and increased participation in the disease management initiatives aimed at health care effectiveness and per patient cost avoidance attributed to the prevention of complications associated with these conditions. (diabetes, asthma, cancer, congestive heart failure and HIV, tobacco control, chronic kidney disease, hypertension)

Objective 5.2 Continue implementation of Clinical Pathways.

Objective 5.3 Continue Indigent Medication Support Services and provide an HIV medication support service to HIV-positive patients and prisoners.

Objective 5.4 Continue the Office of Patient Advocacy Programs

Corresponding Goals, (LSU HSC, Healthy People 2010, Vision 2020, Children's Cabinet)

LSU Health Science Center Patient Care Goal 4

Vision 2020 Quality of Life Goal-Objectives 3.3 and 3.4

Children's Cabinet Goal 2

Goal 6. Service. Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Objective 6.1 Identify and respond to the customer service needs of the populations we serve and continually evaluate all internal and external customer reporting systems for efficiency and determination of need. (patient satisfaction, vendor relations, contracts)

Objective 6.2 Establish and strengthen relationships with the communities, media, professional and philanthropic organizations and decision makers.

Corresponding Goals, (LSU HSC, Healthy People 2010, Vision 2020, Children's Cabinet)

LSU Health Science Center Community Goals 1 and 3

Healthy People 2010 Goal 2

Goal 7. Stakeholders. Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Objective 7.1 Review vision, mission and program priorities quarterly for the purpose of attaining and allocating resources.

Objective 7.2 Attract and retain the highest quality workforce responsive to the diversity of our region and our state.

Objective 7.3 Establish and sustain dialogues with healthcare practitioners, policy makers, community leaders, and the public for development and dissemination of health care information.

Corresponding Goals, (LSU HSC, Healthy People 2010, Vision 2020, Children's Cabinet)

LSU Health Science Center Community Goals 1-3

Goal 1. Teaching - Provide an adequate infrastructure and supportive environment for teaching and learning.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
1.1	Maintain adequate facilities and equipment in each of the system facilities to foster environments conducive to teaching and learning.	Allot buildings and space in each facility for classrooms, on call rooms and resident housing.	7/05 and ongoing	HCSD Senior Leadership, Hospital Administrators, HCE Team, Educational and Clinical Staff, Facility and Planning Departments

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Objective 1.1 Maintain adequate equipment and facilities in each of the system facilities to foster environments conducive to teaching and learning.

Obj. #	Input	Output	Outcome	Efficiency	Quality
1.1	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p> <p>.</p>	<p>Strengthen environments conducive to learning and teaching.</p> <p>Total costs annually associated with housing for residents.</p>	<p>Number of classrooms for residents</p> <p>Number of on call rooms for residents</p> <p>Number of resident housing facilities</p> <p>Number of residents staying in resident housing</p>	<p>A more productive student ,work environment</p> <p>A more productive teaching, work environment</p>	<p>Compliance with residency review committee (RRC) and ACGME requirements</p>

Goal 1. Teaching -- Provide an adequate infrastructure and supportive environment for teaching and learning.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
1.2	Promote educational collaboration.	<p>Develop and initiate intradisciplinary, interdisciplinary, and inter-institutional educational programs designed to promote both traditional and innovative approaches to health care.</p> <p>Engage in educational collaboration with the Louisiana universities, colleges and other institutions of higher education.</p> <p>Provide support services to maximize the educational experience.</p>	<p>7/05 and ongoing</p> <p>7/05 and ongoing</p>	<p>HCE Team, Educational and Clinical Staff, Chief Academia Officer</p> <p>HCE Team, Educational and Clinical Staff, Chief Academic Officer</p>

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Objective 1.2 Promote educational collaboration.

Obj. #	Input	Output	Outcome	Efficiency	Quality
1.2	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>Number of students participating in the LSUHSC HCSD Institute of Diversity Management Intern Program</p> <p>Utilize new educational technology to improve access and efficiency of CME.</p>	<p>Percentage of minority graduate students entering into health care administration and management fields upon completion of the Institute of Diversity Management Intern Program.</p> <p>Number of continuing medical education programs conducted annually</p> <p>Number of participants in continuing medical education programs annually</p> <p>Number of clinic hours</p>	<p>Diversity in health education</p> <p>Interdisciplinary and intradisciplinary collaboration in education</p>	<p>Compliance with residency review committee (RRC) and ACGME requirements</p>

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Goal 2. **Research-** Continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
2.1	Prioritize existing resources (facilities, equipment, space, and personnel) and provide new resources to meet present and future research needs in anticipation of targeted growth and advances in technology.	Maintain a representative group charged with the responsibility of identifying the present and future health outcomes research needs of the LSUHSC HCSD.	7/05 and ongoing	HCE Team, Medical Directors, HCSD System Council

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Objective 2.1- Prioritize existing resources (facilities, equipment, space, and personnel) and provide new resources to meet present and future research needs in anticipation of targeted growth and advances in technology.

Obj. #	Input	Output	Outcome	Efficiency	Quality
2.1	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	Total external research expenditures	<p>External research expenditures as a percent of state appropriation expenditures</p> <p>External research expenditures as a percent of state appropriation for research</p> <p>Number of research grants awarded</p>	Revenue return on every research dollar generated	<p>Care delivery</p> <p>Clinical outcomes</p> <p>Evidenced based medicine</p> <p>Clinical trials</p>

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Goal 2. **Research-** Continue generating new knowledge and technology through research and scholarly activities to enhance the well being of the state's population and economic status.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
2.2	Establish partnerships with public, private and philanthropic institutions, health care practitioners, the community, and industry to help fund and promote collaborative research.	Obtain commitments from public and private sources to enhance LSUHSC HCSD facilities and resources to support new and existing research programs.	7/05 and ongoing	HCSD Staff, Hospital Administrators, Medical Directors, Educational and Clinical Staff

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Objective 2.2- Establish partnerships with public, private and philanthropic institutions, health care practitioners, the community, and industry to help fund and promote collaborative research.

Obj. #	Input	Output	Outcome	Efficiency	Quality
2.2	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	Total external research expenditures	<p>External research expenditures as a percent of state appropriation expenditures</p> <p>External research expenditures as a percent of state appropriation for research</p> <p>Number of research grants awarded</p>	Revenue return on every research dollar generated.	<p>Care delivery</p> <p>Clinical outcomes</p> <p>Evidenced based medicine</p> <p>Clinical trials</p>

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Goal 3. Revenue- Maintain an efficient and effective administrative structure necessary to accomplish its mission.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
3.1	Continually assess financial performance, financial viability, efficiency, liquidity, capital, and human resources while prioritizing existing resources (facilities, equipment, space, and personnel), to diversify income streams and improve revenue capture in anticipation of targeted growth and advances in all HCSD system health care services.	Maintain a representative system committee charged with the responsibility of identifying the present and future financial needs of the LSUHSC HCSD.	7/05 and ongoing	Fiscal and Financial Director, IS, Patient Accounting, IT, HCSD Senior Staff, HCSD Leadership Council and Hospital Administrators, Medical Directors, Clinic Directors, QA Directors, Purchasing Directors, RN Director

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Objective 3.1- Continually assess financial performance, financial viability, efficiency, liquidity, capital, and human resources while prioritizing existing resources (facilities, equipment, space, and personnel), to diversify income streams and improve revenue capture in anticipation of targeted growth and advances in all HCSD system health care services.

Obj. #	Input	Output	Outcome	Efficiency	Quality
3.1	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>An improved financial management information system</p> <p>Improved management control - forecasting rather than budgeting analysis of costs and variance benchmarking capability</p> <p>Improved payment structure for CRNAs and MDs</p>	<p>Percent by which total revenue exceeds total expenses, excluding the effect of facility amortization</p> <p>The amount of working capital as a percent of total revenue</p> <p>The percent of total expenses accounted for by capital equipment</p> <p>The percent of all hospital worked hours for staffs that are available to carry out the activities that contribute directly to the care of patients</p> <p>Percent of expenditures paid by private insurance</p> <p>Percent of expenditures paid by Medicare</p> <p>Percent of expenditures paid by Medicaid other public programs</p> <p>Percent of expenditures paid out of pocket</p>	<p>Improved financial performance by medical center and division</p> <p>Payment for CRNAs and MDs</p> <p>Revenue Medicaid CAP</p> <p>Maximize GME</p>	<p>Efficient accessibility of accurate financial data.</p> <p>Diversity in income streams</p> <p>Improved Revenue Capture</p> <p>Common CDM</p> <p>Reduced Expenses</p>

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Objective 3.1- Provide a system framework for assessing financial performance, financial viability, efficiency, liquidity, capital, and human resources while prioritizing existing resources (facilities, equipment, space, and personnel), to diversify income streams and improve revenue capture in anticipation of targeted growth and advances in all HCSD system health care services.

Obj. #	Input	Output	Outcome	Efficiency	Quality
3.1	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>An improved financial management information system through the utilization of (PeopleSoft) which has dramatically improved cost accounting, performance bench-marking, executive decision making information, financial forecasting and other reporting capabilities.</p> <p>Expanded editing function for automated billing edit system for all hospitals through the continued utilization of patient registration system.</p> <p>An internal audit system which can improve quality of compliance with state law and regulations</p> <p>Establishment of product standardization resulting in purchase of supplies in larger quantity from smaller numbers of companies.</p> <p>Computer supported contracts with prime vendors</p>	<p>Improved management control - forecasting rather than budgeting analysis of costs and variance benchmarking capability</p> <p>Improved tracking of grant funding, timelines and sponsored projects reporting</p> <p>Percentage reduction of errors and delays in billing</p> <p>Improved and secured business functions in the hospitals and enhanced oversight and controls on expenditure of funds</p> <p>Percentage reduction in acquisition costs of supplies and products resulting in acquiring more supplies for more patients for the same amount of money.</p>	<p>Improved financial performance by medical centers and division.</p> <p>Sponsored projects database</p> <p>Reduced errors and delays in billing resulting in reduction of refusal of charges.</p> <p>Posting of charges at point of service</p> <p>Reduction in chance of misapplication of state funds.</p> <p>Reduction in error in supply and product transactions</p> <p>Reduction in transaction and inventory costs.</p>	<p>Efficient accessibility of accurate financial data.</p> <p>Expeditious receipt of cash collections and/or third party collections.</p> <p>Reduced audit exceptions.</p> <p>Cost effective purchasing.</p> <p>Purchase of quality products.</p>

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Goal 3. Revenue- Maintain an efficient and effective administrative structure necessary to accomplish its mission.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
3.2	Establish partnerships with public, private and philanthropic institutions, health care practitioners, the community, and industry.	Continuation of Memoranda of Understanding with the Louisiana Primary Care Association, the Rural Hospital Association and other groups of essential community providers to establish a framework for regional coordination of services.	7/05 and ongoing	HCSO Staff and Hospital Administration
		Continue working with the Primary Care Association and DHH in the development of a plan to finance care of uninsured patients in community health centers.	7/05 and ongoing	HCSO Staff and Hospital Administration
		Expand participation in managed care networks with different levels of participation by each HCSO medical center.	7/05 and ongoing	HCSO Staff, Hospital Administration, Medical Directors, Educational and Clinical Staff, Managed Care Director and Staff
		Expand health related education programs among essential community providers.	7/05 and ongoing	HCSO Staff, Hospital Administration, Medical Directors, Educational and Clinical Staff, Managed Care Director and Staff
		Assess opportunities in the communities around each medical center to determine where further possibilities exist for establishing partnerships between the private and public sectors and where partnerships would be in the interest of patients and students in health-related fields.	7/05 and ongoing	HCSO Staff, Hospital Administration, Medical Directors, Educational and Clinical Staff, Managed Care Director and Staff
		Discuss with selected community stakeholders how partnerships/collaborations might be beneficial.	7/05 and ongoing	HCSO Staff, Hospital Administration, Medical Directors, Educational and Clinical Staff, Managed Care Director and Staff
		Discuss how new partnerships/collaborations might be organized.	7/05 and ongoing	HCSO Staff, Hospital Administration, Medical Directors, Educational and Clinical Staff, Managed Care Director and Staff
		Development of a plan for partnerships/collaborations including a determination of the way in which they might best be monitored for effectiveness	7/05 and ongoing	HCSO Staff, Hospital Administration, Medical Directors, Educational and Clinical Staff, Managed Care Director and Staff
	Implement partnerships	7/05 and ongoing	HCSO Staff, Hospital Administration, Medical Directors, Educational and Clinical Staff, Managed Care Director and Staff	

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Objective 3.2- Establish partnerships with public, private and philanthropic institutions, health care practitioners, the community, and industry.

Obj. #	Input	Output	Outcome	Efficiency	Quality
3.2	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>Coordination of MOUs.</p> <p>Increased participation in managed care networks.</p> <p>Enhanced learning opportunities for students in health-related fields</p> <p>Increased access for patients to needed preventive and primary care services.</p> <p>Better understanding in the community of the functions of the LSUHSC HCSD hospital system</p>	<p>Students who have a broader base of knowledge and training than can be provided within the medical centers</p> <p>Patients who have more opportunities to learn how and when to attend to their health care.</p>	<p>More efficient and effective use of services available in the community</p>	<p>Patient satisfaction.</p> <p>Public satisfaction.</p> <p>Provider satisfaction.</p> <p>Increased availability of community based health care.</p> <p>Reduced duplication of services.</p> <p>Lower morbidity and mortality rates.</p>

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Goal 4. *Access To Patient Care*- Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
4.1	Provide accessible, cost effective, high quality health care.	Identify and monitor patient care needs and trends.	7/05 and ongoing	Hospital Administration, Medical Directors, Educational and Clinical Staff
		Develop and maintain quality inpatient, outpatient, and continuity of care programs that meet patient care needs and trends.	7/05 and ongoing	Hospital Administration, Medical Directors, Educational and Clinical Staff
		Establish and maintain communication systems with appropriate policies and procedures to provide consultation services to providers in remote facilities, including rural and underserved areas.	7/05 and ongoing	Hospital Administration, Medical Directors, Educational and Clinical Staff
		Establish, support, and maintain ambulatory service sites that meet the standard of care.	7/05 and ongoing	Hospital Administration, Medical Directors, Educational and Clinical Staff
		Achieve recognition in Louisiana for being the care provider of choice for the management of trauma and complex patient cases.	7/05 and ongoing	Hospital Administration, Medical Directors, Educational and Clinical Staff

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Objective 4.1- Provide accessible, cost effective, high quality health care.

Obj. #	Input	Output	Outcome	Efficiency	Quality
4.1	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>An improved access to patient care system</p> <p>Number of patients with private insurance</p> <p>Number of patients with public insurance</p> <p>Number of patients with no insurance</p> <p>Total outpatient encounters for each LSUHSC HCSD facility</p> <p>Number of emergency department visits for each LSUHSC HCSD facility</p> <p>Number of clinic visits for each LSUHSC HCSD facility</p>	<p>Percentage of persons with health insurance</p> <p>Percentage of persons with any private insurance coverage</p> <p>Percentage of persons with only public insurance coverage</p> <p>Percentage of persons uninsured all year</p> <p>Percentage of persons with any period of uninsurance during a year</p> <p>Percentage of persons with hospital outpatient department as usual source of care</p> <p>Percentage of persons with hospital emergency department as usual source of care</p> <p>For emergency department visits, average time from arrival to being seen by a physician (separately for emergent, urgent, semi urgent and non urgent visits)</p> <p>For emergency department visits, % of patients who left without being seen</p> <p>For outpatient and clinic visits, average time spent waiting before being seen by doctor</p>	<p>Improvement of patient access to our facilities in a timely manner</p> <p>Appointment times meet standards as required for participation in managed care plans</p>	<p>On site access, 100 day plan for clinical access, emergency department redesign</p> <p>Off site access, help line and telephone support</p>

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Goal 5. Quality - Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
5.1	Continue the system-wide development of and increased participation in the current disease management initiatives aimed at health care effectiveness and per patient cost avoidance attributed to the prevention of complications associated with these conditions. (diabetes, asthma, cancer, congestive heart failure, HIV, tobacco control, chronic kidney disease, hypertension)	<p>To expand a statewide system of preventive and primary care by the following steps:</p> <p>Assist the medical centers in determining which preventive/treatment intervention would be most effective and implement these interventions.</p> <p>Assist in determining how best to measure the effectiveness of the program and the intervention and implement these measurements.</p> <p>Evaluate the effectiveness of the system and, using this information, continue to improve and refine the model.</p> <p>Determine what diseases, if any, should be added to the system.</p>	<p>7/05 and ongoing</p> <p>7/05 and ongoing</p> <p>7/05 and ongoing</p> <p>7/05 and ongoing</p>	<p>Health Care Effectiveness (HCE) Team, System Disease- Specific Team Leader, Hospital Disease Teams</p> <p>System Disease-Specific Teams, Hospital Disease Teams, Health Care Effectiveness Teams</p> <p>HCE Team</p> <p>HCE team, IS staff, Medical Directors, HCSD System Quality Council</p>

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Objective 5.1 Continue the system-wide development of and increased participation in the current disease management initiatives aimed at health care effectiveness and per patient cost avoidance attributed to the prevention of complications associated with these conditions. (diabetes, asthma, cancer, congestive heart failure, HIV, tobacco control, chronic kidney disease, hypertension)

Obj. #	Input	Output	Outcome	Efficiency	Quality
5.1	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>Acknowledgment of standards of care</p> <p>Common pathways of care</p> <p>Clinical measurements including functional outcomes</p> <p>Measures of system improvement</p> <p>Prioritization of diseases to address in disease management programs.</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>Percentage increased adherence to accepted standards of care</p> <p>Percentage improvement in functional outcomes as measured by blood, urine and other testing.</p> <p>Percentage increased access and satisfaction of patients as measured by regular appointment attendance and patient surveys.</p>	<p>Reduction in variation of results of treatment.</p> <p>Reduction in use of unnecessary and expensive testing.</p> <p>Reduced pharmacy expenses as a result of the use of a common formulary.</p>	<p>Improved quality of life.</p> <p>Patient satisfaction.</p>

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Goal 5. Quality - Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
5.2	To continue implementation of clinical pathways systems for targeted diseases/disorders at each medical center in order to provide the most effective and efficient inpatient medical care possible.	<p>To continue implementation of a statewide system of care by the following steps:</p> <p>Continue to develop methods to best measure the effectiveness of the program and the intervention and implementation of these measurements.</p> <p>Evaluate the effectiveness of the system and, using this information, continue to improve and refine the model.</p> <p>Continue to determine which additional diseases/disorders would be most effectively managed by clinical pathways systems by determining which diseases:</p> <ol style="list-style-type: none"> 1. are most prevalent among inpatients at the medical centers 2. are high cost 3. are amenable to intervention with measurable results 4. account for substantial morbidity and/or mortality 	<p>7/05 and ongoing</p> <p>7/05and ongoing</p> <p>7/05and ongoing</p>	<p>Medical Directors, Disease-Specific Teams, Hospital Disease Management Teams, Health Care Effectiveness Teams</p> <p>HCE Team</p> <p>HCE Team, Information Systems staff, Medical Directors, HCSD System Quality Council</p>

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Objective 5.2: To continue implementation of clinical pathways systems for targeted diseases/disorders at each medical center in order to provide the most effective and efficient inpatient medical care possible.

Obj. #	Input	Output	Outcome	Efficiency	Quality
5.2	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p> <p>.</p>	<p>Acknowledgment of standards of care</p> <p>Common pathways of care</p> <p>Clinical measurements including functional outcomes</p> <p>Measures of system improvement (to be selected during the implementation of the objective)</p> <p>Prioritization of diseases/ disorders to address in clinical pathways systems.</p>	<p>Percentage reduction in variation in process of care.</p> <p>Percentage reduction in use of unnecessary and expensive testing.</p> <p>Percentage reduction in pharmacy expenses as a result of the use of the common formulary.</p> <p>Percentage reduction in length of hospitalization among targeted groups of patients.</p> <p>Average daily census</p> <p>Number of emergency department visits</p> <p>Total outpatient encounters</p> <p>Number of staffed beds</p> <p>Average length of stay of psychiatric inpatients</p> <p>Average length of stay of medical surgery inpatients</p> <p>Readmission rates</p>	<p>Increased adherence to accepted standards of care</p> <p>Improvements to the system as a result of monitoring system performance (monitored measures to be selected during the implementation of the objective)</p> <p>Improvement in patient functional outcomes as measured by reductions in mortality and/or disability in the targeted groups.</p> <p>Increased satisfaction for the patients as measured by regular patient surveys.</p>	<p>Improved quality of life.</p> <p>Patient satisfaction.</p> <p>Continuous quality improvement tracking in each HCSD medical center</p> <p>Meet regulatory requirements of external regulatory bodies CMS, JCAHO, RRC and ACGME.</p>

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Goal 5. **Quality** - Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
5.2	To continue implementation of clinical pathways systems for targeted diseases/disorders at each medical center in order to provide the most effective and efficient inpatient medical care possible.	<p>Continued implementation of demonstration projects in cancer screening/secondary prevention.</p> <p>Continue to assist the medical center(s) in screening program efficiency and structure.</p> <p>Assist in working with other health providers in the community to establish referral networks from existing cancer prevention initiatives.</p> <p>Assist the medical centers in determining how best to measure the effectiveness of the program and implementation of measurements.</p> <p>Continue to evaluate the effectiveness of the system and use the information generated to improve and refine the model.</p>	<p>7/05 and ongoing</p> <p>7/05and ongoing</p> <p>7/05and ongoing</p>	<p>Health Care Effectiveness Team (HCE), Information Systems staff, Medical Directors, HCSD System Quality Council, Hospital Administration</p> <p>Health Care Effectiveness Team (HCE), Information Systems staff, Medical Directors, HCSD System Quality Council, Hospital Administration</p> <p>HCE Team, System Disease-Specific Team Leader, Hospital Disease Teams</p> <p>Hospital Administration, HCSD staff, HCE Team</p> <p>System Disease-Specific Teams, Hospital Disease Teams, HCE Team</p> <p>HCE Team</p>

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Objective 5.2: To continue implementation of clinical pathways systems for targeted diseases/disorders at each medical center in order to provide the most effective and efficient inpatient medical care possible.

Obj #	Input	Output	Outcome	Efficiency	Quality
5.2	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>Site(s) for cancer screening/secondary prevention demonstration project s.</p> <p>Program structure assessed and selected</p> <p>Health care provider partners enlisted</p> <p>Program monitoring/evaluation method implemented.</p> <p>Measures of system improvement established and feeding in to the program</p> <p>Statewide system of cancer prevention/screening centers</p>	<p>Early detection and treatment of common treatable cancers (breast, cervix, prostate) resulting in reduction in mortality rates.</p> <p>Increased access and satisfaction for the patients as measured by patient surveys.</p>	<p>Increased adherence to accepted standards of care</p> <p>Improvements to the system as a result of monitoring system performance (monitored measures to be selected during the implementation of the objective)</p> <p>Improvement in patient functional outcomes as measured by reductions in mortality and/or disability in the targeted groups.</p> <p>Increased satisfaction for the patients as measured by regular patient surveys.</p>	<p>Improved quality of life.</p> <p>Patient satisfaction.</p> <p>Continuous quality improvement tracking in each HCSD medical center</p> <p>Meet regulatory requirements of external regulatory bodies CMS, JCAHO, RRC and ACGME.</p>

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Goal 5. Quality - Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
5.3	To continue implementation of an indigent medication support service as a means to provide uninsured patients enrolled in disease management initiatives with medications needed to treat chronic medical conditions.	<p>Continue discussions with the Department of Health and Hospitals (DHH) and the Health Care Financing Administration (HCFA) in respect to including outpatient medications for indigent patients within a medical center's cost report.</p> <p>Expand and coordinate pharmaceutical industry programs that provide free medications for indigent clients.</p> <p>Expand the demonstration project to tie medications to Disease Management Programs.</p>	<p>7/05 and ongoing</p> <p>7/05 and ongoing</p> <p>7/05 and ongoing</p>	<p>HCSO Fiscal Section, HCSO Senior Leadership, Medical Directors, Hospital Administration</p> <p>HCE Team</p> <p>HCE Team</p>

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Objective 5.3: To continue implementation of an indigent medication support service as a means to provide uninsured patients enrolled in disease management initiatives with medications needed to treat chronic medical conditions.

Obj. #	Input	Output	Outcome	Efficiency	Quality
5.3	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	Indigent medication program	<p>Percentage reduction in complications associated with targeted diseases.</p> <p>Percentage reduction in Emergency Department visits</p> <p>Percentage reduction in hospitalizations</p>	Ability to serve more patients with the same financial resources.	<p>Improved quality of life.</p> <p>Patient satisfaction.</p>

Objective 5.3: To continue to provide an HIV medication support service to approximately 4,000 HIV-positive patients and prisoners, thereby improving their quality of life and avoiding higher per patient acute care costs.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
5.3	To continue to provide HIV medication support services to approximately 4,000 HIV-positive patients and prisoners, thereby improving the quality of life and avoiding higher per patient acute care costs.	<p>Continue discussions with the Department of Health and Hospitals (DHH) and the Health Care Financing Administration (HCFA) to include outpatient HIV medications for indigent patients within a medical center's cost report.</p> <p>Expand and coordinate pharmaceutical industry programs that provide free HIV medications for indigent clients</p> <p>Continued development of demonstration project to tie HIV medications to Disease Management Programs and coordinate between HCSD and other facilities</p>	<p>7/05 and ongoing</p> <p>7/05 and ongoing</p> <p>7/05 and ongoing</p>	<p>HCSD Fiscal Section, HCSD Senior Leadership, Medical Directors, Hospital Administrators</p> <p>HCE Team</p> <p>HCE Team</p>

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Objective 5.3: To continue to provide an HIV medication support service to approximately 4,000 HIV-positive patients and prisoners, thereby improving their quality of life and avoiding higher per patient acute care costs.

Obj. #	Input	Output	Outcome	Efficiency	Quality
5.3	Financial resources (percent of total staff hours dedicated to objective X total Administrative budget) Staff resources (time allocated to this project as a percent of total staff hours)	Indigent medication program for HIV positive patients	Percentage reduction in complications associated with HIV. Percentage reduction in emergency Department visits Percentage reduction in hospitalizations	Ability to serve more HIV patients with the same financial resources.	Improved quality of life. Patient satisfaction.

Goal 5. Quality - Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
5.4	To continue expansion of the Office of Patient Advocacy Programs, including establishing a Patient Help Line (1-800 number) to improve the identification and resolution of patient concerns and to coordinate services between HCSD and other facilities.	Establish a statewide referral system for referral of patients to HCSD facilities and for coordination with other providers in each region.	7/05 and ongoing	Patient Advocacy staff, Hospital Administrators, Other HCSD staff
Expand the Patient Help Line (1-800 number) to provide HCSD patients and their families with 24-hour telephone access to health care professionals and health information on a statewide basis.		7/05 and ongoing	Patient Advocacy staff, HCSD and Hospital Clinical staff	
Enhance existing systems for resolving patient complaints and problems which come to the attention of the hospitals.		7/05 and ongoing	Patient Advocacy staff, HCSD and Hospital Clinical staff	
Establish a system of monitoring and evaluation for these tasks and make ongoing improvements to the system.		7/05 and ongoing	Patient Advocacy staff, HCSD and Hospital Clinical staff	

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Objective 5.4: To continue expansion of the Office of Patient Advocacy Programs, including establishing a Patient Help Line (1-800 number) to improve the identification and resolution of patient concerns and to coordinate services between HCSD and other facilities

Obj. #	Input	Output	Outcome	Efficiency	Quality
5.4	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p> <p>.</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 HIPAA Compliance an effective patient problem resolution initiative; and ongoing monitoring, evaluation and improvement of the system 	<p>Percentage increase in access to system and patient satisfaction as measured by patient surveys</p> <p>Increased consistency in use of the health care system resulting in more early intervention and more patients served without increasing patient care costs.</p> <p>Compliance with MJF 97-39</p>	<p>More efficient use of community health care resources to serve more patients without increasing costs.</p>	<p>Patient satisfaction.</p> <p>Reduced complaints/grievances.</p> <p>Facilitate access to primary care and help insure appropriate utilization of resources</p>

Goal 6. Service – Meet and exceed the standards in customer service with our internal and external customers, constituencies, to advance excellence in health care.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
6.1	Identify and respond to the customer service needs of the populations we serve and continually evaluate all internal and external customer reporting systems for efficiency and determination of need. (patient satisfaction, vendor relations, contracts)	Conduct monthly, quarterly and annual evaluations of customer service relations through the use of patient satisfaction surveys, operational reviews, criteria for performance of excellence reports and vendor/contract evaluations.	7/05 and ongoing	HCS D Staff, HCE Team, Hospital Administration, Educational and Clinical Staffs QA Directors, Compliance Directors and Purchasing Directors

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Objective 6.1 - Identify and respond to the customer service needs of the populations we serve and continually evaluate all internal and external customer reporting systems for efficiency and determination of need. (patient satisfaction, vendor relations, contracts)

Obj. #	Input	Output	Outcome	Efficiency	Quality
6.1	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>Structural Barriers within the system</p> <p>Evaluation of waiting times for patients to see physician in ER and outpatient clinics</p> <p>Evaluation of patient/physician communication</p> <p>Evaluation of patient/physician relationship</p> <p>Cultural competency</p> <p>Evaluation of patient experience of care</p> <p>Evaluation of the organization's processes in seven areas, leadership, strategic planning, patient, customer and vendor focus, measurement analysis and knowledge management, staff focus, process management and organizational and performance results</p> <p>Patient Satisfaction Surveys Employee Surveys Vendor Evaluations</p> <p>Community Needs Assessments</p>	<p>Patients who have more opportunities to learn how and when to attend to their health care.</p> <p>Increased access for patients to needed preventive and primary care services.</p> <p>Better understanding in the community of the functions of the LSUHSC hospital system</p>	<p>More efficient and effective use of services available in the community</p> <p>Compliance with established benchmarks and standards</p> <p>Customer Services Satisfaction</p>	<p>Patient satisfaction.</p> <p>Public satisfaction.</p> <p>Provider satisfaction.</p> <p>Increased availability of community based health care.</p> <p>Reduced duplication of services.</p> <p>Lowered morbidity and mortality rates.</p>

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Goal 6. Service - Meet and exceed the standards in customer service with our internal and external customers, constituencies, to advance excellence in health care.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
6.2	Establish and strengthen relationships with the communities, media, professional and philanthropic organizations and decision makers.	<p>Develop and strengthen formal exchanges of information with local, state and federal communities, entities, all forms of media sources, other hospitals, clinics, research organizations, and universities.</p> <p>Utilize emerging technologies to ensure the optimal delivery of healthcare information.</p>	<p>7/05 and ongoing</p> <p>7/05 and ongoing</p>	<p>HCS D Staff, HCE Team, Hospital Administration, Educational and Clinical Staffs Planning Staff, Communications Director</p> <p>HCS D Staff, HCE Team, Hospital Administration, Educational and Clinical Staffs, Planning Staff, Communications Director</p>

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Objective 6.2 Establish and strengthen relationships with the communities, media, professional and philanthropic organizations and decision makers.

Obj. #	Input	Output	Outcome	Efficiency	Quality
6.2	Financial resources (percent of total staff hours dedicated to objective X total Administrative budget) Staff resources (time allocated to this project as a percent of total staff hours)	Better understanding in the local and statewide communities of the functions of the LSUHSC hospital system facilities.	Increased awareness of the services provided by the facilities in the communities	Compliance with state and federal regulations A more informed public on the issues which effect the communities in which they serve Increased advocacy Compliance with established benchmarks and standards	Increased awareness of our stakeholders of the work they do and how the institutions function A greater understanding of how public policy changes affect the institutions Identification of all relevant stakeholders

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Goal 7. Stakeholders - Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
7.1	Review vision, mission and program priorities quarterly for the purpose of attaining and allocating resources.	Integrate the priorities and resource needs of the LSUHSC HCSD.	7/05 and ongoing	Planning Section, HCSD Senior Staff, HCE Team, Hospital Administration, Information Systems Staffs, HCE

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Objective 7.1 Review vision, mission and program priorities quarterly for the purpose of attaining and allocating resources.

Obj. #	Input	Output	Outcome	Efficiency	Quality
7.1	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>Continued implementation of the HCSD relational data management system to compare and contrast significant data sets in order to manage health care operations more effectively and efficiently, scorecard, dashboard, hospital strategic plans, utilization reports, operational plan, operational reviews, and annual report. Concise document that provides decision support.</p> <ul style="list-style-type: none"> · performance graphics · electronic reporting · daily updates · monthly printed reports for leadership <p>Statement of condition of operations to external stakeholders.</p> <p>Continued use of People Soft Management System which provides for cost accounting, revenue and expenditure tracking and includes an integration of state resource reporting, sponsored research reporting, etc.</p>	<p>Percentage reduction in time needed to process conclusions by decision makers.</p> <p>Percentage reduction in staff time needed to process and analyze reports.</p> <p>Percentage reduction in response time to public(s).</p>	<p>Enhanced knowledge for improved operations.</p> <p>Improved stakeholder satisfaction.</p> <p>Improved communications with the general public.</p>	<p>Efficient accessibility of reliable data.</p> <p>Reduction in “down time” within information systems.</p> <p>Continuous quality improvement tracking in each HCSD medical center.</p>

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Goal 7. Stakeholders - Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
7.2	Attract and retain the highest quality workforce, responsive to the diversity of our region and our state.	<p>Provide competitive, flexible, equitable, incentive-based compensation.</p> <p>Provide administrators, supervisors and employees with training and support, including the human and financial resources needed to conduct their management and general job responsibilities.</p>	<p>7/05 and ongoing</p> <p>7/05 and ongoing</p>	<p>HCSO Senior Staff, Human Resource Administration, Hospital Administration</p> <p>HCSO Senior Staff, Human Resource Administration, Hospital Administration</p>

Objective 7.2: Attract and retain the highest quality workforce, responsive to the diversity of our region and our state.

Obj. #	Input	Output	Outcome	Efficiency	Quality
7.2	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>Expand professional development opportunities</p> <p>Assure competitive salaries</p> <p>Assure a positive work environment for all staff</p> <p>Be more reflective of the diversity of the Louisiana population</p> <p>Respond to current workforce shortages, misdistribution and training needs.</p>	<p>Percentage rate of employee satisfaction</p> <p>Retention rate of administrative, faculty and clinical staffs</p>	<p>Improve employee satisfaction as measured by employee satisfaction survey, mandatory training compliance rates and retention rates.</p> <p>Recruit staff members whose ethnic and cultural backgrounds more closely parallel the clients whom we serve.</p>	<p>Efficient administrative and patient care work force</p> <p>Increased flow of information in administrative and patient care services.</p>

Goal 7. Stakeholders - Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

#	Objectives	Tasks	Time Line	Responsible Party (ies)
7.3	Establish and sustain dialogues with healthcare practitioners, policy makers, community leaders, and the public for development and dissemination of health care information.	<p>Identify the infrastructure characteristics of the top-ranked comparable teaching facilities and institutions for national benchmark comparisons.</p> <p>Establish quality assurance standards for all support services offered by the LSUHSC HCSD.</p> <p>Maintain and update the infrastructure to ensure environments are conducive to the achievement of excellence.</p>	<p>7/05 and ongoing</p> <p>7/05 and ongoing</p> <p>7/05 and ongoing</p>	HCSD Senior Staff, Human Resource Administration, Hospital Administration, Quality Assurance Council, Medical Directors and HCE Team

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Objective 7.3: Establish and sustain dialogues with healthcare practitioners, policy makers, community leaders, and the public for development and dissemination of health care information.

Obj. #	Input	Output	Outcome	Efficiency	Quality
7.3	<p>Financial resources (percent of total staff hours dedicated to objective X total Administrative budget)</p> <p>Staff resources (time allocated to this project as a percent of total staff hours)</p>	<p>Increase efforts to maximize revenue resources available from state, contracts, grants and generated revenue</p> <p>Develop a process for space management, planning, programming, capital improvements, programming and budgeting that integrates all available income, space, personnel and work products of each HCSD facility and department.</p> <p>Develop joint business and outcome research ventures with managed care organizations, specialty care corporations, hospitals and outpatient facilities.</p> <p>Develop resources in concert with industry in partnerships that utilize the HSC HCSD as a laboratory for industry which shall provide support of the infrastructure and investigators, development of faculty participation in clinical trials, development of outcomes oriented networked clinical databases that will support the development of evidenced based medical practices, development of clinical research sites.</p>	<p>Increased revenues.</p> <p>Dispersed variable Costs and lower fixed costs</p>	<p>More efficient and effective use of LSUHSC HCSD system resource.</p>	<p>Increased non state revenues</p> <p>Decreased dependence on state funds</p>

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2005-2006 through 2009 – 2010
HCS D Strategic Plan
Addendum

1.) Describe the kind(s) of program evaluation used to develop objectives and strategies:

Monthly operational review meetings are conducted with each medical center. HCS D review team members include the CEO, COO, Human Resources Director, Chief Medical Officer, Chief Financial Officer, Planning Director, Senior Leadership Staff, and the administrator and other staff as deemed appropriate by the respective medical centers. Primary topics addressed during the reviews are: finance including the budget status versus expenditures, a clinical review including the status of disease management (DM) initiatives and an examination of patient count and services utilization. Further clinical areas include DM outcome measures, readmission rates and JCAHO performance measures. The operational review components include an examination of selected performance measures including average daily census, admission, emergency room and clinic visit trends.

Each of the HCS D medical centers has an established **Quality Management Committee**. Each committee is composed of the Quality Manager, a physician, a representative from nursing, 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 such as, 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. 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.

The **Health Care Effectiveness Team** goal for evaluating Disease Management is to use standardized indicator 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 and the burden hospital personnel working to collect and collate data manually.

After reviewing the literature and working with other experts, the Statewide of Clinical Leads 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. This report was produced in the LSUHSC HCS D Planning, Program Development and Governmental Relations Department

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, diet) and reflect changes in the level of risk for disease complications. Outcome indicators are trackable and measurable 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 Seimen's (SMS) 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.

Benchmarks (internally and nationally derived) are being adopted to show where we fall in relation to other health care institutions caring for similar disease populations.

Stakeholder satisfaction is critical to the success of the medical centers and thus, an examination is made of the patient satisfaction ratings, Community Advisory Committee activities, developments and status of public/private partnering, and trends in employment (filled FTE's compared to the TO). Problem areas are always addressed in each topic area and include issues such as long wait times, appointment scheduling, diversion status, etc.

The Monthly Operational Review and the Quality Management Committees serve to ensure that performance within each of the HCSD facilities is aligned with predefined objectives and outcomes. Appropriate action is taken in the event deviation from the plan is identified.

2.) Document the validity, reliability and appropriateness of each performance indicator as relevant measures of each program's performance.

The **monthly utilization reports** are disseminated to HCSD senior staff, hospital administrators, medical directors and data

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coordinators and the DOA budget and planning staff.

The following data is collected from each of the HCSD medical facilities on a monthly basis:

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

Total births

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

Total staff beds - adult, pediatric, psychiatric, neonatal ICU, nursery and ICU

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

3.) How is each performance indicator used in management decision making?

HCSD conducts monthly Leadership **Council** meetings, the purpose of which is, to plan, coordinate and evaluate operational functions of the medical centers. The Council is composed of the hospital administrators, medical directors and HCSD senior staff and leadership staff. These meetings prove effective in monthly monitoring of progress and activities at each of the medical centers.

The strategic plan goals and objectives drive the content of the Leadership Council Meetings as does the HCSD Operational Plan. Performance indicators in each are measured regularly to assure management the objectives are being accomplished. Contents of the meetings are recorded in a format which identifies the issue(s) addressed, responsible person and outcome of findings.

Strategic Plan Documentation

I. Strategic Planning Process for HCSD

Definition. Strategic planning, as used in this addendum report, is the process by which LSUHSC HCSD can take charge of its future by asking the question “Where do we as an organization want to go in the next three -five years?” and answering it in light of opportunities we see on the horizon and existing strengths which will help us get there.

Purpose. By looking ahead and anticipating both the challenges and opportunities, LSUHSC HCSD can shape its own future. The alternative is to be in the perpetual position of reacting and coping with problems or crises as they arise. The purpose of this strategic planning process is to provide a framework within which the division and its external stakeholders can exercise their shared responsibility for shaping LSUHSC HCSD’s future. How seriously we take these responsibilities, how willing we are to come together to make difficult choices regarding direction and priorities and how committed we are to work together to support those choices in our future actions will determine whether this planning process is ultimately successful.

Anticipated Outcomes. Three major outcomes were anticipated from the strategic planning process:

1. An update to an institutional plan providing direction and criteria to guide LSUHSC HCSD’s actions for the next five year transitional period. The update to our plan shall clarify and reaffirm our common mission and interests, focus on our division goals, lay out strategies and the timetable by which these goals can be achieved, and suggest the ongoing processes by which the division and constituencies can participate in addressing the respective roles and responsibilities of programs, services and resources in working toward the division’s vision for the future. The plan update development process shall take a broad view of our stakeholder (constituent) base and invite and facilitate inspection of the division’s activities by these stakeholders. Its focus on participation and priority-setting shall promote the development of a cooperative organizational culture.

This plan update or planning framework, while providing a vision and focus for the talent and energy of the division community, shall exhibit three additional characteristics. The plan update shall build upon what is in place; serve as an evaluation tool for what has and had not worked in the past; shall be realistic; shall be capable of being implemented and evaluated through demonstrable measures of achievement; shall have the support and commitment of the division, university, health science centers, research communities and citizens throughout the state.

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2. Increased communication and discussions across the division's community and broad participation in priority-setting and the subsequent choice-making that carries out those priorities. Such a process will provide a firm foundation for strategic decision-making (whether popular or unpopular) as it may affect programs, services and resource allocation.

3. Development of an ongoing planning process and a collaborative organizational culture. Institutionalizing the planning process will result in integrated decision-making based on division priorities and the assessment of results.

II. Preliminary Assumptions on Our Culture

Leadership. The division vision and direction come from top administration. (senior leadership) The primary leadership for the entire planning process comes from the CEO. The CEO's role and commitment are critical to the success of this planning process. Whether the planning process and plan update developed ultimately make a difference in terms of division direction and culture is dependent on the continuing leadership of the CEO, the senior leadership, the support of the Board and the support and commitment of medical, academic and administrative leaders.

Perceptions of Institutional Culture. For this plan update to be successful we recognized the institutional culture and internal political environment and adapted the planning process accordingly. The specific nature, purpose and structure of the planning process being proposed was influenced by the following assessment of division culture:

The community as a whole has little sense of common divisional direction and, thus, few parameters within which to develop constituent strategies to contribute to achieving division goals.

Considerations of program/services direction and resource allocation are often based on parochial interests rather than on system groups working together to achieve common goals.

The implications of this assessment for the planning process included:

a need to establish effective communications and avenues for participation throughout the division community and with external stakeholders.

a need to build mutual understanding across all levels of the division to ensure concerted action in carrying out LSUHSC HCSD's mission.

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a need to develop a planning process and also to support more definition in other decision-making and resource allocation processes, so planning could be integrated with these processes for consistent decision making and progress toward shared goals.

a need to accomplish the above three steps if LSUHSC HCSD is to be effective in capitalizing on its strengths and opportunities to continue to provide leadership in meeting the needs of Louisiana's citizens and of many others beyond our borders.

III. An Outline of the LSU HSC HCSD Strategic Planning Update Process

Development of this strategic planning process resulted from a commitment to the following criteria:

maintain a holistic view of the division rather than a collage of its component parts

design an open and participatory process to ensure communication with and input of all division stakeholders

state clearly the purposes and intended outcomes of the planning process

lay out a firm timetable with clear assignment of responsibilities

focus on an initial strategic planning period while emphasizing the continuous requirement for planning, review and improvement

develop a process complete and specific enough to move LSUHSC HCSD from the present to a capacity for ongoing and integrated decision-making based on continued goals and priorities

Organization/Reporting Structure. The Senior Leadership endorsed the strategic planning process and the proposed timeline and monitored the progress of the planning process. The division strategic plan update was approved by the CEO and HCSD Leadership staff.

The first phase of the planning process involved information-gathering and analysis of HCSD's culture and values, the goals and expectations of stakeholders, the external environment and those opportunities and threats it holds for HCSD's future, and the internal division environment with a focus on HCSD's special strengths as well as its weaknesses.

This phase (environmental scans and analyses) was completed by March, 2004.

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The second phase of the planning process included the development of the draft organizational strategic plan and an accompanying background discussion document. These drafts were shared broadly for review, comment and advice from division constituencies.

Phase three of this strategic planning process will turn the division strategic plan update into a plan of action with roles and responsibilities distributed throughout the system.

The results of the planning activities in these major areas will be shared across the health sciences centers and the university and will serve as the basis for development of division, hospital and university support operational plans at the various management levels to carry out HCSD's plans and achieve its goals and priorities. These operational plans also will be reviewed by the Strategic Planning Committee for their consistency with division goals and priorities.

The operational plans will provide the information base and rationale for subsequent program/resource requests. At this point, the strategic planning process (priority-setting decisions) at HCSD will come together with the proposed strategic budgeting process (resource allocation decisions).

With implementation of the division strategic plan update, the strategic planning process outlined will have achieved two of its three stated outcomes, namely the development of a division plan update which provides a sense of direction to continue to guide HCSD's actions and broad participation in priority-setting and the choice-making which follows. As a result of this effort, programmatic and resource decisions can be based on shared goals and priorities and on strategies developed to achieve them.

However, at this point HCSD shall not close the book on planning. We plan to plan and it must be a continuous, though less time-intensive, process of reviewing the effectiveness of the plans and strategies implemented in achieving our goals and priorities. This review will include outcomes assessment and other measures of performance effectiveness. We shall measure our progress toward achieving our goals in order to plan our next steps. In such a way HCSD will move forward with the confidence that its agenda reflects a shared understanding of the system's responsibilities combined with a shared commitment to meeting those responsibilities.

The real measure of success for HCSD's strategic planning process will be how well we as a division turn our plan updates into actions and accomplishments that demonstrate steady progress toward achieving our goals and fulfilling our mission.

IV. Resource Requirements for Strategic Planning Process

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Strategic Planning Process References

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Report and Recommendations from the LSU Board of Supervisors Task Force on Indigent Care and Medical Education

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Health Care Effectiveness Report 2003

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**LSU Health Sciences Center
Health Care Services Division
Organizational Structure**

