A vibrant sunset scene over a beach. The sky is filled with soft, colorful clouds in shades of orange, pink, and blue. A large flock of birds, likely seagulls, is captured in various stages of flight across the sky. In the foreground, many birds are standing on the wet sand, their silhouettes dark against the bright, reflective water. The overall mood is serene and natural.

# REBIRTH

LSU  
HEALTH CARE  
SERVICES DIVISION  
2006 ANNUAL REPORT



# REBIRTH

Hurricane Katrina flooded eighty percent of Orleans Parish, more than ninety-five percent of St. Bernard Parish, and pushed a storm surge topping twenty-five feet over levees throughout southern Plaquemines Parish. Its destruction encompassed all of southeast Louisiana. A month later, Hurricane Rita flooded hundreds of square miles of southwest Louisiana.

The tornadic winds and epochal flooding of these two storms brutally damaged nearly all of coastal Louisiana. They killed more than eighteen hundred people, damaged or destroyed hundreds of thousands of homes, and scattered over a half million people to all corners of the nation.



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## LETTER FROM THE CEO

Dear Citizens of Louisiana,

Hurricanes Katrina and Rita were the seminal events that reshaped the operations of the eight Health Care Services Division campuses in the last year and caused significant disruption in Louisiana's health care safety net. The effects of these storms on our hospitals are ongoing. The ultimate story of rebirth, renewal, and reinvention is one whose ending is not entirely known.

At the top of the accomplishments of this hospital system was the immediate response of our staff across the state to the hurricanes' devastation of their facilities and their communities. The National Association of Public Hospitals awarded our hospitals its 2006 Safety Net Award in recognition of "the extraordinary dedication, service and heroism displayed by the institutions" during the hurricanes.

This honor is well deserved. The heroism of those who stayed in Charity and University hospitals in New Orleans during the storm is widely known. The dedication of staff systemwide is less widely appreciated even though several other hospitals were also damaged, evacuated, or both. All of the HCSD facilities were ultimately able to absorb new patients and add needed services, demonstrating clearly the value of a system of hospitals.

The response of all of our hospitals is a reflection not only of the individual character of our staff in a crisis, but also of their ongoing dedication to their service mission. The commitment to providing access to quality care for the uninsured and others in need flows from the same source as the willingness to stay in place during a crisis. Louisiana's public hospitals demonstrated that they are a valuable asset to the state.

Sincerely,

A handwritten signature in black ink that reads "Donald R. Smithburg".

Donald R. Smithburg  
Executive Vice President, LSU System  
CEO, LSU Health Care Services Division





## LSU HOSPITALS AND CLINICS

LSU hospitals and clinics fulfill a dual mission in our state. First and foremost, they bring compassionate, quality medical care to Louisiana residents, regardless of income or insurance coverage. They also provide high quality training and educational facilities for students ensuring for all Louisianans the availability of well-trained health professionals for our future.

### MISSION STATEMENT

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

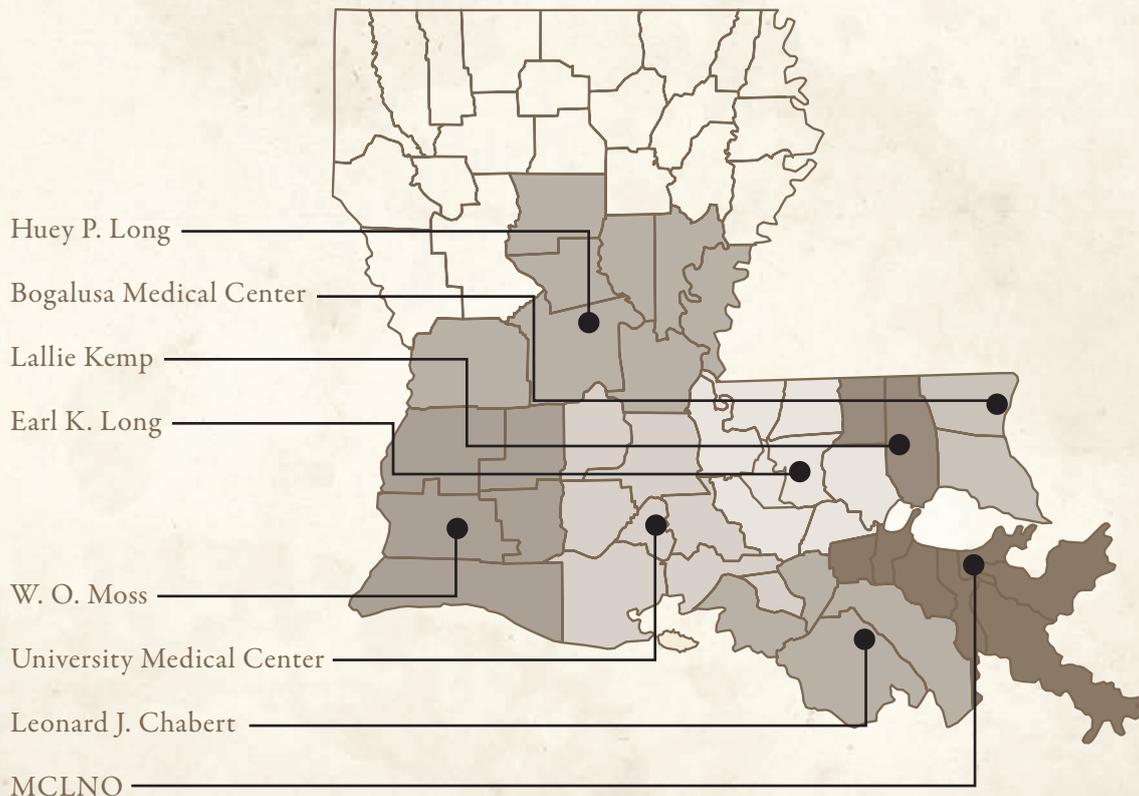
*Provide access to high quality medical care,*

*Develop medical and clinical manpower through accredited residency and other health education programs,*

*Operate efficiently and cost effectively,*

*Work cooperatively with other health care providers and agencies to improve health outcomes.*

### LSU HEALTH CARE SERVICES DIVISION MEDICAL CENTER LOCATIONS





## OUR ACCOMPLISHMENTS

### MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS

The employees of the Medical Center of Louisiana at New Orleans (MCLNO) met the horrific suffering and destruction that Katrina wrought on August 29, 2005, with the highest professionalism and heroic behavior. With patients' lives, and their own, in the balance for days, they were cut off by flood waters from assistance of any sort. But the doctors, nurses, administrators, allied health, security, maintenance, and support personnel of Charity and University hospitals stood fast by their patients, improvised when power failed, food ran short, and gunfire erupted.

The disaster engulfed the personal lives

evacuation of patients from the Medical Center to other hospitals of the LSU Health Care Services Division, employees were formulating plans for the renewal of medical care in greater New Orleans.

#### *LSU Regains Foothold in New Orleans*

On September 29, 2005, LSU re-established hospital and trauma care in the city on the USNS Comfort, a U.S. Navy hospital ship. On October 12, LSU opened in a parking lot, beside the severely damaged University Hospital, "The Spirit of Charity," a MASH-like mobile tent hospital, which moved three weeks later into Hall J of the Ernest N. Morial Convention Center. The hospital would move once more, a few blocks away, to the Lord & Taylor Department Store location,



MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS



*While patients waited for evacuation, LSU HCSD staff stayed by their side.*



*Despite deplorable conditions, LSU HCSD staff remained for days at MCLNO until the last patient was evacuated.*

of employees as well. Flooding and tornadic winds destroyed their homes, scattered their families across the nation, and created mayhem that few before had ever seen. Yet, immediately after the

where it would remain until the reopening of University Hospital in November 2006, under its new name, the LSU Interim Hospital. This reopening immediately provided eighty-five beds for the highest

level of primary and specialty care and top-notch education for students in the health professions. The hospital offers most of the services that were available at the MCLNO before the storm.

The reopening of this hospital was not simply an unlocking of the doors. The hospital received significant improvements. The hospital has two 64-slice CT scanners and a 3T MRI, which offers the latest magnetic resonance imaging available. The hospital is wireless. Doctors have access to

the electronic file cabinet in any hospital computer. The critically ill may not be able to tell a physician crucial information and now won't have to. A few keystrokes will deliver it. The aptly named "Spirit of Charity" reflected LSU HCSD employees' spirit of commitment to their profession, community, and citizens of Louisiana. When many, under far less duress, would have walked away, the employees of LSU Hospitals stepped forward.

And they continued to do so in the weeks and months that followed Katrina, despite the threat of Hurricane Rita in September 2005. This tenacious storm sideswiped New Orleans while it barreled to southwest Louisiana, where it would create another

formidable challenge for LSU Hospitals.

Nevertheless, primary care, dermatology, neurology, and podiatry clinics reopened in the MCLNO Hutchinson Building on

Tulane Avenue in October 2005. The Maternal Child Services Clinic reopened on Perdido Street on August 29, 2006, the one-year anniversary a fitting date for its return. In its first month, clinic staff saw over 300 patients; in its second, they saw 476. By this time, the return of the population had clearly indicated the need for health care, and the rebirth of LSU Hospitals was well underway. Also, cardiology, congestive heart failure, and infectious disease clinics reopened on South Roman

Street, where LSU will provide dental care.

In February 2007, LSU moved its trauma center from Elmwood Medical Center in Jefferson Parish, where it relocated shortly after Katrina, to LSU Interim Hospital, a move that added fifty more beds and re-established this nationally preeminent trauma center downtown near the medical schools.

With the immense destruction of homes and entire neighborhoods in New Orleans, MCLNO has far fewer employees, but it has flipped this adversity to its advantage. It has long used telemedicine in some specialties and in the provision of health care to correctional facilities. To address the



*Courtesy of Mooney Bryant-Penland*

*Tested as never before, LSU HCSD staff carried patients down stairwells to deliver them to safety.*



*Even in the most arduous circumstances, patients received a continuity of care in each step of the evacuation.*



*On September 29, 2005, LSU re-established medical care in the city on the USNS Comfort, a U.S. Navy hospital ship.*



*On October 12, LSU opened in a parking lot, beside the severely damaged University Hospital, "The Spirit of Charity," a MASH-like mobile tent hospital, which moved three weeks later into Hall J of the Ernest N. Morial Convention Center.*

shortage of specialists, LSU is expanding its use of telemedicine, which employs high-resolution cameras, the electronic transmission of patient records, and advanced stethoscopes, to psychiatry, ophthalmology, neurology, dermatology, and cardiology. This technology, for example, can allow a specialist to hear a patient's heart beat though the specialist is miles away from the patient. LSU Telemedicine is improving patient care and introducing new efficiencies into the health care system.

LSU is also taking medical care to the neighborhoods. It is opening eight outpatient clinics throughout the city, offering primary care for early intervention. This community outreach offers a cost-effective future for Louisiana health care, and, in the end,

this prudent fiscal management and excellent health care will benefit all Louisiana citizens.

### *A Clear Vision of the Future*

LSU has its eye on the future and has a clear vision of what it can be. Engineering studies have determined that the wind, rain, and flood damage that Katrina and Rita inflicted on the VA and Charity hospital buildings have rendered them inoperable. Charity will not reopen as a health-care facility.

In its time, Big Charity, the term by which many have known the now outdated

and ruined building, had well served the citizens of the region, and LSU plans to continue this service in a groundbreaking collaboration with the U.S. Department of Veterans Affairs. In February 2006, the two signed a memorandum of understanding and created the LSU/VA Collaborative Opportunities Study Group to investigate the potential benefits of a cooperative venture to replace both the LSU and VA facilities destroyed by Katrina and Rita.

The collaboration will result in the building of a new LSU and VA medical, research, and education complex. LSU and the VA will share infrastructure and will purchase services from each other, such as radiology, rehabilitation, laboratory, and housekeeping, which will save Louisiana and federal taxpayers hundreds of millions of dollars in operational

costs. As planning advances, many more areas for partnership will evolve.

The collaborative complex will serve as an academic flagship for health professions. It will be a key academic anchor for LSU, Tulane, and scores of nursing and health-worker training schools across south Louisiana. It will be a major research center that will spawn biotech sector growth and cancer research.

The collaborative effort will jump-start the recovery effort, help rebuild the urban core, and provide almost 20,000



*Hurricane Katrina destroyed the essential infrastructure of Charity Hospital.*



*Arriving by helicopter, ambulance, and bus, the ill and injured soon filled the Pete Maravich Assembly Center.*

jobs during construction. By 2012, it will have an estimated \$1.5 billion dollar impact on the economy. Once completed, the complex will create a total of 10,000 permanent jobs in the region.

Prior to Katrina, LSU and the VA had shared some services, and faculty and residents had cared for patients of both. This new development will bring this relationship to full fruition and will allow health care, research, and education to flourish once more in the New Orleans region. With this comprehensive collaboration, LSU Hospitals will fulfill its mission of providing the best health care services to the citizens of Louisiana today, tomorrow, and throughout the twenty-first century.

## EARL K. LONG MEDICAL CENTER

The nation had never seen anything like it. In anticipation of Katrina's

destruction, LSU Health Care Services Division and its staff at the Earl K. Long Medical Center (EKLMC), the Louisiana Department of Health and Hospitals, and the Louisiana Department of Social Services had developed health care services in the LSU Carl Maddox Field House and Pete Maravich Assembly Center. As the crisis continued to grow, staff expanded the health care services that they were providing into the largest acute care field hospital in the nation's history.

The field house functioned as a special needs shelter before the storm hit. As the epic catastrophe in New Orleans unfolded and the medical needs of arriving evacuees grew great, the operation extended into the Assembly Center. The ill and injured arrived by helicopter, ambulance, and bus. Neighboring Bernie Moore Track Stadium served as a helipad for countless arrivals and departures. By the time medical services



## EARL K. LONG MEDICAL CENTER



THE LSU/VA  
MEDICAL COMPLEX  
IS SCHEDULED TO OPEN 2011.



*In March 2006, a congressional delegation toured the damaged MCLNO.*



*Senator Bill Cassidy, M.D., was instrumental in providing emergency medical care in Baton Rouge during the Katrina crisis.*

peaked at the LSU athletic facilities on September 8, 2005, they had a capacity of 800 beds, and more than 1,700 medical personnel from all parts of Louisiana and the nation had cared for 6,000 patients.

Besides providing health care and medical supplies on the LSU campus during this emergency, the staff of EKLMC, which sustained only minimal storm damage, immediately implemented its full surge

### *EKLMC Growth Will Improve Regional Health Care*

Baton Rouge now has the largest population in Louisiana due to the diaspora that Katrina created. EKLMC recognizes that it must serve this population while it maintains its commitment to quality, but the current building housing EKLMC can no longer sustain its mission. The 2003 Facility Condition Assessment that LSU



*A preliminary sketch of the new LSU HCSD hospital in Baton Rouge.*

capacity: it added beds in nonclinical space, staff worked double shifts, and rapid triage in the emergency room quickly evaluated evacuees' medical needs. Staff designed a waiting area for the medically needy who were in transition to shelters and sent medical equipment and supplies to EKLMC sister hospitals in Bogalusa and Independence. Strategically located in Baton Rouge, EKLMC had the resources, expertise, and dedicated staff and volunteers to be a linchpin in the emergency response of LSU HCSD.

HCSD commissioned indicated that LSU must replace the building, which the assessment characterized as dilapidated, among other things, and the Accreditation Council of Graduate Medical Education has twice indicated that EKLMC may lose accreditation of its medical education activities due to the condition of EKLMC. The new EKLMC will allow for expanded research activity and for EKLMC to comply with the accreditation standards of the Joint Commission on Accreditation

of Healthcare Organizations. These accreditations are essential for LSU Hospitals to continue to train and to provide to Louisiana its health-care professionals.

In addition to the provision of predoctoral and postdoctoral health-care education, the new hospital will have the only trauma center in greater Baton Rouge. In 2004, EKLMC had 5,535 medical/surgical admissions, including 802 births; 44,181 emergency room visits; and 124,487 outpatient visits at EKLMC clinics, including the Mid-City and South Baton Rouge locations. In 2004, 240 medical students, 184 medical residents and fellows, and over 500 nursing and allied health students received training at EKLMC. However, in 2005, Hurricane Katrina greatly inflated these numbers as EKLMC first responded to the sudden influx of those escaping the storm and then to the temporary closing of MCLNO. The importance of EKLMC to patient care and health-care education in Louisiana has become greater than ever. With the strains that these newly enlarged populations have put on EKLMC, the eight-parish area that EKLMC serves now more than ever needs a new hospital, one that will be near the South Baton Rouge medical corridor and the health-care providers and specialty services that can support a trauma center and one that will have the faculty, facilities, research capabilities, equipment, and services to be a true academic medical center.

In the meantime, EKLMC will continue to fulfill its responsibilities, providing proven innovation and timely intervention in its patient care. Comprehensive preventive care is instrumental in effective patient management. Therefore, EKLMC will open

its new north Baton Rouge clinic in 2008. One mile north of the main campus of EKLMC on Airline Highway, the new clinic will be the umbrella facility for specialty clinics now housed at EKLMC, such as OB/GYN and internal medicine, and will have its own laboratory, pharmacy, and radiology services. Easily accessible, this \$12.5-million project will exemplify the best in health care and will accommodate the region's rapidly growing population.

The strengths of the LSU Health Care Services Division became clear in the days following Hurricane Katrina and then Hurricane Rita. During the dark hours of that time, EKLMC was the broad shoulders of this body of hospitals. It carried many burdens, eased many pains, and, without faltering, gave hope to many when they were in desperate need.

## BOGALUSA MEDICAL CENTER

**H**urricane Katrina hammered Bogalusa long before it tore through town. By dawn, Bogalusa Medical Center (BMC) had lost power. That afternoon, as the Category 3 storm howled all around BMC, rain poured into all three floors and the basement. The wind was so fierce it ripped bricks off the building and air conditioners from third-floor rooms. Early on, staff moved their patients into the hallways for protection. Throughout that long day, the staff calmed and cared for them and kept a watchful eye on the havoc unreeling around them. By evening, the wind dwindled, ending one ordeal, but another was beginning.

As the storm approached, senior staff, who, by fortunate coincidence, the week before



BOGALUSA MEDICAL CENTER



*BMC inpatient and emergency services remained open after Katrina struck though the storm significantly damaged the campus.*

had received training from the Office of Homeland Security in health-care incident management during catastrophes, diligently implemented predisaster preparation, including closing clinics and canceling elective surgeries. Once the storm passed, they assessed damage and began mitigating losses. Housekeeping and facility services staff extracted water from the hospital while, in cruel irony, the failure of the city water system would leave BMC without

Everything was in short supply except the dedication of BMC staff and their determination to provide health care despite calamitous circumstances. BMC inpatient and emergency services remained open. Working with Washington Parish officials, BMC became the only drug store in the parish and provided more than 7,000 refill prescriptive medications in the five days after the storm and medicine and supplies to volunteer medical teams traveling to the



*BMC employees pitched in to unload much-needed emergency supplies after Katrina.*

running water for days. The temperature in BMC, which would be without power for six days, soon climbed beyond 100 degrees. BMC staff also cared for more than 140 New Orleans nursing home residents in the Varnado High School Gymnasium.

rural areas of the parish. Two LSU medical students who couldn't get to New Orleans assisted the three BMC emergency-room physicians, who treated a steady stream of patients. Without communication, cut off from outside assistance by fallen trees and

downed power lines, BMC experienced severe shortages of food, water, fuel, linens, medical supplies, all that a hospital needs



*Hurricane Katrina pushed rain into all three floors and the basement of Bogalusa Medical Center.*

to function, yet staff performed heroically though many suffered the same fate of those all around: severely damaged or destroyed homes, families scattered everywhere.

### *BMC Recovers and Progresses*

BMC remained open through one of the worst hurricanes to hit the area and, with no time to catch its breath, maintained the provision of health care when so many were without. It continues to strive, as it had before Katrina, to be the premier medical center on the north shore. It is expanding ophthalmologic, imaging, cardiac, pediatric, and OB/GYN services.

In concert with Dr. Stephen Capps, BMC has established a unique ophthalmology residency in which BMC uninsured patients receive care in Dr. Capps' private clinic, an innovation that allows BMC to expand basic services and to add eye specialty services.

The increased post-storm patient volume and new services have intensified the need for more extensive cardiac monitoring services. The need is even greater now.

Though BMC is experiencing growing pains, it has risen to the occasion. BMC laboratory services have expanded to include cytology. Two cytotechnologists and a fulltime pathologist from the LSU Department of Pathology have joined BMC. With new equipment, this expansion significantly improves BMC pathology services. BMC will also serve as a cytology processing center for other LSU HCSD hospitals.

BMC seeks to provide full pediatric services twenty-four hours a day, seven days a week, and has completed plans for the construction of a new obstetrics unit. In conjunction with the LSU Department of Family Medicine, BMC is establishing a rural family practice program.

Due to the rising number of patients in the months following Katrina, BMC has, on average, a 12% monthly increase in new



*Wind and rain assaulted the rooms of patients during the storm.*

patients. Some areas in particular, such as psychiatry and surgery, have experienced significantly higher increases. Despite the setback from the storm, BMC has responded to these demands; it established a crisis-response team for mental-health care and



### SGT. MARSHALL PIERRE

"I was faced with some big decisions: how to protect the hospital staff, as well as keeping the 'bad guys' out," says Sgt. Marshall Pierre of his efforts at Charity Hospital during Katrina. A public safety officer, Sgt. Pierre's heroic rescue tales are plentiful. In one instance, he saved infants by carrying them to safety in a small boat, with gunfire ringing in the air. "There was no time to waste," says Sgt. Pierre. In recognition of his heroic actions, Sgt. Pierre was awarded the Medal of Valor. Created by Congress in 2001, it is the highest national award bestowed on a public safety officer who has performed a selfless and/or courageous act taken with full awareness of the danger involved and the risk to his or her own life. "The Medal of Valor is an honor to have, but I'm not the only hero," says Sgt. Pierre. "I just did what I thought was right and what I was trained to do."



LALLIE KEMP REGIONAL  
MEDICAL CENTER

has added two surgeons to its medical staff. With adept adaptation, BMC now has for the first time twenty-four hour, seven-day-a-week surgical call coverage.

One of the twin catastrophes that hit Louisiana within a month, Katrina squarely struck Bogalusa. BMC sheltered the sick during the storm, and, in the desperate days of its aftermath, BMC adapted to the needs of its community. BMC has continued to adapt and to innovate, expanding and adding services and specialists. As the demands on BMC steadily grow, it will continue to offer a steady hand to those in need, one of comfort, of healing, and of skill.

LALLIE KEMP REGIONAL  
MEDICAL CENTER

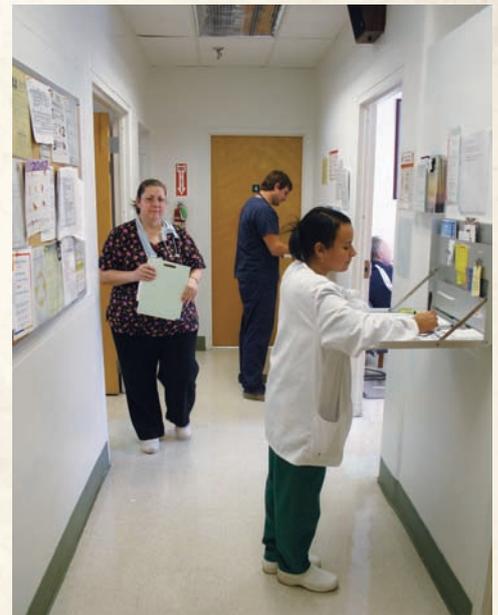
Few figures say more about the LSU HCSD safety net than the 24% of the cancer patients at the Lallie Kemp Regional Medical Center (LKRMC) who have New Orleans' addresses. Hurricane Katrina tested the durability of this net, but found that it remained firmly in place, and, in the following days and weeks, it strengthened.

The LKRMC Oncology Program is testament to this strength. LKRMC reinstated the program in March 2005. A year later the program doubled in size.

LKRMC also tripled the amount of space it devotes to chemotherapy treatment and has new reclining chairs for infusion patients. The area has its own private entrance for cancer patients—an essential accommodation that decreases the risk of infection in this immunocompromised population.

Ever vigilant, the oncology staff has scanned the medical history and treatment records of patients onto electronic flash drives so that patients can carry their records and resume treatment wherever they are if another evacuation occurs. In the wake of Katrina, LKRMC recognized the need of LSU HCSD patients for treatment and swiftly provided it.

Like other LSU hospitals, LKRMC quickly adapted to the evolving needs of



*The staff of the LKRMC Oncology Program doubled in size to meet the increased post-Katrina demand for services.*

health-care education in LSU HCSD. The LKRMC Ophthalmology Clinic expanded to five days a week with the availability of surgery and LSU faculty and residents, who arrived immediately after Katrina. The LKRMC administration saw the need for the continuation of this specialty education and for the opportunity for additional



*LKRCM quickly responded to the dislocation of LSUHCSD cancer patients and tripled the amount of space it devotes to chemotherapy treatment*

health care for its community. The LSU residency program in ophthalmology is now a permanent part of LKRCM.

*LKRCM Provides Multifaceted Services to a Community in Crisis*

Immediately after Katrina, LKRCM responded to the needs of the community. Despite temperature in LKRCM reaching 100° due to a four-day loss of power, the medical center remained open. Working from back-up generators, staff used portable fans to cool patients and portable air conditioning units for patients in critical care areas. Patient care and comfort remained foremost for staff, regardless of the circumstances.

The nearest special needs shelter was sixty miles away, but the nationwide Katrina-fueled gas shortage curtailed travel. Therefore, LKRCM accepted those on ventilators or oxygen; gave services, shelter, and food to them and their families; and distributed oxygen cylinders to the housebound in the community. Without question, LKRCM breathed life into those struggling to maintain it.

The LKRCM pharmacy also opened immediately for outpatient services and provided free medicine of all sorts until early 2006. It filled approximately 5,000 prescriptions. In many instances, the pharmacy provided to outpatients, residents, and those who fled the New Orleans area life-sustaining medicines when they were not available anywhere else.

Turning lemons into lemonade, Tangipahoa Parish School Food Services donated to LKRCM more than three and a half tons of frozen food after a school cafeteria lost power. LKRCM in turn fed patients, their families, and employees. Beyond fulfilling its role as healer, LKRCM offered a helping hand to its community and those seeking refuge with the grace that has always exemplified its place in the region.

UNIVERSITY MEDICAL CENTER

When Hurricane Katrina hit, University Medical Center (UMC) opened its safety net in twofold fashion, transforming the provision of health care in the region. In the days after the storm, UMC first received those in need fleeing New Orleans. A few weeks later, it then received students, residents,



UNIVERSITY MEDICAL CENTER



DR. PETER DEBLIEUX

The day after Hurricane Katrina hit, the situation inside Charity Hospital was desperate. Water surrounded the seventy-year-old building, power was gone, and the backup generators were flooded. With the water rising, Dr. Peter DeBlieux and his staff set up a makeshift emergency department in a second-floor auditorium for fifty critically ill patients, carrying the sick up the stairs in the stifling heat. “In the space of an hour and a half, we moved our entire emergency room up one flight of stairs,” said Dr. DeBlieux. “Using flashlights, we jury-rigged ventilators to breathe for people. It was amazing.”

and staff of LSU Hospitals who were re-establishing their lives and livelihoods because the storm had destroyed MCLNO. More than a year later, that transformation remains.

Immediately after Katrina, UMC opened additional beds and reorganized its nonpatient-care and clinic nurses to receive LSU HCSD patients from New Orleans, but FEMA dispersed these patients nationwide. Therefore, UMC didn’t receive the immediate influx it had anticipated. However, this well-intentioned federal action created another crisis: dispersed patients were separated from their families, many of whom were also displaced—neither knew where the other was. UMC staff adroitly adapted: it established a group of employees who made almost 1,000 phone calls to reunite dislocated family members.

The mass of evacuees migrating from New Orleans quickly swelled in Lafayette. Health-care needs soon reached critical

proportions. To stem this crisis, the state of Louisiana and the city of Lafayette soon established an evacuation shelter and a special needs shelter, where UMC nurses and doctors, alongside those from private practices and hospitals, attended to patients. UMC also established a special needs clinic, and it soon began receiving patients of all kinds en masse from New Orleans. The hospital and outpatient censuses quickly climbed. Vendors donated supplies and equipment to meet the increased demand.

UMC used volunteer nurses from California and the National Health Services to relieve the nonpatient-care and clinic nurses who were working overtime. The demand for nurses is still high after the storm.

LSU Hospitals exhibited impressive agility. UMC handled with aplomb this sudden increase in new patients. It then took on additional medical students, residents, physicians, allied health staff, and services,



*Due to the massive relocation of LSU HCSD patients, the number of patients at UMC increased dramatically.*

unfolding its net once more to provide the continuation of education and health care that these in the LSU family had pursued before the destruction of MCLNO. Today, some services remain, such as ophthalmology, interventional cardiology, and kidney transplant. The only interventional cardiology services in the LSU HCSD are at UMC and MCLNO; UMC is now a referral center for the other LSU hospitals.

### *Transplanted Transplant Team Takes Root in UMC*

In less than a year after its relocation to UMC, the surgical team of the UMC Kidney Transplantation Center performed twenty-four kidney transplants, the first on December 9, 2005. From then until September 30, 2006, nine patients received kidneys from living donors, 15 from deceased.

When Katrina forced the transplant program from its home in New Orleans, LSU Hospitals quickly acted. It offered the space and support for the program at UMC, and, in little more than three months, the program resumed surgery. Nineteen recipients are from the Acadiana parishes, two from Tangipahoa, and one each is from Orleans, Jefferson, and the state of Mississippi.

Under the medical direction of Dr. Daniel Frey, the UMC transplant team consists of surgeons, nephrologists, cardiologists, radiologists, registered nurses, social workers, registered dietitians, financial case managers, and laboratory technicians. The UMC Transplant Program is approved as a kidney transplantation center by the Centers for Medicare and Medicaid Services, and it is an approved kidney

transplant program with the Organ Procurement and Transplantation Network/United Network for Organ Sharing.

### *ER and Ophthalmology See Bright Future at UMC*

Long before Hurricane Katrina pushed thousands into Acadiana, the UMC emergency room had outgrown its space. The pressure of a bigger post-storm population simply amplified this growth. In the 2006 legislative session, Senator Donald Cravins was instrumental in the acquisition of funding for a new and larger emergency room. UMC will soon begin planning for this project.

In the wake of hurricanes Katrina and Rita, Dr. Paul Azar and his staff of seven ophthalmologists saw need in Lafayette. They established an eye clinic at UMC and quickly resumed the mission of LSU HCSD education and health care in November 2005. Since then, these eight ophthalmologists, who specialize in cataract surgery and laser therapy for the treatment of glaucoma and diabetic retinopathy, average about six cataract surgeries a week and 500 patient visits a month. The UMC Ophthalmology Clinic is one of a series that LSU HCSD established after the devastating 2005 hurricane season. LSU HCSD also opened eye clinics in the Medical Center of Louisiana at New Orleans, Bogalusa Medical Center, and Lallie Kemp Regional Medical Center.

### *Role Reversal Serves UMC Well*

When UMC staff extended its health-care safety net in August 2005, they had no idea that a month later they would be on the opposite side of the net. In late



GAIL GIBSON, R.N., M.N.

Without power, in the dark and hot University Hospital, Gail Gibson, R.N., M.N., and her staff for five days cared for the smallest and most sickly babies. Flooding cut them off from rescue, medical supplies diminished, and the temperature topped 100° while they cared for twenty babies and twenty-five women, a few of whom would soon be due.

“The staff did a great job. A lot had concerns about their own families and homes,” she said. “But they kept their focus on their patients. Our greatest concern was maintaining the health and well being of babies and mothers in the hospital.”

She and her staff did not lose a mother or baby during the storm or the transport out of the hospital five days later even though some moms and babies were sick and babies were being born. “We delivered five babies,” said Gibson, who is the director of maternal and child and medical surgical services for the hospital. On their last night in the hospital, the staff successfully delivered a twenty-three-week-old preemie using lights and medical equipment run by portable generators.

Pleased with the return to service of seventy-five medical surgical beds at UH, she is also happy that most of her staff are back. “They now have additional experience that they acquired working in hospitals throughout the nation,” she said. “Their experience will only make us stronger.”



## HUEY P. LONG MEDICAL CENTER

September, they watched, with disbelief, as Hurricane Rita drifted west northwest across the gulf toward southwest Louisiana with winds topping 140 miles per hour. Rita would eventually make landfall near the Texas-Louisiana border, punishing southwest Louisiana with tornadoes, relentless winds, and massive flooding.

Well before the hurricane hit, LSU Hospitals, UMC, and Huey P. Long Medical Center (HPLMC) mobilized helicopters, ambulances, buses, and automobiles to transport patients and staff from UMC to HPLMC in Alexandria and babies to Woman's Hospital in Baton Rouge. HCSD did not wait for the calvary this time around. Evacuation logistics and emergency personnel mobilized two days before landfall. Essential UMC personnel remained at the medical center for what would be a category 3 hurricane. HPLMC in Pineville now played the role UMC had a month earlier: it wholeheartedly welcomed and cared for UMC patients and staff, providing shelter from the storm, until UMC staff could return home and ease the suffering of those whose towns Rita had obliterated, just south of Lafayette.

### HUEY P. LONG MEDICAL CENTER

No other institution in the LSU Health Care Services Division exemplifies the strength of a safety net of health care better than Huey P. Long Medical Center in Alexandria, Louisiana. Away from the coast and centrally located, HPLMC

received patients from other LSU hospitals who evacuated due to hurricanes Katrina and Rita. HPLMC received more than 1,400 patient visits as a result of the two storms, it provided medication to those who had no other recourse, and its staff cared for hundreds in shelters in the area.

HPLMC typically admitted those who already were inpatients in evacuated hospitals and women about to give birth. Its new outpatients typically were chronic-disease patients in need of prescriptions and close monitoring. HPLMC and the Office of Public Health developed a pharmacy in the special needs shelter at LSU-Alexandria and provided it with medical supplies. Besides providing care at this shelter, HPLMC physicians and nurses saw more than 800 patients at emergency shelters in the area, providing immunizations, monitoring chronic conditions, and offering hope.

During both storms, HPLMC fulfilled its role without fail as a Tier 1 acute care facility and maintained emergency intraregional communication with others. HPLMC increased staffing and resources to meet the influx of patients; it opened all of its beds and purchased more beds. Like other LSU HCSD hospitals, HPLMC hired and provided accommodations for LSU HCSD employees who had evacuated coastal Louisiana. Trainees resumed their residencies at HPLMC, permitting LSU HCSD to fulfill its mission not only of health care but also of health-care education, despite the catastrophes that had consumed much of Louisiana.



LEONARD J. CHABERT  
MEDICAL CENTER

*The numerous strengths of LSU HCSD hospitals allowed patients fleeing hurricanes Katrina and Rita to resume care with little delay.*

### *HPLMC Serves Key Function in Emergency Preparedness*

The location and superior health care capabilities of HPLMC permit it to be a surge hospital for LSU HCSD. With this formal designation, it is the first LSU hospital that receives patients evacuated from other LSU hospitals and also receives staff from these hospitals who will then care for the evacuated patients, exhibiting the extreme resiliency of the LSU health care system.

In times of crises, HPLMC is the keystone in the LSU HCSD emergency preparedness system, and in the provision of daily health care it is the enduring foundation for thousands in its region.

### LEONARD J. CHABERT MEDICAL CENTER

The southernmost medical center in the LSU Health Care Services Division, Leonard J. Chabert Medical Center (LJCMC) in Houma saw Hurricane Katrina roar ashore to its east and, less than a month later, Hurricane Rita to its west. LJCMC received blows from each, but exemplified the strength of an integrated hospital system.

Immediately after Katrina, LJCMC provided health care to the local area as well as to those who had fled the New Orleans area. Aware of the imminent need, the administration of LJCMC opened all of its beds. Then, five days after the storm, without warning,



#### DR. JAMES AIKEN

“Every night was a very, very scary situation. I mean, you could hear the gunfire. We even had a S.W.A.T. team come through the hospital because they had received a report of a hostage,” says Dr. James Aiken of the tense situation inside Charity and University hospitals during Hurricane Katrina. When it became apparent there would be no organized evacuation by the authorities, Dr. Aiken began to orchestrate his own evacuation plan. Five days after caring for patients under unimaginable conditions, more than 350 patients were removed, many of them critically ill. “They left by boat, helicopter, National Guard trucks, you name it.” Only when the last patient left did Dr. Aiken and his staff evacuate. “When that last patient went off and the last staff person waved to me, that was the moment I knew we’d pulled off something we never would have imagined being able to pull off before all this started.”

helicopters suddenly descended onto the LJCMC campus and ambulances rolled up to its ER, delivering twenty-seven patients from Louis Armstrong New Orleans International Airport. They suffered from diabetic comas, dehydration, chronic kidney disease, and infections, among other conditions. LJCMC met this sharp increase in patients with the unwavering dedication of its staff and with

Temperatures hovered near 100°. The humidity in the operating room was nearly 100%, which prohibited surgery; laboratory analysis machines were inoperable; meals had to be shipped into the hospital. Katrina increased the patient population by a third. Under the strain of this constant hardship, LJCMC remained open, due to the enduring dedication of its staff.



*Without warning, military helicopters like these descended onto the campus of LJCMC, bearing patients in need of immediate medical attention.*

displaced residents and physicians from MCLNO, who resumed their duties despite their own sudden dislocation. Nearly seventy residents and faculty from MCLNO joined with the staff of LJCMC overnight. Part of the family of LSU HCSD, all shared responsibilities without hesitation despite declining conditions in LJCMC, which was without power for more than a week.

Though Hurricane Rita ripped through southwest Louisiana a month later, far removed from LJCMC, the intense storm flooded 820 square miles of Terrebonne Parish, pushing water within a few hundred yards of LJCMC. An alligator lounged in its parking lot. Well-versed in evacuation from its experience with Katrina, LJCMC transported patients to other HCSD



*The evening of September 3, seven helicopters and thirteen ambulances transporting twenty-seven patients suddenly arrived unannounced at LJCMC, which activated its emergency disaster plan to accommodate the patients.*

hospitals statewide, including Lallie Kemp and Earl K. Long medical centers, but the emergency room remained open. Two days later, LJCMC resumed full services, and they were in great demand. Patient visits to the emergency room increased by 30%; physicians saw conditions they hadn't in years—water-borne diseases people contracted negotiating the ordeal of flooded homes and towns. The number of injuries, such as hand fractures, cuts, and bruises, rose as the populace tackled repairs. More than ever, the region needed LJCMC, and LJCMC quickly expanded many departments to meet the many needs of the region. A larger post-Katrina population in the region remains. LJCMC has added a program in internal medicine to meet this population increase and has made permanent its expansion of programs in

gastroenterology, cardiology, physical medicine and rehabilitation, urology, and dentistry. However, LJCMC must continue to add and expand programs to meet the needs of more patients.



*Hurricane Katrina tore the siding off Leonard J. Chabert Medical Center.*



HEROES

**DR. ERICA FISHER**

Like many New Orleanians, Dr. Erica Fisher has a long relationship with Charity Hospital, but hers is unique. She was born there, she began her residency in emergency medicine there, and, when Katrina hit, she was there.

No other event has tested the training of residents as Katrina did. Along with the rest of the staff, Dr. Fisher was in Charity for five days. "We knew what was going on in the city with the flooding," she said, acknowledging her concerns about the safety of patients and staff. "We had no power, and our supplies were running out. We moved all of the patients into one auditorium. But we all bonded, kept calm, and worked together. We did a great job, a fantastic job."

Besides the deteriorating conditions in Charity, she had another worry: her family was in the Lower Ninth Ward, one of the most severely flooded sections of the city. Her family survived, but her home didn't. Like thousands in the area, she lives in a FEMA trailer.



W.O. MOSS REGIONAL  
MEDICAL CENTER



*Cindy Blanchard, RN, CDE, Paige Robichaux, RN, CDE, and Bethany Donaldson, LDN, RD, CDE, are part of the Diabetes Education and Wellness Program team at Leonard J. Chabert Medical Center.*

W.O. MOSS REGIONAL  
MEDICAL CENTER

**H**urricane Rita ripped apart southwest Louisiana and did not spare the Dr. Walter O. Moss Regional Medical Center (WOMRMC). Well aware of the impending danger before Rita hit, WOMRMC evacuated patients to Huey P. Long Medical Center on September 22, 2005.

Ugly Rita arrived on the 23rd, wrecking the region with a tremendous storm surge and Category 3 hurricane winds. It did not miss WOMRMC.

Each floor of WOMRMC received extensive damage. The surgical suites and buildings housing the departments of social services,

patient advocacy, infection control and infectious diseases were severely damaged. WOMRMC was closed for repairs for nearly a month, then reopened for limited services. Calcasieu Parish was closed to nonessential citizens for three weeks, but the employees of WOMRMC served as volunteers in shelters and rebuilding efforts and donated to community-based organizations assisting those whom Rita harmed. All departments at WOMRMC opened by late 2006, and it has added a walk-in clinic.

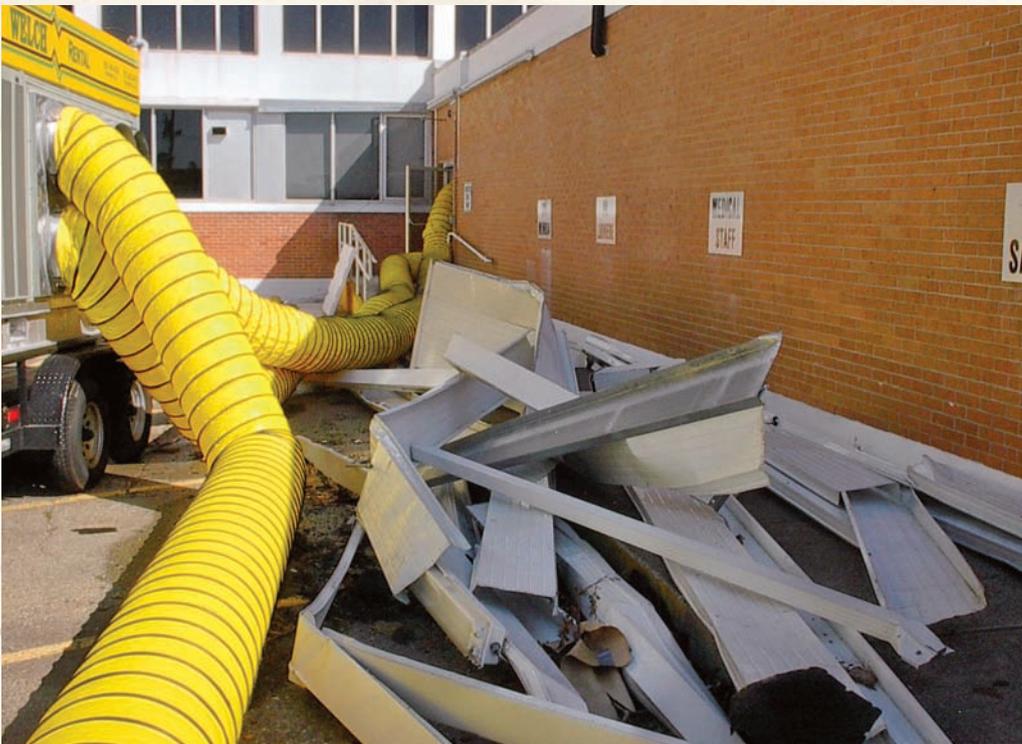
Even before Hurricane Rita, WOMRMC employees shared a sense of commitment to those in their immediate community and to the community at large. Just weeks before Rita, in August 2005, WOMRMC gathered supplies for a special needs shelter

at McNeese University as Hurricane Katrina approached. WOMRMC provided lab services for the shelter and filled many prescriptions for those fleeing Katrina. WOMRMC employees worked at shelters throughout greater Lake Charles, only to evacuate with their patients a few weeks later.

In this dire time, WOMRMC illustrated the versatility and strength of an integrated hospital system. With access to the LSU HCSD telemedicine system, WOMRMC Department of Health Information generated medical records for MCLNO patients who were in Lake Charles. The elasticity and safeguards of the telemedicine system allowed WOMRMC staff to serve LSU HCSD patients regardless of their place of origin.



*As powerful as Katrina, Hurricane Rita blew out windows at WOMRMC.*



*Extensive damage to each floor of WOMRMC forced it to close for nearly a month.*



HEROES

DR. CATHI FONTENOT

“Everyone who worked in those hospitals was a hero in his or her own right,” said Dr. Cathi Fontenot, medical director of the Medical Center of Louisiana (Charity and University hospitals). Dr. Fontenot was honored for her work and dedication during Hurricane Katrina as one of Glamour Magazine’s “Women of the Year.”

While at University Hospital during the storm, Dr. Fontenot learned that her father, recently diagnosed with cancer, was dying. “I was in contact with my family in Lake Charles,” she said. “My goal was to get out of the city as soon as possible and be with my father.”

She arrived at his bedside in the early morning hours of September 3. “I walked over to my dad and said, ‘Dad, it’s Cathi. I’m home now, and I love you.’” He died a few hours later.



*WOMRMC is an essential part of the health-care equation in southwest Louisiana.*



*Two days before Katrina hit, Mrs. Jovita Conway received open-heart surgery at MCLNO. She endured the storm and evacuation and is now thriving.*

### *WOMRMC Offers Road to Recovery for Mrs. Conway*

Mrs. Jovita Conway, a patient of the WOMRMC Congestive Heart Failure Clinic and Medical Center of Louisiana at New Orleans, testifies to the collaborative strength of the LSU HCSD. Two days before Katrina hit, on the referral of her WOMRMC primary-care physician, Mrs. Conway received open-heart surgery at the MCLNO. After the storm wrecked the city, Mrs. Conway, still an ICU patient, was floated out of the hospital on a mattress to a boat that carried

her through the flooded streets to dry ground and an ambulance that sped her to Baton Rouge. Several weeks later, Mrs. Conway returned to Lake Charles. The WOMRMC Congestive Heart Failure Clinic replaced all of the medicine she had lost in Katrina, giving her a six-week supply. Then the arrival of Rita put Mrs. Conway on the road again, delaying her rehabilitation. Despite the one-two punch of Katrina and Rita, Mrs. Conway persevered and has enjoyed a remarkable recovery due to the collaboration and dedication of the staffs of WOMRMC and MCLNO.



# HEALTH CARE EFFECTIVENESS

## THE TIE THAT BINDS GOOD HEALTH

Some diseases can go the way of the dinosaur, with effective management. Diabetes can be controlled, or even eliminated, with proper diet and insulin; medication can corral hypertension. Education can prevent the spread of

and hypertension to its core program, which focuses on asthma, diabetes, cancer screening, congestive heart failure, and HIV.

Dr. Michael K. Butler, LSU HCSD chief medical officer, manages the health care effectiveness program, which taps into a



*The health care effectiveness program strives to keep people healthy and out of the hospital and has done so with significant success.*

HIV, and healthy habits may curtail its progression. The goal of a disease management program is to make disease extinct or at least an endangered species.

The nationally recognized LSU HCSD Disease Management Program has added tobacco control, chronic kidney disease,

statewide team of staff from each LSU HCSD facility, as well as specialists for each chronic disease and area of focus. The team has developed indicators for disease management programs, patient satisfaction, emergency departments, patient safety goals, the medication assistance program, and patient



*Early intervention is a key to effective health care.*

DONORS RUSH TO THE AID  
OF LSU HCSD



*The people of the Kingdom of Saudi Arabia and Saudi Aramco donated to LSU HCSD a mobile MRI unit.*

Just hours after Hurricane Katrina ravaged south Louisiana, multiple organizations with close ties to LSU HCSD donated their time, services, and money.

The nonprofit organization Operation Blessing donated more than \$20 million worth of drugs and medical supplies. Two months after Katrina, LSU HCSD had a pharmacy in operation in the New Orleans convention center and was able to use this donation immediately. The other hospitals in the LSU HCSD also had access to this donation.

Pharmaceutical giant Pfizer, Inc., donated more than \$13 million in cash and pharmaceutical products to storm-ravaged areas. That includes funding for a mobile ophthalmology unit to help MCLNO provide care in areas still without medical facilities due to the storm. Pfizer,

access to clinics. To measure improvement in care, the team examines outcomes for asthma, cancer screening, congestive heart failure, diabetes mellitus, HIV, and other conditions. In essence, the program wants to keep people healthy and out of the hospital. Here are a few ways it is doing that.

*Chronic Renal Disease  
Prevention Program*

Chronic renal disease arises from many of the chronic diseases, especially diabetes, HIV, and congestive heart failure, in the LSU HCSD patient population. The slow decline in renal function is difficult to identify without ongoing careful monitoring of a patient's lab data. Therefore, the health care effectiveness team is establishing an information technology project that will use a renal disease database of the results of common lab tests from throughout LSU HCSD to identify patients who are in the early stages of kidney disease and then to monitor its progression. A physician can then provide the appropriate treatment should a patient move from one level of renal disease to the next and offer education, nutritional counseling, aggressive blood pressure control, medications, and early surgical referral for shunt or catheter placement when needed. Early intervention can forestall or even avoid renal failure and provide the patient better health. For Louisiana, the delay or prevention of renal dialysis can save up to \$50,000 a year per patient.

*Dr. Michael K. Butler  
LSU HCSD chief  
medical officer*



*Clinical Standardization Improves  
the Bottom Line and Patient Care*

More savings offer more opportunities to improve health care. Clinical standardization, an integral part of the health care effectiveness disease management process, provides LSU HCSD with competitive prices on radiological, pharmaceutical, laboratory, and medical-surgical supplies—high-volume or high-dollar products—without compromising quality or patient care. A standstill budget doesn't allow for inflation or the cost of new technologies, so LSU HCSD must innovate to decrease costs and has done just that, to great effect, with standardization and its group purchasing organization, which offers lower prices and more choices. Standardization drives down cost, decreases inventory, reduces the number of vendors, simplifies biomedical management and tracking, increases patient and provider safety, and decreases training and education requirements. As a result, LSU HCSD saved about \$2,096,104 for 2005-2006, a phenomenal savings since inflation and new technology annually account for a four- to six-percent increase in the cost of supplies and equipment.

*Core Indicator Project Gathers Data for Better Health Care*

For more than twenty years, the Maryland Hospital Association (MHA) Quality Indicator Project has shared among its members sensitive hospital data to improve clinical outcomes. More than a thousand acute care



*Clinical standardization drives down costs, decreases inventory, simplifies biomedical management, and provides LSU HCSD with significant annual savings.*

hospitals and health-care facilities share data in this project, which strives to meet regulatory-agency requirements for the measurement and reporting of clinical data to the Joint Commission on Accreditation of Healthcare Organizations and the federal government.

The MHA nationwide publication has twice featured LSU HCSD, first for the inventive implementation of the project product in this large system of LSU hospitals, then for the disbursement of results on the LSU health care effectiveness website.

To compile indicators, LSU HCSD collects from a patient's hospital bill or chart data on acute myocardial infarction, community-acquired pneumonia, heart failure, and pregnancy and related conditions. LSU will soon collect data for indicators targeting the prevention of surgical infection. A benefit of the project is documented performance improvements, better patient care and safety, and a more efficient health-care delivery system. The project also allows LSU HCSD to compare its indicators with similar data from hospitals across the country. The good news is that LSU hospitals compare favorably.

*Cost Avoidance Analysis Indicates Savings*

When LSU HCSD assumed responsibility for the Louisiana public hospital system in 1997, it implemented disease management programs that addressed the high-risk and high-morbidity conditions for which citizens of Louisiana were especially at risk: asthma, congestive heart failure, diabetes, and HIV. Therefore, 1998 is the baseline year from which LSU HCSD can assess its clinical and fiscal progress. In essence, LSU HCSD calculated a 1998 baseline cost per patient for each of the aforementioned conditions. It then calculated the cost for 2004 and found that it reduced the cost for each patient for a total cost avoidance for all patients of \$39 million. This avoidance

Inc., contributed \$300,000, which, together with funds from the employees of New York City Health and Hospitals Corporation, brought the total donation for the construction of the mobile unit to \$400,000.

“We have not forgotten you or your health care needs,”



*Earl K. Long Medical Center began using the mobile MRI in July 2006.*

said Ken Ardoin, Pfizer senior director of government relations in Louisiana.

In yet another very generous gesture, AstraZeneca gave \$1 million to MCLNO in March 2006, along with volunteer services two months later.

The donation is to help expand the MCLNO state-of-the-art telemedicine system and to support health care programs in six community-based health centers in New Orleans. The centers will offer primary care services by physicians, pediatricians, and internists and more.

Shortly after the storm, Siemens Medical Solutions USA, Inc., joined efforts with

Aramco Services Co.; its parent, Saudi Aramco; and the people of the Kingdom of Saudi Arabia in providing disaster relief assistance to LSU Hospitals. Siemens loaned diagnostic medical equipment and assisted the LSU HCSD information technology group in the recovery of vital medical data.

Aramco Services Co., Saudi Aramco, and the people of the Kingdom of Saudi Arabia also contributed much needed medical equipment, valued at \$8.8 million, including a mobile MRI unit that began operating at Earl K. Long Medical Center in July.

Siemens Medical Solutions also donated to LSU HCSD information technology software. With it, hospitals can track individual patients if another disaster occurs. It will also allow for a master patient index that will serve as the foundation for an electronic medical record throughout the system.

In addition, Siemens, GE, and Phillips loaned LSU HCSD mobile CTs and MRIs for a year.

For decades, countless patients in times of need have entered the doors of the hospitals of LSU HCSD. In its time of need, LSU HCSD saw others lend a helping hand.



*Clinical standardization offers LSU HCSD competitive pricing on radiological, pharmaceutical, laboratory, and medical surgical supplies—high-volume or high-dollar products—without compromising quality or patient care.*

can be directly attributed to the LSU HCSD disease management and health care effectiveness initiatives and reflects prudent fiscal responsibility at a time when health care costs have been steadily rising.

### *Disease Management Evaluation and Reporting Systems*

To determine the quality and effectiveness of programs for disease management and preventive health, a health care system, especially one as large as LSU HCSD, must be able to measure and to report performance and outcomes throughout the system in a comprehensive manner and over an extended period of time.

The keys to this measurement and reporting are the Disease Management Evaluation Database (DMED) and the Disease Management Statistics Reporting System (DM StaRS). DMED, a data warehouse with

extensive patient information, provides data for the analysis of clinical activities at all LSU HCSD facilities. The availability of this data, in turn, permits LSU to measure and evaluate its disease management and preventive health quality indicators. DMED, which has data from 1996 to the present, allows for a comparison of performance and outcomes over time. DMED has records on more than 1,770,000 patients and data on more than 15,790,000 outpatient and 640,000 inpatient encounters. The LSU HCSD health care effectiveness team manages DMED. The team uses DM StaRS for quarterly and ad hoc statistical analyses and summaries.

Available on the health care effectiveness website, DM StaRS is a web-based disease-management reporting tool for medical professionals and administrators to use to follow the performance of their disease management and preventive health programs. It allows one to query the

LSU HOSPITALS RECEIVE  
NATIONAL AWARD

INSTITUTIONS AND STAFF HONORED  
FOR SERVICE DURING HURRICANES  
KATRINA AND RITA

status of chronic disease and preventive health measures and provides longitudinal monitoring of performance in any of the specified disease areas. DM StaRS offers to LSU HCSD a comparison of performance and outcome indicators across its facilities and against national benchmarks.

*Electronic Emergency Department  
Log Improves Care*

Begun in 2002, the electronic emergency department log stores patient information and is essential for measuring patient access to emergency departments. The log provides data for thirteen key surveillance measures. The health care effectiveness team posts these monthly data on its website. LSU HCSD emergency departments use data from the log in support of the implementation of best practices to minimize waiting times and to maximize patient

access to care, quality, and satisfaction.

Since the log was designed and built with existing resources and as a partnership among all of the hospitals, the health care effectiveness team, and the computer services group, it was nearly cost-free, except for the purchase of server hardware and the time of employees. A paper ED log is far more expensive than the electronic log, which is essentially a free patient tracking system, which is useful for pursuing improvements in all LSU HCSD emergency departments.

*Neodata/Cubs Shares  
Info for Infants' Sake*

LSU neonatologists are leading the statewide initiative Neodata/Cubs to ensure continuity of care for the youngest, most fragile, among us, prematurely-born Louisiana infants. Uninsured parents often move in and out of public and private hospitals and clinics,



*Larry S. Gage, president of  
The National Association of  
Public Hospitals, presented the  
2006 Safety Net Award to Don  
Smithburg, CEO of LSU HCSD.*

The eight hospitals of the LSU Health Care Services Division are recipients of the 2006 Safety Net Award presented by the National Association of Public Hospitals (NAPH). The award recognizes the extraordinary dedication, service, and heroism that employees displayed during hurricanes Katrina and Rita.

“There are endless reports of the heroism and selflessness of health care workers responding to Katrina and Rita and caring for their victims,” said NAPH President Larry S. Gage. “In



*Neodata/Cubs ensures continuity of care for the prematurely born. The blue bilirubin light  
diminishes bilirubin and prevents brain damage.*

the first days and weeks after the hurricane, we heard of workers who refused to leave a facility while there were still patients there. When the definitive history of Hurricane Katrina is written, these men and women will be its true heroes.”

“In the face of adversity, our dedicated staff rose to the occasion,” said Rod West, chairman of the LSU Board of Supervisors. “This award is recognition of their personal sacrifice and commitment.”

attempting to find the health care for their children that their financial resources can afford. This hopscotching, however, can splinter a baby’s medical record, which is particularly important for one born prematurely or with complex health issues. Without a complete record, a physician may misdiagnose or order redundant medical tests to re-evaluate the child’s condition, wasting time, medical resources, and money.

NeoData/Cubs, which taps into both the private and public health-care systems in the state, allows a physician to gain electronic access to a child’s medical record in any facility until the child is seventeen years old. The child’s medical history in hospitals and follow-up clinics is recorded in a single database so that a physician can provide continuity of care, regardless of where previous care was offered. Researchers can also use NeoData/Cubs as a research tool to develop best-practice guidelines for the care of Louisiana newborns.

### *Cancer Care Adapts in Post-Katrina Louisiana*

LSU HCSD began its initiative in 1999 to increase cancer screening for breast, cervical, and prostate cancers throughout its hospitals. Since early diagnosis is essential to reducing the number of deaths from cancer in Louisiana, LSU HCSD has rigorously pursued screening in its patient population. In fact, in 2005, most facilities met the U.S. Public Health Service 2010 goal for women over the age of forty to receive mammography every two years. Under the direction of Dr. Mary Abell, the Medical Center of Louisiana at New Orleans developed in 2003 a one-stop

shop for cervical and breast cancer screening. This aggressive screening led to a marked change in the stage of disease at diagnosis for MCLNO patients until Katrina struck.

LSU HCSD also began community outreach projects for prostate screening under the direction of Dr. Walter Rayford. Louisiana has a high population of black males with late-stage diagnoses. Despite the setback that Katrina inflicted, scattering patients to all parts of the state, access to CLIQ, a web-based application that offers real-time patient information, permits physicians to develop appropriate timetables for patient prostate screening.

Hurricanes Katrina and Rita forced LSU HCSD to rethink its provision of cancer treatment. Early after Katrina, it expanded its treatment program at Lallie Kemp Medical Center to accommodate patients from Tangipahoa, Orleans, Jefferson, East Baton Rouge, Livingston, St. Helena, St. John, and St. Tammany parishes. LSU HCSD also developed the LA ONE group, a network of care providers for oncology patients who relocated due to emergency or disaster. Timely access to treatment is crucial for cancer patients. LSU HCSD reacted quickly to meet this need and continues to address this critical issue.

### *TCI Tackles Tobacco Use*

Tobacco use causes more than 7,000 deaths in Louisiana each year and more than 440,000 nationwide. The LSU Health Sciences Center in New Orleans, in partnership with LSU HCSD, the LSU Health Sciences Center in Shreveport, and the Louisiana Campaign for Tobacco-Free Living, is administering the

Tobacco Control Initiative, which provides standardized smoking cessation services to patients and employees of all LSU HCSD hospitals. The program uses assessment, behavioral counseling, pharmacotherapy, and other interventions for participants. It also is part of all disease management areas—HIV, diabetes, asthma, and congestive heart failure. Louisiana cigarette taxes pay for the program.

### *Diabetes Mellitus Program Faces Escalating Numbers*

The Diabetes Mellitus Disease Management Program is the most mature effort of LSU HCSD disease management and is critically important because of the increasing numbers of diabetes patients in Louisiana. In 1998, 18,000 diabetes patients were in LSU hospitals; in 2005, 29,000 were.

The American Diabetes Association (ADA) has recognized six LSU hospitals as being providers of excellence in diabetes care. The LSU HCSD program has met standards of excellence put forth by the ADA, the Diabetes Quality Improvement Project, Health Employees Data Information Set, and Department of Health and Human Services Healthy People 2010 goals. All eight of the LSU hospitals have ADA-certified education programs.

LSU HCSD is expanding its nationally recognized foot program at Earl K. Long Medical Center to prevent amputations for its diabetes patients elsewhere. It is using its telemedicine program to provide specialty foot care services to each of its hospitals and its rural access partners. LSU HCSD has demonstrated that patients in the telemedicine program whose

treatment follows LSU protocol and who are treated by a wound-care nurse specialist in consultation with a physician achieve results that are comparable to face-to-face clinic encounters. This innovation is another way that LSU HCSD is adapting to meet a growing health care need.

### *Medication Assistance Program Offers the Right Medicine*

In 1998, LSU HCSD initiated the Medication Assistance Program (MAP) to provide drugs for patients who are below 200% of the federal poverty level or who otherwise qualify for the drug discount program and who need the drugs in order to maintain good health. LSU HCSD has studied MAP and published results showing that MAP decreases emergency-room visits and hospitalizations and saves the state money. It also helps patients on tight budgets so that they won't have to choose between buying groceries or medicine, between paying the light bill or not. Such choices can result in higher medical expenses and more frequent hospital visits. In 2005, LSU HCSD provided over 30,000 patients with more than 573,000 prescriptions worth \$28.8 million. At the end of the 2005 fiscal year, the cumulative value of the drugs that LSU HCSD has provided to patients totaled more than \$155.9 million.

### *Telemedicine Delivers Specialists to More Patients*

Over the past decade, as LSU HCSD adapted to the shifting technological soils of a rapidly evolving health-care terrain, it has incorporated into its facilities telemedicine capabilities, which provide a sophisticated



*The Medication Assistance Program decreases the number of emergency-room visits and hospitalizations.*



*The electronic file cabinet will soon make paper medical records obsolete.*

network of telecommunications.

Since 1997, LSU HCSD physicians and health-care professionals, who may be miles from a patient, have conducted in real time more than 10,000 patient encounters, involving dozens of specialty and subspecialty areas, in more than twenty-five locations, including medical centers, clinics, and correctional facilities. LSU HCSD has given to Louisiana citizens access to its best specialists, wherever they may be, because it has continually acquired the best telemedicine technology.

LSU HCSD is expanding its telemedicine capabilities to capitalize on the many advantages of this method of seamless patient care, especially in a post-Katrina environment. It is building on its existing telemedicine infrastructure, reaping the benefits of its insightful planning, so that it can deliver comprehensive remote health care to its eight medical centers, their clinics, and emergency departments; the infirmaries of thirteen correctional facilities; and facilities of the Department of Health and Hospitals.

### *Smart Health Care Technology: CLIQ and SMaRDI*

Important components of the LSU HCSD medical informatics systems are Clinical Inquiry (CLIQ) and its Shared Medical Record Data Infrastructure (SMaRDI), which permit LSU HCSD to make substantial steps away from the problematic paper medical record. CLIQ, a web-based application, provides to clinicians in real time all patient information that is available electronically, such as the patient's medical history; lab-test

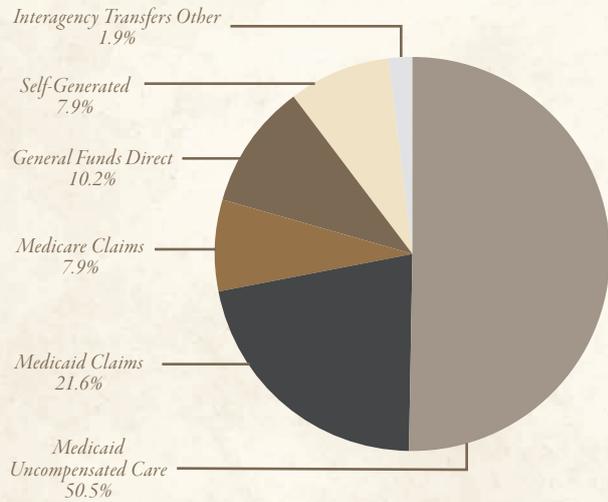
results; pharmaceutical prescription records; operative and consultation notes; pathology, cardiology, radiology, and electromyography reports; and more—all that is essential for the best medical care.

The foundation for the technical information system on which CLIQ is built, SMaRDI receives and processes more than 50,000 pieces of information daily and houses more than 825,000 patient records and more than 80,000,000 results and reports. Its secure infrastructure meets standards of privacy and confidentiality and assures that LSU HCSD is in compliance with HIPAA. Since 2003, more than 7,700 clinicians have used CLIQ, which serves approximately 1,000 users a day, who obtain information on 5,000 patients per day.

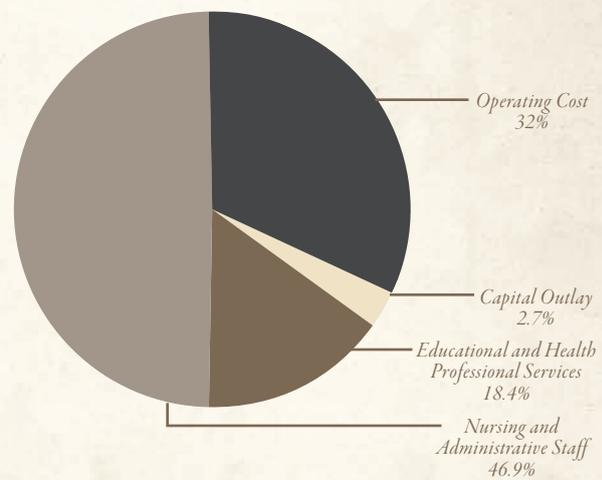
This acquisition of the best permitted LSU to adapt efficiently and quickly in the days after hurricanes Katrina and Rita to the massive upheaval of the Louisiana health-care landscape. Two weeks before Hurricane Katrina struck southeast Louisiana, LSU HCSD had nearly completed the upgrade of this network throughout its eight-hospital system, offering its staff access to patient monitoring data and records from any LSU hospital.

The planning of LSU HCSD over the years for the provision of the best health care, which, of course, included the acquisition of the best health-care technology, benefited Louisiana citizens in times of emergency, and the ongoing expansion of informatics in LSU HCSD will benefit its citizens in times of prosperity as well.

### FISCAL YEAR 2006 ACTUAL REVENUE MIX



### FISCAL YEAR 2006 EXPENDITURES MIX



•Source: HCSD PeopleSoft Reports

### HCSD HOSPITALS TEN-YEAR TREND IN OUTPATIENT VISITS

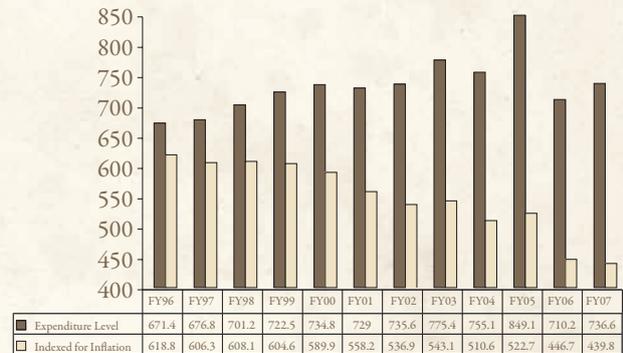
- Total Outpatient volume declined by 20%--a 21% decline for the ER and a 20% decline for clinic visits.

### HCSD HOSPITALS TEN-YEAR TREND IN ADMISSIONS

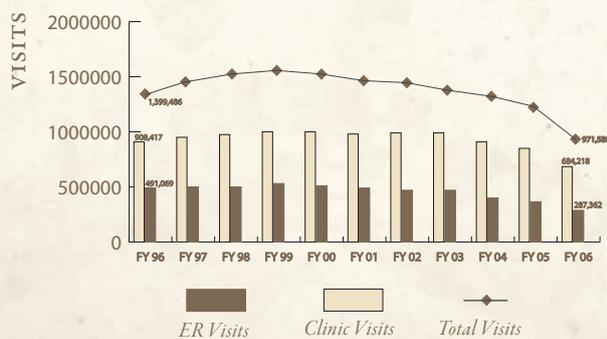
- Inpatient admissions declined by 37%.

### APPROPRIATED LEVELS VERSUS BUYING POWER HEALTH CARE SERVICES DIVISION TOTAL

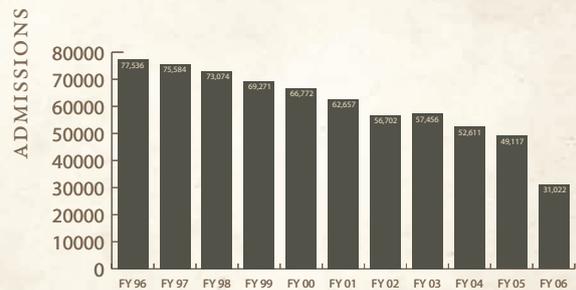
BASE YEAR 1995 (excluding E.A. Conway)



### HCSD HOSPITALS TEN-YEAR TREND IN OUTPATIENT VISITS



### HCSD HOSPITALS TEN-YEAR TREND IN ADMISSIONS



•Source: HCSD files •Excludes E.A. Conway in all years. •Includes nursery and psychiatric admissions.



# CONTACT INFORMATION

## LSU HCSD CENTRAL OFFICE

8550 United Plaza Blvd., 4th Floor  
Baton Rouge, LA 70809  
Switchboard: (225) 922-0488

Donald R. Smithburg  
Executive Vice President, LSU System  
Chief Executive Officer, LSU HCSD

Robert M. Plaisance  
Assistant Vice President, LSU System  
Deputy Chief Executive Officer | Acting CFO, LSU HCSD

Michael K. Butler, M.D., M.H.A., C.P.E., F.A.C.S.  
Chief Medical Officer | Professor of Surgery

## BOGALUSA MEDICAL CENTER

433 Plaza Street  
Bogalusa, LA 70427  
Switchboard: (985) 730-6700

Kurt Scott, F.A.C.H.E. | Hospital Administrator  
Lee Roy Joyner, Jr. M.D. | Medical Director  
Judy Farmer | Foundation President  
McClurie Sampson, Sr. | \*CAC Chair

## EARL K. LONG MEDICAL CENTER

5825 Airline Highway  
Baton Rouge, LA 70805  
Switchboard: (225) 358-1000

Clay Dunaway | Hospital Administrator  
W. Chapman Lee, M.D., F.A.C.S. | Medical Director  
Patricia Smith | Foundation President  
Diane Guidry Pitts | CAC Chair

## HUEY P. LONG MEDICAL CENTER

352 Hospital Boulevard  
Pineville, LA 71360-5352  
Switchboard: (318) 448-0811

James Morgan | CEO  
Gary L. Crockett | Acting Hospital Administrator  
David E. Barnard, M.D. | Medical Director  
Joe Rosier | Foundation President

## LALLIE KEMP REGIONAL MEDICAL CENTER

52579 Highway 51 South  
Independence, LA 70443  
Switchboard: (985) 878-9421

LeVern S. Meades | Hospital Administrator  
Kathleen Willis, M.D. | Medical Director  
Francis Bickham | Foundation President  
Laurance Schauf | CAC Chair

## LEONARD J. CHABERT MEDICAL CENTER

1978 Industrial Boulevard  
Houma, LA 70363  
Switchboard: (985) 873-2200

Larry D. Walker | Hospital Administrator  
Michael Garcia, M.D. | Medical Director  
Mona Christen | Foundation President  
Chris Chouest | CAC Chair

## MEDICAL CENTER OF LOUISIANA

AT NEW ORLEANS  
Butterworth Building  
1541 Tulane Avenue  
New Orleans, LA 70112  
Receptionist: (504) 903-9997  
Switchboard: (504) 903-3000

Dwayne Thomas, M.D., M.M.M. | Hospital Administrator  
Cathi Fontenot, M.D. | Medical Director  
Everett J. Williams, Ph.D. | Foundation President  
Nadine Henneman | CAC Chair

## UNIVERSITY MEDICAL CENTER

2390 West Congress  
Lafayette, LA 70506  
Switchboard: (337) 261-6000

Lawrence Dorsey | Hospital Administrator  
James B. Falterman, Jr., M.D., F.A.C.P. | Medical Director  
Paul Azare, Jr., M.D. | Foundation President

## DR. WALTER O. MOSS REGIONAL MEDICAL CENTER

1000 Walters Street  
Lake Charles, LA 70607  
Switchboard: (337) 475-8100

Patrick C. Robinson, M.D. | Hospital Administrator  
Ben Darby, M.D. | Medical Director  
Colleen Ann Polak | CAC Chair