LSU hospitals and clinics are invaluable assets for patient care and medical education. They provide an integrated system of quality health care with comprehensive primary and subspecialty care, complete hospital services, and emergency departments. LSU is there for everyone, the insured, underinsured, and uninsured.
Table of Contents

I
Letter from the CEO
Mission Statement
Vision
Hospitals & Clinics
Strategic Overview

II
Louisiana's Priceless Asset
Leonard J. Chabert Medical Center
Bogalusa Medical Center
Dr. Walter O. Moss Regional Medical Center
Lallie Kemp Regional Medical Center
University Medical Center
Earl K. Long Medical Center
Interim LSU Public Hospital

III
Financial Information

IV
Contact Information

V
Hospital Fact Sheets
During the past year, with hurricanes Gustav and Ike, the LSU Hospital System reaffirmed its value as a system. When these storms appeared, we created an internal surge capacity to accommodate hundreds of patients at LSU facilities across the state, including those in Shreveport, Monroe, and Alexandria.

We began with an orderly decompression of hospitals. We cancelled elective surgery, closed clinics, and discharged patients. This was the preliminary step for those hospitals that would evacuate and for those that would receive patients. Patients were either transferred to sister hospitals and their appropriate units, or space was made available to the arriving hospital's staff, who then would take care of their transferred patients. This very orderly, systematic approach to evacuation resulted in the largest movement of patients in the history of the state.

Transferring patients within our system allowed us to track patients and allowed each patient’s medical information to “follow the patient.” CLIQ, the LSU web-based application that electronically provides patient information to clinicians, facilitated a continuation of treatment and therapy in a seamless fashion, with minimal delay, regardless of the patient’s destination in the system. Personnel, equipment, supplies, and pharmaceuticals were also transferred among the facilities to meet the demand of the emergency. Since LSU hospitals all use similar supplies, laboratory equipment, and pharmaceutical products, the movement of employees to other hospitals was quite easy and contributed to the continuity of quality health care.

Transferring patients within our system also minimized the fiscal impact of the storm. Even though we faced a crisis, this part of our plan was important. We must earn the funds we use to operate our hospitals. If a hospital’s services are interrupted, it has no way to earn its budget. Because we moved patients within the system and, as a result, contained costs and received reimbursements for care, we could minimize the overall impact of the fiscal disruption.

A systemwide contract for patient transportation facilitated our movement of patients. In the past, great uncertainty surrounded our ability to move patients in a timely manner. When we depended on the state’s resources to move patients, we lost control of the patients’ destination. In fact, we had to scramble to find these patients. With a transportation contract, we had many options—ambulances, medical buses, helicopters, and fixed-wing aircraft—and we could direct patients to the hospitals that could best provide their care. Because these assets were from out of state and we did not have to compete with local or state resources to move patients, we were able to move all of our patients to safe locations long before weather conditions became a concern.

We established a system-level incident command center to communicate with the hospitals and the State Office of Emergency Preparedness, allowing us to update twice daily each hospital’s current status, to learn if hospitals needed resources, and to obtain these resources for the hospitals if they did. We greatly improved communication, based on lessons we learned from hurricanes Katrina and Rita, and included in our emergency preparedness plan techniques and tools that we then put into play, such as video and telephone conferencing, faxes, BlackBerries, and two-way radios, permitting us to maintain continuous contact with our hospitals and to provide any assistance they might need.

The staff of Earl K. Long Medical Center should receive special recognition for their actions during this emergency. On a moment’s notice, in response to damage to their main campus from Hurricane Gustav, they converted their outpatient surgical facility into a full-fledged, 65-bed hospital complete with an intensive care unit even though the storm had disrupted their own lives and damaged the homes of some of their employees and provider staff.

A key strength of LSU health care is the multiple resources it has at its disposal. No hospital is alone. We all stand by each other for the daily delivery of health care, for the provision of medical education, and for a systemwide emergency response that engages all of our hospitals for the maximum benefit of our patients.

Sincerely,

Michael K. Butler, MD, MHA, CPE, FACPE
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.

Vision

The vision of LSU hospitals and clinics is to be the highest value medical education and patient care provider in the nation and to maintain and strengthen LSU hospitals and clinics in their dual historic roles of serving the indigent and uninsured and providing training sites for all health professions.
Louisiana’s Priceless Asset

The value of the LSU Health System – Health Care Services Division (HCSD) as an integrated network of hospitals and clinics is multifaceted, like a finely-cut diamond, but unlike a precious stone, HCSD is within the reach of all, regardless of the ability to pay, for lifesaving health care, early intervention, and preventative services.

Ascendant in health care, HCSD is truly a priceless asset of the state of Louisiana and its citizens who, with insurance or without, rely on HCSD to provide quality, evidence-based health care; medical, dental, nursing, and allied health training; and biomedical research that advances the health sciences and provides healthier lives for Louisianans.

To understand fully where one stands, one must know where one has been. Prior to 1997, when the legislature created HCSD to manage public hospitals and clinics, the individual medical centers that now comprise HCSD were more or less free-floating entities under loose state supervision and, consequently, were shaped more by the ill winds of budget cuts and a shrinking state government than by best practices in health care. With the creation of HCSD as part of LSU, experts in managing a health care delivery system began to steer the ship of public health care. This step fostered an environment in which these experts could create and implement evidence-based practices across all HCSD hospitals. Each hospital now pursues assuring the best outcomes for each patient it serves while the staff of all the hospitals meet collectively to share best practices—all promoted by HCSD.

As a result, over the past decade, the HCSD hospital and clinic system and its individual hospitals are nationally recognized for patient outcomes, achieving this within each hospital’s routine budget, which is modest, at best.

The Louisiana Model and Its Invaluable Advantage

Virtually all states have both safety-net and medical-school hospitals and clinics that exist side by side with Medicaid and related insurance-type coverage programs, but in Louisiana the state coordinates the safety-net system with universal eligibility regardless of a person’s parish of residence. The invaluable advantage to Louisianans is that they can receive care anywhere in the state. In other states, providing health care to the uninsured has evolved as a local function, which, in most cases, severely limits access to health care from one county to the next.

LSU hospitals and clinics offer a safety-net system in which everyone is eligible for care at any LSU hospital. LSU has no income thresholds, no local residency requirements, and no pre-enrollment process. In LSU hospitals, those who can pay for care do so.

The HCSD system of seven medical centers and hundreds of primary and specialty clinics stretching from the southeast corner of Louisiana to the southwest is a safety net turning away no one in need and accepting anyone seeking quality health care.

Medical Training and Health Care Delivery: An Exceptional Value for Louisiana

In 2008, 478 medical residents and fellows and 2,271 nursing and allied health students trained in HCSD hospitals and clinics. Most residents who train in Louisiana stay in Louisiana, which is an excellent value for the taxpayer. Most physicians, dentists, and allied health professionals practicing in Louisiana today received training in LSU hospitals and clinics from highly skilled, thoroughly dedicated LSU staff. Therefore, the quality of care in even the best Louisiana hospitals, public or private, is to a large degree a direct result of the quality of training physicians in these hospitals received in LSU hospitals and clinics.

LSU hospitals and clinics expend around $800 million for care for the uninsured and for resident physicians and faculty in training programs. While no one can claim that $800 million is sufficient to provide all the access to health care that the large uninsured population in Louisiana requires and to support residency programs, no one has ever demonstrated that an alternative system spending the same amount of money can increase access and provide the same quality as LSU. LSU hospitals also receive a 70 to 30 federal-to-state dollar match. Because the state operates the
The dual mission of medical education and the Disease Management Program capitalizes on the health care dollar. Medicaid program, it is much easier to tap federal indigent care dollars. If local governments were to operate the individual hospitals, Louisiana taxpayers would likely bear the increasingly costly burden of paying for them.

The dual mission of medical education and health care delivery in LSU hospitals offers both quality health care access and quality health care training with the same dollar. Faculty physicians can provide both patient care and supervision of resident physicians providing that care. Medical training and health care delivery are complementary and critical components of the educational process.

**Disease Management Program Capitalizes on the Health Care Dollar**

LSU has been improving for some time the health care it delivers and has an evolving record of success in this endeavor. In fact, the LSU Disease Management (DM) Program recently reported its accomplishments in the international peer-reviewed Journal Disease Management. More than a decade ago, LSU implemented this sophisticated, evidence-based program to manage chronic diseases, to improve health care outcomes, to reduce costs, and to deliver value for the health care dollar.

This program targets primary care, asthma, diabetes, cancer screening, congestive heart failure, HIV, tobacco cessation, chronic kidney disease, weight management, and hypertension. The substantial achievements of the program have received national recognition.

Specialty clinics monitor disease and intervene to provide timely care to subvert major illness. The DM Program has made significant measurable progress in key disease indicators, and its success matches, and, in most instances, surpasses other Louisiana hospitals. For example, its diabetes program cares for over 20,000 people and performs above the 90th percentile nationally on quality measures. The initiatives for these conditions have led to demonstrable improvements in health care outcomes and significant cost avoidance of tens of millions of dollars in these high-cost, high-morbidity, high-mortality diseases.

The success of the program is in contradiction to poor statewide health care outcomes. These widely reported outcomes are based on Medicare data, which indicate that Louisiana ranks very high in per capita expenditures in the Medicare program but low or last in a variety of outcome measures for recipients. LSU hospitals provide a tiny share of Medicare services in Louisiana, less than three percent, so LSU hospitals are not responsible for those poor outcomes.

In fact, they are responsible for the exact opposite. The aforementioned study in Disease Management indicates that LSU patients meet or exceed national benchmarks on quality outcomes. Far from suppressing good health or good outcomes, LSU hospitals and clinics promote both. It is highly likely that the health of Louisiana citizens would be considerably worse without LSU and considerably better if other Louisiana hospitals attained the LSU level of success.

The success of the DM Program shows LSU knows how to provide value for its patients, increase access for the general population, and extend the benefits of improved outcomes.

**Shadonna Serielle**

**University Medical Center**

Two years ago our daughter, Shadonna, was diagnosed with type 1 diabetes. It was a shock to us because she was only seven years old. It all started off as just a regular cold. She had a cough and a runny nose.

A week later I noticed she was eating lots of bread, drinking lots of water, and going to the restroom very often. The next day or so, I noticed her clothes fitting differently. This was because she started losing weight rapidly.

Instead of bringing her to her doctor’s appointment, I brought her to the emergency room. At this point, she was too weak to walk on her own. She did not eat or drink at all.

After we got to the hospital, the doctor did blood work. And that’s when he diagnosed her with diabetes.

We could not believe this was happening to her. But thanks to the staff at UMC, we pulled through this just fine. Tanya Beller and Cynthia Watson walked us every step of the way. I didn’t know a thing about carbs or giving shots.

After having one-on-one time with Tanya and Cynthia, everything began to make sense.

We would learn something new with every visit that we made to UMC. We are looking forward to working with them more in the future.

My daughter started off taking her insulin with a syringe, from there she started using an insulin pen, and now she is on the insulin pump. She has been on the pump for 3 weeks now, and she is loving it.

So I am writing to let Tanya, Cynthia, and staff know that we appreciate everything that they are doing for us and our family.

Thanks for taking time out of your busy schedule to answer my questions throughout the day.

**Danielle and Donald Serielle**

Shadonna’s parents

Tanya Beller, RN, CDE, is a diabetes educator at UMC.

Cynthia Watson, APRN, FNP-BC, is a nurse practitioner at UMC.
An Integrated System of Quality Health Care

LSU will continue to achieve this value for patients and for Louisiana by implementing more medical homes in addition to those already in existence. This strategy will complement current disease management activities. The homes will provide for patients primary care, will prevent disease and coordinate referrals for specialty care, and will establish continuously healing relationships with patients.

The medical home model is an excellent cornerstone for quality health care. The elements of improved communication, information exchange, and care coordination guided by evidence-based protocols can improve care, increase patient satisfaction, and control costs. LSU hospitals and clinics have proven this to be true.

The degree of integration of LSU doctors and hospitals complements the integrated, seamless concept of the medical home. Improvements in the system over the past decade align LSU services with the medical home model.

Just as LSU implemented an innovative and effective Disease Management Program a decade ago, it is adapting its health care delivery system to the medical home model and has had in place for some time critical components and clinics that already serve as medical homes.

LSU hospitals and clinics are valuable assets for patient care and medical education. They offer high quality clinical outcomes, leveraged health care, and medical education and have the infrastructure to improve Louisiana’s health care ranking.

LSU provides an integrated system of quality health care with comprehensive primary and subspecialty care, complete hospital services, and emergency departments. It is there for everyone, the insured, underinsured, and uninsured.

HCSD sees most of its uninsured patients in its clinics, not in its hospitals, and has a very large outpatient base—1,600,000 visits and encounters—and a small inpatient base—35,000 admissions.

Even those who go to LSU emergency departments can be referred to a clinic for follow-up and assigned a primary-care physician or specialist for ongoing care.

The extensive LSU network of primary care and specialty clinics provides a continuum of care that significantly reduces the burden on emergency departments. Without the LSU system, patients would use emergency departments for routine care far more often.

Except in emergencies, doctors, not hospitals, are the patient’s gateway to health care. LSU hospitals are not just inpatient facilities. They are part of a large, multispecialty clinic system whose physicians provide routine outpatient care for patients, admit them to the hospital when needed, and schedule them to the clinic for follow-up visits.

Medicaid does not pay physicians to care for uninsured patients. Consequently, there is no practical mechanism to admit patients who are not experiencing a medical emergency to private hospitals where those doctors practice. The LSU system structure resolves this problem by linking physician care with hospital care on a large scale.

Federal law requires the admission of anyone who seeks care at any hospital emergency department if the person requires inpatient care. Hospitals generally provide physicians on staff or on call to care for these patients while they are hospitalized, but the law doesn’t require the hospital to provide additional or follow-up care. The LSU system, on the other hand, provides for this ongoing, comprehensive care.

The cost per adjusted patient day in LSU hospitals is relatively low compared to private hospitals. As a result, state funding for indigent care is delivered more economically in the LSU system. An LSU hospital may sometimes arrange for specialized care for the uninsured in a private hospital when the service is either unavailable at the state facility or the care can be provided at a lower cost in a private setting. LSU crafts arrangements in each case to accommodate unique local conditions and is committed to exploring increased cooperation and sharing of resources to the extent it is mutually agreeable and beneficial to the patient population.

A Better Value for Louisiana

The cost to provide insurance coverage to Louisiana’s 850,000 uninsured, no matter how worthwhile the goal, is prohibitive—especially compared to the cost of the LSU safety net providing care. The uninsured make up 20 percent of the population in Louisiana and account for six percent of the health care spending. LSU’s funding for the uninsured accounts for less than three percent of that spending.

Louisiana pays for most of the care to the uninsured in hospitals with Medicaid disproportionate share (DSH) funds. DSH spending in Louisiana is about
$1.04 billion; $650 million of that total is spent in the LSU system. The rest is divided among rural hospitals, state psychiatric hospitals, and private and community hospitals.

The Kaiser Commission on Medicaid and the Uninsured report of July 2007 indicated that the cost to insure Louisiana residents through Medicaid “would be more than twice the amount of funding currently available through Louisiana’s primary source of care for the uninsured, the Medicaid DSH program. Significant additional federal and/or state funding would be required to expand coverage to reach all of Louisiana’s uninsured population.”

The report stated that an expansion capable of enrolling the uninsured would annually cost about $2.3 billion in additional Medicaid program spending.

Simply redirecting the DSH funding used in the LSU system to provide insurance coverage to the uninsured would fall dramatically short of that cost. A dire consequence is that such a redirection of funding would eliminate the safety net currently providing health care to the uninsured and the underinsured.

Public hospitals exist even in states with high percentages of insurance coverage because they also serve legitimate public purposes in addition to indigent care, such as medical education, also a prime mission of the LSU hospitals. Even when patients have coverage, not all providers are open to all patients, whether due to hospital expertise or disease state. However, LSU hospitals care for a significant number of people with Medicaid, Medicare, and commercial insurance, who theoretically are free to use their benefits at other hospitals.

A Fiscally Prudent System

With 850,000 uninsured people and insufficient resources to meet their health needs, Louisiana has no justification for duplicating services and resources at each hospital. To do so would be fiscally irresponsible. Even national for-profit health care corporations do not offer the same range of services at every hospital.

LSU cannot justify or sustain the duplication of some expensive clinical services, such as invasive cardiology, at all hospitals. Certain functions are appropriate for each hospital, and other functions are appropriate for a central entity, much as a well-run corporation operates. For example, only the LSU Health Sciences Center - Shreveport has a regional Burn Center. Neurology is not feasible at Lallie Kemp Regional Medical Center, W.O. Moss Regional Medical Center, or other sites. It would also be grossly inefficient for each hospital to duplicate its own independent information systems infrastructure when for a fraction of the cost HCSD can provide systemwide services. System volume is responsible for significant savings due to price breaks obtained because of group purchasing.

Seven independent hospital operations would be economically indefensible and grossly irresponsible in a state with Louisiana’s health care needs and limited financial resources. The state benefits enormously from its system of safety net hospitals.
Edward Leon with Leonore Dallas Von Lofton, RN

Interim LSU Public Hospital

First, thank you for taking the time to read my letter regarding the treatment and care I received at the Interim LSU Public Hospital.

I had surgery to remove my right kidney on Friday, June 13, 2008, and from the moment I walked into the building and was placed in my room, waiting to be brought to pre-op, I cannot say enough about the hospital staff.

This being my first major surgery, the staff made sure I was taken care of and that everything was explained to me.

I wish to extend my sincere thanks to all the nurses, support staff in 6-East and 6-West, along with everyone involved with my operation. I left knowing that my well being was their top concern.

The doctors of the Interim LSU Public Hospital are among the best in the country as far as I am concerned, and I would gladly receive care that I need at any LSU clinic or hospital.

Please let everyone know that I appreciate everything that was done to assure that the care and treatment I received was the best not only in the region or state, but in the country.

My sincere thanks and regards,
Edward P. Leon

Telemedicine Delivers Specialists to Patients, Wherever They May Be

LSU has incorporated into its facilities telemedicine capabilities, which provide a sophisticated network of telecommunications for the delivery of quality health care.

Since 1997, LSU physicians and health care professionals, who may be miles from a patient, have conducted in real time more than 12,865 patient encounters, involving dozens of specialty and subspecialty areas.

LSU has given to Louisiana citizens access to its best specialists, wherever they may be, because it has continually acquired the best telemedicine technology.

LSU 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 seven medical centers, their clinics, and emergency departments; the infirmaries of correctional institutions; and facilities of the Department of Health and Hospitals.

Medication Assistance Program Offers the Right Medicine

Since 2003, the LSU Medication Assistance Program (MAP) has helped over 150,000 patients who are below 200% of the federal poverty level receive their medications, and, since 2003, MAP has filled more than 2.7 million prescriptions worth over $275 million.

In 2008, MAP provided 18,000 patients with 312,654 prescriptions worth a total of $66 million and a free total value of $32 million.

MAP decreases emergency room visits and hospitalizations, improves health outcomes, and saves the state money on health care costs. 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.

HCSD Laboratories: Another Jewel in the LSU Crown

In 2008, HCSD Laboratories built on its solid foundation of accomplishment to continue to provide high-quality cost-effective support to systemwide health care initiatives. HCSD Laboratories worked closely with headquarters to begin the launch of a systemwide standardization of point of care testing. The Laboratory Operations Committee oversees this important initiative, vital to cohesive and uniform delivery of patient care across all sites, yet individual hospitals make decisions on selection of the testing delivery model and implementation.

Still recovering from Hurricane Katrina devastation, the Interim LSU Public Hospital re-established comprehensive anatomic pathology services in New Orleans with the addition of GYN cytopathology, including automated front end screening equipment for prompt and superior processing and diagnosis of liquid-based pap smears. In clinical pathology, the hospital started a major initiative to install total line automation for chemistry and immunochemistry in the Core Laboratory, which will improve turnaround time of tests and allow the lab to respond to increased demand for testing without staffing increases.

Significant expansions of testing capability began in toxicology and molecular pathology to keep pace with demand in these rapidly evolving clinical pathology subspecialties.

HCSD Laboratories continued to enhance the capabilities of the shared Laboratory Information System (LIS) with direct support of analytical testing and supplying vital lab data to various important downstream applications, such as the HCSD Pharmacy System (interface completed with LIS), Neodata for Neonatal Care (interface planning accomplished), and Louisiana Public Health Information Exchange (data sharing project launched). Another jewel in the LSU crown, the HCSD Laboratories are essential to the delivery of quality systemwide health care.

LSU Hospitals Rein In Health Care Costs

Health care services are expensive and stress the budgets of all states. However, the reality is that expenditures in Louisiana’s public hospitals have increased far less than other health expenditures. Compared to a federal entitlement program such as Medicaid, it has been much easier for Louisiana to control spending on hospitals though many would candidly say that state appropriations have been far less than the actual need.

From 1996 to 2004 there was a 47 percent increase in Medicaid expenditures compared to only a 14 percent increase in the nine HCSD hospitals that comprised HCSD during that period. Hospital
Earl K. Long Medical Center

Hi, Mr. Melvin,

I am Janice Jolivette, a student patient you educated last week. I’m the one who had been under so much stress with both my mother’s dementia and an autistic child. Remember, I couldn’t help but break down and cry because I had finally accepted and realized I am a renal patient and have kidney disease.

Mr. Melvin, I came to you broken in spirit and hope and afraid of dialysis, thinking the world had ended for me. But you gave me hope and inspiration. There are a lot of well-educated medical advisors, yet patients are left uncomfortable and troubled about their illness.

You, Mr. Melvin, are different. You are articulate, compassionate, well informed, patient, and caring. Yes, this is your job to educate, but you are special. You’re a gift to your patients.

I left there with hope, with inspiration that I could indeed improve my health. Your kindness and inspiration will never be forgotten.

Keep up the good work and once again, thank you.

With sincere gratitude,

Janice Jolivette

Melvin Morse, RN, BSN, is the renal case manager at Earl K. Long Medical Center.

LSU offers sophisticated, evidence-based health care for complex medical conditions.

expenditures rose at a rate considerably less than medical inflation during the period (14 percent versus 37 percent), which indicates an actual reduction in the buying power of the facilities.

The cost to operate LSU hospitals and clinics is defrayed by Medicaid and disproportionate share funds, minimizing the state funds required. Like every other state agency, LSU must spend within its budget, so it must be reimbursed its costs. The only option to having lower reimbursement is providing fewer services. LSU cannot generate operating reserves to cover budget shortfalls. LSU’s costs are at or below national averages at all facilities except in New Orleans where costs remain higher because of Katrina recovery.

LSU Lends a Fiscal Hand to Private Hospitals

The LSU statewide hospital and clinic system that provides care to the uninsured is itself a subsidy to private hospitals. This statewide system has resulted in a rate of uncompensated care in private hospitals that is less than half the national average for all hospitals nationwide.

Without question, the value of LSU extends far into the private sector of Louisiana health care, freeing dollars, doctors, and beds in these facilities for those who choose to use them, another way that LSU is a priceless asset for all of Louisiana.

HCSD Hospitals and Clinics: Beneficiaries of an Integrated System

LSU hospitals and clinics greatly benefit from their participation in this coordinated, integrated system of quality health care. They’re not outliers tending for themselves as health care rapidly evolves and costs continually escalate. They partake in, while they also contribute to, the HCSD system, in a mutually beneficial relationship. Here’s how:

Janice Jolivette

Earl K. Long Medical Center

Hi, Mr. Melvin,

I am Janice Jolivette, a student patient you educated last week. I’m the one who had been under so much stress with both my mother’s dementia and an autistic child. Remember, I couldn’t help but break down and cry because I had finally accepted and realized I am a renal patient and have kidney disease.

Mr. Melvin, I came to you broken in spirit and hope and afraid of dialysis, thinking the world had ended for me. But you gave me hope and inspiration. There are a lot of well-educated medical advisors, yet patients are left uncomfortable and troubled about their illness.

You, Mr. Melvin, are different. You are articulate, compassionate, well informed, patient, and caring. Yes, this is your job to educate, but you are special. You’re a gift to your patients.

I left there with hope, with inspiration that I could indeed improve my health. Your kindness and inspiration will never be forgotten.

Keep up the good work and once again, thank you.

With sincere gratitude,

Janice Jolivette

Melvin Morse, RN, BSN, is the renal case manager at Earl K. Long Medical Center.
Bogalusa Medical Center

To Staff and Friends,

I know the meaning of Thanksgiving firsthand – to be thankful for what we have been given. I am so thankful that Trey has been given another chance at life and that I have been given my son back.

To each and every one of you who played a part in saving his life, I am forever grateful. I cannot possibly name every physician, nurse, co-worker, and friend who cared for him and me as if we were family, but want you to know we could not have made it without you.

Thank you for crying with me in the worst of times and cheering with me for the best outcome possible. Most of all, thank you for your prayers.

With more love and appreciation than we can ever express,

Charmayne and Trey Hayman

Leonard J. Chabert Medical Center

With HCSD administrative vision and leadership the catalyst for success, the Leonard J. Chabert Medical Center (LJCMC) in Houma saw hospital-wide achievement in 2008 as it celebrated its thirtieth anniversary of serving southeast Louisiana. LJCMC began a new Internal Medicine Residency Training Program with full accreditation from the Accreditation Council for Graduate Medical Education (ACGME). Since 2000, the ACGME has accredited only four new programs in internal medicine in the South and 16 nationwide. ACGME has also given institutional accreditation to LJCMC, permitting it to form new residency programs in the future.

Three residents were accepted for the first year of the three-year program. Next year eight will be accepted. Ultimately, 24 residents will be in training simultaneously. Sixty percent of the time residents will see patients in the hospital; 40 percent of the time, they will practice in LJCMC ambulatory clinics.

Medical education and research go hand in hand, and LJCMC fulfills its missions for both. It received a grant from the National Institute of Diabetes and Digestive and Kidney Diseases to study the natural history of type 1 diabetes, which will contribute to the development and implementation of prevention trials.

LJCMC researchers are also collecting data for the validation of a blood sample collection tube with funding from Beckman Coulter, Inc. The Cardiology Department is examining the recovery process of patients after acute myocardial infarction with funding from the National Heart, Lung, and Blood Institute. LJCMC is part of an international, multicenter, double-blind, placebo-controlled, randomized phase III study on survival duration for patients with lung cancer and treated with...
the Stimuvax cancer vaccine. LJCMC is also participating in another multicenter, single-arm observational study for patients with type 2 diabetes receiving exenatide therapy. The study will follow clinical assessments and routine care and report on outcomes of diabetes care.

The LJCMC Foundation annual fundraiser netted $82,700, and the Foundation provided another $52,000 to help fund a much needed replacement of the transport incubator in the Level III Nursery. The Foundation’s total equipment expenditure for the year was $134,593.

The LJCMC Diabetes and Education Program held its first Kids’ Day for young patients with diabetes, a summer event of fun and diabetes instruction to ready patients for the school year. LJCMC staff works closely with school nurses so nurses can provide diabetes care in the schools. The Diabetes and Wellness Program also hosted its 27th graduation ceremony for those who completed the 12-week long program—1,365 participants have graduated since 2001.

LJCMC and South Louisiana Medical Associates hosted a Family Medicine Residency Fair. Sponsored by the Louisiana Academy of Family Physicians, it attracted over 50 students. LJCMC partnered with the LJCMC Foundation for its Reach Out & Read Program, a daylong reading marathon for patients in the Pediatric Clinic and Pediatric Unit. Pulmonary and respiratory departments together created the first annual Chronic Lung Day with a free daylong education seminar to increase public awareness about lung disease.

The LJCMC team raised $2,675 for the annual Relay for Life, the American Cancer Society’s team event to fight cancer. LJCMC also participated in the annual “Give Thanks for Your Safe Home” for The Haven, collecting cleaning supplies for the only agency for domestic violence and sexual assault services for women and children in Terrebonne and Lafourche parishes in the ongoing pursuit of LJCMC to be a reliable resource for all in need in southeast Louisiana.

**LSU hospitals accept all who seek quality health care regardless of income or insurance coverage.**

LSU Health Care Services Division 2008 Annual Report  Page 11
**Dr. Michael Butler Selected as One of the Top 25 Minority Executives in Health Care**

*Modern Healthcare* selected Dr. Michael Butler, HCSD CEO, as one of its top 25 minority executives in health care.

The April 7, 2008, issue of the health care business news weekly featured Dr. Butler on the cover and examined minority leadership and inclusion in health care executive management in its cover story “Sustainable Diversity.”

Dr. Butler, 52, still works emergency department shifts “to keep abreast of front-line issues and maintain contact with patients,” according to the *Modern Healthcare* profile of Dr. Butler.

**Hospitals**

**Bogalusa Medical Center**

Bogalusa Medical Center (BMC) has a greater scope of health care as part of the LSU system because it can refer patients to other LSU hospitals for care BMC does not provide. BMC also participates in the HCSD Disease Management Program for chronic care treatment, which gives patients the benefits of this wide-reaching, award-winning effort. As a teaching hospital, BMC can share with, and learn best practices from, other LSU hospitals, reaching across the system to improve patient care and medical education.

BMC access to the LSU state-of-the-art communication system, including websites, email, and telemedicine, facilitates this interchange, which includes staff participation in seminars, forums, and leadership training.

The LSU system contains cost for its hospitals. BMC reduces administrative cost because as part of LSU it shares overhead expenses, including centralized billing, personnel administration, resources of headquarters, and HCSD experts and has reduced cost of supplies, bulk purchases, group discounts, and Amerinet contracts. This prudent fiscal management allows LSU to provide BMC with a budget sufficient for educational materials and equipment, repairs, health care innovations, improvements, and time-saving devices and access to professional communications services.

Though BMC wishes no disaster its way, it has found the assistance of LSU in instances of hurricane response and patient evacuation and transfer to other LSU hospitals to be invaluable.

BMC now has a surgery team available 24 hours, seven days a week; expanded services in urology; three cardiologists on staff; additional eye clinic staff; and an additional pediatric physician. It hired new OB/GYN staff and developed labor and delivery and OB services for its new $6 million unit whose construction was underway throughout 2008.

The BMC Family Medicine Residency Program received accreditation from the Residency Review Committee.

In a survey conducted for the federal government, LSU hospitals scored well beyond the national average in doctor-patient communications.
Dr. Fred Cerise, who led the drive to redesign health care as Louisiana’s Secretary of Health and Hospitals, was named Louisiana State University System Vice President for Health Affairs and Medical Education. He provides operational oversight for HCSD, which operates seven public hospitals, and the LSU health sciences centers in New Orleans and Shreveport, which educate Louisiana’s future healthcare professionals. LSUHSC-Shreveport also manages an additional three hospitals in Shreveport, Monroe, and Pineville.

“Dr. Cerise brings a wealth of expertise to his new position at LSU,” said Dr. William L. Jenkins, who appointed Dr. Cerise to the position and was LSU System president at the time. “As an educator, administrator at one of Louisiana’s major public hospitals, and as Secretary of Health and Hospitals, he demonstrated a passion for public health care. He understands the issues, the finances, and the compelling human dynamics of caring for people. More importantly, he is devoted to LSU’s critical twin missions of educating future health care professionals while caring for the uninsured and underinsured.”

“I am very pleased to accept this new challenge with LSU to lead the university’s efforts to improve and strengthen the school’s academic and medical missions,” said Dr. Cerise. “I am excited by the opportunity to continue on the path to improve how our state cares for its poorest citizens, while providing educational excellence for our future doctors.”

As DHH secretary, Dr. Cerise, who personally helped triage and evacuate hospital patients from New Orleans following Hurricane Katrina, was then Governor Kathleen Blanco’s point person for health care reform, chairing the Health Care Redesign Collaborative, where he pressed for an incremental yet substantial overhaul of Louisiana’s long-term care system.

Before becoming state health secretary in 2004, Dr. Cerise was chief executive officer of the Earl K. Long Medical Center in Baton Rouge, which is operated by LSU.

Committee of the Accreditation Council for Graduate Medical Education.

In 2008, BMC pursued its $6 million repair of damage from Hurricane Katrina and interior upgrade with new furnishings. It has a new $1 million generator and $82,000 chiller and new laundry equipment and security surveillance system, which coincides with BMC obtaining its own in-house security department.

BMC is planning the expansion of its $4.5 million family practice and expansion of its $7 million emergency department and admitting area. BMC implemented its new SMART-PUMP systemwide patient safety initiative for better patient care and improved health care delivery and continued for all patient-contact employees mandatory training in interventions and management of aggressive behavior. BMC continues to expand its services and medical training so that it can provide superior health care to the north shore and to care for its community like family.

At LSU hospitals, patients are treated like family.

LSU SYSTEM NAMES DR. CERISE HEALTH CARE VICE PRESIDENT

Dr. Fred Cerise

At LSU hospitals, patients are treated like family.

Committed to Excellence
LSU Appoints Green and Pack-Hookfin Hospital Administrators

In 2008, LSU appointed Rhonda Green, RN, MBA, MHCM, hospital administrator of Leonard J. Chabert Medical Center (LJCMC) in Houma, Louisiana, and Sherre Pack-Hookfin, BA, MA, hospital administrator of Lallie Kemp Regional Medical Center (LKRMC) in Independence, Louisiana.

Ms. Green has more than 17 years of experience in hospital management and health care. As chief nursing officer from 2004 to 2007 for LJCMC, a 90-bed facility, she served as a senior administrator and was responsible for all inpatient and outpatient care areas and more than 400 full-time employees. From 1999 to 2004, she was nurse manager of the acute medical detox unit at the Medical Center of Louisiana at New Orleans, where she

Pack-Hookfin’s career includes 28 years in health care with 23 years in senior hospital management. “Sherre Pack-Hookfin brings extensive health care management experience to the position of hospital administrator, and her deep roots in the north shore community make her an invaluable asset to Lallie Kemp Regional Medical Center,” said Dr. Michael Butler, HCSD CEO.

A resident of Tickfaw, Pack-Hookfin was born and raised in Varnado. At LKRMC, a 25-bed critical access hospital with numerous outpatient clinics, Pack-Hookfin has served as hospital associate administrator, acute care hospital associate administrator, human resources director and EEO coordinator, director

Dr. Walter O. Moss Regional Medical Center

The Dr. Walter O. Moss Regional Medical Center (WOMRMC) in Lake Charles offers preventative and primary care and its participation in the LSU system permits it to give its patients access to specialty care in other LSU medical centers. Unless uninsured or underinsured patients have a medical emergency, they cannot receive specialty care except at LSU medical centers, a lifeline that runs throughout south Louisiana.

Wise fiscal management by LSU allows it as a system to offer comprehensive health care while WOMRMC concentrates on the delivery of its services.

In 2008, in recognition of the superior quality of health care services at WOMRMC, the Joint Commission awarded accreditation to the medical center, indicating that it meets the commission’s high standards and demonstrates an enduring commitment to patient safety and quality care.

WOMRMC engaged in two performance improvement projects to prepare for the Joint Commission’s unannounced on-site evaluation. In the first, a multidisciplinary team devised a quick and effective method for patients requiring blood work, streamlining the process, reducing patient wait time to 12 minutes, and providing a stable staffing pattern.

In the second, WOMRMC created its Prepare Center due to a multidisciplinary committee formed to pursue a solution to surgical cancellations with a threefold goal: to increase customer satisfaction by providing multiple services in one area and reducing appointments; to address the issue of incomplete work-ups or abnormal diagnostic results that cause surgical cancellations; and to ensure that the appropriate physician is immediately notified in the event of abnormal or critical diagnostic results.
At the Prepare Center, a one-stop pre-op shop, a registered nurse guides the patient through the preadmission interview and pre- and postoperative education and escorts the patient to the admitting department for pre-admission and screening. For pediatric dental surgery, the nurse obtains the medical history from the patient’s parents and completes the pre- and postoperative education process with them.

Since the Prepare Center opened in May 2008, WOMRMC has had no same-day cancellations due to incomplete preoperative workups or abnormal diagnostic results, and patient, physician, and staff satisfaction has increased because of the one-stop pre-op shop approach. The only public hospital in its region, WOMRMC continually strives to improve performance and patient satisfaction much as the Prepare Center has done.

I want to thank all of you for the excellent care you have given my mother, Alyce Sanborn, while she was in your care. I never worried about her when I went home in the evenings. You are a blessing to the family you have cared for through the years. May God bless each and every one of you.

Laurel Hamby

LSU HOSPITALS SCORE HIGH IN PATIENT SATISFACTION RATINGS

LSU teaching hospitals exceeded national norms for patient satisfaction, communication with doctors, pain management, and cleanliness in a new survey conducted for the federal government.

“A number of factors impact a patient’s stay in the hospital,” said Dr. Michael K. Butler, HCSD CEO. “We are continually improving all aspects of the patient’s experience so that we can provide quality health care in a superior hospital environment.”

The nationwide results reported in a *New England Journal of Medicine* article included results for the seven HCSD hospitals. The survey, which covered six areas, including communication with doctors and nurses as well as explanations about medication, the helpfulness of hospital staff, and whether patients received discharge information, was part of an ongoing assessment of patient satisfaction at all U.S. hospitals that receive Medicare payments.

Overall, the study found moderately high levels of satisfaction with care. Nationally, 67.4 percent of respondents said they would definitely recommend the hospitals, but for LSU hospitals, an average of more than 77 percent of patients said they would recommend LSU hospitals to friends and family.

The single highest scores for LSU hospitals were in doctor-patient communications. Asked how often doctors communicated well, 89 percent of LSU patients gave high marks to their physicians, 10 points higher than the national average.

“Effective communication is essential for a good doctor-patient relationship,” said Dr. Fred Cerise, LSU Health System vice president for health affairs and medical education. “Listening to a patient’s concerns, responding to questions, and being compassionate are essential to the therapeutic process.”

The study’s lead author, Dr. Ashish Jha, assistant professor of health policy at the Harvard School of Public Health, noted that teaching hospitals were rated higher than all other hospitals.

“We train our residents to treat the person, not just the condition,” said Dr. Butler. “Medical training and health care delivery go hand in hand as complementary components, and the patient is better for it.”

Patients receive a healing touch of compassion at LSU hospitals.
Hospitals

LKRMC Receives Platinum Level Louisiana Hospital Quality Award

BMC, Moss, and UMC Receive Awards

Lallie Kemp Regional Medical Center (LKRMC) received the Platinum Level 2007 Louisiana Hospital Quality Award, presented by Louisiana Health Care Review, Inc. (LHCR), the Medicare quality improvement organization for Louisiana. Bogalusa Medical Center (BMC) received the Silver Level 2007 Louisiana Hospital Quality Award. University Medical Center (UMC) and W. O. Moss Regional Medical Center (WOMRMC) each received the Bronze Level Award.

The awards recognize hospitals for improving the quality of health care they provide for their patients. LKRMC is one of only 10 hospitals in Louisiana to receive the Platinum Level Award. BMC is one of only 30 hospitals in Louisiana to receive the Silver Level Award, and UMC and WOMRMC are two of only 12 hospitals in Louisiana to receive the Bronze Level Award.

The Hospital Quality Award honors Louisiana hospitals that successfully implement quality initiatives directed toward improving patient care in the hospital setting. This is the third year that LHCR has presented the awards, recognizing facilities that are actively engaged in improving care in one or more of the following areas: acute myocardial infarction, heart failure, pneumonia, or surgical care.

The Centers for Medicare & Medicaid Services have designated the clinical topics measured for the awards as national health care priorities. Staff members from the hospitals have been working with quality improvement specialists from LHCR and with HCSD disease management staff to use proven, evidence-based practices to improve care for their patients.

Patients also benefit from the WOMRMC designation as a disproportionate share hospital. The designation allows the hospital to purchase pharmaceuticals for its outpatients at discounted prices and permits the outpatient pharmacy to fill prescriptions the same day WOMRMC physicians write the prescriptions.

WOMRMC Radiology completed the transition to the LSU computed radiography system. The digital system expedites patient care, greatly reduces the patient’s exposure to x-rays, and eliminates film, chemical processing, and attendant hazardous waste, saving on these expenses. This is the first step in many preparing WOMRMC for participation in the systemwide RIS/PACS project, which will allow any physician in any LSU hospital to review a patient’s films and records. The project will hasten patient care and save LSU millions of dollars avoiding repeat procedures because records will be available systemwide, another instance of the value of LSU to its individual hospitals.

Louisiana Hospital Quality Award

2007 Excellence in Healthcare Quality Improvement

The exemplary dedication of LSU staff to their patients complements their high level of expertise.
Whether in city or country town, LSU hospitals are all held to the same high standard. Lallie Kemp Regional Medical Center (LKRMC), in Independence, rigorously pursues, and achieves, within the LSU framework of governance, the LSU standards of excellence for the provision of optimum health care.

LSU guides each medical center in, and holds each medical center accountable for, the achievement of nationally established benchmarks of excellence. To this end, LSU provides to each medical center invaluable instruction, staff support, and recommendations for improvement, regardless of hospital size or location.

The Disease Management Program is a constant throughout the system. This aggressive, evidence-based approach of preventative care and early intervention helps patients avoid illness and assists patients with disease to attain and maintain a desirable quality of life. A bonus of these patient outcomes is reduced health care costs for LKRMC and the state of Louisiana.

The LSU implementation of the medical home gives patients an organized continuum of care for primary and specialty care. The far-reaching LSU health care network gives LKRMC patients health care resources, regardless of where they live. LSU and LKRMC together collaborate in the pursuit of excellence in health care for north shore residents.

Distance is not an obstacle in this pursuit. In 2008, LKRMC installed six new telemedicine units in clinic areas so that its patients have the advantage of quality health care from specialists at other facilities, exemplifying the effective reach of LSU. The LKRMC nursing department initiated the Hypertension Group Visit Program for patients, resulting in clinically significant improvement in blood pressure readings and efficient use of patient and staff time. Nursing also implemented the Renal Beginnings Program for patients and redesigned its pre-op teaching, eliminating multiple trips for patients.

Nursing hosts “Look Good Feel Better” events, which educate patients on living with and surviving cancer and offer accouterments to enhance their appearance as they face the rigors of oncology treatment. The pharmacy department’s
HCSD Presents CMO and CEO Awards at Annual Forum

At the annual Health Care Effectiveness Forum, HCSD presented two 2008 Chief Medical Officer Awards for superior performance and dedication to the provision of quality health care. Dr. Michael Kaiser, HCSD chief medical officer, presented the CMO award to Kathleen Lincoln, program director of the HIV/AIDS Outpatient (HOP) Clinic in New Orleans.

Lincoln called him the night before the forum saying she wouldn’t be present, despite his urging her in the days leading to the event to attend, because, in typical fashion, she would spend the day working to meet a grant deadline.

“HOP funding is one of the most complex in the system,” he said. “Following Katrina, juggling grant funding became even more difficult.”

He praised Lincoln’s work ethic, compassion, and contribution to the HOP clinic as the clinic followed patients after Katrina and staff established a clinic at Earl K. Long Medical Center (EKLMC) for displaced New Orleans patients with HIV. Two weeks after the storm, the clinic was in operation. “Later, Kathleen had staff working from her home in order to get HIV services restarted quickly in New Orleans,” he said.

Sadly, after receiving this award, Kathleen Lincoln passed away in April 2009.

It makes sense that Dr. Kaiser also gave the CMO award to one who was a presenter at the annual forum discussing with others ways in which her program has improved since its inception ten years ago.

“One of the hardest jobs is to be a clinical lead, trying to drive improvements in seven hospitals while supervising a program in your own hospital,” he said in presenting the award to Dr. Jolene Johnson, associate professor of internal medicine and EKLMC and HCSD statewide diabetes disease management leader. “She takes a holistic view of patient care,” he said.

He noted her accomplishments as a physician who sees both the large and the small picture, the diabetes management program as a whole and the person with diabetes as an individual.

Dr. Michael Butler, HCSD chief executive officer, presented the 2008 Chief Executive Officer Award to two who have contributed to a great degree to the mission and vision of LSU hospitals.

He presented the CEO award to Robert Arnold, director of facility planning for the Interim LSU Public Hospital. Dr. Butler praised Arnold’s dedication since Hurricane Katrina to revive health care facilities in New Orleans.

“He literally kept buildings up and running,” Dr. Butler said of Arnold’s efforts. Though charged with this responsibility in the wake of the worst disaster in the nation’s history, Arnold offered assistance systemwide for facilities management, Dr. Butler said.

The strides the hospital and clinics have made in New Orleans would have been impossible without Arnold’s tireless efforts. Dr. Butler also presented the CEO award to another who exhibited Herculean effort in the wake of Hurricane Katrina and for her unwavering dedication to HCSD patients and staff, always doing whatever needs to be done. The morning of the forum she even helped carry in the boxes of awards, not knowing she was toting what would soon be her own award.

“I can’t say enough about the good things Diane has done,” Dr. Butler said, when he presented the award to Diane Angelico, RN, who is now HCSD director of patient relations. “This person exemplifies putting patients first.”

After Hurricane Katrina, she helped reunite patients with their physicians and physicians with their staffs and was instrumental in the establishment of the neurosurgery program at West Jefferson Medical Center. Without fail, she addresses patient queries and complaints, putting into action the HCSD mission of service and dedication.
Hospitals

Training programs in LSU hospitals provide Louisiana with its future health care professionals.

chemotherapy and related drug expenses totaled $1.6 million, assisting about 200 patients in 2008, and the department’s drug replacement program totaled $845,700, helping reduce inventory expenses and keeping the budget low. Pharmacy also purchased a larger commercial refrigerator and three blood warmers for the operating room.

To address health care over the lifespan, LKRM opened its Geriatrics Clinic, which offers inpatient consults and outpatient clinic appointments for patients 65 years of age and older.

Outside evaluators praise the quality of care at LKRM. Besides winning annual LSU health care awards, LKRM received the Platinum Award from the Louisiana Health Care Review, its highest level of recognition, and an overall favorable rating of 97% in the annual patient satisfaction survey, the best in the HCSD. Community of Care Review identified the LKRM Asthma Program as the best on the north shore.

LKRM has brought medical staff into compliance with the policies of Physicians at Teaching Hospitals and has implemented its Clinical Research Committee. LKRM has active clinical research and drug trials.

To maintain best practices, the LKRM Pathology Department acquired new patient testing equipment, refrigerators, a freezer for patient specimens and another for plasma, and phlebotomy chairs and carts. Pathology has increased its in-house testing menu and added two new technicians. The Cardiopulmonary Department has two new ventilators; a new Bi-level Positive Airway Pressure Machine, which patients can use instead of the ventilator; a new digital EKG machine for the emergency department and another for the ICU, both with storage capacity for EKG retrieval; and a new pulmonary function test machine, which enhances asthma patient care. The department has a new pulmonologist for interpreting these test results and making them available to the web-based service used throughout HCSD for use by ordering physicians.

The Radiology Department received reaccreditation from the American College of Radiology Mammography Accreditation Program, purchased a new Mammo viewer that greatly improves effectiveness of diagnosing images, and installed a DMR+ mammography unit, which improves image quality, decreases time to complete mammograms, and decreases wait time for patient appointments. The department also purchased a new Fuji Cr system to replace wet processing in X-ray and mammography, which improves images for diagnosis, completed renovations and equipment upgrades in its suite, and hired two mammography technicians with a combined 45 years of experience, improving the quality of patient care.

Always placing patient safety first, LKRM established an emergency department isolation room to protect patients and staff from infectious disease.
2008 Health Care Effectiveness Awards Recognize Hospitals’ Accomplishments

At the presentation of the 2008 Health Care Effectiveness awards during the annual forum, Dr. Michael Butler made one point exceedingly clear: “It’s about what you do,” he said. “Here are the standards. Can you meet the standards? The awards are based on merit, not personality.”

He praised hospitals and programs for putting systems for the delivery of quality health care into place and for achieving measurable results. He also emphasized his pleasure with the evidence he has seen of HCSD staff dedication and mindfulness to achieve these results.

“I’m especially proud of the smaller hospitals—no excuses, just execution. You all got it done,” he said, noting the smaller hospitals may not have all of the resources the larger ones have, but they persevere and succeed.

Speaking to all HCSD staff, he said, “I will tell you 100 percent that I have never been more proud, more satisfied than to work with a group of people who understand that we serve people.”

He lauded staff for their accomplishments, saying that no other institution could get the value HCSD does with the resources that HCSD has, but he is not content for HCSD to rest on its laurels. “Our industry is not static,” he said. “We must continue to look at how we can improve to move to the next level.”

To recognize programs in HCSD hospitals that have moved forward to a significant degree, Dr. Butler and Dr. Michael Kaiser, HCSD chief medical officer, presented the following Health Care Effectiveness awards.

<table>
<thead>
<tr>
<th>Awards</th>
<th>1st Place</th>
<th>2nd Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Excellence In Asthma Care</td>
<td>EKLMC</td>
<td>UMC</td>
</tr>
<tr>
<td>Most Improved Care For Asthma</td>
<td>UMC</td>
<td>WOMRMC</td>
</tr>
<tr>
<td>Clinical Excellence In Cancer Screening</td>
<td>LJCMC</td>
<td>UMC</td>
</tr>
<tr>
<td>Most Improved Cancer Screening</td>
<td>WOMRMC</td>
<td>EKLMC</td>
</tr>
<tr>
<td>Clinical Excellence For Congestive Heart Failure Care</td>
<td>LJCMC</td>
<td>WOMRMC</td>
</tr>
<tr>
<td>Most Improved In Care Of Congestive Heart Failure</td>
<td>LJCMC</td>
<td>BMC</td>
</tr>
<tr>
<td>Clinical Excellence In Diabetic Care</td>
<td>UMC</td>
<td>LJCMC</td>
</tr>
<tr>
<td>Most Improved In Diabetic Care</td>
<td>ILPH</td>
<td>WOMRMC</td>
</tr>
<tr>
<td>Clinical Excellence In HIV/AIDS Care</td>
<td>WOMRMC</td>
<td>LJCMC</td>
</tr>
<tr>
<td>Most Improved In HIV/AIDS Care</td>
<td>UMC</td>
<td>LKRMC</td>
</tr>
<tr>
<td>Most Improved Patient Satisfaction</td>
<td>WOMRMC</td>
<td></td>
</tr>
</tbody>
</table>

LKRMC received recognition for its patient satisfaction results, which have been consistently excellent, and EKLMC received recognition for the improvements it has made in its program to assess patient satisfaction.

Annual Forum awards recognize achievement throughout HCSD.

To maintain quality health care and graduate medical training, UMC recruited in 2008 faculty for its residency programs in internal medicine, infectious disease, surgery, cardiology, family medicine, and ENT. UMC acquired $9,295,031 in new equipment to support its residency programs. Clinical nurse specialists are now supporting clinical nurse staff development, and UMC and LSU-Eunice established a collaborative for the provision of hospital-based faculty for LSU-Eunice nursing students, adding a second UMC clinical rotation.

A key component of an academic medical center is bioscience research. The annual UMC Research Day highlights the work of UMC physicians and residents. In 2008, their work was featured in the Journal of the Louisiana State Medical Society and at the state and regional meetings of the American College of Physicians and the meeting of the American Society of Clinical Oncology.

Continually evolving to meet patient needs, UMC expanded ophthalmology services to provide laser surgery and corneal transplants, instituted retinal laser surgical procedures for neonates to avoid progression of retinopathy of prematurity.
and redesigned the detox program and the HIV clinic process. The appropriate delivery of quality health care can result in overall savings. In 2008, UMC reviewed processes for patient billing to third-party payers to meet or exceed revenue budget and achieved an estimated surplus of $8,482,278. UMC also managed expenses to achieve a break-even/surplus to the expense budget and achieved an estimated surplus of $6,404,767. Among other accomplishments, UMC received the Top 10 Amerinet Usage Award. UMC's prudent fiscal health care management translates to the provision of quality UMC health care.

An example of this quality is the recognition by the American Diabetes Association of the UMC Diabetes Self Management Program as a Top Quality Program. The UMC HCE Program began a six-month pediatric obesity program, implemented a multidisciplinary hospital committee to reduce readmissions for congestive heart failure, initiated inpatient smoking cessation education, opened the outpatient pharmacy, and assumed management of the patient assistance program. UMC also met breast and cervical cancer screening goals of the Centers for Disease Control and Prevention. The HIV program established positions for nurse practitioner, case manager, and an RN case manager for the clinic and received an HIV AIDS Program grant and intensive capacity building grant.

After receiving its outpatient license, the UMC pharmacy department began a bulk inventory dosing program, and with a noted increase in participating vendors, achieved a 24% increase in revenue, and both social services and pharmacy departments began screening to ensure identification of patients eligible for the program. Pharmacy also implemented its Cost-Plus Medication Program for patients to obtain medications not available through the Pharmacy Assistance Program, and social services began a pilot program for the Medicare Part D Prescription Plan to assist patients in enrolling, canceling, or changing participation.

UMC initiated the Mental Health Emergency Room Extension, which improves care and access for behavioral health patients and provides a safer, more therapeutic environment, which can reduce admissions.

The Kidney Transplant Improvement Project integrated its outpatient clinic with its inpatient unit to coordinate patient education, discharge planning, staff continuing education, and staff competencies. In 2008, the Blood Bank and the Pathology Laboratory received full accreditation. The Joint Commission granted UMC accreditation for all services under the Comprehensive Accreditation Manual for Hospitals, reinforcing the role of UMC as an essential provider of health care and graduate medical education in Louisiana.
As Hurricane Gustav Approaches, LSU Evacuates Three Hospitals and Partially Evacuates Two

A tornado born by Hurricane Gustav tears through a neighborhood near the Interim LSU Public Hospital.

LSU hospitals that might have faced the brunt of Hurricane Gustav as it approached coastal Louisiana successfully evacuated patients to hospitals north of I-10.

The complete evacuation, which stretched from southeast to southwest Louisiana, resulted in LSU transporting 194 patients to safe hospitals, including patients evacuated from Earl K. Long Medical Center (EKLMC) in Baton Rouge after the storm damaged the power system.

LSU conducted a complete evacuation of patients from Leonard J. Chabert Medical Center (LJCMC) in Houma, Dr. Walter O. Moss Regional Medical Center (WOMRMC) in Lake Charles, University Medical Center (UMC) in Lafayette, and EKLMC. A partial evacuation of Bogalusa Medical Center in Bogalusa and the Interim LSU Public Hospital in New Orleans was also completed.

A key early decision was determining which hospitals to evacuate and which to shelter in place. “When we activate one hospital, we need to activate all ten,” Dr. Michael Kaiser, HCSD chief medical officer, said because of the sequence that activation begins: evacuating patients from one hospital requires discharging appropriate patients from another and canceling elective surgeries to open beds.

Timing is a critical element in the decision to evacuate—patient movement must finish before deteriorating weather endangers patients.

**Safety Net System Strengthens Emergency Response**

LSU hospitals and others throughout Louisiana received patients. Neonates and OB patients were transferred to Woman’s Hospital in Baton Rouge and LSU Health Sciences Center – Shreveport.

Continued page 24

Hospitals

**Earl K. Long Medical Center**

Perhaps no medical center better illustrates the value of LSU as a system of integrated health care institutions whose whole is greater than its parts than Earl K. Long Medical Center (EKLMC) in Baton Rouge and its contributions to the LSU Disease Management Program. EKLMC makes tremendous contributions to the program while it also benefits from LSU guidance, expertise, and fiscal management. The EKLMC Asthma Disease Management Program, the LSU statewide diabetes disease management leader, and the LSU Diabetic Foot Program, all at EKLMC, exemplify the value of LSU and EKLMC to each other.

The most recent recognition of this symbiotic relationship is the awards the three received at the 2008 annual forum. Dr. Jolene Johnson, EKLMC and LSU statewide diabetes disease management leader, received the 2008 Chief Medical Officer Award for superior performance and dedication to the provision of quality health care, not only at EKLMC but throughout LSU, with her ongoing management of its diabetes programs.

The 2008 TRRAQSSS Award for the most distinguished program (TRRAQSSS is an acronym for the terms defining the core components of the HCSD mission: teaching, revenue, research, access, quality, service, stakeholder satisfaction, or safety) was given to the LSU Diabetic Foot Program, which has created a statewide program with 100 percent access. It has given 133 telemedicine clinics since 2001. Each LSU hospital has specialists at EKLMC on whom staff can rely. The program has long been critical in reducing the number of amputations in Louisiana.

The 2008 TRRAQSSS First Place Award for clinical excellence was given to the EKLMC Asthma Program. The program has shown measurable results in the improvement in the overall quality of life for patients with asthma, including reducing patients’ emergency department visits.
TRRAQSSS Awards Given to LSU Diabetic Foot, EKLMC Asthma, and LKRMC Hypertension Programs

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

The 2008 TRRAQSSS Award for the most distinguished program was given to the LSU Diabetic Foot Program, based at EKLMC. The program has 100 percent access and has given 133 telemedicine clinics since 2001. Each HCSD hospital has specialists at EKLMC on whom staff can rely. “The program is a real boost to reduce the number of amputations in our state,” Dr. Butler said.

The 2008 TRRAQSSS Award for the most innovative program was given to the LKRMC Hypertension Clinic. The program has shown significantly lowered blood pressure results for patients with elevated blood pressure. “It’s an innovative program,” Dr. Kaiser said. “They’ve done a great job.”

The 2008 TRRAQSSS First Place Award for clinical excellence was given to the EKLMC Asthma Program. The program has shown measurable results in the improvement in the overall quality of life for patients with asthma. “The program has reduced emergency department visits,” Dr. Butler said. Improving the quality of patients’ lives and keeping them out of the hospital are well worth recognition.
"You can't wait on the cavalry to get things done," said Dr. Kaiser. "If you do, you might end up waiting for assistance that will never show up."

Since Katrina and Rita, LSU has hurricane-hardened buildings and determined the wind force they can withstand. For Gustav, LSU decided to fully evacuate all hospitals south of I-10 except for Interim LSU Public Hospital.

HCSD headquarters established a command center at the LSU Health System Surgical Facility on Perkins Road in Baton Rouge because an LSU football game prohibited access to the headquarters office on the LSU campus. The center had several valuable features: it assured communication and allowed for rapid decision making and up-to-the-minute updates. "We had key people in the room to make decisions," Dr. Kaiser said, and in close proximity they could make decisions quickly.

LSU maintained communication with hospitals with or without power with redundant communication methods: daily conference calls, fax machines, email, BlackBerries, text messaging, and 700/800 megahertz radios.

"Compared to Katrina, none of our hospitals was out of touch," Dr. Kaiser said. He also credited the success of the evacuation to the reliability and quality of care at EACMC, HPLMC, and LSUHSC – Shreveport, where most HCSD patients went.

New Orleans

"Evacuation became part of our vocabulary," said Dr. Cathi Fontenot on how her staff at the Interim LSU Public Hospital viewed its early post-Katrina hurricane response, but patient population has steadily grown and is now well beyond 200, making evacuation impractical.

"The plan became to selectively evacuate," she said and to shelter in place in the hurricane-hardened hospital, with a roof able to withstand 150 mph winds, a helipad, emergency generators, and flood protection. The hospital evacuated 49 patients from ICU, NICU, and behavioral health units.

As the storm approached, 644 employees, including 84 physicians, reported for duty, many of the same who reported for duty for Hurricane Katrina and remained in its aftermath three years ago when they labored under challenging conditions, yet they returned to care for their patients in the face of Hurricane Gustav, a hurricane that could have been more severe than Katrina.

"Our employees are extremely dedicated to the mission of caring for patients," said Dr. Fontenot, who at the time was medical director and interim CEO of the hospital. "At one point, we had more doctors than patients."

Planning and preparation occurred at all levels of the hospital. Facility Planning had, among other items, fuel for seven days for back-up generators; LSU police were well armed and patrolled the campus. Outpatient clinics distributed medical guidelines to patients who might be without medical care during the evacuation.

Meeting employee needs was important: staff sheltering in place had shower assignments, sleeping mats, and hot meals. These basic amenities helped staff morale, which in turn enhanced the quality of patient care.

Hospitals

EKLMC is also a major training ground for LSU graduate medical education, nursing, and allied health. The ongoing commitment of EKL to medical education attracts Louisiana’s best and brightest future health care professionals to the Baton Rouge area, where they often remain to pursue their professional careers. LSU clinical training for residents, nursing, and allied health students also occurs at the LSU Health System Surgical Facility on Perkins Road. The facility, which opened in the spring of 2008, provides ambulatory surgeries and procedures, expanding access to health care and strengthening the services at the main campus.

The opening of the EKL Heart and Vascular Center permits specialists to remain at the top of their fields. They can quickly diagnose patients with chest pain, myocardial infarction, and coronary artery disease and administer positive stress tests to determine the health care a patient needs. They can also discharge sooner patients found to be without coronary artery disease.

The center can perform diagnostic heart catheterizations, evaluating a patient for blockages in coronary arteries or heart-valve problems, and bronchoscopy procedures needing fluoroscopy, which allows a physician to see the exact location of the bronchoscope and to take biopsies in the lungs.

With a state-of-the-art digital Siemens Artis DTA flat plate ceiling mounted system, the center will annually perform about 150 heart catheterizations and 50 to 75 other procedures. The Heart and Vascular Center is essential for comprehensive cardiac care, providing timely and efficient services on site.

Like other LSU medical centers, EKLMC sees most of its patients in clinics, not in the hospital, and its highly effective Disease Management Program prevents illness and intervenes early when illness is present, so EKLMC is continually expanding its outpatient services. It reopened the LSU Earl K. Long South Baton Rouge Clinic in the Dr. Leo S. Butler Community Center for adult primary care and referrals for specialty care, providing preventive care where it is needed and when it is needed.

Continued page 26
The LSU Health System also began construction on the University Hospital North Baton Rouge Clinic on Airline Highway, near EKLMC. This comprehensive health care clinic for North Baton Rouge will encompass 44,433 square feet and two floors and will provide comprehensive preventive health care and early intervention with an emphasis on primary care and women's health.

The clinic is part of the ongoing LSU effort to bring health care to the neighborhoods of the people LSU serves. The clinic will offer to North Baton Rouge high-quality health care in a modern, efficient medical facility.

The clinic will have a Primary Care Clinic, Disease Management Program, Woman's Clinic, and pharmacy. This $18 million facility will exemplify the best in health care and will accommodate the region’s rapidly growing population.

Disease prevention is key to a healthy life. The ready availability of these health care providers in a state-of-the-art facility will encourage people to receive preventive health and disease treatment by scheduled appointment. When people have access to health care, they can assume responsibility for maintaining their health.

With their eyes always on helping their community, EKLMC staff raised $4,600 in the American Heart Association Heart Walk.

EKLMC is far more than its main campus and inpatient services. It serves all of Baton Rouge and will continue to meet the needs of those in the region with its inpatient and outpatient health care services.

The LSU Health System Surgical Facility Opens, Offering Outpatient Services and Expanding Access to Health Care

The LSU Health System Surgical Facility, 9032 Perkins Road, in Baton Rouge, opened in 2008 for the provision of ambulatory surgeries and procedures in the areas of adult and pediatric otorhinolaryngology, gynecology, orthopedics, endoscopy, diagnostic radiology and general surgery.

The 49,641 square foot facility and accompanying 7,000 square foot office building allow EKLMC to strengthen services it already offers. EKLMC now redirects less-acute patients to the ambulatory surgical facility, which increases access and reduces wait times for acute inpatients and emergency department patients at the EKLMC main campus and for less-acute patients at the outpatient facility.

“The outpatient surgical services of the facility is another instance of LSU obtaining the most value for quality health care,” said Dr. Michael Butler, LSU HCSD CEO. “It gives LSU another opportunity to provide excellent services at the best cost possible.”

The ambulatory facility has four surgical suites, two procedure rooms, and a full radiology department with MRI and CT, which doubles current access for EKLMC outpatient populations.

The facility has a staff of 60 to 75 for full operation and is on a bus line. An outpatient facility exclusively, it does not have an emergency room.

In fulfillment of its mission of medical education, EKLMC also provides medical training at the ambulatory facility for the clinical education of residents and nursing and allied health students. It has a fully equipped endoscopic training lab with anatomic models for surgical resident training. The surgical residency chief operates and oversees the lab.

LSU completed the purchase of the facility from Dynaqc Healthcare Inc. on December 17, 2007, for $17,600,000. The purchase included the two buildings, all furniture, beds, monitors, and ancillary equipment. LSU purchased the radiology equipment separately.

The outpatient surgical facility increases the community health care access of EKLMC, which has the LSU Mid-City Clinic and primary care clinics in the Jewel Newman and Dr. Leo S. Butler community centers and the soon-to-be-completed North Baton Rouge Clinic, which will offer comprehensive primary care for adults.
The re-establishment of health care in New Orleans after the catastrophic flooding of the 2005 hurricane season is nothing short of remarkable. With 273 inpatient beds and dozens of specialty and community clinics throughout New Orleans, the Interim LSU Public Hospital closely collaborates with its six sister institutions to provide specialty care whenever the need arises, taking advantage of specialists and commonalities throughout the system.

A major site of health care training, LSU hospitals and their residency programs can easily rotate faculty and residents among LSU institutions because of LSU consistency in equipment and medication formularies. Different LSU hospitals provide different services, allowing them to exercise a flexibility congruent with community needs and availability of caregivers, yet a patient receives consistent care throughout LSU in part because their health information is readily available—access to this information is vital for maintaining a continuity of safe, high-quality care without needless redundancies.

This consistency throughout LSU hospitals allows staff to move easily from one institution to another in ordinary and in extraordinary circumstances, such as the emergency evacuations of patients when hurricanes threaten.

In the wake of Hurricane Katrina, as the Interim LSU Public Hospital revived services, it moved the location of the SAFE Center several times, opening its permanent home in 2008. Sexual Assault Nurse Examiners (SANE) at the SAFE Center care for patients who are victims of sexual assault and domestic violence, providing care they may not otherwise receive. The first of its kind in Louisiana, the SAFE Center sees about 20 patients a month. The SANE conducts a thorough medical history and interview to ascertain details of the sexual assault and collects forensic evidence, which is given to...
The LSU - HCSD Community Clinic - Frederick Douglass Senior High, in Bywater, and the LSU - HCSD Community Clinic - Martin Behrman, both in Algiers, provide comprehensive routine examinations, internal medicine, pediatrics, sports physicals, hearing and vision screenings, immunizations, injury prevention, evidence-based chronic disease management (treatment for hypertension, obesity, diabetes, hyperlipidemia, and asthma), nonemergent acute care, sexually-transmitted disease screenings and treatment, stop-smoking programs, access to specialty care, injury prevention, telemedicine services, and assistance with obtaining needed medications. The LSU - HCSD School Based Health Center - O. Perry Walker, in Algiers, provides the aforementioned services but only to students.

The LSU - HCSD Community Clinic - Jackson Barracks, in the Ninth Ward, and the LSU - HCSD Community Clinic - New Orleans East, in New Orleans East, provide direct family-centered services including internal medicine, pediatrics, obstetrics and gynecology, telemedicine services, access to behavioral health, pharmacy assistance, and prenatal care.

LSU also opened the OB/GYN and Women’s Services Clinic at 2100 Poydras and the following clinics at 1450 Poydras: ambulatory care (hypertensive urgency), cutaneous lymphoma, dermatology, internal medicine, neurology, podiatry, endocrine, orthopedics, general surgery, injury prevention, telemedicine services, and assistance with obtaining needed medications.

LSU VA Medical Center will offer world-class health care, education, and bioscience research and will be the anchor for the biosciences corridor in downtown New Orleans.

The combined two-hospital $2 billion project has numerous benefits: the creation of over 12,000 jobs during its construction, and, upon its completion, the creation of thousands of permanent high-paying jobs; the opportunity for the medical center to be an anchor in the developing biomedical research corridor in downtown New Orleans and a national center for bioscience research; the creation of a tremendous economic catalyst for the city and state; the creation of businesses serving the medical center, ranging from restaurants to retail; and the revitalization of a part of downtown in severe decline before the devastation of Hurricane Katrina accelerated its downward spiral.

LSU intends to begin acquiring properties immediately. The completion date for both hospitals is 2013.
Hospitals

plastic surgery, allergy, Coumadin, neurosurgery, rheumatology, ophthalmology, podiatry, radiology, vascular, physical medicine and rehabilitation, telemedicine services, stroke and heart attack prevention, trauma, mammography, and the Breast and Cervical Cancer Program. Clinics have 96 exam rooms, 12 eye exam areas, and a full-service pharmacy for LSU patients. Physical, speech, and occupational therapies and hyperbaric care are also on site.

At the hospital, dental, urology, oncology-chemotherapy, and ENT clinics opened, to join the already functioning clinics at 136 S. Roman, for HIV, cardiology, renal, hepatology, pulmonary, GI, chronic heart failure, oncology, and HOP dental.

The new sleep lab records physiological and pathophysiological occurrences while a patient sleeps to diagnose conditions such as narcolepsy and sleep apnea and has a physician certified by the American Academy of Sleep Medicine to analyze the results.

Comprehensive health care requires behavioral health care. As part of the restoration of services that existed before Hurricane Katrina, the Interim LSU Public Hospital in 2008 opened an acute medical inpatient detox unit with 20 beds for acute and sub-acute medical and nursing care for the patient needing withdrawal from opiates, alcohol, and sedative hypnotics. Its multidisciplinary team includes physicians, registered and licensed nurses, pharmacists, and social workers, and pastoral, respiratory, laboratory, and cardiology practitioners. Case management staff assist with referrals and placement for ongoing care in a rehabilitation setting.

The hospital also expanded its Emergency Department by 20 beds to improve the care of patients experiencing acute behavioral health emergencies. The Mental Health Emergency Room Extension provides an environment for the evaluation, stabilization, and short-term management of patients in a setting appropriate to their needs. Psychiatrists evaluate and make recommendations to stabilize patients, and other mental health professionals assist with medication management, mobilization of support systems, and referrals to appropriate inpatient and outpatient treatment programs. The Emergency Department also has five beds where patients with suspected behavioral illness receive initial medical evaluation by an emergency physician and, if appropriate, by a psychiatrist.

With the transformation of the ambulatory LSU Health System Surgical Center to an inpatient facility completed within 36 hours, Earl K. Long Medical Center physicians were able to care for patients in a first-rate environment.

Response Systems

The web of preparation held the evacuation together, especially the logistics. Once the activation began, Response Systems, the LSU contractual transportation company, propelled patient movement. Response Systems used 12 subcontractors with 52 units covering over 35,000 miles and completing 352 patient movements by ground and fixed- and rotary-wing aircraft. “Systemwide camaraderie soon came to the fore,” said Todd Granger with Response Systems. He credited its success to round-the-clock availability of LSU staff and “unbelievable support” from LSU doctors and staff.

“The whole thing was coming together like it was planned on the drawing board,” he said though 1.9 million people throughout south Louisiana were also evacuating. When LSU was finished, Response Systems helped the Louisiana Department of Health and Hospitals with evacuations of medical patients from the rest of the state. After the storm, Response Systems returned patients and transferred patients to hospitals with power.

Pineville

HPLMC received patients and completed the circle of care. “The training we received in the Leadership Academy was important,” Cindy Vanlangendonck, RN, HPLMC RN nursing service administrator, said, indicating the value of applying training and knowing LSU strengths and weaknesses in managing patient surge.

Continued page 30
The LSU Trauma Center at the Interim LSU Public Hospital in New Orleans is one of only two Level 1 trauma centers in Louisiana. The other is at the LSU Health Sciences Center – Shreveport.
HPLMC received 27 UMC med/surg and ICU patients and cared for them for three to five days. “Our daily systemwide communication meetings provided for a smooth evacuation,” Kathy Nugent, RN, HPLMC infection control/emergency preparedness program coordinator, said. She also credited quarterly meetings, communication tools, and planning. “You can’t put enough emphasis on simplifying,” she said. “We wanted it to be easy for patients and caregivers. Patients were preadmitted and went straight to their rooms.”

Though in central Louisiana, Pineville had flooding and had to boil water; England Air Park lost power for two days. Staff improvised to overcome obstacles, such as rigging PVC pipes, sump pumps, and ladders to get 6,000 gallons of clean water out of a tanker within 24 hours.

**Baton Rouge**

EKLMC initially received patients from other hospitals, but lost power, then improvised, transforming its outpatient Perkins Road facility to an inpatient center and transferring patients to New Orleans.

“Closing was not an option,” Dr. Kathy Viator, EKLMC acting hospital administrator, said. “I was not about to be out of business.” EKLMC expanded clinic hours, transferred clinic services to the Mid City Clinic, reassigned staff to increase clinic access, staffed the special needs shelter, and kept the ER open for minor illnesses and injuries, keeping EKLMC visible to the community. “Nurses and doctors stepped up to the plate,” Dr. Viator said.

EKLMC also encouraged staff to use leave time and started a patient helpline. Doctors barbequing in the parking lot and hiring a cook boosted staff morale.

**Houma**

Seven days from landfall, Gustav targeted Houma and stayed true in its aim, landing 35 miles southeast of town. Five days out, LJCMC started moving patients to safe shelter north of I-10.

After the storm, LJCMC immediately began damage remediation, including removing wet ceiling tiles—Gustav blew the roof off, as Katrina had—removing water from floors, and using portable chillers and generators to control humidity.

As in other LSU hospitals, planning at LJCMC was key along with improvising—staff built duck-blindlike shelters to cover damaged roof vents and refashioned a satellite dish into a scoop to shovel storm debris.

“The biggest thing was teamwork,” Donna Pitre, RN, support services director at LJCMC, said, as it reopened clinics, staffed the Disaster Medical Assistance Team, and cleaned and repaired the hospital. Good rapport with contractors had them at work within days of the storm.

“You have to throw out job descriptions,” she said as an essential component of recovery.

**The Strength of the LSU Emergency Plan: The LSU System**

The strength of the LSU emergency plan is its well integrated multihospital system. Headquarters coordinated the evacuation with the staff of each hospital and managed the flow of patients to the areas of greatest safety and appropriate health care services. Headquarters coordinated prestorm evacuations and, after the storm, assessed the needs at each hospital and provided the resources to meet these needs.

The smooth transport of patients prior to the storm and in its aftermath was due to LSU advance planning for a regionwide emergency that would envelope all of south Louisiana. LSU coordinated the evacuation with the staff of each hospital and managed the flow of patients to the areas of greatest safety and appropriate health care services. Headquarters coordinated prestorm evacuations and, after the storm, assessed the needs at each hospital and provided the resources to meet these needs.

The strength of the LSU emergency plan is its well integrated multihospital system. Headquarters coordinated the evacuation with the staff of each hospital and managed the flow of patients to the areas of greatest safety and appropriate health care services. Headquarters coordinated prestorm evacuations and, after the storm, assessed the needs at each hospital and provided the resources to meet these needs.

The smooth transport of patients prior to the storm and in its aftermath was due to LSU advance planning for a regionwide emergency that would envelope all of south Louisiana.

 LSU uses proven, evidence-based practices to improve patient care and to save lives.

The hospital also opened a 38-bed inpatient psychiatric unit in the Seaton Building on the campus of the former DePaul Hospital. All patients are medically screened, and those in need of inpatient care are admitted to the unit. Previously used as an inpatient mental health facility, the Seaton Building is designed for psychiatric care. LSU updated it and provides security for patient and public safety.

The implementation in the hospital of the System Wide Action Team (SWAT) fosters inpatient safety. An ICU-trained registered nurse and medical technician facilitate moving emergency-department patients to their assigned beds and transporting critical patients from the emergency department or ICU to radiology and assist with the Rapid Response Team and Code Blue. SWAT efficiently and safely increases patient movement and provides ongoing education to inpatient staff.

Patients have fast access to the Interim LSU Public Hospital via the newly installed rooftop heliport, where patients arrive from public and private hospitals for the high-level services LSU provides, yet another illustration of medical centers throughout the region depending on LSU health care and of the value of LSU as a system of sophisticated, highly integrated hospitals and clinics.
FISCAL YEAR 2008
ACTUAL REVENUE MIX

- Interagency Transfers Other: 1.6%
- Self-Generated: 10.9%
- General Funds Direct: 10.7%
- Medicare Claims: 8.9%
- Medicaid Claims: 23.4%
- Medicaid Uncompensated Care: 44.3%

*Source: HCSD PeopleSoft Reports*

FISCAL YEAR 2008
EXPENDITURES MIX

- Educational and Health Professional Services: 19.9%
- Operating Cost: 31.6%
- Capital Outlay: 2.2%
- Nursing and Administrative Staff: 46.3%

HCSD Hospitals Trend in Admissions since 2000

- Inpatient admissions increased by 22.37%
- Total admissions for FY2008 was 35,073
Contact Information

LSU HCSD Central Office
Post Office Box 91308
Baton Rouge, LA 70821
225.922.0488
Michael K. Butler, MD, MHA, CPE, FACPE | Chief Executive Officer
Michael Kaiser, MD | Chief Medical Officer
Lanette Buie | Deputy Chief Executive Officer for Administration
Clay Dunaway | Chief Financial Officer
Wayne A. Wilbright, MD, MS | Chief Information Officer / Chief Medical Information Officer

Bogalusa Medical Center
433 Plaza Street
Bogalusa, LA 70427
Switchboard: 985.730.6700
Hospital Administrator | Kurt M. Scott, FACHE
Assistant Administrator | Regina Runfalo
Medical Director | Lee Roy Joyner, MD
Foundation President | Rev. Bob Adams
CAC Chair | McClurie Sampson

Earl K. Long Medical Center
5825 Airline Highway
Baton Rouge, LA 70805
Switchboard: 225.358.1000
Hospital Administrator | Kathy Viator, DNS, RN
Medical Director | Chapman Lee, MD, FACS
Foundation President | Pat Smith
CAC Chair | None

Interim LSU Public Hospital
Administration Offices
Butterworth Building
1541 Tulane Avenue
New Orleans, LA 70112
Switchboard: 504.903.0046

Inpatient Services
2021 Perdido Street
New Orleans, LA 70112
Switchboard: 504.903.3000
Interim Hospital Administrator | Roxane A. Townsend, M.D.
Assistant Administrator | Adler Voltaire
Interim Medical Director | Juzar Ali, MB, BS (MD), FRCP, FCCP
Foundation President | Peter M.C. DeBieux, MD
CAC Chair | Nadine Henneman

Lallie Kemp Regional Medical Center
52579 Highway 51 South
Independence, LA 70443
Switchboard: 985.878.9421
Hospital Administrator | Sherre Pack-Hookfin, MA
Medical Director | Kathleen Willis, MD
Foundation President | Francis Bickham
CAC Chair | Kevin Braun

Leonard J. Chabert Medical Center
1978 Industrial Boulevard
Houma, LA 70363
Switchboard: 985.873.2200
Hospital Administrator | Rhonda Green, BSN, MBA, MHCM, RN
Medical Director | Michael Garcia, MD
Foundation President | Milly Dampeer
CAC Chair | None

University Medical Center
2390 West Congress
Lafayette, LA 70506
Switchboard: 337.261.6000
Hospital Administrator | Larry Dorsey
Medical Director | James Falterman, MD, FACP
Foundation President | Paul Azar, MD
CAC Chair | Larry Dorsey

Dr. Walter O. Moss Regional Medical Center
1000 Walters Street
Lake Charles, LA 70607
Switchboard: 337.475.8100
Hospital Administrator | Patrick Robinson, MD
Assistant Administrator | Jimmy Pottorff
Medical Director | Ben Darby, MD
Foundation President | None
CAC Chair | Ann Polak
### Employees: 7,226 FTEs (Full-Time Equivalents)

- **Total Collections:** $852.2 million
- **Total Expenses:** $828.4 million

### HQ Employees: 178 FTEs (included in the HCSD total at left)

- **Total Expenses:** $23.7 million
  (included in the HCSD total expenses at the left: up to 2.25% of hospital revenues, Central Business Office allocated costs, and interest income)

### Estimated Economic Impact:

$1.76 billion in overall business activity (Factor of 2.12 based on a July 2007 report “Hospitals and the Louisiana Economy,” prepared for the Louisiana Hospital Association by Dr. James A. Richardson, Alumni Professor of Economics at Louisiana State University.)

### Patient Population:

Approximately 405,354 (served between 7/1/06 – 6/30/08)

### Capacity

| 1,064  licensed beds |
| 539  adult/pediatric staffed beds (including ICU) |
| 135  psychiatric staffed beds |
| 25  neonatal ICU staffed beds |
| 39  nursery bassinets |

### Inpatient Admissions

- 29,312 adult/pediatric admissions
- 3,083 psychiatric admissions
- 466 neonatal ICU admissions
- 2,212 nursery admissions

### Inpatient Days

- 144,350 adult/pediatric inpatient days (including ICU)
- 38,066 psychiatric inpatient days
- 6,683 neonatal ICU inpatient days
- 6,701 nursery inpatient days

### Outpatients

- 894,045 outpatient encounters
- 243,937 ED encounters
- 515,527 outpatient clinic visits

### Live Births

- 2,470 births

### Medical and Clinical Education:

- Approximately 452 medical residents and fellows
- Approximately 2,271 nurses and allied health students

---

### LSU HEALTH CARE SERVICES DIVISION

**MEDICAL CENTER LOCATIONS**

- Bogalusa Medical Center
- Lallie Kemp
- Earl K. Long
- W. O. Moss
- University Medical Center
- Leonard J. Chabert
- Interim LSU Public Hospital

---

LSU Health Care Services Division 2008 Annual Report
Admission by zip code
- Total | 35,073
- 1 Admission per dot

Visits by zip code
- Total | 1,137,982
- 1 Visit per dot
FY 2008 | Bogalusa Medical Center

433 Plaza Street  |  Bogalusa, LA 70427   |  Switchboard: 985.730.6700
Hospital Administrator | Kurt M. Scott, FACHE
Medical Director | Lee Roy Joyner, MD

Resources:  509 FTEs (Full-Time Equivalents)

Total Collections:

- $49.4 million
- State General Fund: $5.417 million
- Medicaid: $8.014 million
- Uncompensated Care: $20.208 million
- Medicare: $8.527 million
- Medicare Cost Reports: $-.334 million
- Commercial/Private Pay: $6.356 million
- Misc. Self Generated $1.175 million

Estimated Economic Impact:

$107.9 million in overall business activity (Factor of 2.12 based on a July 2007 report “Hospitals and the Louisiana Economy,” prepared for the Louisiana Hospital Association by Dr. James A. Richardson, Alumni Professor of Economics at Louisiana State University.)

Patient Population:

Approximately 37,418 (between 7/1/06 – 6/30/08)

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Inpatient Admissions</th>
<th>Inpatient Days</th>
<th>Outpatients</th>
<th>Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>98 licensed beds</td>
<td>2,102 adult/pediatric admissions</td>
<td>9,684 adult/pediatric inpatient days</td>
<td>92,380 outpatient encounters</td>
<td>0 births</td>
</tr>
<tr>
<td>35 adult/pediatric staffed beds (including ICU)</td>
<td>452 psychiatric admissions</td>
<td>5,137 psychiatric inpatient days</td>
<td>26,685 ED encounters</td>
<td></td>
</tr>
<tr>
<td>16 psychiatric staffed beds</td>
<td>0 neonatal ICU admissions</td>
<td>0 neonatal ICU inpatient days</td>
<td>40,205 outpatient clinic visits</td>
<td></td>
</tr>
<tr>
<td>0 neonatal ICU staffed beds</td>
<td>0 nursery admissions</td>
<td>0 nursery inpatient days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Partnerships:

Rayburn Correctional Institute
Washington Parish Sheriff’s Office
Bogalusa Police Department
Children’s Hospital, New Orleans, Louisiana
St. Tammany Parish Hospital (transfers)
Lakeview Regional Medical Center (transfers and Cardiac Care, etc.)
Louisiana Heart Hospital (transfers and Cardiac Care)
Southeast Louisiana Hospital
Florida Parishes Human Services Authority FPHSA (Mental Health / CRTs)
Gulf States Long Term Acute Hospital Facility (LTAC)
ADAP Ryan White Agreement
Camelia Hospice
Deaf Action Group
IHI – Institute of Healthcare Improvement – 5 Million Lives Campaign
ISMP – Institute of Safe Medication Practice
LOPA Louisiana Organ Procurement Program
Louisiana Department of Public Health: Tobacco Control Initiative
Louisiana Health Care Review, Inc.
MedVance Institute of Baton Rouge
Public Health Unit
Maryland Hospital Association
Myers Group HCAHP
Northshore Ambulance Service
QI Project
Region IX Emergency Management
Southern Eye Bank

Residency Programs:

Approximately 6 residents and fellows in the following programs:

- Family Practice
- Ophthalmology

Nursing and Allied Health Programs:

(approximately 137 students)

- LSU Allied Health Professionals
- LSU Department of Clinical Science
  - Shreveport – PT, OT, ST, and Clinical Lab
- LSU School of Nursing
- LSU Pathology
- Loyola – Family Nurse Practitioner
- Louisiana Technical Colleges
  - LPNs, Nurse Aide, Bio-Med, EMT First Response, Phlebotomy
- Pearl River Junior College – Poplarville, MS – RN and Medical Lab Technician
- Southeastern Louisiana University
- Southern University – Speech Therapy
- University of Alabama – Nursing
- University of Louisiana at Monroe – Pharmacy
- University of Southern Mississippi
- Xavier – Pharmacist
- Delgado – Medical Technologist
- Delta College – Medical Assistant – Thomas Clinic
- Bogalusa High School – CNA program
- Franklinton High School – Pharmacy Tech
- Cardiovascular Technology Institute – Echo Tech
Admission by zip code
- Total | 2,554
- 1 Admission per dot

Visits by zip code
- Total | 119,065
- 1 Visit per dot
FY 2008 | Earl K. Long Medical Center

Hospital Administrator | Kathy Viator, DNS, RN
Medical Director | Chapman Lee, MD, FACS

Resources: 1,266 FTEs (Full-Time Equivalents)

Total Collections:
- $145.6 million
  - State General Fund: $18.236 million
  - Medicaid: $40.735 million
  - Uncompensated Care: $69.640 million
  - Medicare: $7.838 million
  - Medicare Cost Reports: $-.277 million
  - Commercial/Private Pay: $3.347 million
  - Misc. Self Generated: $6.104 million

Estimated Economic Impact:
$298.1 million in overall business activity (Factor of 2.12 based on a July 2007 report “Hospitals and the Louisiana Economy,” prepared for the Louisiana Hospital Association by Dr. James A. Richardson, Alumni Professor of Economics at Louisiana State University.)

Patient Population:
Approximately 79,168 (between 7/1/06 – 6/30/08)

Capacity
- 175 licensed beds
- 100 adult/pediatric staffed beds (including ICU)
- 26 psychiatric staffed beds
- 9 neonatal ICU staffed beds
- 11 nursery bassinets

Inpatient Admissions
- 5,791 adult/pediatric admissions
- 514 psychiatric admissions
- 176 neonatal ICU admissions
- 627 nursery admissions

Inpatient Days
- 27,571 adult/pediatric inpatient days (including ICU)
- 8,422 psychiatric inpatient days
- 2,479 neonatal ICU inpatient days
- 1,864 nursery inpatient days

Outpatients
- 162,285 outpatient encounters
- 39,974 ED encounters
- 104,930 outpatient clinic visits

Live Births
- 727 births

Partnerships:
- East Baton Rouge Parish School Board – 3 school-based clinics
- Greater Baton Rouge Community Clinic – hospital referral of patients to clinic for outpatient services, particularly dental care
- Health Care Forum – assessing and planning community needs

Residency Programs:
Approximately 83 residents and fellows in the following programs:
- Emergency Medicine
- Internal Medicine
- Ophthalmology Fellow
- Dentistry
- Dermatology
- Ophthalmology
- Oral Surgery
- Orthopedic Surgery
- Otolaryngology
- Surgery

Nursing and Allied Health Programs:
(approximately 414 students)
- RN
  - Practitioner and/or CRNA
  - University of Mississippi
  - Alcorn State University
  - LSUHSC in New Orleans
  - Loyola University
  - McNeese State University
  - University of Louisiana at Lafayette
  - Northwestern State University
  - Southern University
  - Baton Rouge General School of Nursing
  - Louisiana Technical College, Lafayette
  - University of South Alabama

Southeastern Louisiana University
- MedVance Institute Surgical Technology Program
- Our Lady of the Lake School of Nursing Services
- Baton Rouge Community College

LPN
- Ascension College
- Delta Junior College
- Louisiana Technical College Hammond
- Baton Rouge Regional Technical Institute
- Westside Vocational Technical
- Our Lady of the Lake College of Nursing Services
- LSUHSC – School of Allied Health Professions (Medical Technology Program)

EMT, Paramedic
- Acadian Ambulance, Lafayette
- Avoyelles Technical Institute, Cottonport
- Baton Rouge Fire Department
- Louisiana Technical Institute, Jackson
- Louisiana State Penitentiary, Angola
- Emergency Medical Services
- Our Lady of the Lake
- Chevron/Texaco Emergency Responders

Other Programs:
- Southern University – Social and Nutritional Services
- North Oaks Health Systems Hospital – Nutritional Services
- Glen Oaks, Live Oak, and Denham Springs – High School Students
- MedVance Institute – Pharmacy Techs
Admission by zip code
- Total | 7,108
- 1 Admission per dot

Visits by zip code
- Total | 202,259
- 1 Visit per dot
Total Collections:
$339.4 million
State General Fund: $48.743 million
Medicaid: $68.296 million
Uncompensated Care: $154.441 million
Medicare: $21.176 million
Medicare Cost Reports: $6.177 million
Commercial/Private Pay: $23.164 million
Misc. Self Generated $17.425 million

Estimated Economic Impact:
$713.2 million in overall business activity (Factor of 2.12 based on a July 2007 report “Hospitals and the Louisiana Economy,” prepared for the Louisiana Hospital Association by Dr. James A. Richardson, Alumni Professor of Economics at Louisiana State University.)

Patient Population:
Approximately 81,621 (between 7/1/06 – 6/30/08)

Capacity
386 licensed beds
217 adult/pediatric staffed beds (including ICU)
38 psychiatric staffed beds
5 neonatal ICU staffed beds
13 nursery bassinets

Inpatient Admissions
10,417 adult/pediatric admissions
599 psychiatric admissions
114 neonatal ICU admissions
811 nursery admissions

Inpatient Days
55,500 adult/pediatric inpatient days (including ICU)
6,782 psychiatric inpatient days
1,744 neonatal ICU inpatient days
2,289 nursery inpatient days

Outpatients
147,216 outpatient encounters
46,628 ED encounters
71,505 outpatient clinic visits

Live Births
875 births

Partnerships:
Louisiana Highway Safety Commission: Louisiana Passenger Safety Task Force (grant)
DHH: Ryan White Title III AIDS Drug Assistance Program
Louisiana Organ Procurement Agency: Organ Donations
Musculoskeletal Transplant Foundation: Excess Skin Donations
Southern Eye Bank: Corneal Transplants
National Alliance for the Mentally Ill, New Orleans: Discharge Planning and Patient Support
Algiers Charter Schools
Baptist Community Ministries
Greater St. Stephen Full Gospel Baptist Church
Jackson Barracks
Kellogg Foundation

Louisiana Public Health Institute (LPHI)
Metropolitan Human Services District
Office of Public Health
Operation Blessing
Recovery School District
School Health Connection

Residency Programs:
Approximately 260 residents and fellows in the following programs:

Allergy, Immunology
Cardiology
Cornea
Gastroenterology
Musculoskeletal
Neonatal-Perinatal
Nephrology
Pediatric Neurology
Pulmonary and Critical Care
Retina
Rheumatology
Dentistry
Dermatology
Emergency Medicine
Family Medicine
Internal Medicine
Internal / Emergency Medicine
Medicine / Pediatrics
Neurology
Neurology Fellows
Obstetrics and Gynecology
Ophthalmology
Oral Surgery
Orthopedic Surgery
Pathology
Pediatrics
Physical Medicine / Rehabilitation
Psychiatry
Psychiatry – Child and Adolescent
Surgery
Surgery, Plastic
Anesthesiology
Urology
Endocrinology
Hematology and Oncology
Infectious Disease
Neurological Surgery

Nursing and Allied Health Programs:
(approximately 670 students)
RN students (Delgado, LSU, Holy Cross)
Paramedic (EMT) students (Delgado, LSU)
LPN students (Delgado, A&G)
Pharmacy students (Xavier)
Nurse Anesthesia students (LSU)
Occupational Therapy students (LSU)
Admission by zip code
- Total | 11,941
- 1 Admission per dot

Visits by zip code
- Total | 193,844
- 1 Visit per dot
FY 2008 | Lallie Kemp Regional Medical Center

52579 Highway 51 South | Independence, LA 70443 | Switchboard: 985.878.9421

Hospital Administrator | Sherre Pack-Hookfin, MA
Medical Director | Kathleen Willis, MD

Resources: 406 FTEs (Full-Time Equivalents)

Total Collections:
- $46.6 million
- State General Fund: $5.316 million
- Medicaid: $8.453 million
- Uncompensated Care: $22.136 million
- Medicare: $5.099 million
- Medicare Cost Reports: $2.419 million
- Commercial/Private Pay: $2.414 million
- Misc. Self Generated: $0.774 million

Estimated Economic Impact:
$85.2 million in overall business activity (Factor of 2.12 based on a July 2007 report “Hospitals and the Louisiana Economy,” prepared for the Louisiana Hospital Association by Dr. James A. Richardson, Alumni Professor of Economics at Louisiana State University.)

Patient Population:
Approximately 37,135 (between 7/1/06 – 6/30/08)

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Inpatient Admissions</th>
<th>Inpatient Days</th>
<th>Outpatients</th>
<th>Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 licensed beds</td>
<td>938 adult/pediatric admissions</td>
<td>3,668 adult/pediatric inpatient days</td>
<td>79,462 outpatient encounters</td>
<td></td>
</tr>
<tr>
<td>17 adult/pediatric staffed beds (including ICU)</td>
<td>0 psychiatric admissions</td>
<td>0 psychiatric inpatient days</td>
<td>25,554 ED encounters</td>
<td></td>
</tr>
<tr>
<td>0 psychiatric staffed beds</td>
<td>0 neonatal ICU admissions</td>
<td>0 neonatal ICU inpatient days</td>
<td>44,838 outpatient clinic visits</td>
<td></td>
</tr>
<tr>
<td>0 neonatal ICU staffed beds</td>
<td>0 nursery admissions</td>
<td>0 nursery inpatient days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 nursery bassinets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Partnerships:
- Baton Rouge Regional Eye Bank
- Louisiana Organ Procurement Agency (LOPA)
- Cantilever Shoes
- Gulf States Silver Recovery
- Multi Practice Clinic
- Southern Eye Bank
- LSU School of Medicine Fellows
- LSU School of Allied Health Professionals (Shreveport)
- LSU School of Nursing – Nurse Practitioners, Advanced Practice, CRNA Students
- Louisiana Technical College, Greensburg Campus – LPNs
- Louisiana Technical College, River Parishes Campus – LPNs
- Louisiana Technical College Hammond Campus – LPNs, Nursing Assistants, EMTs, Patient Care Technicians
- Our Lady of the Lake College (Physician Assistant Program)
- Tangipahoa Parish School System (Option 3 Program)
- Acadian Ambulance National EMS Academy – EMTs
- Hammond Campus – LPNs, Nursing Assistants, EMTs, Patient Care Technicians
- Northshore EMS Academy – EMTs
- MedVance Institute – Allied Health
- Compass Career College – Phlebotomy
- Southeastern Louisiana University – RNs, Nurse Practitioners
- Remington College – Allied Health
- Southwest Mississippi Community College – RNs
- Delta College – Allied Health
- University of South Alabama – Nurse Practitioners
- Southern University – Nurse Practitioners
- University of Southern Mississippi – Nurse Practitioners

Nursing and Allied Health Programs:
(approximately 124 students)
- LSU School of Medicine (Fellows)
- LSU School of Allied Health Professionals (Shreveport)
- LSU School of Nursing – Nurse Practitioners, Advanced Practice, CRNA Students
- Louisiana Technical College, Greensburg Campus – LPNs
- Louisiana Technical College, River Parishes Campus – LPNs
- Louisiana Technical College Hammond Campus – LPNs, Nursing Assistants, EMTs, Patient Care Technicians
- Our Lady of the Lake College (Physician Assistant Program)
- Tangipahoa Parish School System (Option 3 Program)
- Acadian Ambulance National EMS Academy – EMTs
- Northshore EMS Academy – EMTs
- MedVance Institute – Allied Health
- Compass Career College – Phlebotomy
- Southeastern Louisiana University – RNs, Nurse Practitioners
- Remington College – Allied Health
- Southwest Mississippi Community College – RNs
- Delta College – Allied Health
- University of South Alabama – Nurse Practitioners
- Southern University – Nurse Practitioners
- University of Southern Mississippi – Nurse Practitioners

Residency Programs:
Approximately 2 residents and fellows in the following programs:
- Ophthalmology
- Cardiology

LSU Health Care Services Division 2008 Annual Report
Admission by zip code
- Total | 938
- 1 Admission per dot

Visits by zip code
- Total | 105,016
- 1 Visit per dot
FY 2008 | Leonard J. Chabert Medical Center
1978 Industrial Boulevard | Houma, LA 70363 | Switchboard: 985.873.2200
Hospital Administrator | Rhonda Green, BSN, MBA, MHCM, RN
Medical Director | Michael Garcia, MD

Resources: 922 FTEs (Full-Time Equivalents)

Total Collections:
- $105.2 million
  - State General Fund: $4.278 million
  - Medicaid: $33.636 million
  - Uncompensated Care: $47.950 million
  - Medicare: $10.756 million
  - Medicare Cost Reports: $1.152 million
  - Commercial/Private Pay: $6.057 million
  - Misc. Self Generated $1.416 million

Estimated Economic Impact:
$212.0 million in overall business activity (Factor of 2.12 based on a July 2007 report “Hospitals and the Louisiana Economy,” prepared for the Louisiana Hospital Association by Dr. James A. Richardson, Alumni Professor of Economics at Louisiana State University.)

Patient Population:
Approximately 66,452 (between 7/1/06 – 6/30/08)

Capacity
- 156 licensed beds
- 71 adult/pediatric staffed beds (including ICU)
- 21 psychiatric staffed beds
- 3 neonatal ICU staffed beds
- 10 nursery bassinets

Inpatient Admissions
- 4,322 adult/pediatric admissions
- 705 psychiatric admissions
- 52 neonatal ICU admissions
- 509 nursery admissions

Inpatient Days
- 19,655 adult/pediatric inpatient days (including ICU)
- 7,006 psychiatric inpatient days
- 411 neonatal ICU inpatient days
- 1,827 nursery inpatient days

Outpatients
- 170,749 outpatient encounters
- 39,177 ED encounters
- 96,768 outpatient clinic visits

Live Births
- 505 births

Partnerships:
- Terrebonne General Medical Center – Neonatal intensive care services
  - LJCMC provides Level 3 Neonatal Intensive Care Services
- Terrebonne Parish District Attorney Drug Court
- Terrebonne Parish Criminal Justice Complex
- LJCMC provides lab testing and results reporting
- Louisiana Primary Care Association and Bayou Teche Community Health Network
  - integrated network
- Office of Public Health – LJCMC provides education services to OPH's labor and delivery population, and high-risk prenatal medical services
- Southeast Louisiana Area Health Education Center
  - HIV outreach to rural populations and African-Americans
- NO Aids Task Force – HIV referral services
- NRC – HIV community services
- Region III Office of Mental Health – behavioral health collaborative services
- Region III Office of Addictive Disorders – substance abuse evaluation and referral services
  - Unitech – LJCMC provides training for EKG, Phlebotomy, and Pharmacy Technicians

Residency Programs:
Approximately 30 residents and fellows in the following programs:
- Cardiology
- Gastroenterology
- Dentistry
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Ophthalmology
- Physical Medicine / Rehabilitation
- Vascular Surgery
- Obstetrics and Gynecology
- Orthopedic Surgery
- Surgery
- Urology
- Gastroenterology

Medical Student Programs:
- SABA University School of Medicine
- Medical University of the Americas in Nive

Nursing and Allied Health Programs:
(approximately 396 students)
- Acadian Ambulance Services – EMT Student Program
- Delgado Community College – Medical Laboratory Student Program
- Delgado Community College – Radiology Student Program
- Lafourche Technical College – LPNs
- Louisiana State University and A & M College – Physician Assistant Program
- Louisiana State University – Graduate and Undergraduate Medical Education Program
- Louisiana State University – Graduate Rehabilitation Social Work Program
- Louisiana Technical College – Lafourche Campus-EMT Student Program
- Louisiana Technical College – Lafourche Campus-Practical Nursing Students
- Louisiana Technical College – South Louisiana Campus-EMT Student Program
- Louisiana Technical College – South Louisiana Campus for Nursing, Phlebotomy, Surgical Tech Program
- Loyola University – New Orleans – Nurse Practitioner Program
- Nicholls State University – EMT – Respiratory Cardio Student Program
- Nicholls State University – Nursing Student Program
- Nicholls State University – Family and Consumer Services and Counseling Psychology
- Ochsner Clinic Foundation
- Our Lady of the Lake College of Anesthesia
- Southern University of New Orleans – Graduate Social Work Program
- Terrebonne Vocational Technical School – Nursing Student Program
- Tulane University – Graduate School of Social Work
- University of Louisiana at Lafayette – Graduate Nursing Students
Admission by zip code
- Total | 5,588
- 1 Admission per dot

Visits by zip code
- Total | 209,926
- 1 Visit per dot
FY 2008 | University Medical Center
2390 West Congress | Lafayette, LA 70506 | Switchboard: 337.261.6000

Hospital Administrator | Larry Dorsey
Medical Director | James Falterman, MD, FACP

Resources: 1,089 FTEs (Full-Time Equivalents)

Total Collections:
$121.1 million
State General Fund: $6.328 million
Medicaid: $38.661 million
Uncompensated Care: $55.412 million
Medicare: $12.109 million
Medicare Cost Reports: $1.206 million
Commercial/Private Pay: $5.002 million
Misc. Self Generated $2.427 million

Estimated Economic Impact:
$244.6 million in overall business activity (Factor of 2.12 based on a July 2007 report “Hospitals and the Louisiana Economy,” prepared for the Louisiana Hospital Association by Dr. James A. Richardson, Alumni Professor of Economics at Louisiana State University.)

Patient Population:
Approximately 69,463 (between 7/1/06 – 6/30/08)

Capacity
150 licensed beds
83 adult/pediatric staffed beds
19 psychiatric staffed beds
8 neonatal ICU staffed beds
5 nursery bassinets

Inpatient Admissions
4,769 adult/pediatric admissions
391 psychiatric admissions
124 neonatal ICU admissions
265 nursery admissions

Inpatient Days
23,940 adult/pediatric inpatient days
6,276 psychiatric inpatient days
2,049 neonatal ICU inpatient days
721 nursery inpatient days

Outpatients
164,437 outpatient encounters
42,094 ED encounters
110,824 outpatient clinic visits

Live Births
363 births

Partnerships:
East Baton Rouge Parish School Board – 3 school-based clinics
Greater Baton Rouge Community Clinic – hospital referral of patients to clinic for outpatient services, particularly dental care
Health Care Forum – assessing and planning community needs

Residency Programs:
Approximately 71 residents and fellows in the following programs:
Cardiology
Family Medicine
Internal Medicine
Obstetrics and Gynecology
Ophthalmology
Orthopedic Surgery
Otolaryngology
Surgery
Geriatric Medicine
Family Medicine
Internal Medicine

Nursing and Allied Health Programs:
(approximately 439 students)
LSUHSC School of Nursing – Nurse Practitioner, CRNA
Louisiana State University, Eunice – Respiratory Care, Associate in Nursing, Radiologic Technology
University of Louisiana at Lafayette – Baccalaureate Program and Master of Science in Nursing
Various Louisiana Technical Colleges – Paramedic, LPNs, EMTs, Surgical Technology, Nursing Assistant
McNeese State University – Master of Science in Nursing Program
University of Iowa – EMT

LSU Health Care Services Division 2008 Annual Report
Admission by zip code
- Total | 5,549
- 1 Admission per dot

Visits by zip code
- Total | 206,531
- 1 Visit per dot
**Resources:** 410 FTEs (Full-Time Equivalents)

**Total Collections:**
- $44.9 million
- State General Fund: $6.448 million
- Medicaid: $9.191 million
- Uncompensated Care: $21.686 million
- Medicare: $3.230 million
- Medicare Cost Reports: $3.47 million
- Commercial/Private Pay: $1.378 million
- Misc. Self Generated: $2.588 million

**Estimated Economic Impact:**
$95.2 million in overall business activity (Factor of 2.12 based on a July 2007 report “Hospitals and the Louisiana Economy,” prepared for the Louisiana Hospital Association by Dr. James A. Richardson, Alumni Professor of Economics at Louisiana State University.)

**Patient Population:**
Approximately 34,097 (between 7/1/06 – 6/30/08)

**Capacity**
- 74 licensed beds
- 16 adult/pediatric staffed beds (including ICU)
- 15 psychiatric staffed beds
- 0 neonatal ICU staffed beds
- 0 nursery bassinets

**Inpatient Admissions**
- 973 adult/pediatric admissions
- 422 psychiatric admissions
- 0 neonatal ICU admissions
- 0 nursery admissions

**Inpatient Days**
- 4,332 adult/pediatric inpatient days (including ICU)
- 4,443 psychiatric inpatient days
- 0 neonatal ICU inpatient days
- 0 nursery inpatient days

**Outpatients**
- 77,516 outpatient encounters
- 23,825 ED encounters
- 44,457 outpatient clinic visits

**Live Births**
- 0 births

**Partnerships:**
- Lake Charles Memorial Hospital – OB Services and Medical Oncology
- Sisters of Charity/St. Patrick Hospital – Radiation Oncology
- Office of Public Health – Sickle Cell Anemia Program
- LSUHSC – School of Public Health – Tobacco Control Initiative

**Nursing and Allied Health Programs:**
(approximately 101 students)
- McNeese State University – Family and Consumer Science Dietetic Internships, Family and Consumer Science Dietetic Field Experience Students, Radiology Technology Program, RN – BS and MSN program. Clinical Laboratory Scientist program
- Sowela Technical Community College – LPNs and Dietary Manager Program
- Xavier University of Louisiana and University of Louisiana, Monroe – Pharmacy Professional Experience Program (Intern Program)
- LSU – Eunice – RNs
FY 2008 | Dr. Walter O. Moss Regional Medical Center

Admission by zip code
- Total | 1,395
- 1 Admission per dot

Visits by zip code
- Total | 101,341
- 1 Visit per dot