A photograph of two medical professionals in a catheterization laboratory. The professional on the left is wearing a red scrub top and a red surgical cap with 'AGGRASTAT (tirofiban HCl) EARLY REUSION. BETTER PERFUSION.' printed on it. He is looking towards the professional on the right. The professional on the right is wearing a grey and green scrub top with 'CATH LAB' on the chest and a patterned surgical cap. He is holding a piece of medical equipment and looking down at it. The background shows various pieces of medical equipment and a patient lying on a table covered with a blue drape.

THE VALUE OF A SYSTEM
2008 ANNUAL REPORT
A PRICELESS ASSET OF LOUISIANA

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.

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Letter from the CEO



Dr. Michael K. Butler, CEO

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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,

A handwritten signature in black ink, appearing to read "M. Butler". The signature is fluid and cursive, written over a white background.

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 Louisianians the availability of well-trained health professionals for our future.

Mission Statement

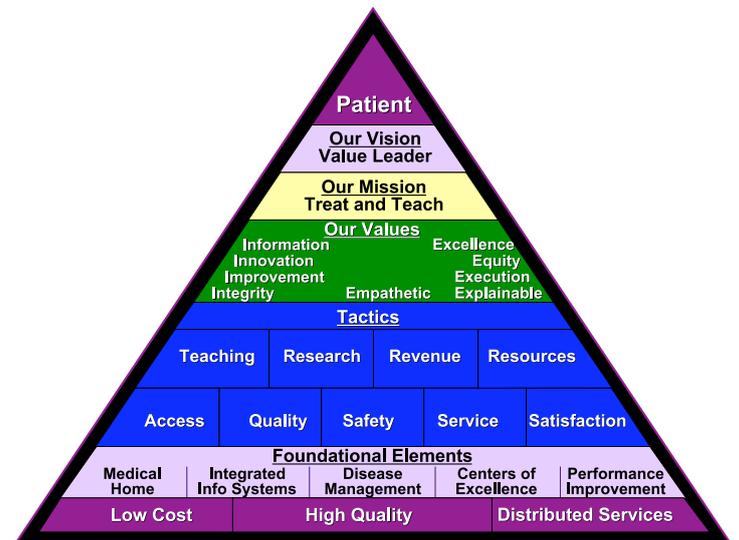
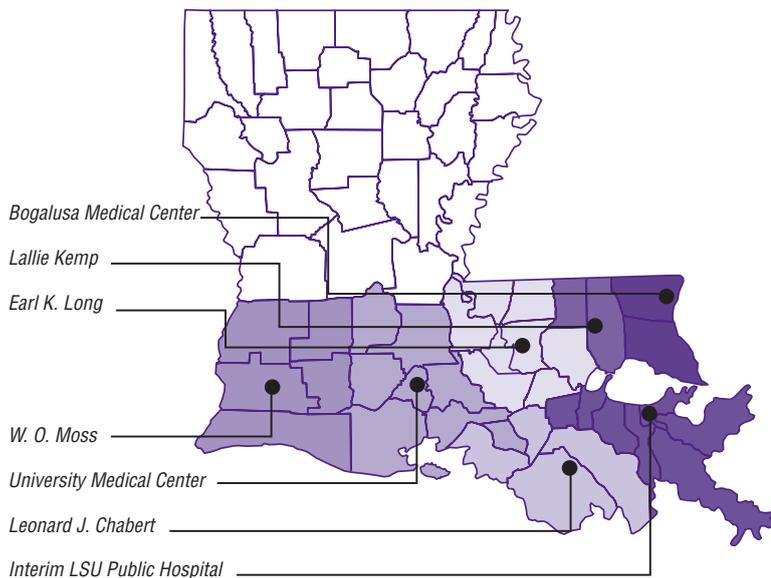
On behalf of all citizens of Louisiana, the LSU Health Care Services Division shall

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.

LSU HEALTH CARE SERVICES DIVISION MEDICAL CENTER LOCATIONS



LSU HOSPITALS STRATEGIC OVERVIEW

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 Louisianians.

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 Louisianians 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



Most of the physicians, dentists, and allied health professionals practicing in Louisiana today were trained in LSU hospitals.

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.



**Shadondra Serielle
University Medical Center**

Two years ago our daughter, Shadondra, 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

Shadondra's parents

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

Cynthia Watson, APRN, FNP-BC, is a nurse practitioner at UMC.

Louisiana's Priceless Asset



Joan Tobin

Leonard J. Chabert Medical Center

I would like to let you know how much I appreciate all the kindness and attention all the staff have given me.

My husband lost his job in 2005, and I was diagnosed with cancer (lymphoma). I see Dr. Harry McGaw. I received chemo treatments from March 2006 until July 2006. The staff in the chemo department are all so nice, also everyone in the oncology department.

I have been cancer free for a year; I had my port-o-cath removed on Friday, September 21, 2007. The nurse, Ms. Genevieve Boudreaux, RN, and Dr. Kevin Casey were the greatest. The anesthesiologist was very gentle and kind to me.

Today I received a phone call from the hospital to see if I was doing okay. I could not believe when she called me to ask me how I was doing! This was the first time any hospital ever called to check on me or any of my family members.

I REALLY appreciate everyone at your hospital. You should be very proud of all of the staff.

Joan Tobin

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.

HCS D 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



LSU hospitals have highly skilled staff employing the latest health care technology to provide optimal outcomes for patients.

\$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.



Jannette Suire

W.O. Moss Regional Medical Center

Overall, my care was excellent. One needs to remember that many of us could not receive any medical services due to finances that are not available.

My family has always been taken care of by this facility’s excellent staff. I have been **BETTER** served by this hospital than hospitals I have had to pay for services. I have no complaints.

We need to be more thankful for the free or reduced medical services provided.

Thanks for letting me express my feelings.

Jannette Suire

Louisiana's Priceless Asset



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 that 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.

HCSO Laboratories: Another Jewel in the LSU Crown

In 2008, HCSO Laboratories built on its solid foundation of accomplishment to continue to provide high-quality cost-effective support

to systemwide health care initiatives. HCSO 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.

HCSO 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 HCSO 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 HCSO 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 HCSO hospitals that comprised HCSO during that period. Hospital



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.

HCSO 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 fending for themselves as health care rapidly evolves and costs continually escalate. They partake in, while they also contribute to, the HCSO 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.

Hospitals



Charmayne Hayman, in the middle, with some of the Bogalusa Medical Center staff who cared for her son: Reed Wallace, RN; Sarah Peters, RN; Star Page, CRT; Krystal Creel, RN; and Barbara Jacobs, CNA.

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.

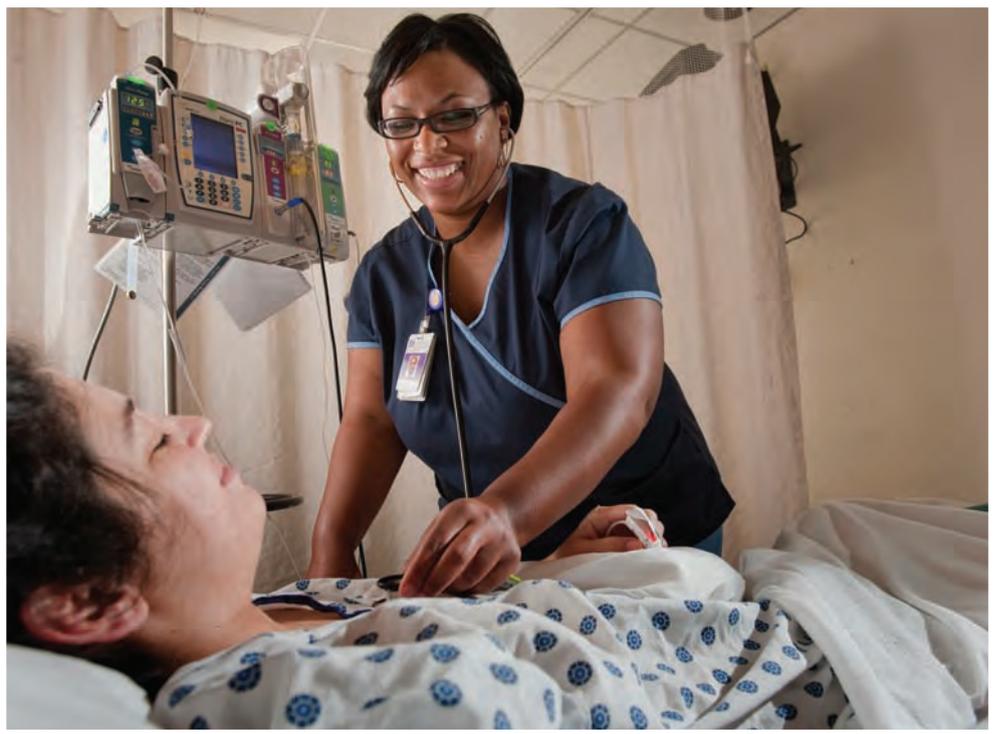
To receive accreditation for the program, LJCMC hired faculty, including its program director,

associate program director, residency and institutional coordinator, and others in key areas such as pulmonary critical care. Dr. Dayton Daberkow II, formerly the LSU program director in New Orleans for 12 years, is now the LJCMC program director.

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



Patients are highly satisfied with their experience at LSU hospitals, according to a recent survey.



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

the Stimuvax cancer vaccine. LJCRC 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 LJCRC 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 LJCRC 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. LJCRC 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.

LJCRC and South Louisiana Medical Associates hosted a Family Medicine Residency Fair. Sponsored by the Louisiana Academy of Family Physicians, it attracted over 50 students. LJCRC partnered with the LJCRC 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 LJCRC team raised \$2,675 for the annual Relay for Life, the American Cancer Society's team event to fight cancer. LJCRC 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 LJCRC to be a reliable resource for all in need in southeast Louisiana.

LSU RECEIVES NEARLY \$400,000 FOR VULNERABLE AND HARD-TO-REACH HIV POPULATIONS

The U.S. Department of Health and Human Services Health Resources and Services Administration has awarded HCSD a Special Project of National Significance (SPNS) grant of nearly \$400,000 a year to develop an electronic network for medical access for vulnerable and hard-to-reach populations of persons living with HIV (PLWH).



The four-year demonstration project will implement and evaluate a model using health information technology to share patient information across health care providers so that providers can offer appropriate HIV care.

"Timing is critical in the provision of HIV care," said Dr. Michael Kaiser, project program director and HCSD chief medical officer. "Early intervention is the key to HIV disease management."

Near and real-time electronic data sharing among network partners can increase the ability of all partners to identify newly diagnosed persons and to reach out to PLWH who may be unaware of their diagnoses or lost to HIV care.

Hospitals

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.



Dr. Michael Butler

Trained in general and gastrointestinal surgery, he also continues to practice surgery.

"A keen eye for detail and for the larger health care landscape makes Dr. Butler an invaluable resource for direct health care delivery and for the executive management of the integrated health care system of LSU HCSD," said Dr. Fred Cerise, LSU System vice president for health affairs and medical education. "He receives a great deal of credit for the improvements in LSU health care delivery for the past decade and for the adroit leadership that has guided staff toward these improvements."

Dr. Butler has served as chief of surgery and medical director of Leonard J. Chabert Medical Center, where he developed its disease management program.

He also served as chief operating officer and medical director for the Medical Center of Louisiana at New Orleans and as chief executive officer at South Louisiana Medical Associates, where he initiated a successful economic restructuring of the Ochsner education affiliate.

Dr. Butler received his undergraduate degree at Amherst College, his medical degree at Tulane University School of Medicine, and his management degree at Tulane University School of Public Health and Tropical Medicine. He completed his postgraduate training in general and gastrointestinal surgery and trauma in New York. Dr. Butler is a certified physician executive, and his board certifications are in surgery, quality assurance, and medical management.

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



In a survey conducted for the federal government, LSU hospitals scored well beyond the national average in doctor-patient communications.



At LSU hospitals, patients are treated like family.

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.

LSU SYSTEM NAMES DR. CERISE HEALTH CARE VICE PRESIDENT

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 **Dr. Fred Cerise**

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.

Hospitals

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



Rhonda Green, RN, MBA, MHCM

was responsible for opening the unit and for its guidelines and policy development, implementation of protocols for patient care and treatment, and staff hiring, with less than a one-percent turnover rate. She also served as an assistant section manager in the Emergency Department for 12 years.

Ms. Green holds a Bachelor of Arts degree in Nursing, a Master of Business Administration degree, and a Master's degree in Health Care Management.

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



Sherre Pack-Hookfin, BA, MA

of materials and plant management, and EEO coordinator/assistant ancillary director.

She began her career at LKRMC as a typist clerk in the Human Resources Department in August 1979, shortly after receiving her bachelor's degree from Southeastern University, and then worked as a data entry operator before moving into management. Her steady ascent through the ranks exemplifies her dedication and determination to provide superior health care services at LKRMC.

She holds a Bachelor of Arts degree in Business Administration and a Master's degree in Health.

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.

Lallie Kemp Regional Medical Center

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.



Alyce Sanborn

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

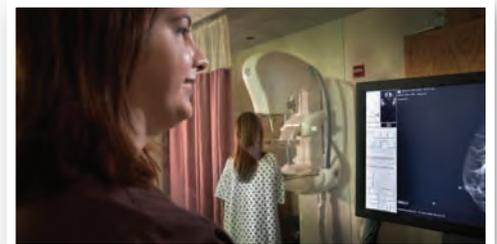
LSU teaching hospitals exceeded national norms for patient satisfaction, communication with doctors, pain management, and cleanliness in a new survey conducted for the federal government.

"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.



Patients receive a healing touch of compassion at LSU hospitals.



Patients consistently give high marks to LSU health care.

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."



The exemplary dedication of LSU staff to their patients complements their high level of expertise.

LKRCM Receives Platinum Level Louisiana Hospital Quality Award BMC, Moss, and UMC Receive Awards

Lallie Kemp Regional Medical Center (LKRCM) 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.

LKRCM 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.

“Louisiana Health Care Review is pleased to recognize these LSU hospitals for achieving measured improvement in patient care. More importantly, we know that utilizing proven

standards of care can save lives, and we applaud the work of these hospital teams in their dedication to quality patient care for the people of their community,” said LHCR Chief Executive Officer Gary Curtis.



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.



The training of allied health professionals is an integral component of the mission of LSU hospitals.

Lallie Kemp Regional Medical Center



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.

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

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



Kathleen Lincoln

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



Dr. Jolene Johnson

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



Robert Arnold



Diane Angelico, RN

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, LKRCM 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 LKRCM. Besides winning annual LSU health care awards, LKRCM 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 LKRCM Asthma Program as the best on the north shore.

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

To maintain best practices, the LKRCM 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, LKRCM established an emergency department isolation room to protect patients and staff from infectious disease.

Hospitals

University Medical Center



As academic medical centers, LSU hospitals share in the prestige bestowed upon them as a system of integrated teaching hospitals in general and as member institutions of LSU in particular. University Medical Center (UMC), in Lafayette, is a leading center of graduate medical education in Louisiana and shares in, and contributes to, this prestige. Its medical residents, upon completion of their programs, set down roots in Acadiana to continue to provide both quality health care and an economic boost to the region.

LSU guides its hospitals in the provision of quality patient care, superior training, and first-rate facilities for medical, dental, and allied health education. LSU values reverberate throughout LSU hospitals, where staff daily engage in these pursuits with compassion and integrity.

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,

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.



Annual Forum awards recognize achievement throughout HCSD.

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

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.



LSU offers quality health care by specialists who are the leaders in their field.

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.



Hospitals

Earl K. Long Medical Center



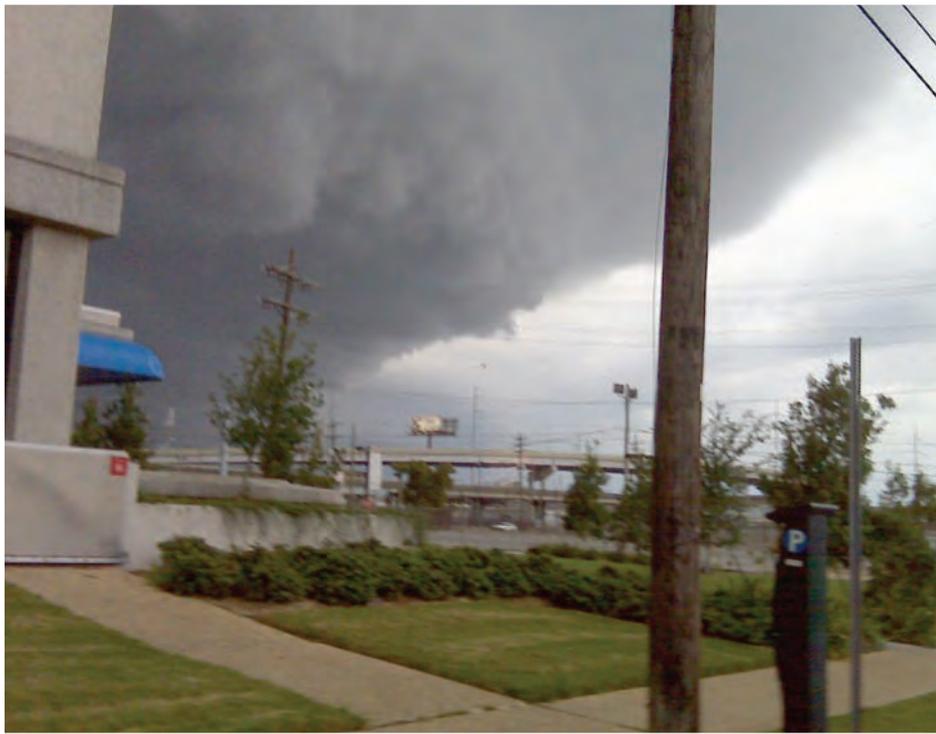
Perhaps no medical center better illustrates the value of LSU as a system of integrated health care institutions whose whole is greater than its parts than Earl K. Long Medical Center (EKLMC) in Baton Rouge and its contributions to the LSU Disease Management Program. EKLMC makes tremendous contributions 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.

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



A far-reaching integrated network of LSU hospitals and clinics gives patients access to the best physicians in Louisiana.

TRRAQSS Awards Given to LSU Diabetic Foot, ECLMC Asthma, and LKRCM Hypertension Programs

The TRRAQSS 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 TRRAQSS Award for the most distinguished program was given to the LSU Diabetic Foot Program, based at ECLMC. The program has 100 percent access and has given 133 telemedicine clinics since 2001. Each HCSD hospital has specialists at ECLMC 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 TRRAQSS Award for the most innovative program was given to the LKRCM 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 TRRAQSS First Place Award for clinical excellence was given to the ECLMC 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.



Though the hospital lost power, EKLMC staff kept their cool throughout the storm and cared for patients.

Medical/surgical, ICU, and special needs patients were transferred to EKLMC, Huey P. Long Medical Center (HPLMC) in Pineville, EA Conway in Monroe (EACMC), and LSU Health Sciences Center – Shreveport.

Psychiatric patients were transferred to Central Louisiana State Hospital in Pineville.

The evacuation, which was the largest in LSU history, reflects the lessons learned from hurricanes Katrina and Rita, namely that LSU should rely on its own assets to accomplish this mission.

“You can’t wait on the cavalry to get things done,” said Dr. Michael K. Butler. “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.

Continued page 26

Hospitals

EKLMC is also a major training ground for LSU graduate medical education, nursing, and allied health. The ongoing commitment of EKLMC 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 EKLMC 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.

The center can implant pacemakers to correct a slow heart rate and keep it steady; can place implantable cardioverter-defibrillators, which detect potentially life-threatening cardiac arrhythmias and give the heart a small jolt of electricity to stabilize the rhythm; and can place VAS catheters for hemodialysis.

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.



The LSU Health System North Baton Rouge Clinic has a scheduled opening of early summer 2009.

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.

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 LSU Health System Surgical Facility opened in 2008 to provide quality ambulatory surgical and diagnostic care to Baton Rouge residents.

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 Dynacq 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.



Life begins at LSU.



Hospitals

Interim LSU Public Hospital



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

By the light of a clinic window at Leonard J. Chabert Medical Center, in the aftermath of Hurricane Gustav, Dr. Mary Eschete intently listens to a child's breathing.

"I can't stress communication enough," she said. She and her staff used early and frequent electronic and in-person communications. "Early employee, patient, and facility preparation makes the difference between anxiety and confidence."

The trauma center and the emergency department were fully staffed and able to accept trauma patients. LSU essentially maintained a fully functioning hospital in New Orleans despite Hurricane Gustav.

Behavioral Health

Interim LSU Public Hospital behavioral health patients did evacuate. Andrea Adams, RN, associate nursing administrator for the hospital, also stressed the need for communication with her staff and the staff of the receiving hospital and becoming familiar with its campus before

arriving. Planning is the linchpin of an emergency response and was essential to the behavioral health evacuation.

"Know your staff," Mary Broussard, RN, University Medical Center director of nursing, said. "They're not all qualified to be away from their homes."

Adams emphasized the importance of knowing patients and warned against pairing incompatible patients during an evacuation, such as one with paranoid schizophrenia fearing the CIA is tailing him with one with delusions of grandeur who thinks he's a CIA agent or two hypersexual patients.

Plan both for what will happen and what may happen, Broussard advised. Both praised the staff and quality of care at Central Louisiana State Hospital and the cooperation among hospitals.

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LSU hospitals deliver compassionate quality health care to Louisiana residents.

law enforcement agencies for crime-lab analysis. A vital component of the medical and judicial safety net, the SANE also provides expert testimony when a case goes to trial. The training and experience that the SANEs bring to post-Katrina New Orleans are critical components in the recovery of the area health care system.

In 2008, LSU opened community health clinics in neighborhoods throughout New Orleans, offering comprehensive primary health care and access to specialty care, preventing minor illness from becoming major. LSU has long pursued the development of medical homes; these community clinics are another step in the provision of this concept of care. With clinics throughout the city, LSU affords quality primary health care to those who might otherwise be constrained by transportation or financial issues.

The LSU - HCSD Community Clinic - Frederick Douglass Senior High, in Bywater, and the LSU - HCSD Community Clinic - Murray Henderson 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,

LSU and Veterans Affairs Move Forward with Site for Downtown Medical Center in New Orleans

LSU and the the U.S. Department of Veterans Affairs formally announced they would pursue a partnership to build their respective hospitals, side by side, in downtown New Orleans, near the LSU and Tulane schools of medicine, on a 70-acre site bounded by Tulane Avenue, Canal Street, Claiborne Avenue, and North Rocheblave Street.

The close proximity of the two hospitals will continue the long relationship of staffs of the medical schools and VA serving the educational and health care needs of each other.

Governor Bobby Jindal had previously endorsed the building of the new LSU Academic Medical Center, and the joint announcement by LSU and the VA on November 25, 2008, drew the support of U. S. Senator Mary Landrieu.

"The partnership of the VA and LSU will create a bio-medical corridor that will put Louisiana at the forefront of cutting edge medical research, diversify our economy and serve our veterans who have bravely served us," she said in a press release the day of the announcement. "I will work with the incoming Administration to ensure that FEMA and other branches of the federal government do not shortchange the state, but instead honor their commitments with the appropriate funds to rebuild a world-class hospital complex."

LSU will build a hurricane-hardened academic medical center for medical, dental, and allied health education; twenty-first century health care; and bioscience research. The location also has room for expansion and easy access to highways and local transit.

"Everyone deserves the best health care possible, and the facility for the delivery of health care is integral to the quality of its delivery," said Dr. Michael K. Butler, HCSD CEO.



The 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.

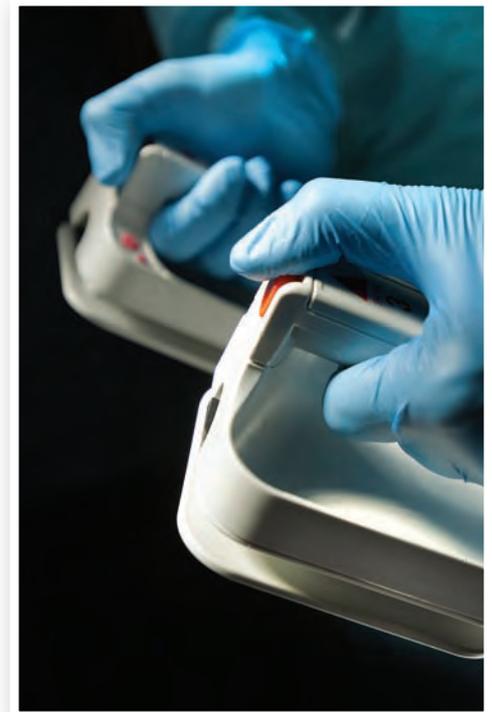
Continued page 30



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.



Hospitals



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 roof-top 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.

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 barbecuing 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-



Like Katrina, Gustav tore the siding off of LJCMC.

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

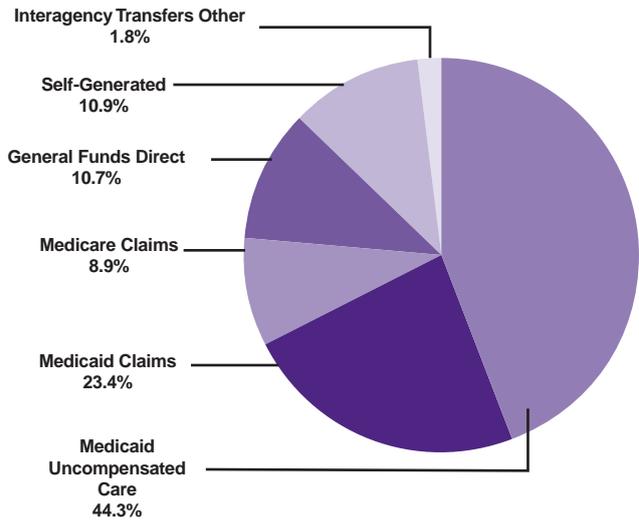
The strength of the LSU emergency plan is its well integrated multihospital system. Headquarters coordinated the evacuation with the staff of each hospital and managed the flow of patients to the areas of greatest safety and appropriate health care services. Headquarters coordinated prestorm evacuations 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 statewide emergency that would envelope all of south Louisiana, dedicated staff well versed in emergency management and medical care, and an integrated network of LSU safety-net hospitals and clinics, clearly illustrating one of the many values of LSU as a well-coordinated health care system.

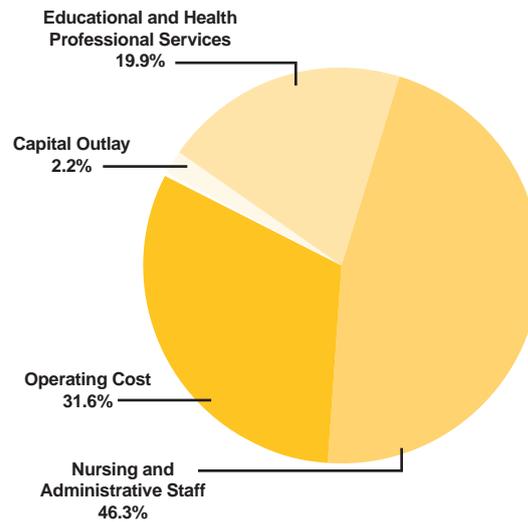
Above all, headquarters knew it could depend on the unwavering commitment of employees to their patients, whether they were with them on the road, in aircraft, in a receiving hospital, or sheltering in place.

“It was really when our values demonstrated themselves,” Dr. Kaiser said. “We really did live them.”

FISCAL YEAR 2008 ACTUAL REVENUE MIX

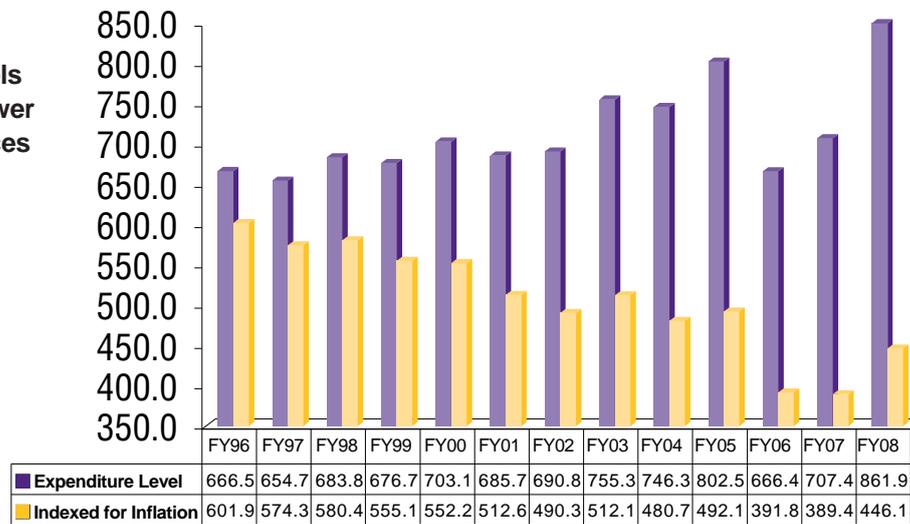


FISCAL YEAR 2008 EXPENDITURES MIX



*Source: HCSO PeopleSoft Reports

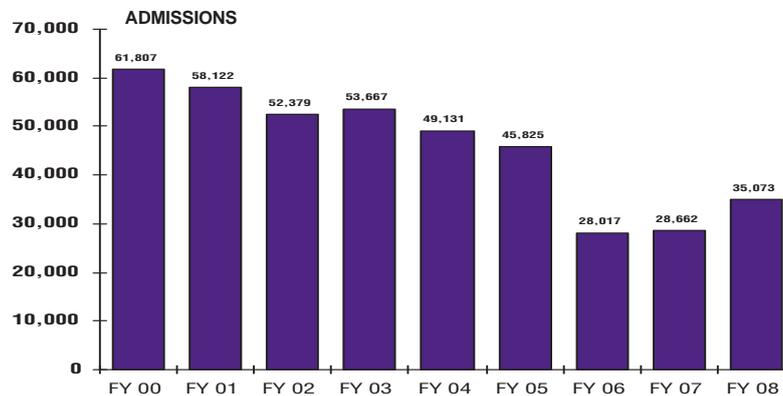
Appropriated Levels versus Buying Power Health Care Services Division Total Base Year 1995



Excludes E.A. Conway and Huey P. Long in all years

HCSO Hospitals Trend in Admissions since 2000

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



Excludes E.A. Conway and Huey P. Long in all years

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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

FY 2008 | LSU Health Care Services Division

Post Office Box 91308 | Baton Rouge, LA 70821 | 225.922.0488

Michael K. Butler, MD, MHA, CPE, FACPE | CEO
Michael Kaiser, MD | CMO

Lanette Buie | Deputy CEO for Administration
Clay Dunaway | CFO
Wayne Wilbright, MD, MS | CIO/CMIO

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)

HQ 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

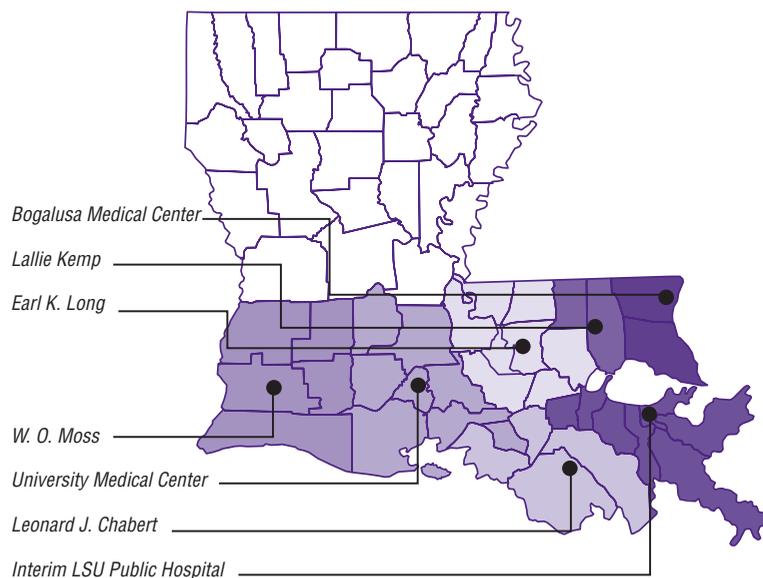
Live Births

2,470 births

Medical and Clinical Education:

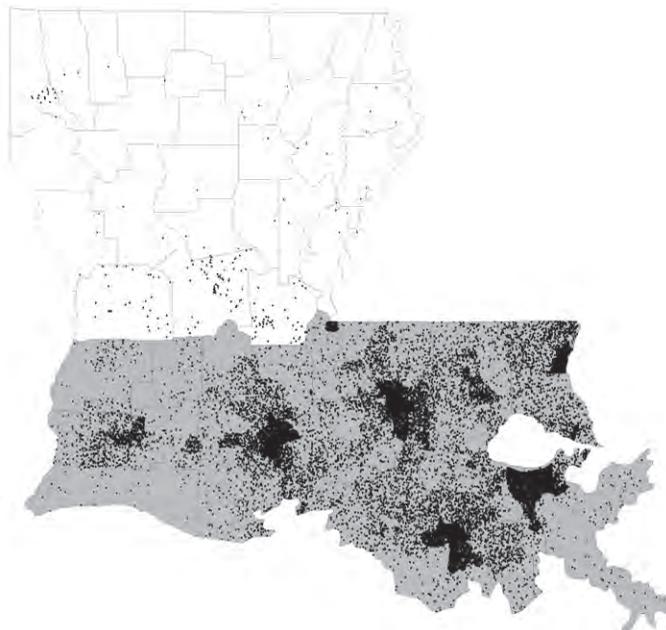
Approximately 452 medical residents and fellows
Approximately 2,271 nurses and allied health students

LSU HEALTH CARE SERVICES DIVISION MEDICAL CENTER LOCATIONS



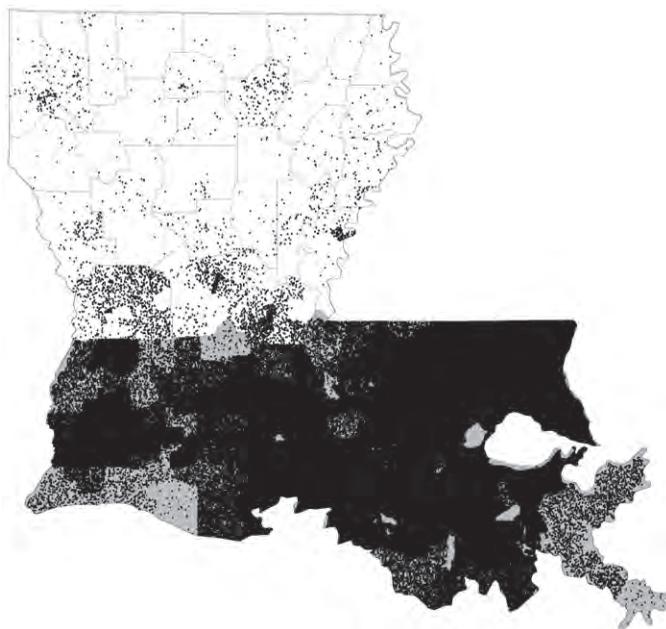
Admission by zip code

- 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)

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

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

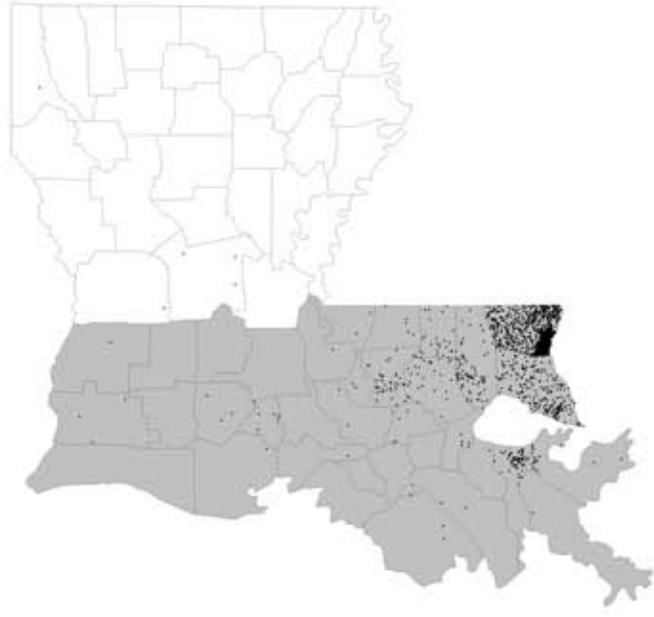
Bogalusa High School – CNA program

Franklinton High School – Pharmacy Tech

Cardiovascular Technology Institute – Echo Tech

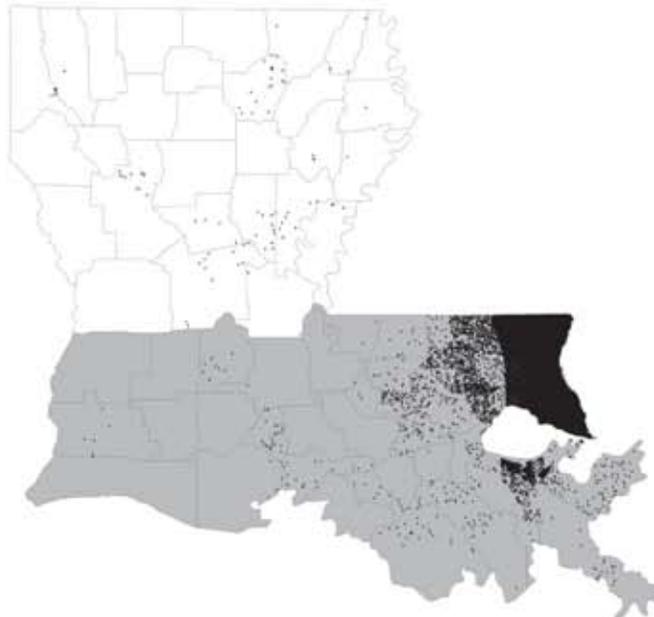
Admission by zip code

- 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

5825 Airline Highway | Baton Rouge, LA 70805 | Switchboard: 225.358.1000

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

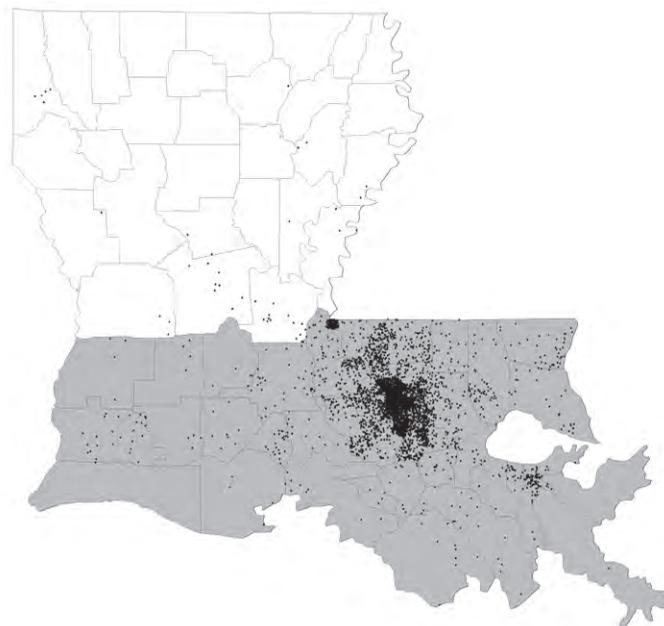
- Acadian Ambulance, Lafayette
- Avoyelles Technical Institute, Cottonport
- Baton Rouge Fire Department
- Louisiana Technical Institute, Jackson
- Louisiana State Penitentiary, Angola
- Emergency Medical Services
- Our Lady of the Lake
- Chevron/Texaco Emergency Responders

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

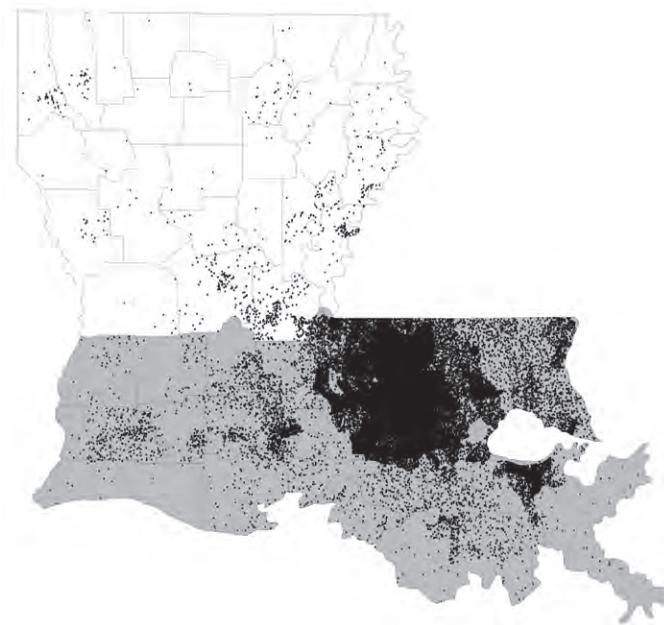
Admission by zip code

- Total | 7,108
- 1 Admission per dot



Visits by zip code

- Total | 202,259
- 1 Visit per dot



FY 2008 | Interim LSU Public Hospital

Administration Offices: 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
Medical Director | Juzar Ali, MB, BS (MD), FRCP, FCCP

Resources: 2,446 FTEs (Full-Time Equivalents)

Total Collections:

\$339.4 million	Medicare: \$21.176 million
State General Fund: \$48.743 million	Medicare Cost Reports: \$6.177 million
Medicaid: \$68.296 million	Commercial/Private Pay: \$23.164 million
Uncompensated Care: \$154.441 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	Inpatient Admissions	Inpatient Days	Outpatients
386 licensed beds	10,417 adult/pediatric admissions	55,500 adult/pediatric inpatient days (including ICU)	147,216 outpatient encounters
217 adult/pediatric staffed beds (including ICU)	599 psychiatric admissions	6,782 psychiatric inpatient days	46,628 ED encounters
38 psychiatric staffed beds	114 neonatal ICU admissions	1,744 neonatal ICU inpatient days	71,505 outpatient clinic visits
5 neonatal ICU staffed beds	811 nursery admissions	2,289 nursery inpatient days	Live Births
13 nursery bassinets			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	Internal / Emergency Medicine
Cardiology	Medicine / Pediatrics
Cornea	Neurology
Gastroenterology	Neurology Fellows
Musculoskeletal	Obstetrics and Gynecology
Neonatal-Perinatal	Ophthalmology
Nephrology	Oral Surgery
Pediatric Neurology	Orthopedic Surgery
Pulmonary and Critical Care	Pathology
Retina	Pediatrics
Rheumatology	Physical Medicine / Rehabilitation
Dentistry	Psychiatry
Dermatology	Psychiatry – Child and Adolescent
Emergency Medicine	Surgery
Family Medicine	Surgery, Plastic
Internal Medicine	Anesthesiology
	Urology

Endocrinology
Hematology and Oncology
Infectious Disease
Neurological Surgery

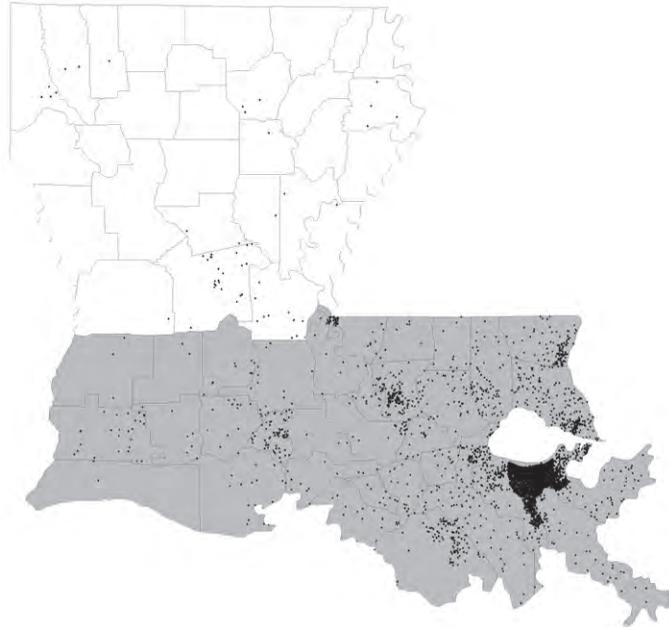
Nursing and Allied Health Programs:

(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)

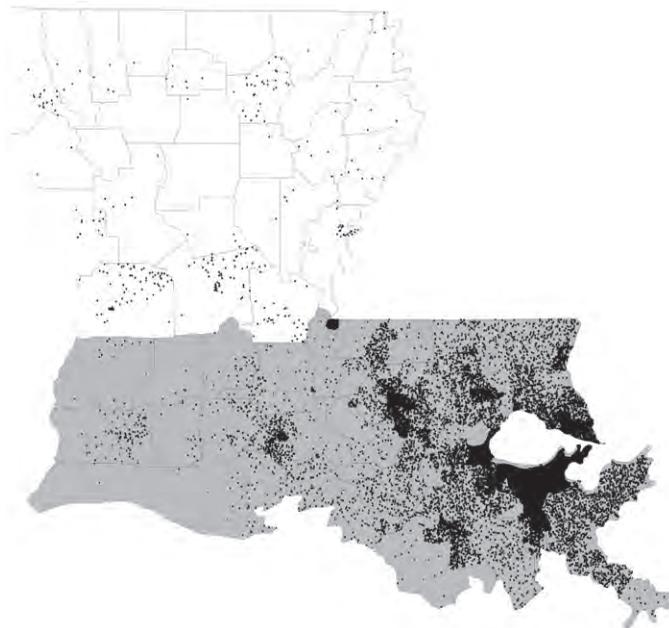
Admission by zip code

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

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

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

Residency Programs:

Approximately 2 residents and fellows in the following programs:

Ophthalmology
Cardiology

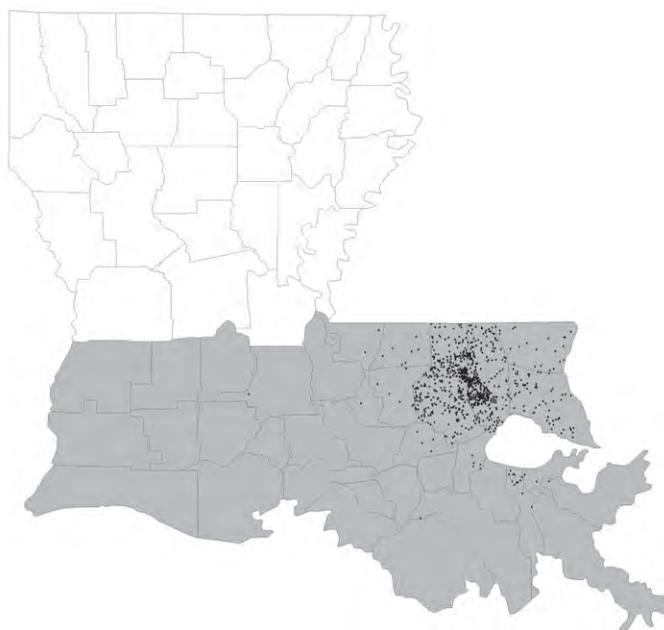
Nursing and Allied Health Programs:

(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

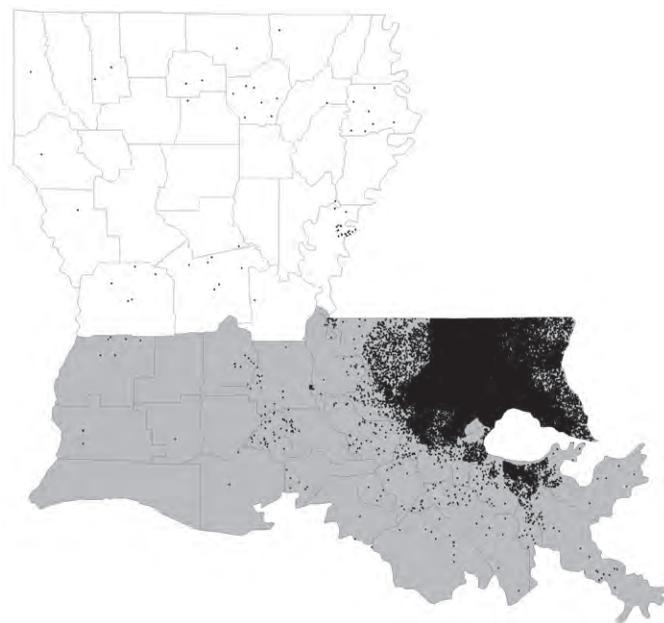
Admission by zip code

- 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	Inpatient Admissions	Inpatient Days	Outpatients
156 licensed beds	4,322 adult/pediatric admissions	19,655 adult/pediatric inpatient days (including ICU)	170,749 outpatient encounters
71 adult/pediatric staffed beds (including ICU)	705 psychiatric admissions	7,006 psychiatric inpatient days	39,177 ED encounters
21 psychiatric staffed beds	52 neonatal ICU admissions	411 neonatal ICU inpatient days	98,768 outpatient clinic visits
3 neonatal ICU staffed beds	509 nursery admissions	1,827 nursery inpatient days	Live Births 505 births
10 nursery bassinets			

Partnerships:

Terrebonne General Medical Center – Neonatal intensive care services
– LJCMC provides Level 3 Neonatal Intensive Care Services
Terrebonne Parish District Attorney Drug Court
– LJCMC provides lab testing to clients enrolled in program
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
N'R' Peace – 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	Surgery
Gastroenterology	Urology
Dentistry	Gastroenterology
Emergency Medicine	
Family Medicine	
Internal / Emergency Medicine	
Ophthalmology	
Physical Medicine / Rehabilitation	
Vascular Surgery	
Internal Medicine	
Obstetrics and Gynecology	
Orthopedic Surgery	

Medical Student Programs:

SABA University School of Medicine
Medical University of the Americas in Nive

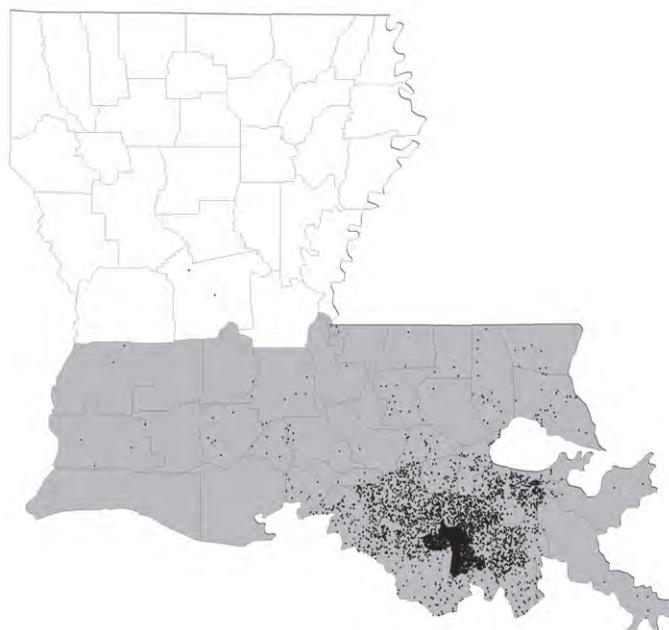
Nursing and Allied Health Programs:

(approximately 386 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

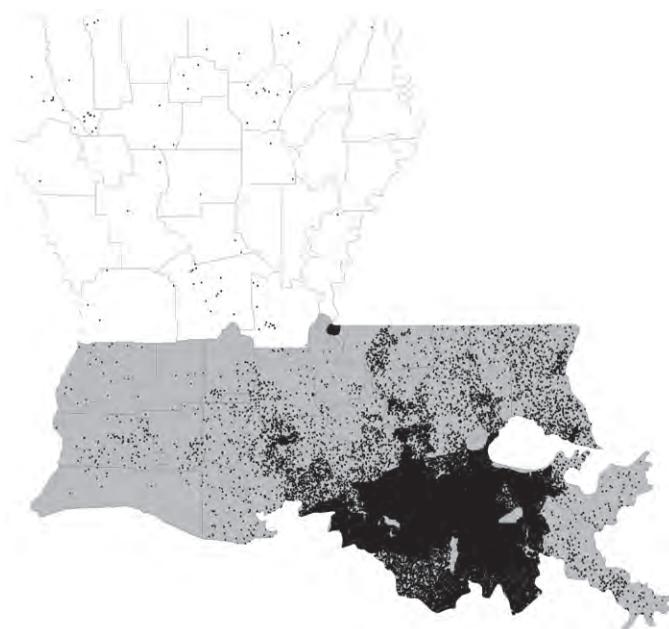
Admission by zip code

- 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	Medicare: \$12.109 million
State General Fund: \$6.328 million	Medicare Cost Reports: \$1.206 million
Medicaid: \$38.661 million	Commercial/Private Pay: \$5.002 million
Uncompensated Care: \$55.412 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	Inpatient Admissions	Inpatient Days	Outpatients
150 licensed beds	4,769 adult/pediatric admissions	23,940 adult/pediatric inpatient days (including ICU)	164,437 outpatient encounters
83 adult/pediatric staffed beds (including ICU)	391 psychiatric admissions	6,276 psychiatric inpatient days	42,094 ED encounters
19 psychiatric staffed beds	124 neonatal ICU admissions	2,049 neonatal ICU inpatient days	110,824 outpatient clinic visits
8 neonatal ICU staffed beds	265 nursery admissions	721 nursery inpatient days	Live Births 363 births
5 nursery bassinets			

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:

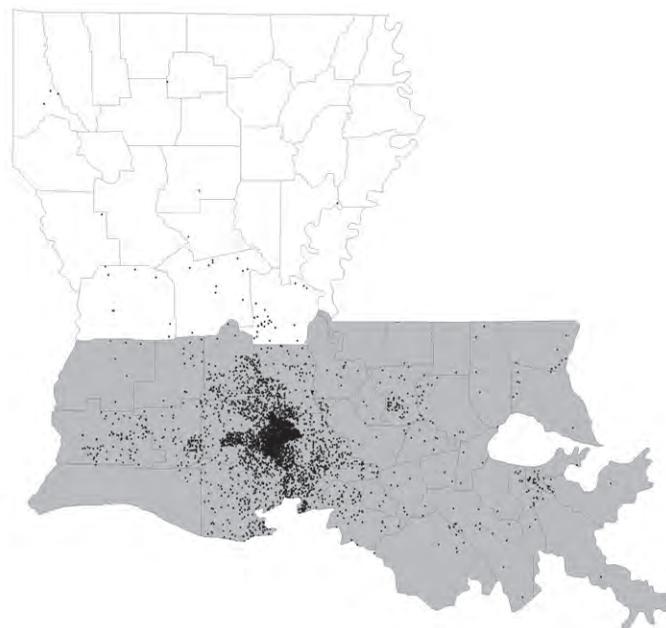
(approximately 439 students)

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 – EMS
Northwestern State University – Associate Degree in Nursing, Baccalaureate in Nursing, and Master of Science in Nursing

National EMS Academy – EMT, Paramedic
Remington College – Medical Assistant
Southern University, Baton Rouge – Graduate Nursing Program
University of Alabama at Birmingham School of Nursing – Graduate Studies
Florida Institute of Ultrasound – Ultrasound Technician
University of Texas Health Science Center at Houston School of Nursing – Graduate Studies
Pharma-Safe, LLC – Paramedic Program
University of South Alabama School of Nursing – Graduate Studies
Our Lady of the Lake College Nurse Anesthesia Program
Our of the Lake College Physician Assistant Program
Delta College Practical Nursing Program
Loyola University New Orleans – FNP Program
Loyola University RN-BSN Program
University of Texas Health and Science Center at Houston – Graduate Nursing Program
Lafayette High School Health Academy
Lafayette Parish School Board Career Shadowing
Iberia Parish Career Shadowing Program
University of Louisiana at Lafayette Upward Bound Program
University of Louisiana at Lafayette Department of Kinesiology
Academy of the Sacred Heart Senior Project Career Shadowing
Lamar University – Audiology
Gallaudet University – Audiology
Louisiana State University – Audiology
University of Louisiana at Lafayette – Audiology, Speech Pathology
Louisiana Tech University – Audiology

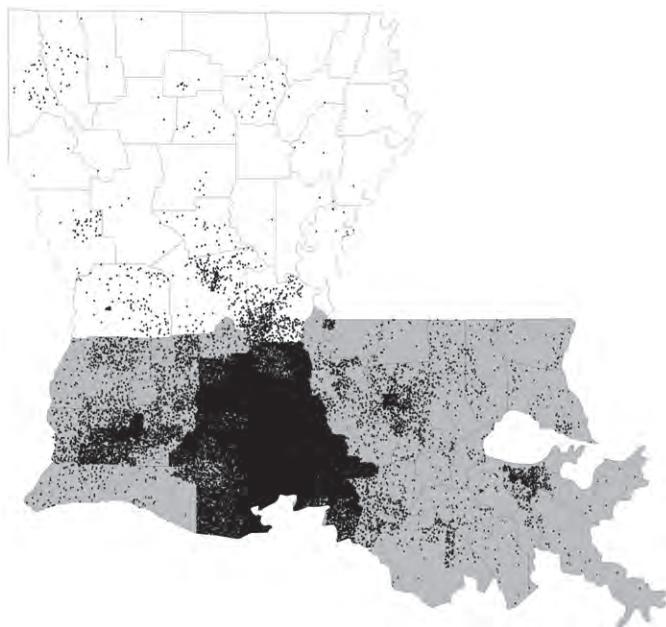
Admission by zip code

- Total | 5,549
- 1 Admission per dot



Visits by zip code

- Total | 206,531
- 1 Visit per dot



FY 2008 | Dr. Walter O. Moss Regional Medical Center

1000 Walters Street | Lake Charles, LA 70607 | Switchboard: 337.475.8100

Hospital Administrator | Patrick Robinson, MD

Medical Director | Ben Darby, MD

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: \$.347 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

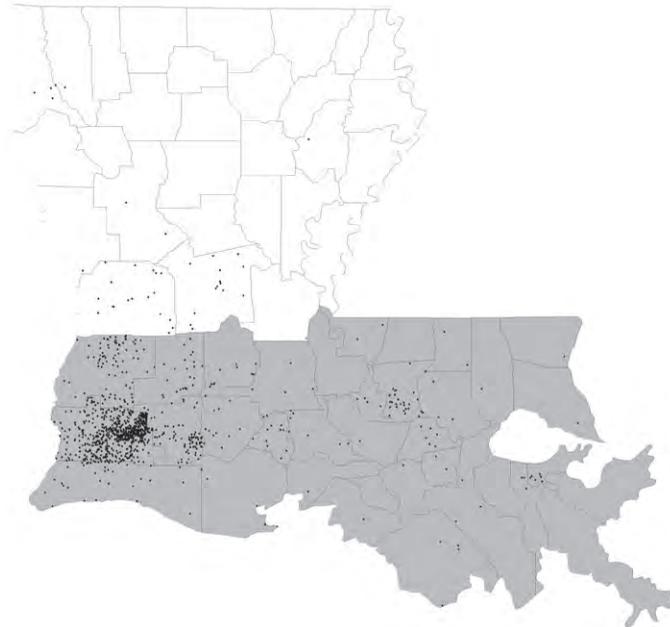
Xavier University of Louisiana and University of Louisiana, Monroe

– Pharmacy Professional Experience Program (Intern Program)

LSU – Eunice – RNs

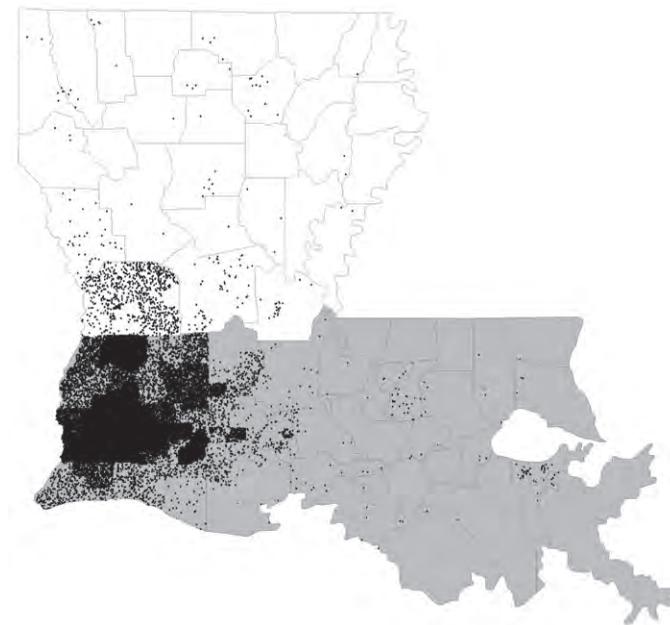
Admission by zip code

- Total | 1,395
- 1 Admission per dot



Visits by zip code

- Total | 101,341
- 1 Visit per dot



LSU HEALTH SYSTEM
HEALTH CARE SERVICES DIVISION

2008 ANNUAL REPORT