

**Louisiana State University Health System  
Health Care Services Division  
Lallie Kemp Medical Center**

**Strategic Plan**

***FY 2019-2020 THROUGH 2024-2025***

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HEALTH CARE SERVICES DIVISION  
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## **Introduction**

The LSU Health Care Services Division, Lallie Kemp Medical Center is located in Independence, Louisiana at 52579 Highway 51 South. Lallie Kemp Medical Center provides care to and accepts patients from multiple payer sources including charity care, Medicare, Medicaid, self-pay, and commercial insurance.

## **Mission Statement**

Providing quality healthcare from our family to yours

## **Vision**

Serving our community and the region by delivering quality healthcare in a positive and respectful environment.

## **Philosophy**

Provide QUALITY and COMPASSIONATE healthcare in an EFFICIENT and SAFE manner.

## **Principal Clients and Services**

The principal clients and stakeholders of the LSU HCSD Lallie Kemp Medical Center and the services provided to them include:

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

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

The medical and health professional training schools since the Lallie Kemp Medical Center and clinics serve as the classroom and learning environment for students who will become highly qualified professionals.

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

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

## **External Impediments**

The ability to achieve the goals and objectives outlined in this Lallie Kemp Medical Center's strategic plan in the next five years may be impacted by a number of factors over which HCSD has no control. These include but are not limited to:

- 1) Funding levels – Fluctuations in Medicaid and direct state funding for indigent care are dependent on many factors outside the control of LSU, HCSD's Lallie Kemp.

It is likely that there will be an expansion of insurance benefits through Medicaid Expansion, which may mean an increase in insurance revenues or the loss of some of these clients to the private sector. Funding is NOT provided through DSH for the payment of physicians (except those involved in GME), but physicians are critical to providing most care. Dollars available to support care of the uninsured are sometimes diverted to other providers.

- 2) Changes in the health care system - particularly changes related to managed care, skilled and professional labor shortages, and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs could potentially impact Lallie Kemp.
- 3) Potential changes in the health care arena as a result of the Affordable Care Act, for which it is too soon to assess impact, and in the state Medicaid program involving Medicaid Expansion and the Healthy Louisiana Program.
- 4) Physical plant limitations, including size, condition and configuration, sometimes impede operations.
- 5) Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and patients’ access to other medical care and the perception of the medical care provided by the hospital.
- 6) The region’s perception of health care provided in the LSU HCSD Lallie Kemp Medical Center. Although this may be influenced by continual improvements in services provided in the hospital and by efforts to communicate to the community the high quality health care the medical center provides in the state, as well as by LSU’s efforts to present the positive evidence on how it’s medical center’s benchmarks compare to other like institutions in the nation, there is still a long-standing perception of “charity” hospital services as second rate and even a belief among some they should be, at least minimal.
- 7) Changes in the population – demographic changes and other population changes, including an aging population which means an increase in the number of chronic disease cases.

### ***Avoidance of Duplication of Effort***

Within the overall state system of services for Louisiana’s population, within the Department of Health and Hospitals, the Office of Public Health (OPH) and the Office of Mental Health (OMH) provide services for which the LSU Health System’s HCSD Lallie Kemp Medical Center assist in coordinating and integrating in order to ensure comprehensive and non-duplicative care for our citizens. Across agencies, these services are complementary to our populations served, as in OPH’s expertise on community and preventive education and HCSD’s expertise in the array of treatment functions.

## **LSU HCSD Lallie Kemp Medical Center- PROGRAM GOALS AND OBJECTIVES**

**Goal 1**      **Operate the hospital to provide high quality inpatient, clinic, emergency and support services in a manner that is comparable to or better than peer facilities.**

Objective 1.1. Achieve performance levels on core industry-standard benchmarks that are comparable to or better than peer facilities and national averages

Objective 1.2. Maintain a high level of patient satisfaction comparable to or better than peer facilities and national averages

Objective 1.3. Ensure that Lallie Kemp Medical Center remains accredited by the respective health care accrediting bodies, and meets 100% of the standards of the life safety code for healthcare organizations.

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

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

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

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

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

**Goal 3 Efficiently operate the hospital in a manner that enhances the collection of third party payments and minimizes dependence on state funding.**

Objective 3.1. Standardize and systematically improve the processes of billing and collecting revenues owed to the hospitals by third party payers and increase the percentage of bills actually collected.

**Goal 4. Provide opportunities for training in the medical, nursing and other health professional areas in the HCSD Lallie Kemp Medical Center and outpatient clinics, as appropriate.**

Objective 4.1. Maintain residency slots and support rotations in the hospital

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

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

**Goal 1      Operate the hospital that provide high quality inpatient, clinic, emergency and support services in a manner that is comparable to or better than peer facilities and national averages**

Objective 1.1		Tasks	Time Line	Responsible Party (ies)
<i>To operate the hospital such that industry-standard performance benchmarks are met.</i>		Operate hospital inpatient, clinic, emergency and support services.	Ongoing	HCS D leadership and administration leadership, including CEO, Medical Director, Chief Nurse Officer, Chief Financial Officer, and Department heads, educational and clinical staff, support staff
Input	Output	Outcome	Efficiency	Quality
Number of staffed beds	Number of admissions	ALOS Adult and Pediatric	Inpatient occupancy rate	Accredited facility
Capacity of ED	Number of patient days	Admissions from ED	Cost per adjusted patient day	AMI/ Chest Pain: High rate of aspirin on arrival
Number of clinic hours Available	Number of ED visits	ED patients left without being seen	FTEs per adjusted occupied bed	
Available patient hotline hours	Number of clinic visits	Clinic no-show rate		
	Number of calls to patient hotline			



**Goal 1      Operate the hospital to provide high quality inpatient, clinic, emergency and support services in a manner that is comparable to or better than peer facilities and national averages.**

<b>Objective 1.2</b>	<b>Tasks</b>	<b>Time Line</b>	<b>Responsible Party (ies)</b>
<i>Maintain a high level of patient satisfaction</i>	Operate a system of monitoring patient satisfaction through patient surveys	Ongoing	HCS D Leadership, Patient Advocate, Patient Advocacy staff, Hospital Administrator

<b>Input</b>	<b>Output</b>	<b>Outcome</b>	<b>Efficiency</b>	<b>Quality</b>
Lead Patient Advocate Coordinator	Statistical results of patient satisfaction surveys	Management informed about areas of satisfaction and areas of concern relative to dissatisfaction among patients	Improved operations and patient care based on information generated and corrective action recommended	Increase in high patient satisfaction ratings
Patient Advocate Coordinator	Identification of areas of satisfaction and dissatisfaction among patients			Reduction in patient complaints and grievances

**Goal 1      Operate the hospital to provide high quality inpatient, clinic, emergency and support services in a manner that is comparable to or better than peer facilities and national averages.**

Objective 1.3	Tasks	Time Line	Responsible Party (ies)
<i>Ensure that the hospital remains accredited by the respective health care accrediting bodies, and meets 100% of the standards of the life safety code for healthcare organizations.</i>	Conduct periodic Joint Commission on the Accreditation of Healthcare Organizations readiness reviews, and take corrective action, when necessary.  Conduct periodic life safety reviews, and take corrective action, when necessary.	Ongoing  Ongoing	Hospital Administration, Facility Accreditation Coordinator in HCSD Administration.

Input	Output	Outcome	Efficiency	Quality
Lallie Kemp Medical Center	Accreditation survey results	100% accreditation	Not applicable	Acceptable JC Scores with no citations

**Goal 2**

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

Objective 2.1		Tasks	Time Line	Responsible Party (ies)	
<p><i>Continue chronic care and disease management initiatives to improve outcomes for patients with chronic conditions (including diabetes, asthma, COPD, cancer, congestive heart failure, HIV, cardiopulmonary, tobacco addiction, chronic kidney disease, and hypertension), achieving benchmark performance results that place Lallie Kemp Medical Center in the top quartile when compared to national standards.</i></p>		<p>Continue monitoring and measurement of the effectiveness of the disease management programs and continue publication of results.</p>	<p>Ongoing</p>	<p>For all tasks: HCS D Leadership Health Care Effectiveness (HCE) Team, Hospital Disease Teams, IS staff, Medical Director</p>	
Input	Output	Outcome	Efficiency	Quality	
<p>Number of patients with diagnosed chronic conditions addressed by the program</p> <p>Medical and clinical staff</p> <p>Clinical Leads for HCS D System</p> <p>Evidence-based protocols (“common pathways”) and standards of care</p>	<p>Application of evidence-based protocols for patients diagnosed with chronic conditions</p>	<p>Reduction in the number of emergency department visits among targeted groups of patients who are enrolled in disease management programs</p> <p>Reduction in the number of hospitalizations among targeted groups of patients</p>	<p>Percentage reduction in the number of emergency department visits among targeted groups of patients who are enrolled in disease management programs</p> <p>Percentage reduction in the number of hospitalizations among targeted groups of patients</p>	<p>Patient satisfaction.</p> <p>Improvement in key health outcome measures</p>	

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

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

Input	Output	Outcome	Efficiency	Quality
<p>Eligibility Determination Workers</p> <p>Outpatient Pharmacy Staff</p> <p>Software</p> <p>Patients assisted in enrolling in manufacturers' Indigent Medication Assistance programs</p>	<p># of prescriptions filled by Drug Manufacturers' Indigent Medication Assistance Programs</p> <p>Cash Value of Free Medications</p> <p>Cost of Outpatient Drugs purchased under the Public Health Service (aka 340B) Drug Discount Program</p>	<p>Reduction in complications associated with targeted diseases.</p> <p>Reduction in Emergency Department visits</p> <p>Reduction in readmissions and other hospitalizations</p>	<p>Avoidance of relatively expensive care as a result of access to prescribed outpatient medications</p> <p>Leveraging limited personnel resources to obtain free medications for patients</p>	<p>Improved quality of life and health status</p> <p>Patient satisfaction.</p>

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

Objective 2.3	Tasks	Time Line	Responsible Party (ies)
<i>To operate a Patient Advocacy Program to make ombudsmen available to assist patients in obtaining the care needed, either in the hospital they first accessed or by referral to any other facilities that may offer the appropriate services</i>	Investigate patient complaints and issues of access which come to the attention of the hospitals.	Ongoing	Patient Advocacy staff, Hospital Administrator

Input	Output	Outcome	Efficiency	Quality
Patient Advocate  Patients and other individuals who raise issues regarding access to appropriate services for individual patients	Patient Advocacy system consisting of: <ul style="list-style-type: none"> <li>• a community referral component;</li> <li>• effective patient problem resolution processes</li> </ul>	Patients who receive appropriate care  Patient satisfaction among those receiving Patient Advocacy services	Timely resolution of patient care and constituency needs	Patient satisfaction.  Reduced complaints and grievances

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

Objective 2.4	Tasks	Time Line	Responsible Party (ies)
<i>Operate appropriate primary care clinics consistent with a Medical Home Model, assigning as many patients as feasible to specific physicians and providing patient education to encourage appropriate utilization of hospital services.</i>	Continue a “medical home” system in which patients are assigned to a specific physician for their primary care	Ongoing	Medical Home Executive Committee; Medical Home project participants, Administrator and medical staff

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

**Goal 3      Operate the hospital in a manner that enhances the collection of third party payments and minimizes dependence on state funding**

<b>Objective 3.1</b>	<b>Tasks</b>	<b>Time Line</b>	<b>Responsible Party (ies)</b>
<i>Build system level infrastructure to efficiently and successfully collect revenues owed to the LSU Health System HCSD Lallie Kemp Medical Center from third party payers</i>	Continue implementation of the onsite Billing Office and related process improvements intended to increase the rate of revenue collection	Ongoing	CFO, Patient Financial Services Manager, and patient accounting department

<b>Input</b>	<b>Output</b>	<b>Outcome</b>	<b>Efficiency</b>	<b>Quality</b>
Patient Financial Services Hospital Patient Accounting staff All facility personnel responsible for data required for payable bills to be generated	Improved rate of collections from third party payers	Increased revenues from third party payers	Increase in dollars collected from third party payors as a percent of dollars billed	Ability to cover greater percent of costs with non-state funding and to support indigent care mission by covering an increased portion of hospital overhead cost

**Goal 4. Provide opportunities for training in the medical, nursing and other health professional areas at HCSD Lallie Kemp Medical Center and outpatient clinics, as appropriate.**

<b>Objective 4.1</b>	<b>Tasks</b>	<b>Time Line</b>	<b>Responsible Party (ies)</b>
<i>Maintain residency slots allocated to the hospital</i>	Meet all hospital requirements of the Residency Review Committees	Ongoing	HCSD Leadership, Administrator and all medical and support staff

<b>Input</b>	<b>Output</b>	<b>Outcome</b>	<b>Efficiency</b>	<b>Quality</b>
Number of residency slots	Number of residents rotating at the hospital	Maintain number of residents trained  Maintain patient care capacity associated with residency training	Number of patients provided care by residents under physician supervision	Capacity to maximize the volume of health care services with resources available  Training experiences provided for future community physicians



**Goal 4. Provide opportunities for training in the medical, nursing and other health professional areas at HCSD Lallie Kemp Medical Center and outpatient clinics, as appropriate.**

Objective 4.2	Tasks	Time Line	Responsible Party (ies)
<i>Maintain facility agreements with schools of nursing and provide appropriate rotations within the hospitals</i>	Maintain agreements with schools of nursing  Provide appropriate nursing student training opportunities within hospital inpatient and outpatient areas	Ongoing	LSU Health System Leadership - Facility administrators and nursing leadership

Input	Output	Outcome	Efficiency	Quality
Number of nursing students in need of training opportunities	Number of nursing students rotating at the hospital	Stable or increasing number of nursing students afforded training opportunities	Number of patients receiving care from nursing students	Capacity to maximize the volume of health care services with resources available  Training experiences provided for future community nurses

**Goal 4. Provide opportunities for training in the medical, nursing and other health professional areas at HCSD Lallie Kemp Medical Center and outpatient clinics, as appropriate.**

Objective 4.3	Tasks	Time Line	Responsible Party (ies)
<i>Maintain facility agreements with schools of allied health and other professional training programs and provide appropriate rotations and other training opportunities within the hospitals</i>	Maintain agreements with schools of allied health and other professional training programs  Provide appropriate allied health and other professional training opportunities within hospital inpatient and outpatient areas	Ongoing	Administrator and nursing and department leadership

Input	Output	Outcome	Efficiency	Quality
Number of allied health and other professions' students in need of training opportunities	Number of allied health and other professions' students rotating at the hospital	Maintain stability on increasing the number of allied health and other professions' students afforded training opportunities	Number of patients receiving care from allied health or other professions' students	Capacity to maximize the volume of health care services with resources available  Training experiences provided for future community allied health and other health professionals

## Strategic Plan Process and Documentation

### *Program evaluation processes used to develop objectives and strategies*

HCS D and Lallie Kemp Medical Center engage in extensive ongoing assessment of performance leading to changes in the Strategic Plan as well as management decisions. They include:

**Quarterly Operational Review Meetings** - Quarterly meetings are held at the facility to conduct operational reviews on a wide range of performance information. Review team members include the HCS D, Human Resources Director, Chief Medical Officer, Chief Financial Officer, and the facility administrator and other staff as deemed appropriate by the medical center.

Each Review lasts half a day and covers a standard agenda and a series of formal reports. The principal agenda items include:

**Hospital Overview** - Review by facility staff that provides a physical update (construction, renovation) and the identification of any critical needs that exist.

**Financial Status overview** - Review of latest monthly projections and identification of other financial issues, including a report prepared by the HCS D Budget Director, the hospital administrator and CFO.

**Utilization overview** - Review of standard hospital utilization statistics (admissions, inpatient days, LOS, clinic visits, ER activity, surgeries, observation stays, and others) in order to determine and explain any significant variances as required.

**Medical Review** - Discussion of a Health Care Improvement Report and a Hospital Clinical Effectiveness Profile, utilizing indicators from the HCS D Chronic Care and Disease Management program.

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

**Compliance/Regulatory Issues overview** - Review of reports and topics required by The Joint Commission and CMS, including an Environment of Care Report, Sentinel Events and/or Near Misses, Quality Improvement Activities, and Opportunities for Improvement,

Root Cause Analysis of past issues, and compliance with patient safety goals.

**Patient Advocate overview** - Includes a review of grievances and patient complaints and any resolution and a discussion of patient satisfaction measurements.

**Health Care Effectiveness Site Visits.** In addition to the Quarterly Operational Reviews, a Health Care Effectiveness Site Visit occurs approximately twice a year lasting a half day. A wide range of program and facility issues are discussed in detail.

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

**Quality Management Committee** - Lallie Kemp Medical Center has established a Quality Management Committee, composed of its Quality Manager, a physician, a representative from nursing and hospital administration and representatives from other disciplines as appropriate. The purpose of the committee is to collect and aggregate data, analyze its significance, bring it to the appropriate committee of the hospital, and ascertain the need for changes in policies and procedures.

### **PERFORMANCE INDICATOR DOCUMENTATION**

After reviewing the literature and working with other experts, the Statewide Clinical Leads in each disease area select components of care that serve as indicators of the health of a disease management population. The indicators are of two (2) types: process and outcome.

Outcome (usually intermediate) indicators show the population's state of health at a particular time and are related to the ultimate prognosis (likelihood of having future complications). The indicators are modifiable (through behavior change, medication, exercise, and diet) and reflect changes in the level of risk for disease complications. Outcome indicators are able to be tracked and measured over time.

Process indicators specify key interventions that occur at some time interval for patients in the disease population. When acted on, process indicators have the potential for sustaining current health or reducing future risk. The data is primarily drawn from the EPIC her, the Hospital's electronic health record.

Once the indicators are defined by the clinical experts, the collection and evaluation of data to support the measures are flowcharted to check the face validity of the indicators and the proposed collection process. Validity and reliability testing are then performed at the hospital (test site) for each disease management program to elucidate any problems requiring correction.

In addition, the LSU Health System HCSD Lallie Kemp Medical Center is striving to ensure that the indicators reported for internal purposes, as well as for external parties such as the federal government are consistent and in keeping with what should be measured to determine health care effectiveness and program and service impact.

### ***Validity, reliability and appropriateness of each performance indicator***

The various committees cited above utilize a wide variety of performance indicators. These indicators are representative of those historical indicators that are generally accepted and used in other hospitals across the country and in the health care industry overall.

As examples, **Monthly Utilization Reports** that are distributed to LSU Health System leadership, HCSD senior staff, hospital administrators, medical directors, data coordinators and analysts, as well as DOA budget and planning staff, include the following items:

- Total admissions*
- Total inpatient days*
- Total staffed beds*
- Total average daily census*
- Total occupancy*
- Average length of stay*
- Total outpatient visits*
- Total operating room cases*
- Total ER Visits*

### ***Use of performance indicators in management decision making***

Indicators generally are not used individually to reach decisions but rather are collectively used to form a broader picture of facility performance that may be the basis for management action. Hospitals present complex, interrelated, multi-program environments. The set of indicators above, plus many others, including financial and operational indicators, are reviewed in a deliberative and analytic process in order to inform management decision-making.

The strategic plan goals and objectives help drive the content of performance data reviews, as does the HCSD Operational Plan. Contents of the meetings are recorded in a format which identifies the issue(s) addressed, responsible person and outcome of findings.

### ***Timeframe of the Strategic Planning Process***

Lallie Kemp Medical Center reviews the strategic goals on a periodic basis. These meetings help to identify problem areas to ensure proper execution of the plan.