LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
SHREVEPORT

E.A. CONWAY MEDICAL CENTER

APPENDIX TO STRATEGIC PLAN

FY 2011-2012 – FY 2015-2016

Process Documentation
Performance Indicator Documentation
Links to *Louisiana Children's Cabinet*
Links to *Louisiana: State Outcome Goals*

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SHREVEPORT
E. A. Conway Medical Center
In
Monroe

APPENDIX TO STRATEGIC PLAN
Process Documentation

FY 2011-2012 – FY 2015-2016

July 1, 2010

1) Identification of Principal Clients and Users and the specific service or benefit derived by such persons or organizations:

CLIENTS AND USERS	SERVICE OR BENEFIT
Patients	Health care and well being
General Public	Outreach and General Health Education
Students	Education and preparation for well paying jobs
Health Care Practitioners	Continuing Education and Community Outreach
General Public	Outreach and General Health Education

2) Identification of potential external factors that are beyond the control of the entity and that could significantly affect the achievement of its goals or objectives:

Funding constraints from local, state, and federal government and non-governmental entities impact education, research and patient care.

The severity of illness and number of patients who present themselves at our facilities is impacted by lifestyles and living conditions that are beyond our control. Our ability to provide care is compromised by the number of patients that need to be treated.

The level of preparation of students and levels of education prior to training at LSUHSC-Shreveport/ E.A. Conway Medical Center in Monroe impacts their success and progress. The effectiveness of instruction is affected by the quality of our students.

3) The statutory requirements or other authority for each goal of the plan:

All of the goals in the plan are related to our constitutional authority in Article 8, Section 7 and Louisiana Revised Statutes 17:1519, 17:3215 and 17:3351.

4) The program evaluation used to develop objectives and strategies:

Our primary source for objectives and strategies is a self-assessment process. Senior administrative staff and key staff work to identify areas of significant accomplishment, areas of improvement and areas of commitment to change within the program. These findings were discussed at the LSUHSC-Shreveport/ E.A. Conway Medical Center in Monroe campus wide level and used to develop goals and objectives that the Center as a whole can strive to achieve.

In addition to this self-assessment process, the preparation and continued efforts that the facility undergoes to maintain the accreditation from Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Centers for Medicare and Medicaid (CMS), and Residency Review Committee (RRC).

5) Identification of primary persons who will benefit from or be significantly affected by each objective within the plan:

Objective I.1: Promote compliance with national standards of care in the management of patients with Acute Myocardial Infarction, Community Acquired Pneumonia, Heart Failure, and Surgical Care.

Objective I.2: Decrease 30-day readmission rates for Medicare patients with discharge diagnoses of Acute Myocardial Infarction, Heart Failure, and Pneumonia

Objective I.3: Improve access to healthcare information to improve throughput and communication among healthcare providers and promote continuity of patient care

Objective I.4: Maintain excellence in patient care delivery at LSUHSC-Shreveport/E. A. Conway Medical Center in Monroe for the citizens of Louisiana

Objective I.5: Improve patient access to prescription medications and clinical services

These objectives are intended to ensure that the patients receive the highest quality of services.

Objective II.1 To maximize the benefits of educational opportunities and patient care encounters for medical residents, nursing, and other allied health students to promote personal and professional growth and to integrate scientific knowledge with clinical experiences

Objective II.2 Continue to foster a culture that recognizes achievements, rewards staff for service and performance, and motivates staff to excel in instruction, research, and patient care

These objectives are intended to benefit students, patients, health practitioners and the general public. The benefits include increased community health awareness and better understanding of health issues.

Objective III.1 Increase the adult immunization rates for eligible high-risk patients against diseases

Objective III.2 Improve maternal and fetal outcomes through collaboration and coordination of activities with the Nurse-Family Partnership Program, the Pregnancy Centering Program, Viral Disease Clinic, the Improving Pregnancy Outcomes Committee, and the regional Office of Public Health

Objective III.3 Decrease hospitalizations and improve health status and functionality of patients with Autoimmune Deficiency Syndrome through preventive health maintenance and improved access to care through the Viral Diseases Clinic

Objective III.4 Increase the number of disease preventive screenings performed and structure follow-up processes to assure that appropriate referrals or patient management is received

These objectives are intended to ensure screening and administration of vaccines to eligible patients in both the inpatient and outpatient settings.

6) How will duplication of effort be avoided when the operations of more than one program are directed at achieving a single goal, objective or strategy?

LSUHSC-Shreveport/E.A. Conway Medical Center in Monroe is considered a single program.

7) What are the validity, reliability, and appropriateness of *each* performance indicator and what methods are used to verify and validate the performance indicators as relevant measures of each program's performance?

Please refer to the attached performance indicator documentation appendix.

8) Describe how each performance indicator will be used in management decision making and other agency processes:

Please refer to the attached **Performance Indicator Documentation Appendix.**

9) Components of _Louisiana: Vision 2020_, the state's twenty-year master plan for economic development, must be incorporated, to the maximum extent practicable, into the strategic plan. A table cross-referencing components of plan with components of _Louisiana: Vision 2020_ must be included.

Not applicable [replaced with Louisiana: State Outcome Goals, see #10]

10) Components of _Louisiana: State Outcome Goals_, the state's nine outcome goals that matter most to the citizens, should be incorporated, to the maximum extent practicable, into the strategic plan. Appendix referencing components of strategic plan with components of _Louisiana: State Outcome Goals_ is included.

Please refer to the attached **Louisiana: State Outcome Goals Appendix.**

11) Strategies for development and implementation of human resource policies that benefit women and children must be included.

Family and Medical Leave Act of 1993 [Administrative Directive 2.8.8]
According to an agency Administrative Directive 2.8.8, the purpose of the Family and Medical Leave Act of 1993 is intended to allow employees to balance their work and family life by taking reasonable unpaid leave for medical reasons, for the birth or adoption of a child, and for the care of a child, spouse, or parent who has a serious health condition. The Act is intended to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interest in preserving family integrity. It was intended that the Act accomplish these purposes in a manner consistent with the Equal Protection Clause of the Fourteenth Amendment in minimizing the potential for employment discrimination on the basis of sex, while promoting equal employment opportunity for men and women.

Non Discrimination Policy [Administrative Directive 6.2]
According to the agency Administrative Directive 6.2, the purpose of the non discrimination policy is as follows: "The Louisiana State University System assures equal opportunity for all qualified persons without regard to race, color, religion, sex, national origin, age, handicap, marital status, or veteran's status in the admission to, participation in, or employment in its programs and activities."

LSUHSC – SHREVEPORT
E. A. CONWAY MEDICAL CENTER
In
MONROE
STRATEGIC PLAN

APPENDIX TO STRATEGIC PLAN
Performance Indicator Documentation

FY 2011-2012 – FY 2015-2016

July 1, 2010

Objective I.1: Promote compliance with national standards of care in the management of patients with Acute Myocardial Infarction, Community Acquired Pneumonia, Heart Failure, and Surgical Care.

Indicator: Percent compliance with individual core measures.

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **General Performance Information**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Patients with Acute Myocardial Infarction, Community Acquired Pneumonia, Heart Failure, and Surgical Care have been identified as high risk and high cost diseases.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to improve on services provided through trending and comparison of performance data with other hospitals throughout the state and nation

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Data for this indicator is collected from chart reviews and aggregated monthly by Information Management Specialists. The data is posted to the University Hospital Consortium website and is aggregated, risk adjusted and reported to the facility, CMS, and The Joint Commission quarterly according to regulatory guidelines.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation consistent in all hospitals reporting data

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Sandra Bryan

Contact – Linda Lochbrunner
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Objective 1.1: Promote compliance with national standards of care in the management of patients with Acute Myocardial Infarction, Community Acquired Pneumonia, Heart Failure, and Surgical Care.

Indicator: Percent variation from national standards.

LaPAS PI Code: **New**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Patients with Acute Myocardial Infarction, Community Acquired Pneumonia, Heart Failure, and Surgical Care have been identified as high risk and high cost diseases.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to improve on services provided through trending and comparison of performance data with other hospitals throughout the state and nation

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6)   What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Data for this indicator is collected from chart reviews and aggregated monthly by Information Management Specialists. The data is posted to the University Hospital Consortium website and is aggregated, risk adjusted and reported to the facility, CMS, and The Joint Commission quarterly according to regulatory guidelines.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If

this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation consistent with all facilities participating

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

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10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Sandra Bryan

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Objective 1.2: Decrease 30-day readmission rates for Medicare patients with discharge diagnoses of Acute Myocardial Infarction, Heart Failure, and Pneumonia.

Indicator: Risk-standardized 30-day readmission rates for Medicare patients with diagnoses of Acute Myocardial Infarction, Heart Failure, and Pneumonia.

LaPAS PI Code: **New**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Patients with Acute Myocardial Infarction, Community Acquired Pneumonia, Heart Failure, and Surgical Care have been identified as high risk and high cost diseases.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to improve on services provided through trending and comparison of performance data with other hospitals throughout the state and nation

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Data for this indicator is collected from chart reviews and aggregated monthly by Information Management Specialists. The data is posted to the University Hospital Consortium website and is aggregated, risk adjusted and reported to the facility, CMS, and The Joint Commission quarterly according to regulatory guidelines.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated

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Sandra Bryan

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Objective 1.2: Decrease 30-day readmission rates for Medicare patients with discharge diagnoses of Acute Myocardial Infarction, Heart Failure, and Pneumonia.

Indicator: Percent variation from U.S. National Rate.

LaPAS PI Code: **New**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Patients with Acute Myocardial Infarction, Community Acquired Pneumonia, Heart Failure, and Surgical Care have been identified as high risk and high cost diseases.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to improve on services provided through trending and comparison of performance data with other hospitals throughout the state and nation

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

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Data for this indicator is collected from chart reviews and aggregated monthly by Information Management Specialists. The data is posted to the University Hospital Consortium website and is aggregated, risk adjusted and reported to the facility, CMS, and The Joint Commission quarterly according to regulatory guidelines.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated

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Objective 1.3: Improve access to healthcare information to improve throughput and communication among healthcare providers and promote continuity of patient care.

Indicator: Percent of eligible employees trained on programs or systems

LaPAS PI Code: **New**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Employee knowledge in data entry and systems operation is vital to the accuracy of information and continuity of patient care

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to target groups for improvement opportunities and resource allocations

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Attendance rosters and computerized lists of programs and attendees

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Education Department and Computer Services

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Objective 1.3: Improve access to healthcare information to improve throughput and communication among healthcare providers and promote continuity of patient care.

Indicator: Turnaround times for critical tests.

LaPAS PI Code: **New**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Turnaround times in reporting critical tests results is important to clinical decision making and patient outcomes

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to improve services provided as well as ascertain the resources needed

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal logs/databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Sandra Bryan

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Objective 1.3: Improve access to healthcare information to improve throughput and communication among healthcare providers and promote continuity of patient care.

Indicator: Percent change from threshold for turnaround times.

LaPAS PI Code: **New**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Turnaround times in reporting critical tests results is important to clinical decision making and patient outcomes

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to improve services provided as well as ascertain the resources needed

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal logs/databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

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Sandra Bryan

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Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana.

Indicator: Inpatient days.

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Utilization of services at E. A. Conway Medical Center.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Indicator will be used to determine if more services are needed and if there should be a change in the services provided.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal database will be used and compared on a monthly basis.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or

parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregated: The indicator is used to measure the number of days at E. A. Conway Medical Center.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Contact – Linda Lochbrunner
Director of Budget & Finance
Phone: 318-330-7552
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Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana.

Indicator: Outpatient clinic visits.

LaPAS PI Code: **17515**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Key**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Measure of utilization of outpatient clinic services.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Data will be used to ascertain resource needs for outpatient care.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal database measures / reviewed / reported monthly.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated data for all clinics

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Medical Records Department, Outpatient Clinic staff, Hospital Administrator

Contact – Linda Lochbrunner
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Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana.

Indicator: Number of beds available (excluding nursery)

LaPAS PI Code: **17512**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Measure of utilization of available inpatient resources

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Data reviewed and analyzed in conjunction with other data to evaluate appropriate utilization of resources and plan for future patient care resource needs

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal database measured / reviewed / reported monthly

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Data is gathered internally, with the total count being the sum all units' inpatient beds

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Nursing Services, Admissions, Medical Records

Contact – Linda Lochbrunner
Director of Budget & Finance
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Objective 1.4: Maintain excellence in patient care delivery at LSUHSC-Shreveport/E. A. Conway Medical Center in Monroe for the citizens of Louisiana

Indicator: Percentage of occupancy (excluding nursery)

LaPAS PI Code: **New**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Utilization of services in an effective manner

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

To determine if utilization of services are adequate

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal database measure / reviewed / reported monthly

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration).Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated – Date from all inpatient units

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Medical Records Department and Hospital Administrative Assistant

Contact – Linda Lochbrunner
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Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana.

Indicator: Average daily census

LaPAS PI Code: **17513**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Key**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Monitor utilization of inpatient bed resources.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

This data coupled with other data will help guide the process of determining resource needs.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal logs collected / reviewed / reported monthly.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Patient days / month divided by days in the month.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Data is internal data and is neither aggregated nor disaggregated.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Nursing Services, Medical Records, Hospital Administration.

Contact – Linda Lochbrunner
Director of Budget & Finance
Phone: 318-330-7552
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e-mail – llochb@lsuhsc.edu

Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana.

Indicator: Average length of stay for Psychiatric patients.

LaPAS PI Code: **17516**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Objective is to ensure efficiency of Psychiatric Unit including the discharge process in order to maximize available psychiatric resources for patients.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Data will help appropriately evaluate use of services and identify needs to design / re-design process.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal logs collected / reviewed / reported monthly.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Discharge days for month / number of discharges in month.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Data is collected internally and is not aggregated or disaggregated.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Psychiatric Unit staff, Medical Records, Hospital Administration

Contact – Linda Lochbrunner
Director of Budget & Finance
Phone: 318-330-7552
Fax: 318-330-7591
e-mail – llochb@lsuhsc.edu

Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana.

Indicator: Average length of stay for medical / surgical patients.

LaPAS PI Code: **17518**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting.**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Utilization of resources and monitor healthcare provided to all patients at E. A. Conway Medical Center.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Data will be utilized to evaluate the appropriate care provided and identify any needs or new processes that should be implemented.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes. Indicator clearly identifies what is being measured.

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal log / collected / reviewed / reported monthly.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated data collected from all med / surg units.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Medical Records Department

Contact – Linda Lochbrunner
Director of Budget & Finance
Phone: 318-330-7552
Fax: 318-330-7591
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Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana.

Indicator: Percent of readmissions

LaPAS PI Code: **17520**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Key**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Monitor utilization of resources and ensure healthcare services are provided to citizens of Louisiana.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Data will help to appropriately evaluate use of services and identify needs to design / re-design processes.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal logs collected / reviewed / reported monthly.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Number of re-admissions as a percentage of total admissions.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or

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parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Data is total for this facility, which is broken down into individual hospital units.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax and email address).

Medical Records Department, Nursing Services, Hospital Administration.

Contact – Linda Lochbrunner
Director of Budget & Finance
Phone: 318-330-7552
Fax: 318-330-7591
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Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana.

Indicator: Cost per adjusted patient day (including nursery).

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Efficiency**
Level: **Key**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of the cost of healthcare services provided to the people of Louisiana.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

The indicator will be used to measure program effectiveness and for internal management purposes.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

The indicator clearly identifies what is being measured.

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No. The indicator is used by management.

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal nyear, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source is the annual hospital cost report. The report is reviewed and audited by third party payer.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Total cost based on a cost allocation methodology established by the federal government and other third party payers is divided into adjusted patient days. Adjusted patient days include inpatient days and a weighing factor for outpatient visits.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

No.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Data is collected and analyzed by Medical Records and reviewed by Hospital Administration.

Contact – Linda Lochbrunner
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Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana.

Indicator: Cost per adjusted discharge (including nursery)

LaPAS PI Code: **17519**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Efficiency**
Level: **Key**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of the cost of healthcare services provided to the people of Louisiana.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

The indicator will be used to measure program effectiveness and for internal management purposes.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

The indicator clearly identifies what is being measured.

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No. The indicator is used by management.

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source is the annual hospital cost report. The report is reviewed and audited by third party payer.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Total cost based on a cost allocation methodology established by the federal government and other third party payers is divided into adjusted patient days. Adjusted patient days include inpatient days and a weighing factor for outpatient visits.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

No.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Data is collected and analyzed by Medical Records and reviewed by Hospital Administration.

Contact – Linda Lochbrunner
Director of Budget & Finance
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Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana.

Indicator: Patient Satisfaction Survey

LaPAS PI Code: **17521**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Quality**
Level: **Key**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Measurement of services provided.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to improve on services provided as well as ascertain of resources to provide salaries needed.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal log – patient satisfaction survey.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Patient Advocate

Contact – Linda Lochbrunner
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Objective 1.5: Improve patient access to prescription medication and clinical services.

Indicator: Emergency Department Length of Stay, ICU Holdover rate, Turnaround times for tests, Number of patients enrolled in Medication Assistance Program**.**

LaPAS PI Code: **New**

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Patient flow issues and availability of resources for continuity of care are important factors in determining patient outcomes

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to improve patient care processes or services and identify the need for additional resources

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal logs/databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Sandra Bryan

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Objective II.1: To maximize the benefits of educational opportunities and patient care encounters for medical residents, nursing, and other allied health students to promote personal and professional growth and to integrate scientific knowledge with clinical experiences.

Indicator: Number of students trained at facility, sub categorized by disciplines.

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator will measure the number of students receiving educational / preceptorship in our facility.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Yes. Results will be used to improve recruitment and educational orientation. Internal management purposes.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No. The results are monitored and measured by the institution.

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal logs from each department. The data is reported monthly. (30 days month) It is reported on a state fiscal year. Yes, frequency of reporting is consistent.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

It is an actual count on the number of students.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

It is an actual count of all students. It is not broken down by type of student.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Sandra Bryan

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Objective II.1: To maximize the benefits of educational opportunities and patient care encounters for medical residents, nursing, and other allied health students to promote personal and professional growth and to integrate scientific knowledge with clinical experiences.

Indicator: Number of students trained at facility as a percent of requested training opportunities

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator will measure the number of students and educational facilities utilizing our facility.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Results will be used to plan improvement of recruiting criteria and instruction. The indicator will be used for internal management purposes.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes. The indicator is clearly identified.

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal database. Data is collected monthly. Frequency of reporting is consistent.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregate – This indicator is a count of students for each month as compared to the number of requests for student training opportunities compared to prior month and year.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No weaknesses

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Betty Futch

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Objective II.2: Continue to foster a culture that recognizes achievements, rewards staff for service and performance, and motivates staff to excel in instruction, research, and patient care.

Indicator: Number of awards received as a percent of programs participated in

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator will measure the number of employees/departments/facility receiving awards or recognition for outstanding accomplishments

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

This will help management identify employees/departments achieving excellence with promotion of the award utilized to encourage others to strive for excellence.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes. The indicator is clearly identified.

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal database

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No weaknesses

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Sandra Bryan

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Objective III.1: Increase the adult immunization rates for eligible high-risk patients against diseases

Indicator: Number of eligible patients that receive education on immunizations

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Data shows high number of number of vaccine preventable diseases and a high number of patients that are not immunized

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to identify community needs and facility resource needs

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal and external databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This data is measured and calculated internally, but reported and aggregated with other facilities for statewide data.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Sandra Bryan

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Objective III.1: Increase the adult immunization rates for eligible high-risk patients against diseases

Indicator: Percent of educated patients who were screened for immunizations

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Data shows high number of number of vaccine preventable diseases and a high number of patients that are not immunized

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to evaluate efficiency of screening program   Also used to identify community needs and facility resource needs

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal and external databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This data is measured and calculated internally, but reported and aggregated with other facilities for statewide data.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Sandra Bryan

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Objective III.2: Improve maternal and fetal outcomes through collaboration and coordination of activities with the Nurse-Family Partnership Program, the Pregnancy Centering Program, Viral Disease Clinic, the Improving Pregnancy Outcomes Committee, and the regional Office of Public Health

Indicator: Percent of pregnant patients participating in healthy pregnancy programs

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Data shows a high rate of preterm deliveries, high number of pregnancies with inadequate prenatal care, and post natal care with a low rate of breastfeeding.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

This information is used to help design new patient care processes and define resource needs

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This data is measured and calculated internally, but reported and aggregated with other facilities for statewide data.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Sandra Bryan

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Objective III.2: **Improve maternal and fetal outcomes through collaboration and coordination of activities with the Nurse-Family Partnership Program, the Pregnancy Centering Program, Viral Disease Clinic, the Improving Pregnancy Outcomes Committee, and the regional Office of Public Health**

Indicator: Percent of HIV positive mothers that receive education on follow-up care for newborn

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Data shows a high rate of preterm deliveries, high number of pregnancies with inadequate prenatal care, and post natal care with a low rate of breastfeeding.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

This information is used to help design new patient care processes and define resource needs

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This data is measured and calculated internally, but reported and aggregated with other facilities for statewide data.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Sandra Bryan

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Objective III.2: Improve maternal and fetal outcomes through collaboration and coordination of activities with the Nurse-Family Partnership Program, the Pregnancy Centering Program, Viral Disease Clinic, the Improving Pregnancy Outcomes Committee, and the regional Office of Public Health

Indicator: Percent of pregnant patients with substance abuse problems that received education and referrals

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Data shows a high rate of preterm deliveries, high number of pregnancies with inadequate prenatal care, and post natal care with a low rate of breastfeeding.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

This information is used to help design new patient care processes and define resource needs

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death i rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If

this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This data is measured and calculated internally, but reported and aggregated with other facilities for statewide data.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

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Objective III.3: Decrease hospitalizations and improve health status and functionality of patients with Autoimmune Deficiency Syndrome through preventative health maintenance and improved access to care through the Viral Diseases Clinic

Indicator: Compliance with management guidelines

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Output**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

High risk disease with dramatic impact on disease status with appropriate medical care

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to identify community health care needs and identify internal resource needs

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

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6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal and external databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This data is measured and calculated internally, but reported and aggregated with other facilities for statewide and national data.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

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Objective III.3: Decrease hospitalizations and improve health status and functionality of patients with Autoimmune Deficiency Syndrome through preventative health maintenance and improved access to care through the Viral Diseases Clinic

Indicator: Percent of variation from state and national compliance rates

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

High risk disease with dramatic impact on disease status with appropriate care

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Used to identify community health care needs and identify internal resource needs

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal and external databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This data is measured and calculated internally, but reported and aggregated with other facilities for statewide and national data.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

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Objective III.4: Increase the number of disease preventive screenings performed and structure follow-up processes to assure that appropriate referrals or patient management is received.

Indicator: Percent of eligible patients receiving education about cancer screening

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Data shows high number of Cancer cases and high number of deaths from Cancer in Region 8.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Number of Cancer screening will be monitored and opportunities to increase screening identified.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal log gathered monthly and reported within 1-2 months.

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This data is measured and calculated internally, but reported and aggregated with other facilities for statewide data.

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

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Objective III.4: Increase the number of disease preventive screenings performed and structure follow-up processes to assure that appropriate referrals or patient management is received.

Indicator: Number of health fairs participated in as a percent of the total number of invitations for presentations at local health fairs

LaPAS PI Code: New

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: **Outcome**
Level: **Supporting**

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Healthcare outcomes data consistently shows Louisiana to have high incidences of preventable and/or treatable diseases that are either undiagnosed or untreated. Local health fairs provide an opportunity to inform and educate the public on preventative health care and wellness information as well as identify individuals in need of referral or healthcare treatment.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Identify community needs as well as facility needs to address current and future programming.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes

5) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No

6) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

Internal databases

7) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Actual count.

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This data is measured and calculated internally

9) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10) Who is responsible for data collection, analysis, and quality?   How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

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LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SHREVEPORT
E. A. Conway Medical Center
in
Monroe

APPENDIX TO STRATEGIC PLAN

LINKS TO THE
LOUISIANA CHILDREN'S CABINET

FY 2011-2012 – FY 2015-2016

July 1, 2010

Children's Cabinet Vision Statement:

Louisiana will be a state where all its children and youth can reach their full potential.

Children's Cabinet Mission Statement:

The Children's Cabinet will produce measurable improvements for children and youth in: Education, Health Care and Family Life.

Goal I: To ensure LSUHSC-Shreveport/E.A. Conway Medical Center in Monroe serves patients, staff, and community in the most effective and efficient manner possible

Objective 1.4: Maintain excellence in patient care delivery at LSUHSC-Shreveport/ E. A. Conway Medical Center in Monroe for the citizens of Louisiana.

Links to Louisiana Children's Cabinet:

Goal: Health

All Louisiana children will have access to comprehensive health services

Goal III: To promote preventive healthcare for LSUHSC-Shreveport/E.A.Conway Medical Center in Monroe for patients and the community.

Objective III-2 Improve maternal and fetal outcomes through collaboration and coordination of activities with the Nurse-Family Partnership Program, the Pregnancy Centering Program, Viral Disease Clinic, the Improving Pregnancy Outcomes Committee, and the regional Office of Public Health.

Objective III-4 Increase the number of disease preventive screening performed

and structure follow-up processes to assure that appropriate referrals or patient management is received.

Links to Louisiana Children's Cabinet:

Goal: Health

All Louisiana Children will have access to comprehensive health services

Increase comprehensive health care education to more people

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SHREVEPORT
E. A. Conway Medical Center
in
Monroe

APPENDIX TO STRATEGIC PLAN

LINKS TO THE
LOUISIANA: STATE OUTCOME GOALS

FY 2011-2012 – FY 2015-2016

July 1, 2010

Goal I: To ensure LSUHSC-Shreveport/E.A. Conway Medical Center in Monroe serves patients, staff, and community in the most effective and efficient manner possible

Objective I.1: Promote compliance with national standards of care in the management of patients with Acute Myocardial Infarction, Community Acquired Pneumonia, Heart Failure, and Surgical Care

Objective I.2: Decrease 30-day readmission rates for Medicare patients with discharge diagnoses of Acute Myocardial Infarction, Heart Failure, and Pneumonia

Objective I.3: Improve access to healthcare information to improve throughput and communication among healthcare providers and promote continuity of patient care

Objective 1.4: Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana

Objective I.5: Improve patient access to prescription medications and clinical services

Links to the State Outcome Goals:

Goal 7: Better Health

Better health for Louisianans, more affordable care, and the creation of a culture of personal responsibility for health.

Indicator 2: Increase the percentage of children receiving recommended health screenings ages 0-5.

Primary Factor 1: Healthy Behaviors

7. Education and personal responsibility.

Promoting healthy behavior involves educating individuals about the importance of healthy behaviors and empowering them to make changes in their lives. Screening for diseases, increased participation in physical activity, and the cessation and reduction of activities harmful to the individual are enhanced when individuals understand the benefits and risks from various activities and the individual's responsibility to take an active part in the management of their own health.

Primary Factor 2: Access to affordable and appropriate care.

2. Array of Services

a. Behavioral Health Services

c. Specialty care services

d. Preventive services

e. Primary care

f. Emergency care services

7. Integrated and community based care and services.

Integrating community based care and services are vital to improving health outcomes and insuring that citizens receive the proper health resources that they need. Fragmentation of care can lead to duplication of effort and a citizen not receiving the treatment that they need. Louisiana will strive to have a health care system that looks at all the health needs of a citizen as a whole and seeks to address them in a comprehensive fashion.

Goal II: LSUHSC – Shreveport/E.A. Conway Medical Center creates an environment of excellence that prepares students for career success and promotes positive attitudes, professionalism, and satisfaction among staff.

Objective II-1: To maximize the benefits of educational opportunities and patient care encounters for medical residents, nursing, and other allied health students to promote personal and professional growth and to integrate scientific knowledge with clinical experiences.

Objective II-2: Continue to foster a culture that recognizes achievements, rewards staff for service and performance, and motivates staff to excel in instruction, research and patient care.

Links to the State Outcome Goals:

Goal 6: Safe and Thriving Children and Families

Self-sufficient families and healthy and safe Louisianans.

Primary Factor 3: Self-Reliant Individuals

The most effective, direct strategy to move individuals and households toward self sufficiency and out of poverty away from the many resulting negative social and economic consequences requires investments in a system of stabilization and workforce development that promotes independence. Workforce participation is critical to an individuals' success.

1. Job Skills/Supports

Additional vocational training and education (especially targeted at high demand sector jobs) further the opportunities for individuals to become self sufficient.

Goal III: To promote preventive healthcare for LSUHSC-Shreveport/E.A. Conway Medical Center in Monroe for patients and the community.

Objective III-1 Increase the adult immunization rates for eligible high-risk patients against diseases.

Objective III-2 Improve maternal and fetal outcomes through collaboration and coordination of activities with the Nurse-Family Partnership Program, the Pregnancy Centering Program, Viral Disease Clinic, the Improving Pregnancy Outcomes Committee, and the regional Office of Public Health

Objective III-3 Decrease hospitalizations and improve health status and functionality of patients with Autoimmune Deficiency Syndrome through preventive health maintenance and improved access to care through the Viral Diseases Clinic

Objective III-4 Increase the number of disease preventive screenings performed and structure follow-up processes to assure that appropriate referrals or patient management is received

Links to the State Outcome Goals:

Goal 6: Safe and Thriving Children and Families

Self-sufficient families and healthy and safe Louisianans.

Primary Factor 2: Thriving Children

Education, health and strong social-emotional development are essential to ensuring thriving children. Children must have opportunities to get the best start in life through a quality early childhood. They must have the opportunity to live in safe and stable home and community-based settings.

1. Physical Social, and Emotional Development

Providing supportive relationships and safe environments can improve outcomes for all children, but especially those who are most vulnerable. This requires promoting the physical, social, and emotional development of children that includes such factors as health status, growth, and disabilities; physical abilities, such as gross and fine motor skills; and conditions before, at, and after birth as well as children's ability to interact with others and their capacity for self-regulation.

Goal 7: Better Health

Better health for Louisianans, more affordable care, and the creation of a culture of personal responsibility for health.

Indicator 1:Decrease the percentage of avoidable state government expenditures for acute, behavioral health, elderly/disability and/or chronic care that are institutional/inpatient.

Indicator 2: Increase the percentage of children receiving recommended health screenings ages 0-5.

Primary Factor 1: Healthy Behaviors

1. Seek and participate in appropriate care.

Louisiana has the highest rate of death from breast cancer in the United States, but in the Louisiana Medicaid program only forty percent of women receive their recommended breast cancer screenings. Early detection through evidence based screening can reduce morbidity and mortality. Individuals must be aware and act on recommendations for screening for chronic disease and cancer. They need information about provider quality, cost, and effectiveness to make the right decisions.

3. Tobacco use.

4. Sexual behavior.

5. Substance abuse.

Primary Factor 2: Access to affordable and appropriate care.

1. Disease Management

Disease Management involves reducing healthcare costs and/or improving quality of life for individuals by preventing or minimizing the effects of a disease, usually a chronic condition, through integrative care.

Descriptions of the State Outcome Goals are available on the OPB website: ***http://doa.louisiana.gov/OPB/faf/faf-br_forms.htm***