

**LSU HEALTH SCIENCES CENTER –  
SHREVEPORT**

**E.A. CONWAY MEDICAL CENTER  
in  
MONROE**

**STRATEGIC PLAN**

**FY 2011-2012 – FY 2015-2016**

**July 1, 2010**

Revised: September 1999  
Revised: June 2001  
Revised: October 2002  
Revised: June 2004  
Revised: June 2007  
Revised: June 2010

# **E.A. CONWAY MEDICAL CENTER in MONROE**

**Overview**

**Mission Statement**

**Vision Statement**

Revised: September 1999

Revised: June 2001

Revised: October 2002

Revised: June 2004

Revised: June 2007

Revised: June 2010

## Overview

E.A. Conway Medical Center is an acute care teaching facility licensed for the operation of 247 beds by the Department of Health and Hospitals. LSU Health Sciences Center-Shreveport has oversight responsibility for E.A. Conway Medical Center in Monroe. The hospital received a three-year accreditation by the Joint Commission on Healthcare Organization in September 2008. Laboratory and Blood Bank operations are accredited by the College of American Pathologists and the American Association of Blood Banks.

The facility provides inpatient and outpatient medical care to the residents of a 12-parish service area in Northeast Louisiana. The medical center service area comprises the parishes of Caldwell, East Carroll, Franklin, Jackson, Lincoln Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll.

Revised: September 1999  
Revised: June 2001  
Revised: October 2002  
Revised: June 2004  
Revised: June 2007  
Revised: June 2010

## **MISSION STATEMENT**

**LSUHSC-Shreveport/E.A. Conway Medical Center in Monroe has adopted the following mission statement:**

To provide quality healthcare education, patient care, and research in a safe and secure environment

## **VISION STATEMENT**

**The organizational vision statement includes the following:**

Be a value driven organization that improves organizational performance and strives to achieve excellence in healthcare delivery, education, and practice

Be sensitive and adapt to changes in healthcare delivery to meet the expectations and needs of the community

Manage disease processes through standards of care and clinical pathways to reduce complications, decrease costs, and improve outcomes

Enhance healthcare delivery through efficient and accurate information management systems with a goal to increase the use of automated systems while maintaining patient confidentiality

Foster a work environment that supports the retention of competent, qualified staff to promote community support and confidence

Foster a work environment that attracts and supports the retention of competent, qualified staff to promote community support and confidence

Revised: September 1999

Revised: June 2001

Revised: October 2002

Revised: June 2004

Revised: June 2007

Revised: June 2010

# **Philosophy**

## **Integrity**

We will place the quality of life first while maintaining an atmosphere of mutual trust and respect. We honor and direct, open, honest, and collaborative leadership in our medical and business practices.

## **Respect**

We treat others, as they would want to be treated and cared for. We will recognize and reward the contributions and accomplishments of all members of the health care team. We support decisions made to achieve professional and personal balance in the lives of the team members.

## **Accountability**

We will be committed to personal and organizational goals and expectations and will constantly strive to do our best.

## **Innovation**

We will encourage and support creativity. In addition, we advocate learning and continuous improvement. We take pride in our work and celebrate success.

## **Compassion**

We value treating people, as they would like to be treated by working to understand their feelings, and diverse cultural needs.

Revised: September 1999

Revised: June 2001

Revised: October 2002

Revised: June 2004

Revised: June 2007

Revised: June 2010

## **Commitment**

We continuously strive to foster an environment where employees are invested in providing the optimal outcomes for our patients. We want our interactions to result in constructive dialogue and outcomes.

## **Diversity**

We work to build organizational strengths through teamwork. We honor and respect individual differences in style, culture, experience, race, education, gender, sexual orientation, and religion.

## **Growth**

We value, accept, and encourage participation and involvement in all efforts. We strive to grow as an organization and to sustain improvements that are accomplished.

Revised: September 1999  
Revised: June 2001  
Revised: October 2002  
Revised: June 2004  
Revised: June 2007  
Revised: June 2010

## GOALS AND OBJECTIVES

**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

**Strategy I.1.1:** Track and trend performance data to identify process and practitioner performance improvement opportunities

**Strategy I.1.2:** Participate in the CMS Hospital Quality Initiative through an approved vendor to benchmark performance at the state and national levels and collaborate with other healthcare facilities to develop, implement, and standardize process improvement initiatives

**Strategy I.1.3:** Provide ongoing education to medical and hospital staff on national care guidelines, performance expectations, and compliance issues

**Strategy I.1.4:** Utilize peer review activities and multidisciplinary committees or teams to identify process or safety issues and to design or redesign processes for better efficiency and effectiveness

### Performance Indicators:

PI Type	Performance Indicator Name
Output	% compliance with individual core measures
Outcome	% variation from national standards

Revised: September 1999

Revised: June 2001

Revised: October 2002

Revised: June 2004

Revised: June 2007

Revised: June 2010

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

**Strategy I.2.1:** Expand Track and trend data to identify readmissions due to discharge planning or medical management issues

**Strategy I.2.2:** Participate in the CMS Hospital Quality Alliance to benchmark performance at the national level and identify opportunities for improvement

**Strategy I.2.3:** Implement operational processes to decrease preventable readmissions and provide ongoing education to medical and facility staff

### Performance Indicators:

PI Type	Performance Indicator Name
Output	Risk-standardized 30-day readmission rates for Medicare patients with diagnoses of Acute Myocardial Infarction, Heart Failure, and Pneumonia
Outcome	% variation from U.S. National Rate

Revised: September 1999

Revised: June 2001

Revised: October 2002

Revised: June 2004

Revised: June 2007

Revised: June 2010

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

**Strategy I.3.1:** Sequentially implement Electronic Health Records and Picture Archiving Communication Systems/Radiology Imaging Systems according to administrative directives and in accordance with state protocols and timelines

**Strategy I.3.2:** Provide ongoing training for healthcare providers on the operation and functionality of the systems and programs and job-related performance expectations

**Strategy I.3.3:** Track and trend data for process or employee performance improvement opportunities

**Performance Indicators:**

PI Type	Performance Indicator Name
Outcome	% of eligible employees trained on programs or systems
Output	Turnaround times for critical tests
Outcome	% change from threshold for turnaround times

Revised: September 1999  
Revised: June 2001  
Revised: October 2002  
Revised: June 2004  
Revised: June 2007  
Revised: June 2010

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

**Strategy I.4.1:** Multi-disciplinary Performance Improvement Team evaluates usage of unit to include efficiency of the admission to and the discharges from the units

**Strategy I.4.2:** Enhance monitoring systems for internal transfers including transfers from the Emergency Department

**Strategy I.4.3:** Gather statistical information on inpatient days, outpatient clinic visits, number of beds available, percentage of occupancy, cost per adjusted patient day and discharge, and patient satisfaction survey rating

**Strategy I.4.4:** Explain any 5% variance from the performance standard used to measure the activity

**Strategy I.4.5:** Maintain excellence in patient care by efficiently using all available resources related to the delivery of health services to adults and children

**Strategy I.4.6:** Continue to improve on the healthcare education and training for services to children

Revised: September 1999

Revised: June 2001

Revised: October 2002

Revised: June 2004

Revised: June 2007

Revised: June 2010

**Objective I.4:** Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana

**Performance Indicators:**

PI Types	Performance Indicator Name
Output	Inpatient Days
Output	Outpatient Clinic Visits
Output	Number of beds available (excluding nursery)
Output	Percentage of Occupancy (excluding nursery)
Output	Average daily census
Output	Average length of stay for psychiatric patients
Output	Average length of stay for medical/surgery patients
Output	% of readmissions
Efficiency	Cost per adjusted patient day (including nursery)
Efficiency	Cost per adjusted discharge (including nursery)
Quality	Patient Satisfaction Survey

Revised: September 1999  
 Revised: June 2001  
 Revised: October 2002  
 Revised: June 2004  
 Revised: June 2007  
 Revised: June 2010

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

**Strategy I.5.1:** Expand patient participation in the pharmaceutical industry’s Medication Assistance Program for free medications through education, referral, and coordination of patient certification activities

**Strategy I.5.2:** Continue to utilize community resources to supplement patient medication needs

**Strategy I.5.3:** Continue to educate and assist staff in identifying potential funding opportunities through grants, applying for grants, and complying with requirements of awarded grants

**Strategy I.5.4:** Continue to expand access to care through telemedicine and community outreach programs

**Strategy I.5.5:** Track and trend performance data to identify opportunities to improve hospital patient care processes and expedite throughput in the emergency department and outpatient clinics

**Performance Indicators:**

PI Types	Performance Indicator Name
Outcome	Emergency Department Length of Stay, ICU Holdover rate, Turnaround times for tests, Number of patients enrolled in the Medication Assistance Program

Revised: September 1999  
Revised: June 2001  
Revised: October 2002  
Revised: June 2004  
Revised: June 2007  
Revised: June 2010

**Goal II:** LSUHSC – Shreveport/E.A. Conway Medical Center in Monroe 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.

**Strategy II.1.1:** Continue to support the selection and training processes of the Family Medicine Residency Program

**Strategy II.1.2:** Create coordinated partnerships between the healthcare facility and schools to provide student clinical experiences, establishment of rotation schedules, and understanding of roles and performance expectations of students and facility personnel

**Strategy II.1.3:** Enhance and encourage opportunities for student learning through participation in hospital wide educational activities or certification programs (i.e. ACLS, PALS, BLS, in-services, Audiovisual Library, Medical Library, etc.)

**Strategy II.1.4:** Participate on school advisory committees or provide ongoing feedback about school curriculums to facilitate the coordination of clinical experiences and to assure adequate resources to accomplish the program and facility objectives

**Strategy II.1.5:** Solicit feedback from students on all aspects of their clinical experiences including recommendations for improvement

PI Type	Performance Indicator Name
Output	Number of students trained at facility, subcategorized by disciplines
Outcome	Number of students trained at facility as a percent of requested training opportunities

Revised: September 1999  
 Revised: June 2001  
 Revised: October 2002  
 Revised: June 2004  
 Revised: June 2007  
 Revised: June 2010

**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.

**Strategy II.2.1:** Continue to support activities related to the Employee Service Awards Program, LSUHSC-Shreveport Employee Excellence Awards Program and the Employee Activities Committee

**Strategy II.2.2:** Promote recognition of programs, faculty and staff for outstanding performance in teaching, research, and patient care

**Performance Indicators:**

PI Type	Performance Indicator Name
Outcome	Number of awards received as a percent of programs participated in

Revised: September 1999  
Revised: June 2001  
Revised: October 2002  
Revised: June 2004  
Revised: June 2007  
Revised: June 2010

**Goal III:** To promote preventive healthcare at LSUHSC-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

**Strategy III.1.1:** Track and trend performance to identify process or practitioner performance improvement opportunities

**Strategy III.1.2:** Design or redesign processes to assure screening and administration of vaccines to eligible patients in both the inpatient and outpatient settings

PI Type	Performance Indicator Name
Output	Number of eligible patients that receive education on immunizations
Outcome	% of educated patients who were screened for immunizations

Revised: September 1999  
Revised: June 2001  
Revised: October 2002  
Revised: June 2004  
Revised: June 2007  
Revised: June 2010

**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

**Strategy III.2.1:** Provide education and peer support that promote a healthy pregnancy and includes informaton on the merits of breast feeding and encourages adherence to prenatal and post-delivery clinic visits

**Strategy III.2.2:** Support patient education and clinic processes to promote follow-up care for infants born to HIV positive patients

**Strategy III.2.3:** Continue to identify substance abuse problems in pregnant patients through the SBIRT (Screening, Brief Intervention, Referral, and Treatment) Program and make appropriate referrals for management and follow-up

PI Type	Performance Indicator Name
Outcome	% of pregnant patients participating in healthy pregnancy programs
Outcome	% of HIV positive mothers that receive education on followup care for newborn
Outcome	% of pregnant patients with substance abuse problems that received education and referrals

Revised: September 1999

Revised: June 2001

Revised: October 2002

Revised: June 2004

Revised: June 2007

Revised: June 2010

**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

**Strategy III.3.1:** Consistently implement the HRSA management guidelines regarding immunizations, medication management, laboratory testing, and preventive health screening

**Strategy III.3.2:** Track and trend performance data to consistently identify process or practitioner performance improvement opportunities

PI Type	Performance Indicator Name
Output	Compliance with management guidelines
Outcome	% of variation from state and national compliance rates

Revised: September 1999

Revised: June 2001

Revised: October 2002

Revised: June 2004

Revised: June 2007

Revised: June 2010

**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

**Strategy III.4.1:** Continue to educate patients on cancer screening guidelines

**Strategy III.4.2:** Continue to attend community health fairs to educate participants on the importance of preventive health care, identify high-risk individuals as applicable to screening tests or examinations performed, and educate individuals to available resources for follow-up and management

**Strategy III.4.3:** Continue to support the Tobacco Control Initiative and educate the staff to the referral process

PI Type	Performance Indicator Name
Outcome	% of eligible patient receiving education about cancer screening
Outcome	Number of health fairs participated in as a percent of the total number of invitations for presentations at local health fairs

Revised: September 1999  
Revised: June 2001  
Revised: October 2002  
Revised: June 2004  
Revised: June 2007  
Revised: June 2010