LSU HEALTH SCIENCES CENTER – SHREVEPORT

E.A. CONWAY MEDICAL CENTER in MONROE

STRATEGIC PLAN
FY 2011-2012 – FY 2015-2016

July 1, 2010
E.A. CONWAY MEDICAL CENTER in MONROE

Overview

Mission Statement

Vision Statement
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.
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.

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Commitment

We continuously strive to foster an environment where employees are invested in providing the optimal outcomes for out 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.
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:

<table>
<thead>
<tr>
<th>PI Type</th>
<th>Performance Indicator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output</td>
<td>% compliance with individual core measures</td>
</tr>
<tr>
<td>Outcome</td>
<td>% variation from national standards</td>
</tr>
</tbody>
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Revised: September 1999
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Revised: June 2007
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:

<table>
<thead>
<tr>
<th>PI Type</th>
<th>Performance Indicator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output</td>
<td>Risk-standardized 30-day readmission rates for Medicare patients with diagnoses of Acute Myocardial Infarction, Heart Failure, and Pneumonia</td>
</tr>
<tr>
<td>Outcome</td>
<td>% variation from U.S. National Rate</td>
</tr>
</tbody>
</table>
**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:**

<table>
<thead>
<tr>
<th>PI Type</th>
<th>Performance Indicator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>% of eligible employees trained on programs or systems</td>
</tr>
<tr>
<td>Output</td>
<td>Turnaround times for critical tests</td>
</tr>
<tr>
<td>Outcome</td>
<td>% change from threshold for turnaround times</td>
</tr>
</tbody>
</table>
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
**Objective I.4:** Maintain excellence in patient care delivery at E. A. Conway Medical Center for the citizens of Louisiana

**Performance Indicators:**

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

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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:**

<table>
<thead>
<tr>
<th>PI Types</th>
<th>Performance Indicator Name</th>
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</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Emergency Department Length of Stay, ICU Holdover rate, Turnaround times for tests, Number of patients enrolled in the Medication Assistance Program</td>
</tr>
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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, inservices, 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

<table>
<thead>
<tr>
<th>PI Type</th>
<th>Performance Indicator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output</td>
<td>Number of students trained at facility, subcategorized by disciplines</td>
</tr>
<tr>
<td>Outcome</td>
<td>Number of students trained at facility as a percent of requested training opportunities</td>
</tr>
</tbody>
</table>

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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:**

<table>
<thead>
<tr>
<th>PI Type</th>
<th>Performance Indicator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Number of awards received as a percent of programs participated in</td>
</tr>
</tbody>
</table>

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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

<table>
<thead>
<tr>
<th>PI Type</th>
<th>Performance Indicator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output</td>
<td>Number of eligible patients that receive education on immunizations</td>
</tr>
<tr>
<td>Outcome</td>
<td>% of educated patients who were screened for immunizations</td>
</tr>
</tbody>
</table>

Revised: September 1999
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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

Strategy III.2.1: Provide education and peer support that promote a healthy pregnancy and includes information 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

<table>
<thead>
<tr>
<th>PI Type</th>
<th>Performance Indicator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>% of pregnant patients participating in healthy pregnancy programs</td>
</tr>
<tr>
<td>Outcome</td>
<td>% of HIV positive mothers that receive education on followup care for newborn</td>
</tr>
<tr>
<td>Outcome</td>
<td>% of pregnant patients with substance abuse problems that received education and referrals</td>
</tr>
</tbody>
</table>

Revised: September 1999
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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

<table>
<thead>
<tr>
<th>PI Type</th>
<th>Performance Indicator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output</td>
<td>Compliance with management guidelines</td>
</tr>
<tr>
<td>Outcome</td>
<td>% of variation from state and national compliance rates</td>
</tr>
</tbody>
</table>

Revised: September 1999
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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

<table>
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<th>PI Type</th>
<th>Performance Indicator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>% of eligible patient receiving education about cancer screening</td>
</tr>
<tr>
<td>Outcome</td>
<td>Number of health fairs participated in as a percent of the total number of invitations for presentations at local health fairs</td>
</tr>
</tbody>
</table>