

***STATE OF LOUISIANA
LEGISLATIVE AUDITOR***

**Usage of Louisiana Health Care Authority
Emergency Departments**

February 1993



Performance Audit

***Daniel G. Kyle, Ph.D., CPA
Legislative Auditor***

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Office of Legislative Auditor
State of Louisiana**

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Table of Contents

| | |
|--|-----|
| Legislative Auditor's Transmittal Letter | v |
| Executive Summary | vii |
| Glossary | xv |

Chapter One: Introduction

| | |
|---------------------------------|---|
| Report Conclusions | 1 |
| Audit Initiation | 2 |
| Program Background | 2 |
| Scope and Methodology | 6 |
| Report Organization | 7 |

Chapter Two: Emergency Department Usage

| | |
|--|----|
| Chapter Conclusions | 9 |
| Changes in Emergency Department Use | 9 |
| Triage | 10 |
| How Patients Use Emergency Departments | 12 |
| When Emergency Departments Are Used | 14 |
| Age of Users | 15 |
| Insurance Coverages | 16 |
| Number of Visits | 16 |
| Utilization Data | 17 |
| Square Footage Requirements | 18 |

Chapter Three: Outpatient Clinics

| | |
|---|----|
| Chapter Conclusions | 21 |
| The Mission of Outpatient Clinics | 21 |
| Outpatient Clinic Visits | 22 |
| Specialized Care | 22 |
| Access to Clinics | 22 |
| Clinic Schedules | 23 |
| Cost-Effectiveness of Clinics | 23 |
| Hospital Personnel Reforms | 25 |

Exhibits

| | | |
|------------|---|----|
| Exhibit 1: | Louisiana State Hospital System | 2 |
| Exhibit 2: | Number of Clinics at Each Health Care Authority Hospital | 5 |
| Exhibit 3: | Louisiana Medical Centers Catchment Areas | 11 |
| Exhibit 4: | Emergency Department Usage for Fiscal Year 1992 By Triage Category | 13 |
| Exhibit 5: | Emergency Department Usage During 1992 By Day of the Week | 14 |
| Exhibit 6: | Number of Times Patients in Our Sample Visited the Emergency Departments During Fiscal Year 1992 By Triage Category | 16 |
| Exhibit 7: | Recommended and Actual Square Footage for Individual Emergency Departments | 19 |
| Exhibit 8: | Clinic and Emergency Room Cost Per Visit Fiscal Year 1991 | 24 |

Appendixes

| | | |
|-------------|--|-----|
| Appendix A: | Clinics Operated By Individual Hospitals | A.1 |
| Appendix B: | Agency Responses | B.1 |



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Honorable Samuel B. Nunez, Jr.,
President of the Senate
Honorable John A. Alario, Jr.,
Speaker of the House of Representatives
and
Members of the Legislative Audit Advisory Council

Dear Legislators:

This is our report of the performance audit of the Louisiana Health Care Authority Emergency Departments. This audit was conducted under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. All performance audits are conducted in accordance with generally accepted governmental auditing standards.

The report presents our findings, conclusions, and recommendations as well as the Louisiana Health Care Authority's responses to the findings. We have also identified and reported one matter for legislative consideration.

Sincerely,

A handwritten signature in cursive script that reads "Daniel G. Kyle".

Daniel G. Kyle, CPA
Legislative Auditor

DGK/dl

IHCA-LTRI



Office of Legislative Auditor

Executive Summary

Performance Audit

Usage of Louisiana Health Care Authority

Emergency Departments

The Louisiana Health Care Authority helps oversee nine hospitals (formerly known as the charity hospitals) that provide health care to the indigent, uninsured, and underinsured population of the State of Louisiana. Our performance audit of the Louisiana Health Care Authority emergency departments found that:

- ◆ In fiscal year 1992, as many as half the patients treated at the Louisiana Health Care Authority emergency departments came to them for routine medical services.
- ◆ The majority of patients going to the emergency departments for routine medical treatment are doing so during the regular work week between the hours of 7:00 A.M. and 5:00 P.M.
- ◆ An emergency department visit costs on average 35 percent more than a clinic visit. A clear potential exists for more economical use of hospital resources if more patients needing routine medical care are seen in a clinic setting.
- ◆ Expanding the utilization data collected for emergency departments will help the Health Care Authority in planning future needs and could lead to cost savings.

Audit Objectives

This audit of emergency departments was conducted by the Performance Audit Division of the Office of Legislative Auditor. The audit objectives were to determine:

- ♦ the types of services provided by emergency departments;
- ♦ if these services are most cost effectively provided in the emergency department;
- ♦ if emergency department care is prompt; and
- ♦ if any type of legislation is needed to provide more prompt and more cost effective care.

Program Background

The Louisiana Legislature, through Louisiana Revised Statute (LSA-R.S.) 46:701(1), has mandated that this state seek to ensure the provision of adequate health care for its medically indigent residents. The legislature has also recognized the importance of providing adequate opportunities for clinical education in the fields of medicine, nursing, and allied health. Since 1813, when the Government of Louisiana assumed responsibility for the original charity hospital in New Orleans, the charity hospitals have been essential elements in the provision of both health care and health education.

Changes in Emergency Department Use

Nearly half the patients using the emergency departments of the Louisiana Health Care Authority are using them for non-emergency care. They are also using the emergency departments at times of day and days of the week that suggest the patients are using them at times convenient for them, rather than to respond to genuine medical emergencies. (pages 12 and 14)

Hospital emergency departments, both at the Health Care Authority hospitals and around the country, must now provide a range of health care services that goes beyond their traditional role as providers of emergency treatment. Patients now come to the emergency department for routine care (such as treatment for sore throats). This is, in part, the result of changes in federal law. An emergency department must now provide a medical screening to any patient who comes to it, regardless of the nature of the patient's complaint. (pages 3-4)

This has necessitated the practice of "triage" which categorizes patients by the degree of seriousness of their illnesses or injuries. When patients come to the emergency department with complaints ranging from the critical to the routine, some way (other than "first come-first serve") must be found to determine priority for care. (page 10)

When Emergency Departments Are Used

More than 61 percent of the patients' visits to the emergency departments were between the hours of 7:00 A.M. and 5:00 P.M. Tuesday, Thursday, and Monday (in that order) were the busiest days in the Health Care Authority emergency departments. Saturday and Sunday were the slowest days. People like to come to the emergency department when it is convenient for them. (pages 14-15)

For many people, a visit to a Health Care Authority emergency department is a routine and regular event. More than 6 out of every 10 of our sampled patients used the emergency department more than once a year. Sixteen people in that sample accounted for 153 visits, nearly 10 visits per person in fiscal year 1992. (page 16)

Triage Categories

Just over six percent of the Louisiana Health Care Authority emergency department visits during fiscal year 1992, examined in this study were classified as triage category one: emergencies that require immediate care. The intermediate category of triage two accounted for about two out of every five visits, and the routine care category of triage three equaled more than half of all cases. Since there were some 425,000 emergency department visits to the Health Care Authority hospitals in fiscal year 1992, a very conservative estimate of the number of non-emergency visits to the emergency departments would be approximately 200,000 a year. (page 12)

Utilization Statistics

The Louisiana Health Care Authority has inherited the hospital utilization reporting system used by the Department of Health and Hospitals. This system provides only limited information on emergency department and clinic use. It does not include emergency department information on patient age, triage

category, check-in time, the time the patient is triaged, the time the patient is seen by a medical professional, or the time the patient is discharged. (page 17)

We recommended that the Louisiana Health Care Authority expand the emergency department utilization data that its hospitals collect to include information such as the six items cited in the above paragraph. (page 18)

Agency Response

The Authority agrees that additional utilization data would be helpful in planning. The information described is available at the present time in medical records, but no automated system exists to regularly compile the information and make it available to management. The Authority should consider whether the creation of such a system, and its associated cost, offers a significant improvement over other methods of assembling the same information, such as periodic ad hoc samples.

Emergency Department Space Requirements

A 1990 consultant's review of the Health Care Authority emergency departments found that all these facilities have considerably less than the optimal space needed to meet patient needs. At no emergency department was the deficiency less than 21 percent. Five of the emergency departments had less than half the space recommended to provide for the needs of their patients. Overcrowding is a problem at the Health Care Authority emergency departments. (pages 18-19)

We recommended that the Authority reassess the square footage needs of the various emergency departments and clinics. (page 19)

Agency Response

The size of the Medical Center Emergency Department and Clinics has been assessed and is known to be severely deficient in many facilities. This assessment was among the facility studies that led to the current Strategic Plan and to the commitment of the Authority to a major capital improvement program to rebuild and renovate our hospitals. The lack of adequate space poses major impediments to achieving management objectives in many areas of facility operation.

Emergency Department Waiting Times

People coming to an emergency department for care that could be provided elsewhere has an impact on waiting times. While nearly 71 percent of the patients we sampled went from check-in to discharge in five hours or less, that also means nearly one out of every three patients had an emergency department stay of more than five hours. If an alternative can be found for the patients using the emergency department for routine care, emergency department overcrowding and long waits can be minimized. That alternative is available. (page 13)

All the Louisiana Health Care Authority hospitals have outpatient clinics. These clinics provide both general and specialized care. The clinics do this in a way that is more cost effective than the care provided at emergency departments. That is to be expected, since emergency departments are designed to deal with medical emergencies. They must be prepared for these emergencies at all times and that requires the presence of expensive staff, equipment, and supplies at all times. The cost data we found reflected that. (pages 21-23)

Emergency Department vs Clinic Cost

In 1991, a visit to a Louisiana Health Care Authority clinic costs on average nearly \$60. In contrast, an average emergency department visit costs \$81. Therefore, emergency department visits cost on average 35 percent more than clinic visits. If the Authority's clinics have the opportunity to take on more responsibility for routine health care in our state, through expanded clinic facilities, more economical and efficient care may result. (page 24)

Clinic Schedules

Clinics have limited hours. Some are open only by appointment. It can sometimes take four to six months to get an appointment at one of the busier clinics. With such lengthy waits for appointments, it is understandable for patients to take their complaints to the emergency department, regardless of the cost for the State of Louisiana. An emergency department wait of several hours may be burdensome, but it is preferable to a wait of several months. (page 23)

We recommended that the Health Care Authority study, by individual hospital, the feasibility of expanding its clinic facilities. (page 25)

Agency Response

The Authority is open to the possibility of adjusting clinic hours. In fact, these hours are frequently changed by individual facilities in response to local needs. In scheduling clinics, particularly into the evening hours, it is necessary to strike a balance between the convenience to some patients and the need to utilize physicians' time efficiently in order to maximize the number of patients that they can see. Decisions must be made based upon specific available resources and other conditions at each hospital.

Personnel Reforms

The Health Care Authority can carry out personnel reforms at the outpatient clinics and emergency departments. These reforms may lead to shorter waiting times and more economical patient care. (page 25)

Physicians are the vital core of any general medical facility. They are, however, also the most expensive of medical personnel. Not every medical problem requires the expertise of a physician. Routine care conditions like sore throats and stomach aches could be handled by medical professionals like physician assistants and nurse practitioners. This might free physicians for the types of care that truly require their training and talent. (page 25)

Physician assistants and nurse practitioners are medical professionals. A physician assistant is certified by the Louisiana Board of Medical Examiners to perform medical services under the supervision of a physician. A nurse practitioner is a registered nurse who, in addition to performing nursing duties, engages in nursing care decision making and participates in making decisions with other health care professionals concerning the needs of the patient. Like the physician assistant, the nurse practitioner functions under the direction of a physician. Under state law, physician assistants may "exercise independent judgment" only in "life threatening emergencies." State

regulations bar nurse practitioners from making diagnoses or prescribing medications. A recent survey, however, says that at least 40 states give nurse practitioners some type of authority to prescribe medications. (pages 25-27)

Physician assistants and nurse practitioners may be able to treat in the clinics or the emergency departments many of the routine (triage category three) patients that are currently seen by physicians in the emergency departments. This could reduce the per visit cost for emergency departments by decreasing the number of physicians on duty at any given time. This could also cause waiting times to decrease. Physicians would be able to concentrate on patients with more serious complaints. (page 27)

Since physicians are present at all times in the Health Care Authority clinics and emergency departments, no change in existing state law would be needed to use physician assistants and nurse practitioners to treat patients requiring only routine care. (page 27)

We recommended that the Authority should consider more extensive use of physician assistants and nurse practitioners in its emergency departments and clinics. (page 27)

Agency Response

The Authority gave no specific response to this recommendation.

Matter for Legislative Consideration

The legislature may wish to consider the issues related to expanding the legal authority of nurse practitioners and physician assistants, including the power to make diagnoses and prescribe medications. (page 27)

Glossary

Charity Hospitals The historic name of Louisiana's hospitals for the poor and indigent. These hospitals are now known as the Louisiana Health Care Authority hospitals.

Clinic A hospital unit that deals with outpatient health problems that do not pose immediate threats to life or limb.

Emergency Department A hospital department created to deal with medical conditions posing immediate or major threats to life or limb.

Louisiana Health Care Authority The agency established by Act 855 of 1990 to oversee Louisiana's nine hospitals for the poor and indigent.

Nurse Practitioner A registered nurse who, in addition to providing nursing services, engages in nursing care decision making and participates with other health care professionals in making decisions regarding the needs of the patients. The nurse practitioner (also known as a primary nurse associate) works under the direction of a physician.

Physician Assistant A medical professional certified by the Louisiana Board of Medical Examiners to perform medical services under the supervision of a physician.

Primary Care Medical care and treatment of a routine and non-emergency nature.

Triage The classification of patients into categories based on the seriousness of their illnesses or injuries. There are generally three triage categories: one, two, and three. One has the highest degree of urgency and three the lowest.

Chapter One: Introduction

This audit of emergency department utilization at Louisiana Health Care Authority hospitals (formerly known as Louisiana Charity hospitals) was conducted by the Performance Audit Division of the Office of Legislative Auditor. The audit objectives were to determine:

- ♦ the types of services provided by emergency departments;
- ♦ if these services are most cost-effectively provided in the emergency department;
- ♦ if emergency department care is prompt; and
- ♦ if any type of legislation is needed.

Report Conclusions

Emergency departments in Louisiana Health Care Authority hospitals have become providers of routine (non-emergency) medical care to the indigent, uninsured, and underinsured population in the state. During fiscal year 1992, as many as half the patients treated at these emergency departments came to them for routine medical services and most of these patients used the emergency department more than once a year.

Most emergency department visits are made during normal working hours and during the regular work week. The time of day and days of the week on which patients come to the emergency department suggest they are coming when it is convenient for them.

Eight of the nine Health Care Authority hospitals operate emergency departments. These hospitals also operate outpatient clinics which provide primary (routine) and specialized care at a lower cost than in emergency departments.

By obtaining more complete utilization information for emergency departments, the Louisiana Health Care Authority could achieve cost savings. The Authority can also help to achieve savings by considering expansion of its clinic facilities and different staffing patterns.

Audit Initiation

The Senate Committee on Economy and Efficiency initiated this audit when it requested the Office of Legislative Auditor to conduct a performance audit on any area of the Department of Health and Hospitals. The Legislative Audit Advisory Council approved that request at its August 4, 1992, regular meeting. On August 7, 1992, a meeting was held with the Senate Committee on Economy and Efficiency staff to discuss several options for the audit. At that time, the review of the Charity Hospitals' emergency room use and practices was selected.

Program Background

The Louisiana Legislature, through Louisiana Revised Statute (LSA-R.S.) 46:701(1), has sought to ensure the provision of adequate health care for its medically indigent residents. The legislature has also recognized the importance of providing adequate opportunities for clinical education in the fields of medicine, nursing, and allied health. Since 1813, when our state government assumed responsibility for the original charity hospital in New Orleans, the charity hospitals have been essential elements in providing health care and education.

Exhibit 1 Louisiana State Hospital System As of June 30, 1992

| <u>Medical Center Name</u> | <u>Location</u> |
|---|-----------------|
| Medical Center of Louisiana at New Orleans | New Orleans |
| E. A. Conway Medical Center | Monroe |
| Earl K. Long Medical Center | Baton Rouge |
| Huey P. Long Medical Center | Pineville |
| W. O. Moss Regional Medical Center | Lake Charles |
| University Medical Center | Lafayette |
| L. J. Chabert Medical Center | Houma |
| Lallie Kemp Regional Medical Center | Independence |
| Washington-St. Tammany Regional Medical Center | Bogalusa |

Source: Louisiana Health Care Authority

The nine hospitals of the Louisiana Health Care Authority and the allied Louisiana State University Medical Center in Shreveport exist to help meet our state's commitment to health care and health education. Eight of these hospitals operate emergency departments. These emergency departments are essential elements in meeting Louisiana's responsibility to the health care needs of its citizens. Their principal attention is to those who might otherwise be unable to afford health care.

In fiscal year 1992, there were over 425,000 visits to the emergency departments of the Louisiana Health Care Authority hospitals. This number is equivalent to one patient visit every 1.2 minutes, 24 hours a day, 365 days a year.

The care provided by these emergency departments goes considerably beyond what has been generally thought of as emergency care: the immediate examination and treatment of traumatic injuries or illnesses. Today, emergency departments also provide primary care and routine medical treatment for many of Louisiana's poor. Previously, this function had been more commonly performed by family physicians, often with little or no payment. This change in emergency room usage is a national phenomenon, not one limited to Louisiana and its hospitals.

The national character of this problem is illustrated in a January 8, 1992, letter to the *Journal of American Medical Association*. In this letter, the writer states that private physicians are now less willing to provide low or no cost treatment to the poor. The writer suggests that this is due to low reimbursement rates from Medicare, Medicaid, and private insurance. Another letter, which appeared in the same issue of the *Journal of American Medical Association*, describes the use of emergency department facilities for routine health problems. In some cases, the emergency departments were used by patients with private physicians. Excerpts from this letter follow:

. . . In my experience at one urban teaching hospital, I found that many such patients, without any acute problems, often came to the emergency department for what amounted to routine evaluation of chronic ailments. In some cases they had been unable to contact their regular health care provider; at other times, they hadn't tried.

Because of the emergency department's traditional role as a safety net for patients with nowhere else to turn and legal considerations that require an evaluation of all persons presenting to emergency facilities, we dutifully sign in these types of patients . . .

Federal law also promotes the trend to provide primary care in emergency department settings. Section 1867 of the Social Security Act (42 U.S.C. 1395) requires that a hospital with an emergency department provide a medical screening to any patient who comes to it for care. Failure to do so can result in termination of the hospital's Medicare provider agreement, along with civil penalties of up to \$25,000 per violation for the hospital and for the responsible physician. This is in addition to any civil penalties that may result from legal actions brought by individuals or other hospitals.

To ensure that all patients receive appropriate care, emergency departments evaluate patients using categories based on the severity of illness or injury, a process that is known as "triage." Triage was originally an agricultural concept referring to the sorting of farm products. But, by the time of the Napoleonic Wars, triage had begun to refer to the sorting of military casualties. There were essentially three categories in military triage: (1) those who could not be expected to survive, (2) those who would survive without immediate care, and (3) those who needed immediate care to survive. In military triage, from Napoleon's time to the present, the last category receives priority for care.

Civilian triage as practiced in emergency departments also generally has three categories. A triage category of "one" represents the most serious of illnesses or injuries which can be reasonably expected to entail immediate threat to life, limb, or vital organ. A triage category of "two" is still a serious illness or injury that requires prompt attention, but not one that represents immediate threat to life or limb. A triage category of "three" represents routine care. The amount of time a patient can expect to wait is determined by the triage category assigned to him or her.

In addition to providing care in emergency departments, from at least 1881 to the present Louisiana Health Care Authority Hospitals have operated outpatient clinics to provide primary and specialized care to the state's medically indigent. These clinics

are also essential elements in the hospital's mission of health care and show the state's foresight in providing an alternate means for tailoring care to the needs of the patient population. The exhibit below shows the number of clinics each hospital operates.

Exhibit 2
Number of Clinics at Each
Health Care Authority Hospital
As of June 30, 1992

| | |
|---|-----|
| Medical Center of Louisiana at New Orleans | 105 |
| E. A. Conway Medical Center | 27 |
| Earl K. Long Medical Center | 17 |
| Huey P. Long Medical Center | 18 |
| W. O. Moss Regional Medical Center | 18 |
| University Medical Center | 36 |
| L. J. Chabert Medical Center | 13 |
| Lallie Kemp Regional Medical Center | 17 |
| Washington-St. Tammany Regional Medical Center | 8 |

Source: Prepared by Legislative Auditor's staff from data obtained from the Louisiana Health Care Authority.

Data obtained from the Louisiana Health Care Authority show that during fiscal year 1992 its nine hospitals handled over 810,000 visits in the 259 total outpatient clinics it operates. While the days and hours of clinic operations vary from one hospital to another, the Health Care Authority clinics average more than 2,200 visits per day, or more than 1 1/2 visits per minute, 365 days a year.

These clinics cover all medical specialities and sub-specialities, including such areas as pediatrics, optometry, dentistry, and urology. The number of clinics and sub-clinics varies widely, ranging from 105 at the Medical Center of Louisiana at New Orleans to 8 at the Washington-St. Tammany Regional Medical Center in Bogalusa. (See Appendix A for a detailed listing of the clinics operated by each hospital.)

Scope and Methodology

This audit was conducted under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. All performance audits are conducted in accordance with generally accepted governmental auditing standards as promulgated by the Comptroller General of the United States. Preliminary audit work began in August 1992, and fieldwork was completed in December 1992.

We reviewed federal and state laws and regulations pertaining to the operation of emergency departments. We reviewed relevant newspaper and magazine articles on emergency department operations and overcrowding. We also contacted the Joint Commission on Accreditation of Healthcare Organizations to determine the current criteria used when performing an accreditation review of a hospital, with special emphasis on emergency department criteria.

In this report, we used utilization information provided by the Louisiana Health Care Authority. We obtained and reviewed the utilization reports for emergency departments and outpatient clinics. We also reviewed how utilization data are compiled at the Health Care Authority hospitals. We did not audit this information, nor did we audit the various manual and automated systems that are used for compiling these data.

We conducted extensive walk-throughs of the emergency departments at Earl K. Long Medical Center and the Medical Center of Louisiana at New Orleans and brief walk-throughs of the other Louisiana Health Care Authority emergency facilities. We also spoke with either the hospital administrator or the head of the emergency department at the remaining six medical centers that operate emergency departments about the operation of these departments.

We examined 140 medical files for patients seen in Health Care Authority emergency departments during fiscal year 1992. The sample tested was a statistically valid random sample at a 90 percent confidence level with a 7 percent confidence interval. That is, we can be 90 percent confident that the population represented falls within plus or minus 7 percentage points of the sample results. For example, the results of our sample showed that 51 percent (217,000) of the patient visits were for routine medical care. With a 90 percent confidence level and 7 percent confidence interval, the actual number of patient visits to the emergency department for routine medical care could range from 44 percent (187,000) to 58 percent (246,000). For purposes of this report, we will use the midpoint of the range when we show

the results of our review. We reviewed the files for patient information, how the patient used the emergency department, and what services were provided to the patient. We did not, however, attempt to evaluate the quality of care provided in the emergency departments.

We requested per visit cost information for the emergency departments and outpatient clinics for fiscal years 1989 through 1992 from each of the eight Health Care Authority hospitals that operate emergency departments. The hospitals informed us that they do not have a cost accounting system in place to readily provide this information. They said the most similar information available was the Medicare/Medicaid cost reports prepared by the Louisiana Health Care Authority - Division of Reimbursement. Therefore, we obtained the **Division of Reimbursement Recap of Clinic and Emergency Room Cost Per Visit** report for the period June 30, 1988, through December 31, 1991. After consulting with the head of this division, we determined this report would provide the closest estimates of the costs of treating patients in either emergency departments or outpatient clinics.

Report Organization

The remainder of this report is organized into two additional chapters.

- ◆ **Chapter Two** addresses emergency department usage.
- ◆ **Chapter Three** addresses outpatient clinics.

Chapter Two: Emergency Department Usage

Chapter Conclusions

The emergency departments of the Louisiana Health Care Authority hospitals were established to provide for the emergency medical needs of the indigent population of this state. However, approximately half the patients treated in the emergency departments come there for routine medical care. Furthermore, most patients used the emergency department more than once during the year, with many of the visits for routine care.

The majority of patients who use emergency departments do so during normal working hours, during the regular work week. The time of day and days of the week on which patients come to the emergency department suggest they are coming when it is convenient for them.

We also determined that more than 60 percent of all patient visits in fiscal year 1992 were for individuals age 30 or younger. Users of the Health Care Authority emergency departments are disproportionately younger than the state population as a whole. The average age for users of the emergency departments is 25 1/2 years. Younger people are over-represented among the emergency department users and older people are under-represented.

Changes in Emergency Department Use

The emergency departments in the hospitals of the Louisiana Health Care Authority have become providers of routine (non-emergency) medical care for the indigent, uninsured, and underinsured population of the State of Louisiana. From 1984 to 1992, an average of 465,160 patient visits were made to Authority emergency departments every year for many types of medical services.

The emergency departments were established to treat patients with medical emergencies and to care for critically injured patients. They were not created to provide routine medical care. However, during fiscal year 1992, nearly half the

patients treated at Health Care Authority emergency departments came to them for routine medical services.

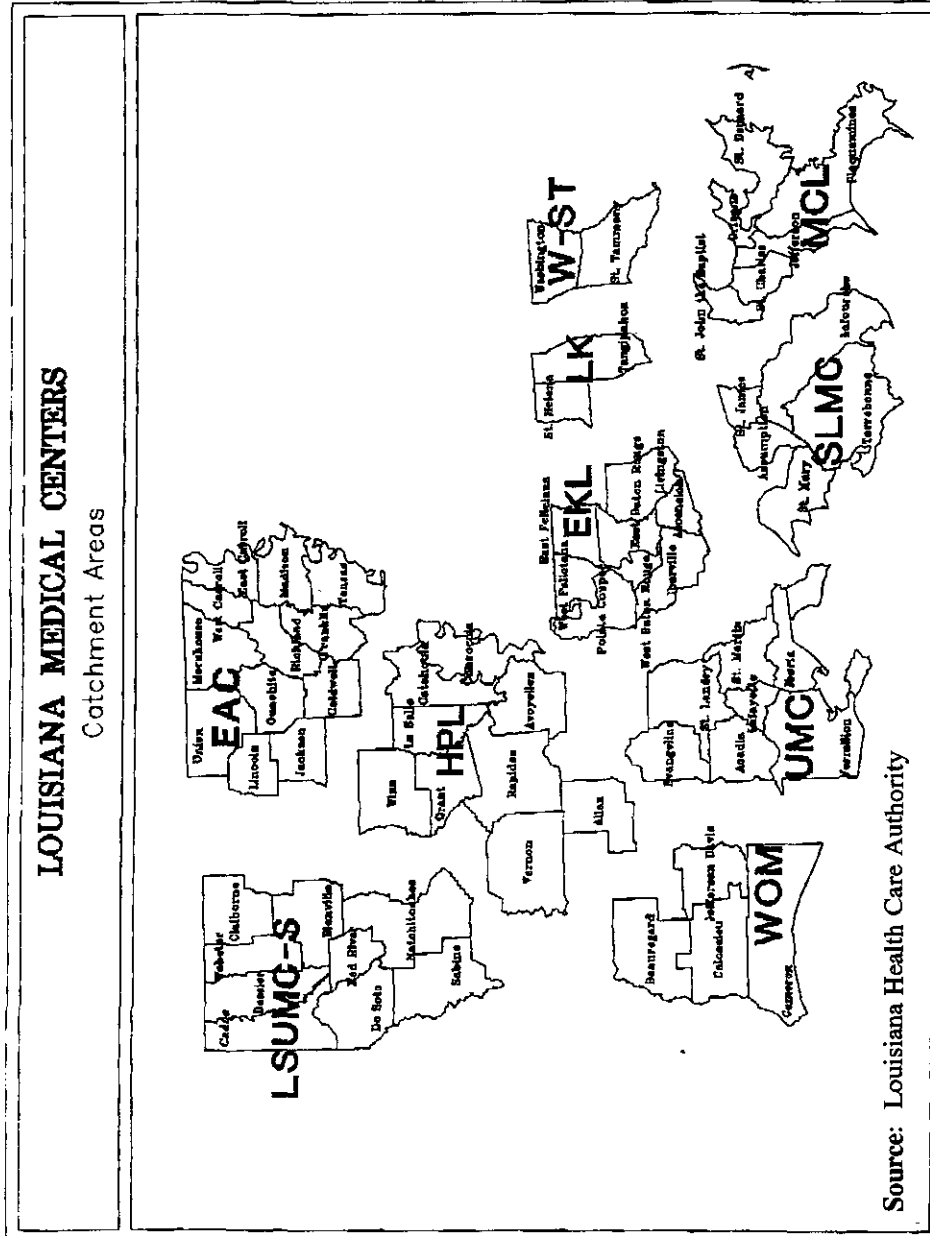
In fiscal year 1992, over 425,000 patient visits were made to the emergency departments of the Health Care Authority. This averages one patient visit every 1.2 minutes, 7 days a week, 365 days a year. The year 1990 was the year of the last national census. We can compare the number of emergency department visits in 1990 (412,000) with the total hospital service area population in that year (3.7 million). The service areas of these hospitals are shown in Exhibit 3 on the following page. Thus, it is as though one of every 9 Louisiana citizens had gone to a Health Care Authority emergency department for care in that one year. (Of course, the true percentage of Louisiana citizens using Authority emergency departments is somewhat less since many patients make more than one visit each year.) This huge number of patient visits requires some way to determine who will be seen first, since a "first come-first serve" approach cannot work when one is dealing with medical problems of varying degrees of urgency.

Triage

"Triage" is the procedure used by the emergency departments to deal with the wider variety of care they now provide. Triage originally referred to the sorting of farm products. During the Napoleonic Wars, the word came to refer to the sorting of military casualties by the seriousness of their injuries. Today, triage is defined in Stedman's Medical Dictionary as "The medical screening of patients to determine their priority for treatment."

There are three triage categories in the emergency departments of the Louisiana Health Care Authority. They are generally labeled one, two, and three. Triage category one is the designation given to patients with illnesses or injuries posing immediate threat to life, limb, or vital organ. Examples of triage category one cases in the patient files we examined included asthma attacks and a stab wound. Triage category two is for patients whose illnesses or injuries are serious, but do not constitute immediate peril to their well-being, such as bronchitis or a dislocated shoulder. Triage category three is the triage category for routine care, which we found included a sore throat, a sprained ankle, and the flu.

Exhibit 3



- EAC: E. A. Conway Medical Center
- LSUMC-S: Louisiana State University Medical Center
- HPL: Huey P. Long Medical Center
- WOM: W. O. Moss Regional Medical Center
- UMC: University Medical Center
- EKL: Earl K. Long Medical Center
- LK: Lallie Kemp Regional Medical Center
- W-ST: Washington-St. Tammany Regional Medical Center
- MCL: Medical Center of Louisiana at New Orleans
- SLMC: Formerly South Louisiana Medical Center, now L. J. Chabert Medical Center

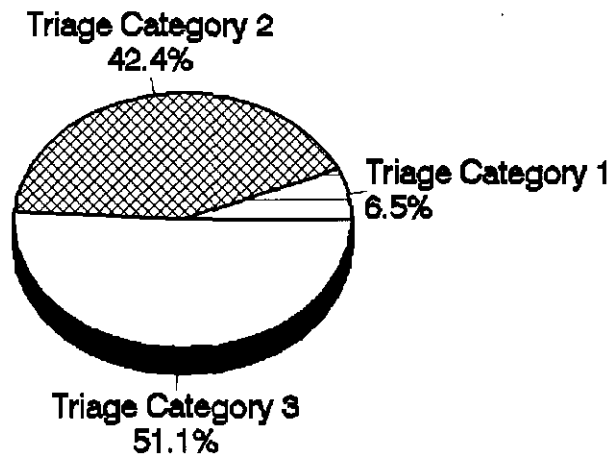
How Patients Use Emergency Departments

Half of all patient visits to Health Care Authority Emergency Departments in fiscal year 1992 were for routine care. Based on our review of patient files, we project that as many as 217,000 (51 percent) of the 425,000 patient visits reported by the Health Care Authority for fiscal year 1992 were triage category three. In contrast, just over 6 percent of the emergency department visits (26,000) were classified as triage category one: emergencies for which emergency departments provided immediate medical care. Triage category two cases totaled more than 42 percent (183,000). We also determined that more than 60 percent (255,000) of all patient visits in fiscal year 1992 were for individuals age 30 or younger. This is in contrast to Louisiana's overall population where 46 percent are 29 or younger. In addition, 63 percent of the individuals in our sample used the emergency department more than once in fiscal year 1992. Finally, we noted that the majority of patients who use emergency departments do so during normal working hours, during the week.

We examined a statistically valid random sample of 140 patient files. In examining these files, we obtained information for specific patient visits. We also examined other visits these patients had made during fiscal year 1992. Triage category results were nearly consistent for the original, randomly-selected dates and for other emergency department visits made by those patients during fiscal year 1992.

The following exhibit shows how emergency departments were used in fiscal year 1992. Triage category three were patient visits for routine medical care. Patient visits that were triage category two were for care for serious illnesses. Triage category one were patient visits requiring lifesaving care.

Exhibit 4
Emergency Department Usage for Fiscal Year 1992
By Triage Category



Source: Prepared by Legislative Auditor's staff from test of patient medical files.

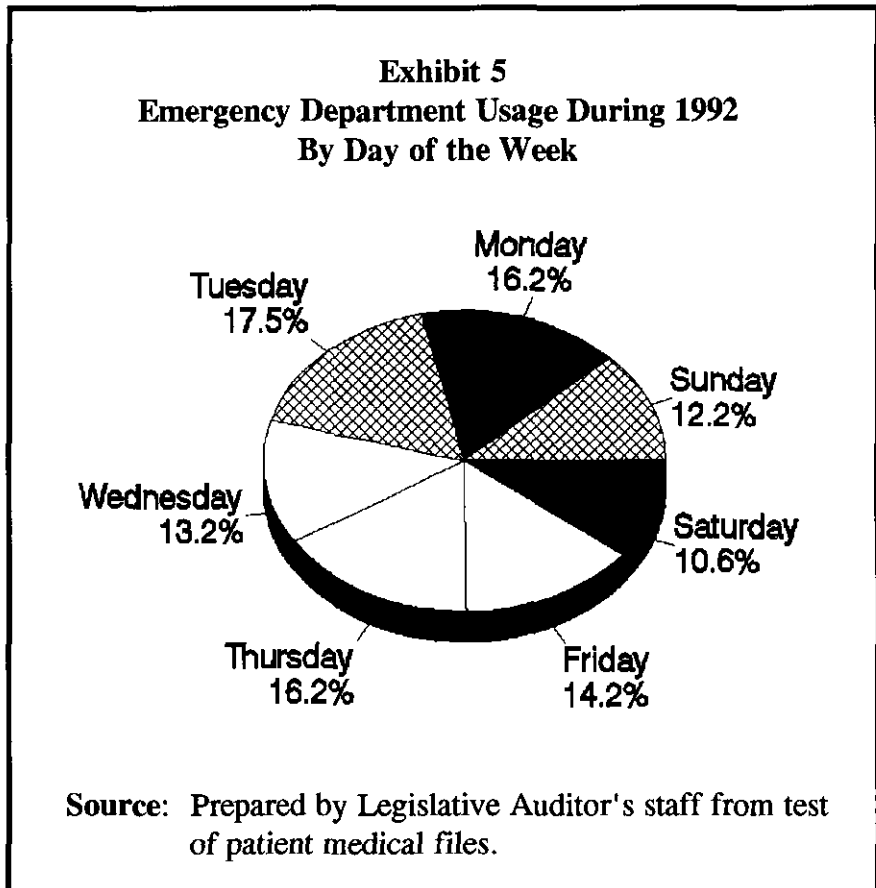
The fact that as many as 5 of every 10 patients come to the emergency department for non-emergency care must affect the waiting times experienced by all patients. Yet, even when a patient comes to the emergency department for routine care, a wait of many hours is cause for legitimate concern. Of the 113 patients in our sample for whom information on waiting time was available, 80 (nearly 71 percent) went from hospital check-in to discharge in 5 hours or less. But that also means 33 out of 113 patients (more than 29 percent) had emergency department stays of more than 5 hours. The length of a patient's stay in the emergency department includes the time needed to carry out any needed diagnostic tests and to schedule necessary referrals.

Many emergency department cases require diagnostic tests and referrals to other hospital departments. More than 57 percent (242,000) of patient visits in fiscal year 1992 included some form of testing. In 51 percent of the visits, the patients were urged to return to the emergency department or a hospital clinic for further treatment of their problem.

When Emergency Departments Are Used

We noted that the majority of patients who use emergency departments do so during normal working hours, during the week. More than 61 percent (261,000) of patient visits were between the hours of 7:00 A.M. and 5:00 P.M. More than 19 percent (81,000) of patient visits took place between 5:00 P.M. and 10:00 P.M., and 18 percent (77,000) of patient visits used the emergency department between 10:00 P.M. and 7:00 A.M. Check-in times were not recorded for almost 2 percent of patient visits in our sample.

The indication that patients are using the emergency room when it is convenient for them is further supported by information we gathered on the days of the week when people are most likely to come to the emergency department. If pure chance were to determine the percentage of the week's patients coming on a particular day, one would expect each day to have a percentage approximating 14 percent, which is the percentage one day is of the entire week. Such is not the case as shown in the pie chart below.



The busiest days in the emergency departments of the Louisiana Health Care Authority are Tuesday, Thursday, and Monday, in that order, which among them account for 49.0 percent of the emergency department visits. Saturday and Sunday are the slowest days in the emergency departments. These days equaled only 23.0 percent of patient visits. It appears, again, that people are choosing when they will go to the emergency department.

Age of Users

The users of the Louisiana Health Care Authority emergency departments are disproportionately young when compared to the entire state population. We determined that more than 60 percent (255,000) of all patient visits in fiscal year 1992 were for individuals age 30 or younger. When we compare this to the age categories available from the 1990 U.S. Census for Louisiana (which do not exactly correspond to the age categories we used), we find that 46 percent of Louisiana's population of 4.2 million people is age 29 or younger.

The largest single age category that used emergency departments in fiscal year 1992 was that of children from birth to age 10, 26 percent (111,000). For all of Louisiana, the population from birth to age 9 is 16 percent of the general population. However, only 5 percent (21,000) of patient visits were for individuals more than 60 years old, while the U.S. Census tells us that persons age 60 or older represent 15 percent of the population of Louisiana. The average age for Health Care Authority emergency department patients in our files was just over 25 1/2 years. The users of the Louisiana Health Care Authority emergency departments, as reflected by our findings, are disproportionately young.

Use of the Health Care Authority emergency departments is not uniform. Some people and groups use the emergency departments to a disproportionate degree. This should not be interpreted as criticism, since alternative health care may not be available to many of these people. However, repeated, non-emergency use of the emergency department does place additional strains on what is already an often overburdened emergency department.

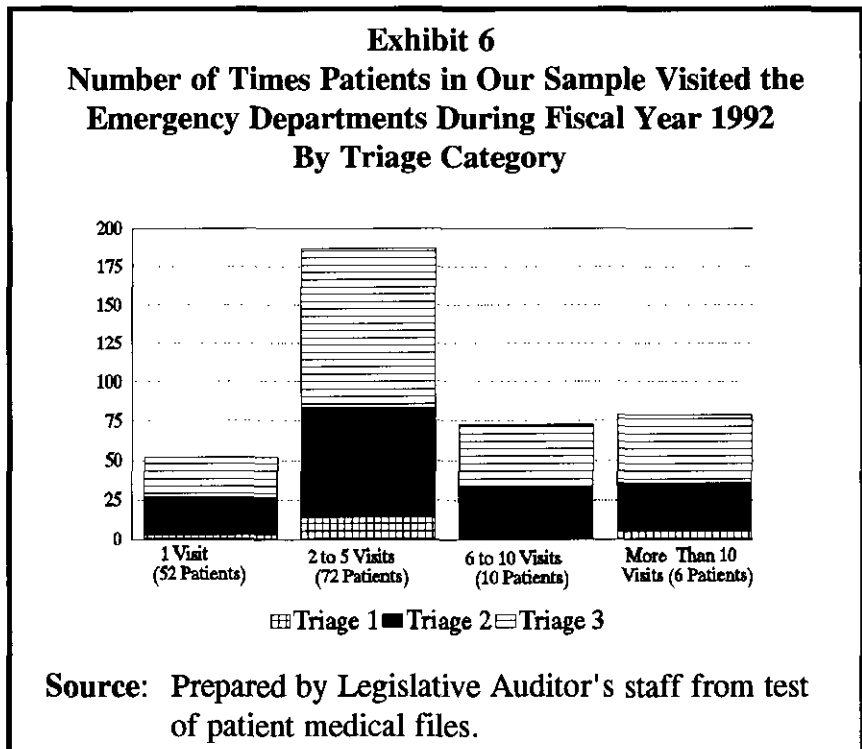
Insurance Coverages

Since the Health Care Authority hospitals were established to serve the medical needs of the poor, it is not surprising that nearly two-thirds of the patient visits, that included source of payment, consisted of free care, Medicaid, and welfare patients. However, more than one out of every four of these patients fell into the self-pay category, whose members are expected to contribute to the cost of their care. We do not have enough information, however, to project the insurance categories of our sample to the universe of all patient visits.

Number of Visits

The majority of patients used the emergency department more than once in fiscal year 1992. Sixty-three percent of the patients who used the emergency departments used them more than once, while 37 percent had only one emergency department visit in fiscal year 1992.

For example, in the files we reviewed, 16 people made anywhere from 6 to more than 10 visits to Health Care Authority emergency departments during the fiscal year. These 16 people accounted for 153 emergency department visits. This amounts to almost 10 visits per person. The following table shows the number of patient visits for the 140 patients in our sample by triage category.



Utilization Data

If the Louisiana Health Care Authority had detailed utilization information, they could better plan for the future needs of emergency departments and outpatient clinics. When the Louisiana Health Care Authority was created, it inherited the hospital utilization reporting system used by the Department of Health and Hospitals, which had responsibility for what were the Charity Hospitals. The utilization data are collected at the individual hospitals using either manual or computerized collection systems. While that system provides detailed information on inpatient use, it only reports monthly usage figures for the emergency department and outpatient clinics. The system does not track the following types of data for patients treated in the emergency departments:

1. Age of patients;
2. Triage category;
3. Time patient presents to emergency department;
4. Time patient is triaged;
5. Time patient is seen by a physician or other medical professional who will provide the medical care given; and
6. Time patient is discharged or admitted to the hospital.

Therefore, when we initially tried to determine how the emergency departments were being utilized, it became apparent this information would have to be obtained from the patients' medical files.

By having each of its hospitals track and report these data to its Utilization Report Section, the Health Care Authority could determine by individual hospital and systemwide:

- ◆ The number and percentage of patients receiving routine medical care in the emergency departments for any given period of time;
- ◆ The length of a patient's stay in the emergency department;

- ◆ The most used time of day for the emergency department; and
- ◆ The most used days of the week.

Having these data will help the Health Care Authority and individual hospitals plan for the future needs of the emergency departments and outpatient clinics. This could potentially result in cost savings to the Health Care Authority and the state.

Recommendation 1

The Louisiana Health Care Authority should expand the emergency department utilization data its hospitals collect to include information such as the six items listed on the previous page. These data could then be used to prepare emergency department usage statistics by individual hospital and for the system as a whole.

Louisiana Health Care Authority's Response

The Authority agrees that additional utilization data would be helpful in planning. The information described is available at the present time in medical records, but no automated system exists to regularly compile the information and make it available to management. The Authority should consider whether the creation of such a system, and its associated cost, offers a significant improvement over other methods of assembling the same information, such as periodic ad hoc samples.

Square Footage Requirements

All of the Health Care Authority emergency department facilities have less space than necessary to provide medical services. This is one of the elements contributing to overcrowding in emergency departments. A consultant's review of the Health Care Authority emergency department facilities compared to other similar hospitals showed that the Authority's emergency departments lack anywhere from 21 percent to 70 percent of the optimal space to meet patient needs. The following table shows the recommended and actual square footage of each emergency department.

Exhibit 7
Recommended and Actual Square Footage
for Individual Emergency Departments

| Hospital | Recommended Square Footage | Actual Square Footage | Difference | Percentage Deficient |
|--|---------------------------------------|--------------------------------------|-------------------|---------------------------------|
| Medical Center of Louisiana at New Orleans | 44,612 | 28,900 | 15,712 | 35% |
| E. A. Conway Medical Center | 21,204 | 8,418 | 12,786 | 60% |
| Huey P. Long Medical Center | 15,372 | 6,720 | 8,652 | 56% |
| Earl K. Long Medical Center | 18,228 | 6,160 | 12,068 | 66% |
| W. O. Moss Regional Medical Center (1) | 0 | 0 | 0 | 0% |
| L. J. Chabert Medical Center | 13,727 | 10,806 | 2,921 | 21% |
| University Medical Center | 15,792 | 4,657 | 11,135 | 71% |
| Lallie Kemp Medical Center (2) | 0 | 1,752 | 1,752 | 0% |
| Washington- St. Tammany Medical Center | 5,964 | 1,800 | 4,164 | 70% |

Source: Legislative Auditor's staff from current square footage data obtained from each Health Care Authority Hospital and from the Coopers and Lybrand, Llewelyn-Davis Sahni Charity Hospital Report dated January 1990, prepared for the Department of Health and Hospitals.

(1) The emergency department was closed in late 1989.

(2) The Coopers and Lybrand, Llewelyn-Davis Sahni Charity Hospital Report did not contain a recommended square footage figure for this hospital.

Recommendation 2

**The Louisiana Health Care Authority should
reassess the square footage needs of the various
emergency departments and clinics.**

Louisiana Health Care Authority's Response

The size of the Medical Center Emergency Department and Clinics has been assessed and is known to be severely deficient in many facilities. This assessment was among the facility studies that led to the current Strategic Plan and to the commitment of the Authority to a major capital improvement program to rebuild and renovate our hospitals. The lack of adequate space poses major impediments to achieving management objectives in many areas of facility operation.

Chapter Three: Outpatient Clinics

Chapter Conclusions

The outpatient clinics of the Louisiana Health Care Authority hospitals provide both general and specialized care to the people of Louisiana. Every year these clinics receive nearly twice as many patient visits as the emergency departments. An emergency department visit costs on an average 35 percent more than a clinic visit. Furthermore, the better utilization of clinics could also relieve overcrowding in emergency departments.

Clinics have limited hours and days of operation. If these schedules were expanded, it could be possible to make greater use of clinics as primary (routine) care providers. This could relieve burdens on the emergency departments and would allow them to concentrate on the emergency medical function they were designed to fulfill. Primary care patients would receive the care they need, at less expense to the Health Care Authority and the state.

In addition, expanding the use of medical professionals other than physicians, such as physician assistants and nurse practitioners, to handle routine medical treatment would free physicians to treat those patients with more complicated medical needs. This could reduce both costs and waiting times.

The Mission of Outpatient Clinics

The outpatient clinics of all Louisiana Health Care Authority hospitals are essential elements in providing patient care at reasonable cost. At most of these facilities, clinics were established at the same time as the hospital. The clinics provide primary and specialized care. Among the types of care available at Health Care Authority clinics are allergy, dermatology, podiatry, neurosurgery, obstetrics, cardiology, and orthopedics.

While one cannot emphasize too strongly the crucial function performed by the Health Care Authority emergency departments, the outpatient clinics hold at least an equally essential position in the health care mission of these hospitals.

Eight of the nine Health Care Authority hospitals have both emergency departments and clinics. At these hospitals, the emergency departments and the clinics have a cooperative relationship that benefits both units, the entire institution, and, most of all, the patients. The Health Care Authority can build on this relationship and enhance it.

Outpatient Clinic Visits

In fiscal year 1992, there were over 810,000 patient visits to the outpatient clinics of the Health Care Authority, nearly twice the 425,000 visits made to the emergency departments in that same year. These clinic visits equaled 1 1/2 visits per minute for every hour and day of the year. The year 1990 was the most recent national census. When we compare that year's hospital service area population, 3.7 million, with the number of 1990 clinic visits, 743,508, we see that the number of visits to the Health Care Authority outpatient clinics was equal to one out of every five people living in the service area. Of course the actual percentage is somewhat less, since many patients make multiple visits. However, these numbers alone establish the importance of the clinics.

Specialized Care

In addition to caring for a large number of Louisiana citizens, the clinics at the Health Care Authority hospitals assist those hospitals in providing both general and specialized care to their patients. That may be why most Health Care Authority hospitals established clinics at the same time the hospital opened. The number of clinics and sub-clinics at the hospitals ranges from 105 at the Medical Center of Louisiana at New Orleans to 8 at the Washington-St. Tammany Regional Medical Center in Bogalusa. There is a total of 259 clinics and sub-clinics at the Health Care Authority hospitals. The list of clinics in Appendix A gives a full picture of the diversity of care and flexibility of service provided by the outpatient clinics.

Access to Clinics

A patient gains access to outpatient clinics by direct referral from the emergency department, by referral from inpatient units or other clinics, or by referral from outside

physicians, health care agencies, or state or local governmental units. Appointments are often required for treatment at the Health Care Authority clinics, with the exception of walk-in clinics that admit patients without prior appointments. The walk-in clinics are generally affiliated with the hospital emergency departments. If a patient requires clinic care that is not available at the nearest Health Care Authority hospital, he or she can be referred to a hospital with such a clinic.

Clinic Schedules

Clinics tend to have limited hours and, sometimes, days of service. The walk-in clinic at Earl K. Long Medical Center in Baton Rouge is designed to provide primary (triage three) care. This clinic is located in a trailer behind the hospital and is open from 7:00 A.M. to 5:00 P.M., seven days a week. We were told that triage three patients who come to the hospital at other times are treated in the regular emergency department. At the Medical Center of Louisiana at New Orleans, the walk-in clinic is open from 7:00 A.M. to 10:00 P.M., Monday through Friday. Other New Orleans clinics, we were told, have service hours based on their appointments scheduled, with it sometimes taking as long as four to six months to get appointments at the busier clinics. With such lengthy waits for appointments, it would be understandable for patients to take their complaints back to the emergency department, regardless of the cost for the State of Louisiana. An emergency department wait of several hours may be burdensome, but it is preferable to a wait of several months.

Cost-Effectiveness of Clinics

Clinics provide more cost-effective care for routine medical treatment than emergency departments. If Health Care Authority clinics have the opportunity to take on more of the responsibility for routine health care in our state, through expanded hours and innovative personnel practices, even more economical and more efficient care may result. And the emergency departments will have the freedom to concentrate on the type of care for which they were established: high level, specialized, emergency care.

An emergency department must have the staff and the supplies to deal with any health problem. Usually, the

emergency department has more physicians, nurses, and other staff assigned to it than a clinic handling the same number of patients. Higher staffing ratios coupled with the cost of equipment and supplies make a visit to an emergency department more expensive than a visit to a clinic.

Using cost figures and utilization data for clinic and emergency department patient visits obtained from the Health Care Authority, we determined the costs of clinic and emergency visits in 1991, the last full year for which per visit costs were available. A clinic visit costs an average of nearly \$60, compared with an average emergency department visit cost of \$81. Therefore, an emergency department visit costs on average \$21 or 35 percent more than a clinic visit. As reported in Chapter Two, approximately half of the 425,000 visits to Health Care Authority emergency departments in fiscal year 1992 were for routine medical services. A clear potential exists for more economical use of hospital resources if more patients needing routine medical care are seen in a clinic setting.

Exhibit 8 below shows the average clinic and emergency room cost per visit for fiscal year 1991 by individual hospital.

Exhibit 8
Clinic and Emergency Room Cost Per Visit
Fiscal Year 1991

| <u>Hospital</u> | <u>Clinic</u> | <u>Emergency Department</u> |
|---|---------------|---------------------------------|
| Medical Center of Louisiana at New Orleans | \$68.82 | \$92.63 |
| E. A. Conway Medical Center | 65.79 | 113.93 |
| Huey P. Long Medical Center | 42.64 | 54.70 |
| Earl K. Long Medical Center | 53.41 | 118.70 |
| W. O. Moss Regional Medical Center | 77.10 | 0 |
| L. J. Chabert Medical Center | 69.43 | 56.11 |
| University Medical Center | 72.50 | 58.38 |
| Lallie Kemp Regional Medical Center | 62.23 | 183.00 |
| Washington-St. Tammany Regional Medical Center | 26.85 | 123.57 |

Source: Prepared by Legislative Auditor's staff from Recap of Clinic and Emergency Room Cost Per Visit report from June 30, 1988, through December 31, 1991, obtained from the Health Care Authority - Division of Reimbursement.

Recommendation 3

The Louisiana Health Care Authority should study the feasibility of expanding its clinic facilities. This should be done for each hospital on an individual basis. At the same time, the Authority should also study the feasibility of operating the walk-in clinics separately from the emergency departments.

Louisiana Health Care Authority's Response

The Authority is open to the possibility of adjusting clinic hours. In fact, these hours are frequently changed by individual facilities in response to local needs. In scheduling clinics, particularly into the evening hours, it is necessary to strike a balance between the convenience to some patients and the need to utilize physicians' time efficiently in order to maximize the number of patients that they can see. Decisions must be made based upon specific available resources and other conditions at each hospital.

Hospital Personnel Reforms

Personnel changes can also allow the Health Care Authority to make better use of its clinics and emergency departments, with resulting savings to it and to the taxpayers of Louisiana. Physicians are the vital core of any general medical facility, the nucleus without which such a facility cannot be expected to function. However, they are more costly than other types of health care professionals. There are routine care conditions, such as sore throats and stomach aches that can be dealt with successfully by other types of medical staff, such as physician assistants or nurse practitioners. This will free the physicians for the types of care that truly require their training.

A "physician assistant" is defined by LSA-R.S. 37:1360.22 (4) as being

a person who is a graduate of a program accredited by the Council on Medical Education of the American Medical Association or its successors or who has successfully passed the national certificate examination administered by the National Commission on the Certification of

Physicians' Assistants or its predecessors and who is approved and certified by the Louisiana Board of Medical Examiners to perform medical services under the supervision of a physician or group of physicians approved by the board to supervise such assistant.

Under current state law [LSA-R.S. 37:3620.21(B)-(C) and 37:1360.23 (C)], the Louisiana Legislature is on record as supporting the delegation of health care tasks to physician assistants in a manner "consistent with the patient's health and welfare." The legislature has also expressed its support for removing "existing legal constraints" to the use of physician assistants. State law makes it clear that physician assistants are to function under the supervision of physicians and are allowed to "exercise independent judgment" only in "life threatening emergencies."

Louisiana regulations (LAC 46:XLVII.3707) provide that a nurse practitioner (also known as a primary nurse associate) provides nursing service

aimed at the delivery of primary acute or chronic care which focuses on the maintenance, achievement, and restoration of optimal functions in the population. The primary nurse associate engages in nursing care decision making. The primary nurse associate also participates in making decisions with other health care professionals regarding the needs of clients, and functions under the direction of a physician.

Current state regulations (LAC:XLVII:3707) regarding nurse practitioners allow them to

initiate or modify medical treatment when and to the extent authorized by the treating physician within established plan of medical and nursing protocol.

Nurse practitioners are expressly denied the authority to prescribe drugs or make diagnoses. The January 1992 issue of the *Nurse Practitioner* contained a survey of the prescriptive authority granted nurse practitioners in all 50 states and the District of Columbia. According to this survey, at least 40 states give

nurse practitioners some type of authority to prescribe medications.

It is conceivable that physician assistants or nurse practitioners could handle many of the routine (triage category three) patients that use Health Care Authority emergency departments or clinics. Since physicians are present at all times in the Health Care Authority emergency departments and clinics, the use of physician assistants and nurse practitioners for treating patients requiring only routine care could be accomplished with no changes in existing state law. If physician assistants or nurse practitioners were used appropriately, the per visit cost for emergency departments could be reduced by decreasing the number of physicians that have to be assigned to the emergency department at any given time. This could also cause waiting times to decrease. Physicians would be able to concentrate on patients with more serious complaints.

Recommendation 4

The Louisiana Health Care Authority should consider more extensive use of physician assistants and nurse practitioners in its hospital emergency departments and clinics.

Louisiana Health Care Authority's Response

The Authority gave no specific response to this recommendation.

Matter for Legislative Consideration

The legislature may wish to consider the issues related to expanding the legal authority of nurse practitioners and physician assistants, including the power to make diagnoses and prescribe medications.

Appendixes

Clinics Operated By Individual Hospitals

| | Medical Center of Louisiana at New Orleans | E. A. Conway | Earl K. Long | Huey P. Long | W. O. Moss | University Medical Center | L. J. Chabert | Lallie Kemp | Washington-St. Tammany |
|-----------------------|--|--------------|--------------|--------------|------------|---------------------------|---------------|-------------|------------------------|
| Amputee | | | | x | | | | | |
| Allergy | x 2 | | | | | x | | | |
| Anesthesia | | | | | x | | | | |
| Arthritis | | | x | | | x | | | |
| Audio | | | | | | x | | | |
| Cardiology | x | | x | | x | x | x | x | x |
| Cast | | x | | | | | | | |
| Chemotherapy | | x | | | | x | | | |
| Chest | x | | | | | | | | |
| Colposcopy | | x 2 | | | | x | | | |
| Dermatology | x 2 | | x | x | x | x | x | x | |
| Dental | x | | | x | | | x | | |
| Dental Hygiene | x | x | | | | | | | |
| Diabetic | | | x | x | | x | | | |
| Dialysis | | | x | | | | | | |
| Ear, Nose, and Throat | x | | | x | x | x | x | | |
| Endocrine | x | | | x | | | | x | |
| Endoscopy | x 3 | | | | | | | | |
| Eye | x 8 | x 2 | | x | x | | x | x | |
| Family Practice | | x 2 | x | | | | | | |
| Gastroenterology | x | | | | x | x | | x | |
| GYN | x 8 | x 2 | x | x | x | x | x | x | x |
| HIV | x 11 | | | | x | | | | |
| Hypertension Doctors | | | | | x | | | | |
| Infectious Disease | | | | | | x | | | |
| Injection | | x | | | | x | | | |
| Internal Medicine | | | | | x | | | | x |
| Medicine | x 2 | x | x | x | | x | x | x | |
| Nephrology | | | | | | | | x | |
| Neuro Surgery | x | | | | | | | | |
| Neurology | x 2 | x | x | | x | x | | x | x |
| Norplant | | x | | | | | | | |
| Nurse Only | | x | | | | | | | |
| OB | x 6 | x 2 | x | x | | x | x | x | x |

(Continued)

Clinics Operated By Individual Hospitals

| | Medical Center of Louisiana at New Orleans | E. A. Conway | Earl K. Long | Huey P. Long | W. O. Moss | University Medical Center | L. J. Chabert | Lallie Kemp | Washington-St. Tammany |
|---------------------|--|--------------|--------------|--------------|------------|---------------------------|---------------|-------------|------------------------|
| Oncology | x 4 | x | | x | x | | | | |
| Oral Surgery | | x | x | | | | | x | |
| Orthopedics | x 7 | x | x | x | x | x 2 | x | x | |
| Pathology | | | | | x | | | | |
| Pediatrics | x 11 | x | x | x | x | x 10 | x | x 3 | x |
| Pediatric Genetics | x | | | | | | | | |
| Phys. Med. & Rehab. | x 8 | | | x | | | | | |
| Plastic Surgery | x 2 | | | | | x | | | |
| Podiatry | x | | | | | | | | |
| Proctology | | | | x | | x | | | |
| Pulmonary | | | x | | | x | x | | |
| Radiology | | | | | x | | | | |
| Renal | | | | | | x | | | |
| Rheumatology | x 4 | x | | | | | | | |
| Surgery | x 7 | x | x | x 2 | x | x 2 | x | x | x |
| TB Medicine | x | | | | | | | | |
| Ultrasound | | x 2 | | | | | | | |
| Urology | x 6 | x | x | x | x | x | x | x | x |
| Walk-in | x | | x | | | | | | |

Source: Prepared by Legislative Auditor's staff from data received from the Louisiana Health Care Authority as of June 30, 1992.

Note: Clinics that show a number beside the "x" have that number of sub-specialty clinics.

Appendix B
Agency Responses

LHCA LOUISIANA HEALTH
CARE AUTHORITY

February 10, 1993

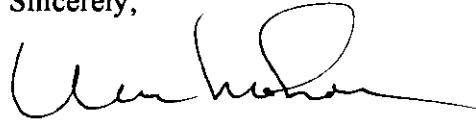
Mr. Bobby Trahan, Auditor
Office of Legislative Auditor
1600 North Third Street
Baton Rouge, Louisiana 70802

Dear Mr. Trahan:

Please find attached Louisiana Health Care Authority's response to the audit completed by your office for "Usage of Louisiana Health Care Authority Emergency Departments".

If you have any questions, please contact me at 342-4110.

Sincerely,



William B. Mohon
Chief Executive Officer

WBM\tch

Attachment

Audit Response

The LHCA is in general agreement with the conclusions and recommendations of the Office of Legislative Audit Report "Usage of Louisiana Health Care Authority Emergency Departments." The study was methodologically sound and well executed. The Authority appreciates the efforts of the Legislative Audit staff in working to develop information useful in the management of the LHCA Medical Centers.

The Authority places a high priority on the improvement of its emergency room and outpatient clinic services. Even though many of the hospitals were not designed for the Emergency Department and Clinic volumes that they now experience, outpatient care is an important part of the mission of the facilities. Because the LHCA Medical Centers serve as the "family doctors" that provide primary as well as acute health care to so many Louisiana citizens, the number of individuals who come through our doors is on a higher order of magnitude than in community hospitals. The single most significant impediment to improved outpatient services is simply the logistics of handling an exceedingly large outpatient volume in physical surroundings that, in most of the Medical Centers, are deficient in space and design.

In working to improve the emergency room and outpatient clinic services of the Medical Centers, the Authority is aware of several priorities. Suggestions for specific changes in operation, whether generated internally or externally to the Authority, must be evaluated at least in accordance with the need to: (1) maintain the highest standards of care, (2) move toward decentralization of outpatient clinic services both on the hospital campuses and within the communities served by the LHCA Medical Centers, (3) structure clinics both physically and in terms of scheduling in such a way as to efficiently utilize the time of the physicians who provide care, and (4) maximize revenues from third party payors so that the overhead cost of operations for *all* patients is covered to the greatest extent possible

The conclusion of the Legislative Audit Report appear consistent with these priorities. The Authority offers the following comments on the specific recommendations of the Report:

- **Hours of Clinic Operation**

The Authority is open to the possibility of adjusting clinic hours. In fact, these hours are frequently changed by individual facilities in response to local needs. In scheduling clinics, particularly into the evening hours, it is necessary to strike a balance between the convenience to some patients and the need to utilize physicians' time efficiently in order to maximize the number of patients that they can see. Decisions must be made based upon specific available resources and other conditions at each hospital.

- **Assessment of Emergency Department Square Footage Needs**

The size of the Medical Center Emergency Department and Clinics has been assessed and is known to be severely deficient in many facilities. This assessment was among the facility studies that led to the current Strategic Plan and to the commitment of the Authority to a major capital improvement program to rebuild and renovate our hospitals. The lack of adequate space poses major impediments to achieving management objectives in many areas of facility operation.

- **Utilization Data on Emergency Departments**

The Authority agrees that additional utilization data would be helpful in planning. The information described is available at the present time in medical records, but no automated system exists to regularly compile the information and make it available to management. The Authority should consider whether the creation of such a system, and its associated cost, offers a significant improvement over other methods of assembling the same information, such as periodic ad hoc samples.

The Legislative Audit report has identified several aspects of clinic operations that warrant the continued attention of the Authority. We are committed to working on solutions to these and other matters that will result in the efficient delivery of high quality health care to our patients.