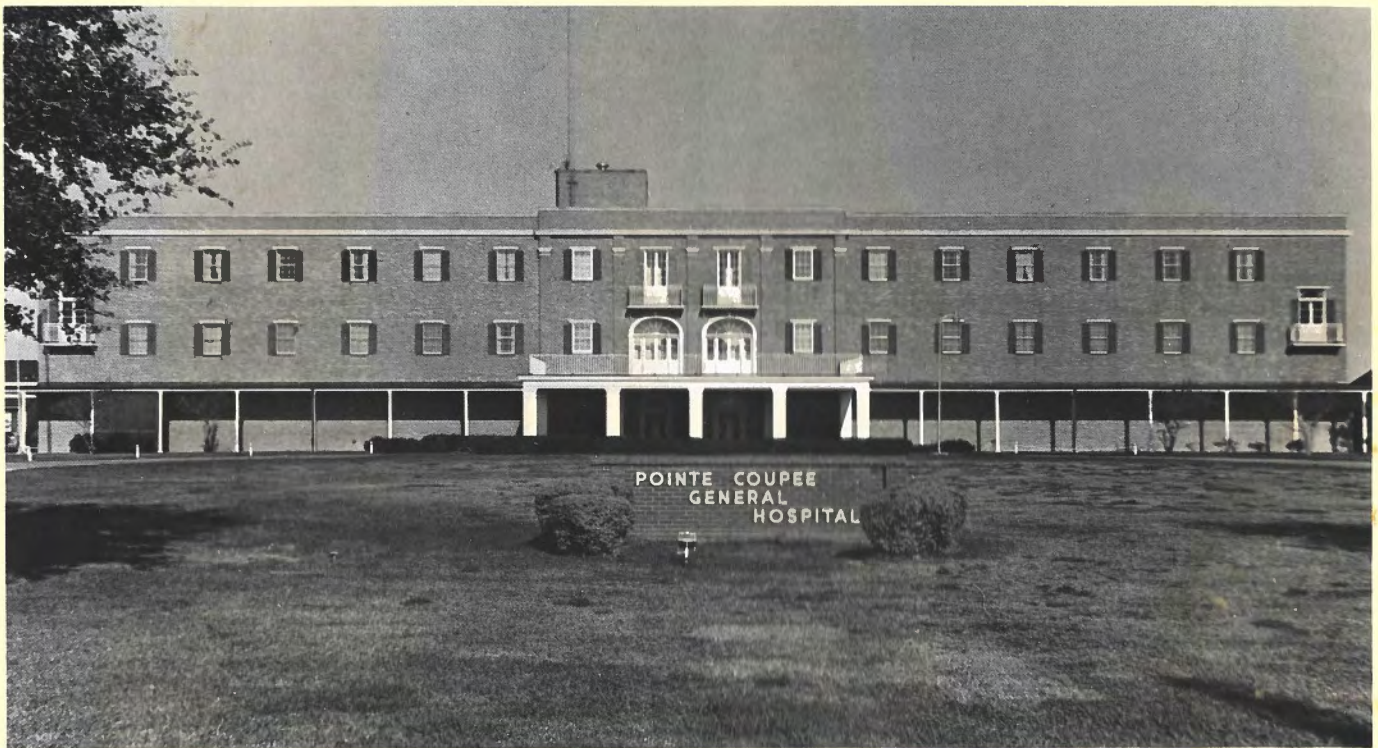




# Pointe Coupee General Hospital



**Management & Progress Report**

As of October 31, 1982



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## Prologue

Pointe Coupee General Hospital is growing to meet the needs of the people. Recognizing Pointe Coupee General Hospital's role as a public entity and its obligation to the community, the management of the hospital is committed to the effective utilization of the resources which will provide excellence in the delivery of health care services in a comprehensive and cost effective manner. To fulfill this mission, Pointe Coupee General Hospital has two major roles. The primary role is to meet the health care needs of the residents of Pointe Coupee; and the secondary role is to serve the needs of the Pointe Coupee community as a general acute care hospital.

The Pointe Coupee Parish Police Jury along with the Executive Operating Committee of the hospital entered into a management contract effective April 1, 1982 with HCA (Hospital Corporation of America). This contract is a five year contract. HCA is a publicly owned international health care company committed to the delivery of quality patient care at a reasonable cost.

The philosophy of the HCA management firm is the following:

"We believe the following principles to be true and timeless:

1. We will continue to develop an organization that will deliver quality health care at a reasonable cost in accordance with each community's needs while generating a reasonable return on investment.
2. We attribute our success to, and recognize that our future success is dependent upon, developing and utilizing our greatest asset-people.
3. We have great confidence in our employees and will relate to and build upon their strengths.
4. We will maintain a compensation policy which closely relates performance and rewards.
5. We will make sure that employees clearly understand their duties and responsibilities and their authority to discharge them.
6. We are committed to an effective communication system that will provide appropriate and timely interchange of information.
7. We believe in decentralized management whereby professional leadership will provide a climate of high expectation, trust and integrity.
8. Management will be encouraged to work with physicians to effectively deliver health care without conflict of interest.

9. We are committed to participate in personal and corporate activities benefiting the community, state and nation.
10. We are committed to a thorough and thoughtful planning process which will guide the destiny of HCA.
11. We will maintain a strong, viable financial position which will continue to deserve the respect of and give confidence to the financial and investment communities.
12. We are committed to conducting our business with integrity and rendering our services always on a high, ethical level."

### HOSPITAL SERVICE DISTRICT

Pointe Coupee General Hospital is a Hospital Service District as per Louisiana Statute 46:1051 Public Welfare and Assistance. The authority of this statute states: "The Police Juries of parishes are authorized and empowered, upon their own initiative, to form and create one or more hospital service districts within the respective parishes, or with agreement among Police Juries concerned, to combine two or more parishes into a single hospital district with such names as the policy juries may designate, and, in so doing, police juries may create hospital service districts whose boundaries overlap those of other hospital service districts."

The objectives and purposes of the hospital service districts and the governing bodies created under the provisions of this chapter shall be:

1. To own and operate hospitals for the care of persons suffering from illness or disabilities which require that patients receive hospital care.
2. To administer other activities related to rendering care to the sick and injured or in the promotion of health which may be justified by the facilities, personnel, funds and other requirements available.
3. To promote and conduct scientific research and training related to the care of the sick and injured insofar as such research and training can be conducted with the hospital.
4. To participate so far as circumstances may warrant in any activity designed and conducted to promote the general health of the community.
5. To cooperate with other public and private institutions and agencies engaged in providing hospital and other health services to residents of the district.

## Message to the Community



Pointe Coupee General Hospital stands for **Progress, Caring** and **Growing** and this is exactly what we are doing to help achieve Quality of Care to all of our patients.

To **Progress** we must meet the Health Care needs of all the people. This is why we are recruiting specialists in the fields of Surgery, Orthopedics, Internal Medicine, and Radiology. This is only a beginning for we feel these facets of medicine need to be available here in the parish, therefore we won't have to go elsewhere. We already have a general surgeon who has agreed to begin practice here by August of 1983. We are also recruiting other physician specialists and hopefully we will have some names by January 1983.

**Caring** is a continuous process which we measure on a daily basis through our Quality Assurance Program in the hospital. However our best asset is our Medical Staff and Hospital Staff. They are the people who care for you. We are definitely in a service oriented business in which you our patient are number one and we will keep it this way.

**Growing** is probably the key factor to providing health care in Pointe Coupee Parish. We must endeavor to keep up with the State of the Art of Medicine. This is why we are expanding our Emergency Room and developing an Intermediate Care Area for closely monitoring trauma, cardiac, and all other intensive care needs.

I'm proud of what we have done and what the future holds in store for Pointe Coupee General Hospital. Please keep in mind Pointe Coupee General Hospital is your hospital and your input is always graciously accepted. You are the people who also can help us to continue to **Progress, Care** and **Grow**.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry Marquette". The signature is stylized with large loops and a long horizontal stroke at the end.

Jerry Marquette  
Administrator

# Executive Direction

Pointe Coupee General Hospital is committed to the "Pursuit of Quality Care". In keeping with a goal of this nature, our hospital can point to many significant changes that have taken place as well as many others that we are planning for in the future. It has only been through the enthusiastic effort of the Executive Operating Committee, the Pointe Coupee Parish Police Jury, Medical Staff, Hospital Staff, and our public that this "Pursuit of Quality Care" has started becoming a reality.

The challenges and actions we are facing are:

## I. OCCUPANCY

A. Challenge: Increase Medical Staff utilization of Pointe Coupee General Hospital to achieve an overall census of **32** patients per day.

Action: Actively recruit a minimum of three physicians to the community which should include an orthopedic surgeon, an internist, and a radiologist.

Involve the existing Medical Staff, Hospital Board, and community leaders in the recruitment of new physicians.

Continue marketing Hospital Ancillary Services to the Medical Staff, (i.e. Laboratory, Radiology, Nuclear Medicine, Ultrasound, Respiratory Therapy, and Physical Therapy).

B. Challenge: Improve the Medical Staff relationship with Pointe Coupee General Hospital so there is an understanding of the goals and philosophy of the Hospital Administration and an assurance that the Medical Staff's opinion is vital to the efficient operation of the hospital.

Actions: Visit with physicians routinely during the year to obtain their opinions and give them an opportunity to air their differences privately.

Solicit Medical Staff involvement in Hospital decisions (i.e. personnel recruitment, budget, equipment purchases).

Continue to host monthly Medical Staff meetings and Parish meetings at the hospital including sponsoring continuing educational programs.

## II. NEW AND EXPANDED SERVICES

A. Challenge: Provide the proper mix of Hospital Services to meet the needs of the community and the Medical Staff.

Actions: Remain attentive to the opinions being expressed by the physicians as to their needs concerning patient care. Continue to provide weeknight, weekend and holiday emergency room physician coverage to stimulate census, enhance physician recruitment, and relieve present Medical Staff coverage.

Lease or purchase automatic chemistry analyzer to enhance diagnostic laboratory service (1st quarter).

Construct four bed intermediate care area with monitoring equipment for handling intensive care patients recovering from surgery or diagnostic procedures. (3rd quarter).

Enlarge the Emergency Room especially to house a waiting room area, trauma room and emergency physician call room. (2nd quarter).

Build two more doctors' offices for new physicians. (Already committed by Police Jury).

B. Challenge: Add Nuclear Medicine and expand Ultrasound Services.

Actions: Recruit a full-time Radiologist.

Develop a plan to implement Nuclear Medicine and Ultrasound in current Emergency Room space. (2nd quarter).

C. Challenge: Encourage the Urologist, E.N.T., and Ophthalmologist who have one day a week office hours to perform in-house surgery.

Action: Promote one day surgery i.e., tonsillectomies, cystoscopies and minor eye cases.

## III. QUALITY IMPROVEMENTS

A. Challenge: Use HCA consultants to enhance hospital services and operating efficiency.



Actions: Have consultants visit Pointe Coupee General Hospital from the following specialties.

- a. Fiscal services - 1st quarter.
- b. Material Management - 2nd quarter.
- c. Public Relations - 1st quarter.
- d. Nursing service - 1st quarter.

B. Challenge: Improve levels of Nursing care in Medical/Surgical, OR, Labor and Delivery, and ER units.

Actions: Continue expanding quality and quantity of inservice and continuing education programs for Nursing Service.

Add additional R.N.'s to 3rd floor by 2nd quarter to include coverage for medical patients no longer on 2nd floor due to addition of intermediate care area.

Establish a full-time inservice infection control/quality assurance position.

C. Challenge: Achieve target scores on Quality Assurance programs.

Actions: Achieve a score of 200 or more on the QAP patient questionnaire.

Ensure an 80% return rate on questionnaires.

D. Challenge: Ensure Hospital compliance with JCAH standards and achieve a three year accreditation. (1st quarter).

Actions: Obtain Medical support to pursue JCAH standards.

Correct all noted deficiencies.

Obtain Board support.

Challenge all department managers to obtain excellence in achieving these standards.

#### **IV. COMMUNITY/PATIENT RELATIONS**

A. Challenge: Continue development and implementation of formal marketing plan to promote Pointe Coupee General Hospital services to the community. (2nd quarter).

Actions: Continue to provide and improve "Patient Information Brochure".

Make presentations to local civic groups to promote Pointe Coupee General Hospital services to the community.

Publish periodic articles for the local newspaper concerning health related issues.

B. Challenge: Improve Hospital community image to enhance census.

Actions: Adopt pre-admission programs (elective or O.B.) (1st quarter).

Continue to sponsor Blood drives and continuing patient education, i.e. prenatal classes.

Continue to improve patient account system to minimize errors and enhance payment.

#### **V. EMPLOYEE RELATIONS**

A. Challenge: Enhance employee relations by improving recognition and awareness.

Actions: Continue employee of the year awards.

Promote employee extracurricular activities, i.e. picnics.

Continue Personnel Action Committee to allow employees a voice in hospital decisions.

Update wage and salary program.

Update employee handbook.

#### **VI. ACCOUNTS RECEIVABLE**

A. Challenge: Maintain discharged accounts to 48 days or less.

Actions: Continue development of pre-admission program to assist the physician and/or patient with preparations for payment of their hospital bills. (1st quarter).

Stress collection of deposits prior to admission of private pay patients.

Continue to promote credit card use to cover admission deposits and ER charges.

Maintain an aggressive cash collection policy in the emergency room and train personnel on collection procedures for charges generated by emergency room visits. (1st quarter).

B. Challenge: Maintain allowance for doubtful accounts provision of 5% of revenue.

Action: Continue to promote the viability of the Hospital's Utilization Review Committee.

Continue with the collection agency program on unpaid accounts.





Continue use of a pre-collection letter service.

C. Challenge: Maximize reimbursement from third party carriers.

Action: Revise formal follow up procedures for delinquent insurance companies. (1st quarter).

Continue to ensure the accuracy of patient information at the time of admission with an insurance verification within three working days after admission.

D. Challenge: Establish internal controls on all financial transactions of the hospital.

Action: Continue internal control procedures for individual departmental review of monthly patient charges.

## **VII. INVENTORY CONTROL**

A. Challenge: Maintain an inventory per occupied bed of \$2100 or less.

Action: Improve inventory control system with departmental accountability of purchases and establishing a material management plan. (4th quarter).

## **VIII. PROFITABILITY**

Maintain a contribution margin no less than 20%.

A. Challenge: Maintain an average labor productivity goal of 3.0 EPOB.

Action: Further refine manpower control systems with all department managers.

Continue to employ persons on part-time and occasional status who can work flexible hours according to work load.

B. Challenge: Ensure that Pointe Coupee General Hospital's salary and benefit program is competitive with area and allows for inflation in the economy. The percentage of increase is expected to be 5%.

Action: Conduct salary and benefit surveys every six months in the area. (2nd and 4th quarter).

Adjust position classifications to fit any adjustment to the salary program.

Solicit and review alternatives to improve present health and life insurance benefits offered to employees. Make available if indicated. (1st quarter).

C. Challenge: Monitor hospital operating expenses monthly to ensure cost containment and hospital departmental accountability.

Action: Control energy cost to minimize utility cost increases.

a. Ensure continuation of maintaining calibrated thermostats.

b. Consider feasibility of automated energy management system to control turning on electrical equipment in stages - to reduce demand rate for electricity. (4th quarter).

c. Continually re-caulk all patient room windows to reduce dust infiltration. (2nd quarter).

Continue preventive maintenance programs for all hospital equipment (mechanical and biomedical).

Continue department managers' accountability for budget performance.

a. Involve department managers in all phases of budget performance.

b. Provide monthly responsibility reports to department managers on actual performance vs budget projections.

c. Require monthly reports on variance with justification and explanations.

d. After feasibility study replace present McAuto computer system with in-house or comparable system. (2nd quarter).

e. Replace current telephone system with a Dimension system. (3rd quarter).

## **IX. BOARD EDUCATION**

Challenge: Provide Executive Operating Committee of Pointe Coupee General Hospital with educational programs to enhance their knowledge of hospital operations.

Action: Schedule periodic educational programs at monthly Board meetings. Stress Board training in financial operations.

Schedule management company personnel to make internal operation reports.



# Departmental Goals and Objectives

## ANESTHESIA

Janet Edwards, CRNA

Provide the safest and most modern techniques in anesthesia care and to add to existing equipment in order to provide modern, safe anesthesia.

Utilize a pulse-wave attachment for Spacelabs monitor. This will enable the anesthetist and surgeon to more effectively ascertain the arterial flow (radial and ulnar in particular) in the hand before arterial line placement. This technique is proven more reliable than the Allen's Test. Also it provides a way to noninvasively get a systolic blood pressure reading on patients without an arterial line, and those difficult to hear a blood pressure.

Obtain an ultrasound blood pressure cuff (Dynamap type). This piece of equipment would provide a route to effectively monitor critically ill, extremely obese, and other difficult to manage patients' blood pressure. The readouts include systolic, diastolic B.P., heart rate and pulse pressure. It is a noninvasive, accurate monitoring technique, so that when the invasive route was contraindicated, not specifically indicated, or unable to be obtained these patients may be effectively controlled.

Plan in 1-5 years to acquire the following:

New anesthesia machine to satisfy new JCAH regulations, to ensure safer anesthesia delivery. Also current machines in service will be difficult to be serviced after three more years because manufacturer is discontinuing the line.

Cooling-heating blanket will provide more effective management of malignant hyperpyrexia, or hyperthermia for any reason.

## CENTRAL SERVICES

Helta Bueche, Supervisor

Continue to reduce lost charges.

1. Posting a lost charge on supplies.
2. Requesting monthly meetings with Director of Nursing Service and all Nursing Service Personnel so they will understand the importance of the charging system.

Continue to reduce the loss of instruments in E.R.

1. Buying disposable instrument trays.

2. Alternate system of sterilizing instruments.
3. Continue to maintain instruments in working order.

Help to reduce energy consumption.

## DIETARY

Patricia Boyd, C.D.A.

Convert the present serving procedure for personnel meal service into one that is more practical and conducive to this hospital situation.

Encourage the attendance of selected dietary employees in meetings, workshops, etc. in food service.

Accumulate necessary credit hours in H.I.E.F.S.S. (C.D.A.) by continued attendance at meetings, workshops, etc.

Purchase resources (textbooks, manuals, etc.) that will provide a general, objective overview of dietary which would aid in the direction and supervision of the department.

## EMERGENCY ROOM

Bruce Pinsonat, R.N.

Stress and improve staff charting skills on every patient that presents himself to the Emergency Room.

Provide quality Emergency Room care to every patient.

Implement and improve working with Quality Assurance Committee.

Increase and improve opportunities for the Emergency Room Staff in areas of inservice education and seminars.

Continue to heighten public awareness of services provided, now and in the future, by the Emergency Room.

Maintain new Emergency Room collection policy.

Provide ongoing, two-way communication with the Medical Staff.

## FISCAL

Gary Williams, Controller

Assure that the hospital internal controls are adequate to safeguard the hospital's assets and systems are in place and functioning that will generate accurate and timely financial reporting on an ongoing basis.



Continue to improve the billing function to reduce the number of days to bill to 10 days.

Reduce the number of A/R accounts on file to 5,000 as soon as possible.

Establish an effective preadmitting program during the 1st quarter.

Continue to improve on Medicare/Medicaid logs to improve reimbursement on quarterly/yearly basis.

Improve inservice collections to reduce average days in receivables to 48 days as soon as possible.

Continue to improve the cash flow to reduce average days in receivables to 48 days as soon as possible.

Continue to improve the cash flow to reduce the days in A/P to less than 60 days as soon as possible.

Improve the follow-up on all third party payors on an ongoing basis.

Improve accounting process to meet HCA monthly reporting deadlines (i.e., payroll and data processing) in the 1st quarter.

Improve procedures for filing of patient folders in Business Office as soon as possible.

Improve collections on self-pay accounts in order to reduce the number of days since discharge to less than 120 days in 2nd quarter.

## **HOUSEKEEPING**

Dorothy Beauvais, Supervisor

Continue inservice programs for all housekeepers beginning in January 1983.

Continue questionnaire for the patients and began to get their responses on a quarterly basis.

Conserve on electricity.

Continue to report to maintenance on repair problems.

Replace worn out curtains in patient rooms.

## **LABORATORY**

Ron Callegari, M.T. (ASCP)

Acquire an automated chemistry analyzer in order to perform more in-house tests by 1st quarter.

Follow guidelines put forth by the College of American Pathologists in order to again receive a two year accreditation.

Acquire space for supply storage other than in the Laboratory by the 1st quarter.

## **LAUNDRY**

J.P. Leonard, Supervisor

Try to attend more inservice programs.

Conduct inservice meetings with Laundry personnel and with Nursing Service.

Work with Nursing Service to have a better linen control.

Make sure there is enough clean linen in stock on all floors.

## **MAINTENANCE & SECURITY**

Danny Chustz, Supervisor

Establish energy cost by October 1983.

1. Install timer switches on two air handler units to cut back on energy.

Maintain preventive maintenance program on air filters.

1. Change old air filters to a ashrad test standard with an efficiency of 90-92%.

2. Continue painting program.

3. Install stainless steel for patient room doors.

Establish more security for the hospital.

1. Install a security day system by the 3rd quarter.

2. Hire part-time guard for weekend days by 1st quarter.

## **MEDICAL RECORDS**

Paula Vosburg, R.R.A.

The Medical Records Department is concern-

ed with the development, use and maintenance of medical records and health records for medical care and treatment, administrative reference, professional education and research purposes. Medical Records practice is a trust delegated by the medical and health services. It is the goal of this department to aid the above areas in any way that we possibly can to attain the knowledge needed to provide better patient care. This shall be accomplished by the following departmental objectives:

Communicate with the Medical Staff so that there may be better dictation time.

Produce a standard physical form to eliminate time consuming dictation in the area of normal physical findings.

Continue to inservice all hospital personnel in:

1. Confidentiality
2. Quality Assurance
3. Legal aspects of Nursing
4. Location of Medical Records

## **NURSING SERVICE**

Maria Harrington, R.N.

Director of Nursing

Jean Ducote, R.N.

Assistant Director

Update nursing care by improved charting methods as well as giving nurses increased time for direct patient care.

1. Initiate new check-type charting, if not complete in present fiscal year.
2. Review forms used in nursing for update. Both to be done by end of 1st quarter.

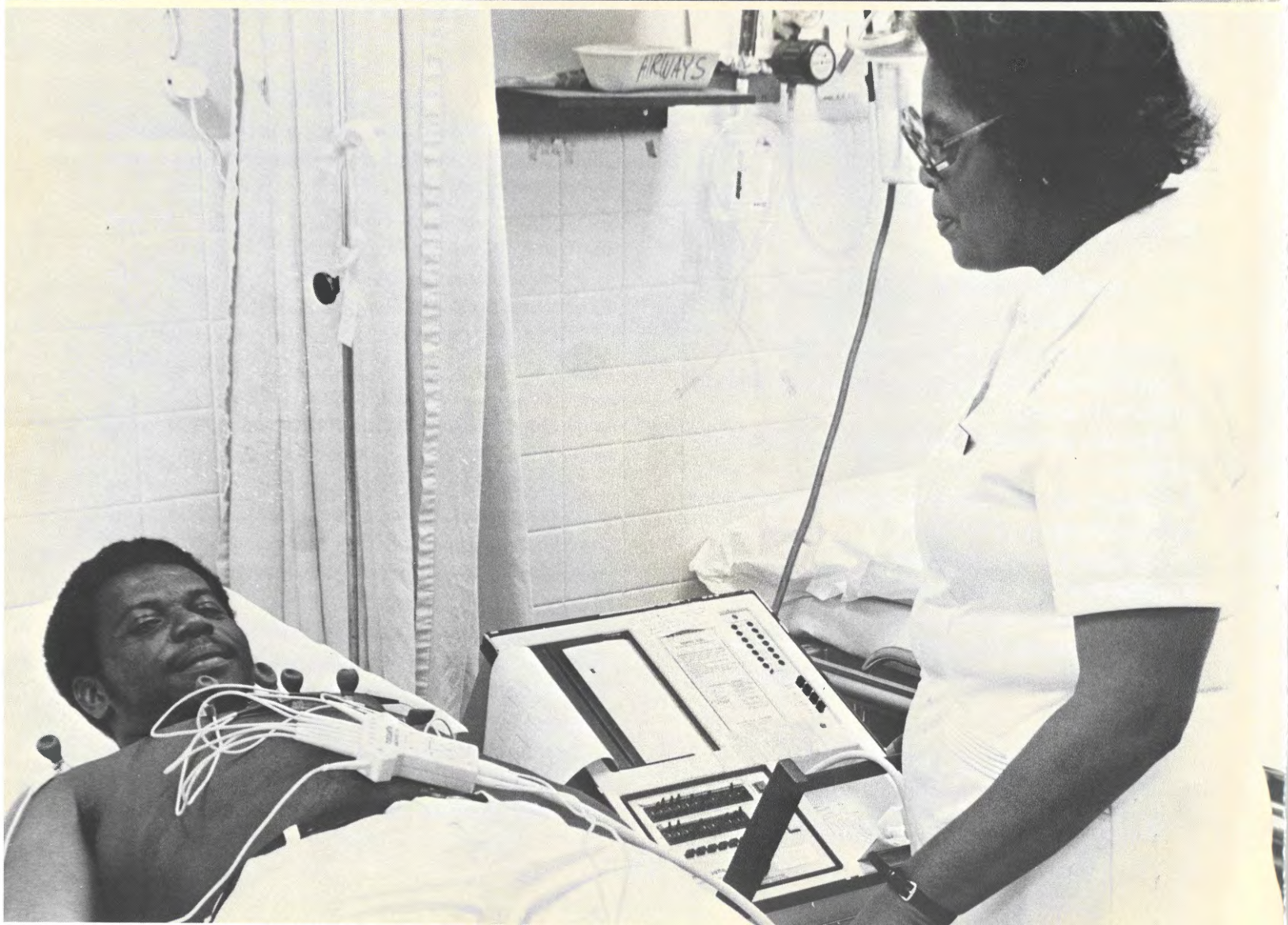
Better utilization of the present licensed staff which is largely L.P.N.'s. Complete IV therapy class for L.P.N.'s in 1st quarter.

Break job descriptions into specific categories and be more precise in delineating assignments.

Initiate the Quality Control Program as practiced in HCA hospitals by Jan. 1983. This program lends itself to finding and solving problems as it integrates itself into hospital wide quality assurance program.

Visit with HCA nursing consultant by April 1983 to discuss any changes we might make in nursing that would improve quality care and/or changes that would be cost effective for nursing.

Increase the number of licensed personnel by April 1983. This will be necessary to adequately staff and provide quality patient care due to



expanded programs planned for the hospital: In & Out Surgery, addition of surgeon with an intermediate care area, transfer of monitor rooms as well as all medical patients to third floor.

Improve quality of inservices within hospital and to promote participation by our nurses in seminars outside the hospital.

1. Obtain the following equipment to secure varied inservice programs:

- a. 16 mm projector
- b. Carousel projector
- c. Film strip projector

2. Conduct yearly inservices for all hospital employees on: fire, CPR, body mechanics, disaster and infection control.

Change present patient classification system to the HCA system by July 1983. This system of patient classification also leads into forms to be used to keep the administrator updated on a monthly basis of what nursing service is accomplishing.

Improve patient care and reduce risk of nosocomial infection through education.

1. Stress infection control in nursery.
2. Stress infection control on floor for different types of isolation.

Reduce risk of back injuries by employees while improving patient care. Stress body mechanics and use of patient lift.

### **OPERATING ROOM/ RECOVERY ROOM**

Helen Gustin, R.N.

Re-evaluation of basic charges to be sure that costs increased by inflation are adequately covered.

Secure additional instruments to accommodate incoming doctors.

Submit specifications for capital improvements that have been allowed under the existing plan.

Prepare present personnel for assisting with procedures which are not being done here at this time and provide instruction in the use of the new instrumentation.

Acquaint additional part-time personnel to surgery in order to provide complete coverage in case of emergency.

Our main objective is to provide continuous and optimum assistance to the physician in order to meet the emergency, preventive, and restorative needs of the patient in safety and comfort.

### **PHARMACY**

Billy Randall

Registered Pharmacist

Improve care to patients.

1. Initiate an IV program.
2. Utilize sterile technique by acquiring a Laminar flow hood.

Improve relationship between nurses and pharmacist.

1. Be there to solve and answer questions they may have.
2. Conduct inservice.

Decrease inventory.

1. Review formulary.
2. Remove duplications.

### **PHYSICAL THERAPY**

Larry Jonas, R.P.T.

Increase and expand the Physical Therapy services provided for hospital inpatients.

1. Improve physician awareness of services available.
2. Improve nursing awareness of services available.
3. Maintain an active and positive approach towards continuing education programs available in the region.
4. Conduct periodic inservice programs relating to Physical Therapy subjects.

Ensure that patient care and departmental function is of the highest quality.

1. Work closely with the quality assurance coordinator.
2. Establish meaningful self-audit criteria to ensure proper self supervision.

Involve the Medical Staff and the Medical Staff Advisor for the Physical Therapy Department in the responsibility of reviewing the appropriateness of Physical Therapy care given to patients as outlined by J.C.A.H.

1. Utilize administrator support and coordination to properly establish this program with Medical Staff.
2. Work closely with the Physical Therapy Medical Staff Advisor to implement the program.

Make additional capital investments to expand and improve the quality of Physical Therapy by obtaining the following:

1. Mat and table for mat exercises.
2. Parallel bars and mirrors.





3. N/K table

4. Cybex

5. Wall Pulleys

Improve skills by attending workshops and seminars as appropriate.

1. Transcutaneous Electrical Neural Stimulation.

2. Basic manipulation technique.

3. Orthopedic rehab. approaches as performed by the Hughston Orthopedic Clinic, Columbus, Ga.

Improve the overall Physical Therapy area as to attractiveness for the patients by:

1. Painting walls.

2. Wall posters, paintings, etc.

3. More attractive furniture.

### **RADIOLOGY**

Greg Dickinson, R.T.

Continue all ongoing radiographic procedures, sonography, and mammography.

Continue to participate in all in-house programs to retain accreditation on an ongoing basis.

1. Continue to take part in all Quality Assurance Programs.

2. Continue ongoing preparation for J.C.A.H.

3. Continue working with Nursing Department to cut down on patient waiting time.

Reduce Radiology Department inventory for the purpose of cutting costs and the discardment of outdated supplies.

Enhance inservice programs.

Have department employees become more aware of the Quality Assurance Program evaluations by Jan. 1983.

Work with the Administrator, Radiologist, Medical Staff, etc., to try to develop outpatient clinic activity, i.e. Orthopedics by 1983.

Improve the quality of care to the patients on an ongoing basis.

1. Perform all fluoro procedures in a more orderly and efficient manner.

2. Look into possibility of having radiologist here every morning Monday thru Friday.

3. Try to open Department earlier on busy days to reduce patient waiting time.

Continue to work more closely with all departments especially Nursing Service to attain a more professional and efficient working atmosphere that will lift employee moral and confidence on an ongoing basis.

### **RESPIRATORY THERAPY**

Charlie Ratcliff, C.R.T.T.

The overall department goal will be to provide further coverage with trained personnel by instituting a 4-12 shift that covers all phases of patient care. This will enable Respiratory Therapy to extend in-house coverage of daily patient care and provide more efficient patient care.

Hire trained personnel that will be willing to work primarily a 4-12 shift. This will take effect in August or September 1982.

Provide inservice programs to department staff, ongoing.

Continue PAC program to personnel to ensure proper procedures are performed when administering any phases of patient respiratory care (RCS clinical training manual). This will develop the technical and professional expertise of departmental staff by recognizing capabilities and initiating merit increases which are proportionate to employee's continued improvement in performance. Continue working with current employee with the external degree program affiliated with the University of Mississippi Medical Hospital for certified R.T. Technician certification.

Adhere to all safety procedures by ensuring departmental equipment is monitored for contamination (infection control) and that all equipment is in safe workable condition.

Equipment which is becoming obsolete or deemed unsafe for patient care will be replaced.

Provide new arterial blood gas machine and I.L. Micro 13 as a back-up and to keep current the proficiency survey tests on a daily basis.

Provide new Ohio Pediatric Aerosol tent and a new Ohio heated Nebulizer.

Provide inservice programs to Nursing Service, when applicable ongoing.

Participate in hospital wide Quality Assurance Program.

Keep policy and procedure manual updated and keep up with J.C.A.H. requirements ongoing.

Work up standing orders on arterial blood gases when patient is to receive oxygen or to be discontinued from oxygen and present to Medical Staff for approval.

Work closer with Medical Director in all phases of Respiratory Therapy.

Tool up for new intensive care unit.

**POLICE JURY**

Adam Martin, President  
Occupation: Martin's Gulf Service Station  
Morganza, Louisiana

Junuis Hurst, Vice-President  
Occupation: Retired Educator  
New Roads, Louisiana

Rev. Joe Holmes, Jr.  
Occupation: Minister  
Batchelor, Louisiana

John Grezaffi  
Occupation: Farmer and Rancher  
Batchelor, Louisiana

Ronnie Cline  
Occupation: Nichols Construction Company  
Jarreau, Louisiana

Charles David, Jr.  
Occupation: Retired Educator  
Jarreau, Louisiana

Walter Parlange, Jr.  
Occupation: Farmer and Rancher  
New Roads, Louisiana

J. Whitney Langlois  
Occupation: Building Contractor  
New Roads, Louisiana

Bennett Bergeron  
Occupation: Merchant and Farmer  
New Roads, Louisiana

J.C. Lacombe, Sr.  
Occupation: Electrician  
Fordoche, Louisiana

Jack Torres  
Occupation: Retired Merchant  
Maringouin, Louisiana

**EXECUTIVE OPERATING COMMITTEE**

Junuis Hurst, Chairman  
New Roads, Louisiana

Bennett Bergeron, Vice-Chairman  
New Roads, Louisiana

Harry Kellerman, M.D.  
Secretary  
New Roads, Louisiana

Adam Martin, Member  
Morganza, Louisiana

Robert Helm, M.D.  
Member  
New Roads, Louisiana



**ACTIVE MEDICAL STAFF**

James L. Christopher, M.D.  
Chief of Staff  
General Practice/General Surgery

Harry J. Kellerman, M.D.  
Chief of Staff Elect  
General Practice

Bobby G. Fulmer, M.D.  
Secretary/Treasurer  
General Practice

Carl E. McLemore, M.D.  
Family Practice

Robert N. Helm, M.D.  
General Practice

Janice L. Hudson, M.D.  
Family Practice

Joe S. Wheeler, M.D.  
Obstetrics/Gynecology

Albert McQuown, M.D.  
Pathology

Louis Montegro, M.D.  
General Practice

Emile M. Laga, M.D.  
Pathology

**COURTESY, CONSULTING,  
DENTAL AND E.R.**

Richard C. Boyer, M.D.  
Radiologist

Jacues De La Bretonne, M.D.  
Radiologist

Michael W. Fa-Kouri, M.D.  
Radiologist

James S. Lawton, M.D.  
Radiologist

Lawrence E. Tujaque, M.D.  
Radiologist

Leslie D. Hobgood, M.D.  
Radiologist

Michael R. Smith, M.D.  
Radiologist

Henry D.H. Olinde, M.D.  
Thoracic Cardiovascular

James O'Neal, M.D.  
General Practice

Claude M. Baker, M.D.  
Urology

William D. Wall, M.D.  
Urology

Harold D. Wexler, M.D.  
Urology

William J. Dimattia, M.D.  
ENT

Frank L. Fazio, M.D.  
ENT

Joseph A. Roy, M.D.  
ENT

Thomas E. Beamon, M.D.  
General Practice

Thomas E. Hebert, M.D.  
Ophthamology

Frank G. Reiger, Jr., M.D.  
Ophthamology

Clarence J. Freeman, M.A.  
Audiology

Charles E. Hebert, III, D.D.S.  
General Dentistry

Joseph E. Monceret, D.D.S.  
General Dentistry

Ferdinand F. Plauche, D.D.S.  
General Dentistry

Kevin D. Flint, D.D.S.  
General Dentistry & Dental Surgery

Marty M. Flint, D.D.S.  
General Dentistry & Dental Surgery

C. Kent Marin, M.D.  
Internal Medicine

Charles Tessier, M.D.  
Family Practice, E.R.

Thomas J. Callender, M.D.  
E.R.

Charles W. Daniel, M.D.  
E.R.

Kirby J. Flanagan, M.D.  
E.R.

Stanley Foster, M.D.  
E.R.

Douglas L. Gollehon, M.D.  
E.R.

Michael Goodwin, M.D.  
E.R.

David Hill, M.D.  
E.R.

Chris Leumas, M.D.  
E.R.

Alfred Mansour, M.D.  
E.R.

Robert L. Shackleton, M.D.  
E.R.

David R. Wallace, M.D.  
E.R.

Henry Wood, M.D.  
E.R.

Joseph M. Cefalu, M.D.  
E.R.

Carlos Sirven, M.D.  
E.R.

Stephen Waldo, M.D.  
E.R.

Kathleen M. McMahan, M.D.  
E.R.

# Financial Statistics 1981-1982

TOTAL REVENUE .....	3,115,845.00
DEDUCTIONS FROM REVENUE	
Medicare/Medicaid allowance .....	97,007.00
Bad debts or uncollectable accounts .....	127,269.00
TOTAL .....	224,276.00
Net Patient revenue .....	2,891,569.00
Other revenue .....	37,884.00
Total revenue .....	2,929,453.00
Salaries .....	1,490,506.00
Other operating expenses .....	1,621,197.00

# Statistical Information 1981-1982

Average number of patients in bed each day .....	25.3
Patient days .....	9224
Percent of occupancy .....	52.6
Admissions for the year .....	1790
Average length of stay per patient (days) .....	5.2
Babies delivered .....	131
Emergency Room Visits .....	5614
Units of Blood Used .....	198
Laboratory Tests .....	25952
Electrocardiograph tests .....	1371
X-ray procedures .....	8001
Ultrasound procedures .....	82
Respiratory and Cardiopulmonary tests .....	42305
Laundry in pounds .....	148,974
Patient meals .....	23,886