



**Lawrence Memorial Hospital**  
**2007 Request for Funding - City of Lawrence Alcohol Tax Funds**  
**COORDINATION**

Lawrence Memorial Hospital is a 173-bed, not-for-profit, general acute care hospital. We have worked to provide excellent, accessible health care since the hospital's founding more than 80 years ago. We are dedicated to improving the health of our community, and we invest excess revenue over expenses into services, equipment and facilities that further this mission. LMH serves the community's health care needs regardless of individuals' ability to pay.

**Coordination Program Description:** For many people, Lawrence Memorial Hospital is the entry point to the community's substance abuse treatment resources. As the primary intake facility for alcohol and substance abuse patients in crisis, the LMH Emergency Department receives nearly 100% of these individuals who are picked up by the Lawrence Police Department and the Lawrence-Douglas County Fire and Medical Department, provided they are not threatening immediate bodily harm to themselves or to others. Additionally, individuals are referred to the services at LMH by Bert Nash, DCCCA, Ransom Memorial Hospital, Watkins Health Center at KU, Franklin County Mental Health Services and the District Attorney's Office, as well as by local urgent care centers, private physician and therapist practices, and self-referrals. LMH also provides needed transportation to area facilities.

We agree that a comprehensive, community-wide approach to substance abuse is most effective. An important part of the education program our inpatients who actually are admitted to the hospital complete is devoted to awareness of community support groups, locations and meeting times. Virtually all patients receive a list of resources so that they know where to seek additional help in the future. Our staff assists in making appointments with these agencies for nearly 100% of all substance abuse patients (some patients refuse treatment and/or information). When patients are discharged from LMH, they are referred to Alcoholics Anonymous, Bert Nash, Haskell, DCCCA, hospitals outside of Lawrence, SRS, the Women's Recovery Center and private counselors. Our Social Work staff works diligently to help patients find the resources they need to continue a healthy recovery. We developed and continue to utilize a community referral manual to help LMH social workers, case managers and members of the Psychiatric Consultation Team appropriately and swiftly refer patients to these resources. Our staff has a good working relationship with all referring agencies. The hospital also makes available several rooms each week for Alcoholics Anonymous meetings. We continue to evaluate community need through regular communication with other integral area agencies.

By maintaining a local crisis medical management facility for people with alcohol and substance abuse issues, Lawrence Memorial Hospital provides the community with a much-needed safety net for those in need of care.

**Needs Assessment:** Lawrence Memorial Hospital is the only inpatient medical stabilization resource for alcohol and substance abuse in Lawrence/Douglas County. Without LMH's services, many of those in need of medical stabilization for alcohol and substance abuse would not receive care. LMH currently has two mental stabilization rooms in the Emergency Department and there are plans to add a third. In 2005, staff in the Emergency Department attended to 1,158 patients with a primary or secondary diagnosis of alcohol abuse/dependency. A secondary diagnosis means that while their initial reason for coming to the hospital may have been depression, a broken

limb, a gunshot wound or a head injury, they also required medical attention for conditions related to alcohol use. A total of 210 patients subsequently were admitted to the hospital.

While we anxiously await the rewards of worthy substance abuse prevention efforts in our community, the number of people needing treatment and intervention continues to climb — and, consequently, so do the costs. In 2005, the hospital paid for \$3,865,000 in charity care, nearly \$932,935 of which was for patients with diagnoses of alcohol and substance abuse/dependency. **\$5,038 was expended on transporting patients with diagnoses of alcohol and substance abuse/dependency to other area facilities.** Lawrence Memorial Hospital is committed to our community and serves patients regardless of their ability to pay; however, the rising costs associated with this need are alarming.

Through the collaborative efforts of many, LMH continues to meet our obligation of medically stabilizing and treating patients with alcohol and substance abuse issues. We provide crisis medical management through the primary care or ER physician in conjunction with our interdisciplinary Psychiatric Consultation Team.

**Outcomes:** It is important to us that patients improve in health, are satisfied with our services, and obtain the necessary education and tools to successfully handle their disease. LMH employs several standard mental health outcomes that address the clinical and functional status of substance abuse patients. Before patients are discharged from the hospital, our professionals determine their improvement through such indicators as reduction of symptoms, self-care abilities and overall physical health. Through our training and education program, patients receive education about the causes, symptoms and effects of alcohol and substance abuse; verbalize understanding of medical attention and follow-up needs; and develop a personal plan to help maintain sobriety. Our outcome results also are measured based on patient, physician and employee satisfaction.

Our objectives for 2007 are as follows:

- To provide 100 percent of all inpatients actually admitted to the hospital with a primary diagnosis of alcohol abuse/dependency information about treatment options and available resources
- To provide alcohol education packets to 95 percent of all patients admitted for detox within 24 hours of admission
- To reduce the percentage of repeat admissions from the current 29 percent to 25 percent

**Evaluation:** Progress of the Lawrence Memorial Hospital substance abuse services are evaluated through:

- Clinical assessment tools and individualized plan of care including desired outcomes which are monitored for future hospitalization
- Successful resolution of detox protocol
- Abbreviated mental status examination upon admission and discharge, as indicated
- Depression screen and suicidal screen, as indicated
- Patient satisfaction survey
- Education and discharge planning

Additionally, Lawrence Memorial Hospital continues to evaluate community need through regular communication with other integral area agencies such as Bert Nash, DCCCA and Alcoholics Anonymous. Needs will be addressed at all levels of the organization, including the Board of Trustees, Medical Staff Executive Committee, Community Relations and departmental personnel.

**Coordination:** LMH provides the community with a local inpatient crisis facility for people with alcohol and substance abuse issues. Its services are an integral part of the larger network of community agencies addressing the prevention and treatment of alcohol and substance abuse. As mentioned above, we work closely with the City of Lawrence Police Department and the Lawrence-Douglas County Fire and Medical Department. Additionally, we receive patients by referral from a variety of community agencies and recommend patients' involvement with appropriate community resources. The hospital also makes available several rooms each week for Alcoholics Anonymous meetings.

**Organizational Capacity:** Lawrence Memorial Hospital's long history of service has enabled it to routinely analyze and improve services, with well-implemented and effective programs being the result. We continue to meet our obligation of medically stabilizing and treating patients with alcohol and substance abuse issues. Our primary care and ER physicians refer patients with alcohol and substance abuse issues to the Psychiatric Consultation Team, which includes a psychiatrist, a psychiatric nurse and other staff members as needed by the patient, such as a social worker and a chaplain.

Additionally, systems are in place at LMH to inform and involve all levels of management, from departmental to Board of Trustees, in alcohol and substance abuse issues. A team of nurses, physicians and social workers developed a standardized order set for detoxification, and staff throughout the hospital have been and continue to be educated. This order set has reduced the length of stay of patients with substance abuse, and we believe this is due to the more accurate assessment it allows at the time of initial evaluation.

**Budget:** Over the last 85 years LMH has been successful in caring for citizens in Lawrence and Douglas County in a fiscally responsible manner. The revenue LMH derives comes from private insurance, Medicare and Medicaid. We also undergird patient care by the benefit of student and adult volunteers, and the community's recognition of LMH as a viable charity to receive financial and in-kind support.

The Lawrence Memorial Hospital Endowment Association is actively seeking additional funding for all hospital programs. We anticipate a continued need for external funding for alcohol and substance abuse treatment/intervention/coordination services, and we look to our community's alcohol tax funds to provide a portion of this support.

**LMH Emergency Department\*– 2005:**

Personnel (Clerical, Management, Nursing/Clinical):	\$ 2,423,020
Fringe Benefits:	\$ 339,222
SUBTOTAL	\$ 2,762,242

Professional Fees	\$ 2,832,000
Equipment Rental/Lease	13,773
Medical Materials/Supplies	56,060
General Operating Supplies	16,881
Food	5,169
Misc. Purchased Services	221,779
Education/Travel	10,000
Minor Equipment	14,442
Psychiatric Evaluations	12,000
Office Space/Overhead	943,180
Other Misc. Expense	17,604
SUBTOTAL	\$ 4,142,888

GRAND TOTAL	\$ 6,905,130
-------------	--------------

\*NOTE: We have not included expenses incurred in the hospital's Intensive Care Unit and General Medical Unit.

Other funding sources include Medicare/Medicaid, managed care, commercial insurance, and self-pay.

**36.36% of patients with a primary diagnosis of alcohol abuse/dependency, and 31.55% of patients with a secondary diagnosis of alcohol abuse/dependency, do not have insurance. This creates an alarming financial burden for our community hospital. In 2005, we incurred an average loss of \$805 per patient visit among patients with alcohol abuse/dependency.**

**LMH 2005 Actual Loss Due to Uninsured Patients with Alcohol/Substance Abuse Issues:  
(1,158 patients x \$805 average loss) = \$ 932,935**

While we anxiously await the rewards of efforts aimed at prevention of alcohol and drug abuse, the number of people requiring immediate medical attention continues to climb, as does the cost of providing it. **Of the 1,158 patients with alcohol or substance abuse issues treated in LMH's Emergency Department in 2005, the \$35,000 in alcohol tax funds awarded last year enabled LMH to care for 43.** Our need is great with respect to the amount of alcohol tax funds available, and we know that other community agencies also desire funding support. We are asking for **\$20,000** from the city's alcohol tax funds to offset the costs our community hospital absorbs and to allow us to continue enhancing our coordination program for patients with alcohol-related issues. Thank you for your consideration.

ASSESSMENT DATA	GOALS/OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>LMH serves as Douglas County's "safety net" for people with alcohol/substance abuse issues. Our overall goal is to medically stabilize patients, and then to connect them with community resources in order to eliminate repeat admissions and motivate behavior changes that lead to a healthy, productive, substance-free life. LMH employs several standard outcome measurement tools that address the clinical and functional status of the substance abuse patient: clinical assessment, detox protocol/ standardized order set, mental health status, depression screen, suicidal screen, and patient satisfaction survey.</p>	<ul style="list-style-type: none"> <li>—To reduce symptoms, improve self care ability and improve overall physical health</li> <li>—To increase patient knowledge about treatment options and available resources</li> <li>—To improve patient attitudes toward interventions and behavior change</li> <li>—To reduce the percentage of repeat admissions</li> </ul>	<p>All patients brought, referred or self-referred to the LMH Emergency Department for detox with a primary diagnosis of alcohol abuse/dependence</p>	<ul style="list-style-type: none"> <li>—Psychiatric Consultation Team with referral by primary care or ER physician provides medical intervention during crisis, stabilization of the patient's medical condition, and coordination of community services for long-term treatment. Transport to area facilities is provided when needed.</li> <li>— Provide necessary RADAC screenings to determine if in-patient services are needed.</li> <li>—Working closely with other service organizations (both as intake facility and as referral source for inpatient treatment and/or ongoing community support systems)</li> <li>—Informing levels of management about alcohol/substance abuse issues</li> <li>—Continual monitoring of treatment success</li> </ul>	<ul style="list-style-type: none"> <li>—Reduce repeat inpatient admissions of alcohol and substance abuse patients from 29% to 25% by 2006</li> <li>—Collaborate with resources to provide inpatient care and/or ongoing community support systems for 95% of all alcohol and substance abuse patients</li> <li>—Achieve 95% patient satisfaction among alcohol and substance abuse patients by 2006</li> </ul>	<ul style="list-style-type: none"> <li>—Provide alcohol/substance abuse education packets to 95 percent of all patients admitted for detox within 24 hours of admission</li> <li>—Offer information about treatment options and available resources to virtually 100 percent of all inpatients actually admitted to the hospital with a diagnosis of alcohol/substance abuse. Information packets that are culturally sensitive are distributed.</li> </ul>	<ul style="list-style-type: none"> <li>—By 2015, rates of alcohol and substance abuse among Douglas County residents will decrease by 10%</li> <li>—By 2015, Douglas County will have its own inpatient mental health facility</li> <li>—By 2015, Douglas County will be considered one of the Top 10 U.S. counties in terms of the health of its residents</li> </ul>