



University of Iowa Health Care

***Presentation to
The Board of Regents, State of Iowa
October 24-25, 2012***

- Opening Remarks (Robillard)
- Operational and Financial Performance (Kates, Fisher)
- Strategic Plan Update (Robillard et al.)



Opening Remarks

Jean Robillard, MD
Vice President for Medical Affairs



Operating and Financial Performance Update

Ken Kates, Associate Vice President and Chief Executive Officer
UI Hospitals & Clinics

Ken Fisher, Associate Vice President for Finance
and Chief Financial Officer

Volume Indicators

Fiscal Year to Date September 2012

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Discharges	7,792	7,830	7,689	(38)	-0.5% ○	103	1.3% ○
Patient Days	49,406	47,746	48,754	1,660	3.5% ●	652	1.3% ○
Length of Stay	6.40	6.18	6.26	0.22	3.6% ●	0.14	2.2% ○
Average Daily Census	537.02	518.98	529.93	18.04	3.5% ●	7.09	1.3% ○
Surgeries – Inpatient	2,906	3,102	2,918	(196)	-6.3% ●	(12)	-0.4% ○
Surgeries – Outpatient	4,214	4,232	4,009	(18)	-0.4% ○	205	5.1% ●
ED Visits	15,703	16,492	15,496	(789)	-4.8% ●	207	1.3% ○
Outpatient Clinic Visits	219,359	224,666	211,618	(5,307)	-2.4% ○	7,534	3.6% ●

● Greater than 2.5% Favorable	○ Neutral	● Greater than 2.5% Unfavorable
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Discharges by Type

Fiscal Year to Date September 2012

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	2,679	2,695	2,652	(16)	-0.6% ○	27	1.0% ○
Adult Surgical	3,526	3,564	3,497	(38)	-1.1% ○	29	0.8% ○
Adult Psych	405	396	389	9	2.4% ○	16	4.1% ●
<i>Subtotal – Adult</i>	<i>6,610</i>	<i>6,655</i>	<i>6,538</i>	<i>(45)</i>	<i>-0.7% ○</i>	<i>72</i>	<i>1.1% ○</i>
Pediatric Medical & Surgical	806	858	840	(52)	-6.1% ●	(34)	-4.0% ●
Pediatric Critical Care	226	176	172	50	28.3% ●	54	31.4% ●
Pediatric Psych	150	141	139	9	6.1% ●	11	7.9% ●
<i>Subtotal – Pediatrics w/o newborn</i>	<i>1,182</i>	<i>1,175</i>	<i>1,151</i>	<i>7</i>	<i>0.6% ○</i>	<i>31</i>	<i>2.7% ●</i>
Newborn	357	355	384	2	0.5% ○	(27)	-7.0% ●
TOTAL w/o Newborn	7,792	7,830	7,689	(38)	-0.5% ○	103	1.3% ○

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Discharge Days by Type

Fiscal Year to Date September 2012

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	14,456	15,709	15,590	(1,253)	-8.0% ●	(1,134)	-7.3% ●
Adult Surgical	17,620	18,126	18,034	(506)	-2.8% ●	(414)	-2.3% ○
Adult Psych	5,272	4,383	4,367	889	20.3% ●	905	20.7% ●
<i>Subtotal – Adult</i>	<i>37,348</i>	<i>38,218</i>	<i>37,991</i>	<i>(870)</i>	<i>-2.3% ○</i>	<i>(643)</i>	<i>-1.7% ○</i>
Pediatric Medical & Surgical	4,949	4,605	4,571	344	7.5% ●	378	8.3% ●
Pediatric Critical Care	6,261	4,498	4,502	1,763	39.2% ●	1,759	39.1% ●
Pediatric Psych	1,328	1,086	1,083	242	22.3% ●	245	22.6% ●
<i>Subtotal – Pediatrics w/o newborn</i>	<i>12,538</i>	<i>10,189</i>	<i>10,156</i>	<i>2,349</i>	<i>23.1% ●</i>	<i>2,382</i>	<i>23.5% ●</i>
Newborn	775	853	861	(78)	-9.2% ●	(86)	-10.0% ●
TOTAL w/o Newborn	49,886	48,407	48,147	1,479	3.1% ●	1,739	3.6% ●

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Average Length of Stay by Type

Fiscal Year to Date September 2012

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	5.40	5.83	5.88	(0.43)	-7.4% ●	(0.48)	-8.2% ●
Adult Surgical	5.00	5.09	5.16	(0.09)	-1.7% ○	(0.16)	-3.1% ●
Adult Psych	13.02	11.08	11.23	1.94	17.5% ●	1.79	16.0% ●
Subtotal – Adult	5.65	5.74	5.81	(0.09)	-1.6% ○	(0.16)	-2.8% ●
Pediatric Medical & Surgical	6.14	5.37	5.44	0.77	14.4% ●	0.70%	12.8% ●
Pediatric Critical Care	27.70	25.54	26.17	2.16	8.5% ●	1.53	5.8% ●
Pediatric Psych	8.85	7.68	7.79	1.17	15.3% ●	1.06	13.6% ●
Subtotal – Pediatrics w/o newborn	10.61	8.67	8.82	1.94	22.4% ●	1.78	20.2% ●
Newborn	2.17	2.40	2.24	(0.23)	-9.7% ●	(0.07)	-3.2% ●
TOTAL w/o Newborn	6.40	6.18	6.26	0.22	3.6% ●	0.14	2.2% ○

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Outpatient Surgeries – by Clinical Department

September 2012

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	17	19	15	(2)	-8.5% ●	2	13.3% ●
Dentistry	168	167	180	1	0.8% ○	(12)	-6.7% ●
Dermatology	7	9	16	(2)	-24.0% ●	(9)	-56.3% ●
General Surgery	684	671	647	13	2.0% ○	37	5.7% ●
Gynecology	205	225	222	(20)	-9.0% ●	(17)	-7.7% ●
Internal Medicine	1	3	5	(2)	-68.3% ●	(4)	-80.0% ●
Neurosurgery	144	114	94	30	26.3% ●	50	53.2% ●
Ophthalmology	979	958	886	21	2.2% ○	93	10.5% ●
Orthopedics	954	1,007	964	(53)	-5.2% ●	(10)	-1.0% ○
Otolaryngology	570	622	587	(52)	-8.4% ●	(17)	-2.9% ●
Pediatrics	2	0	0	2	●		●
Radiology – Interventional	12	11	9	1	7.2% ●	3	33.3% ●
Urology w/ Procedure Ste.	471	426	384	45	10.6% ●	87	22.7% ●
Total	4,214	4,232	4,009	(18)	-0.4% ○	205	5.1% ●

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable









Inpatient Surgeries – by Clinical Department




September 2012

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	242	312	320	(70)	-22.5% ●	(78)	-24.4% ●
Dentistry	45	41	48	4	9.6% ●	(3)	-6.3% ●
General Surgery	838	896	860	(58)	-6.4% ●	(22)	-2.6% ●
Gynecology	195	200	188	(5)	-2.6% ●	7	3.7% ●
Neurosurgery	437	447	430	(10)	-2.2% ○	7	1.6% ○
Ophthalmology	48	41	32	7	18.4% ●	16	50.0% ●
Orthopedics	713	701	626	12	1.7% ○	87	13.9% ●
Otolaryngology	171	212	191	(41)	-19.5% ●	(20)	-10.5% ●
Radiology – Interventional	29	35	33	(6)	-18.1% ●	(4)	-12.1% ●
Urology w/ Procedure Ste.	188	216	190	(28)	-13.2% ●	(2)	-1.1% ○
Total	2,906	3,102	2,918	(196)	-6.3% ●	(12)	-0.4% ○

Solid Organ Transplants	92	87	77	5	5.7% ●	15	19.5% ●
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● Greater than 2.5% Favorable
 ○ Neutral
 ● Greater than 2.5% Unfavorable

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
ED Visits	15,703	16,492	15,496	(789)	-4.8% 	207	1.3% 
ED Admits	4,471	4,374	4,110	97	2.2% 	361	8.8% 
ED Conversion Factor	28.5%	26.5%	26.5%		7.3% 		7.3% 
ED Admits / Total Admits	57.4%	56.3%	53.7%		2.0% 		6.9% 

		
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Clinic Visits by Clinical Department

Fiscal Year to Date September 2012

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget		Variance to Prior Year	% Variance to Prior Year	
Anesthesia	3,071	3,700	3,532	(629)	-17.0%	●	(461)	-13.1%	●
CDD	2,205	2,340	2,081	(135)	-5.8%	●	124	6.0%	●
Clinical Research	2,150	2,487	2,518	(337)	-13.6%	●	(368)	-14.6%	●
Dermatology	6,020	6,468	6,498	(448)	-6.9%	●	(478)	-7.4%	●
Emergency Department	15,703	16,492	15,496	(789)	-4.8%	●	207	1.3%	○
General Surgery	7,165	6,985	6,484	180	2.6%	●	681	10.5%	●
Heart and Vascular	9,116	10,243	9,675	(1,127)	-11.0%	●	(559)	-5.8%	●
Hospital Dentistry	3,753	3,952	3,806	(199)	-5.0%	●	(53)	-1.4%	○
Internal Medicine	26,799	29,859	27,852	(3,060)	-10.2%	●	(1,053)	-3.8%	●
Neurology	4,584	4,686	4,348	(102)	-2.2%	○	236	5.4%	●
Neurosurgery	2,801	2,497	2,365	304	12.2%	●	436	18.4%	●
Obstetrics/Gynecology	19,986	21,220	19,583	(1,234)	-5.8%	●	403	2.1%	○
Ophthalmology	17,910	19,977	17,511	(2,067)	-10.3%	●	399	2.3%	○
Orthopedics	16,547	16,817	15,720	(270)	-1.6%	○	827	5.3%	●
Otolaryngology	7,477	7,933	7,295	(456)	-5.8%	●	182	2.5%	○
Pediatrics	12,505	12,469	11,379	36	0.3%	○	1,126	9.9%	●
Primary Care	61,089	57,410	56,499	3,679	6.4%	●	4,590	8.1%	●
Psychiatry	10,634	10,995	9,994	(361)	-3.3%	●	640	6.4%	●
Urology	4,891	4,426	4,281	465	10.5%	●	610	14.2%	●
Other	656	202	231	454	224.9%	●	425	184.0%	●
Total	235,062	241,158	227,114	(6,096)	-2.5%	○	7,948	3.5%	●

● Greater than 2.5% Favorable

○ Neutral

● Greater than 2.5% Unfavorable

Outpatient Activity Detail

Fiscal Year to Date September 2012

Primary Care Clinics

Operating Review (YTD)

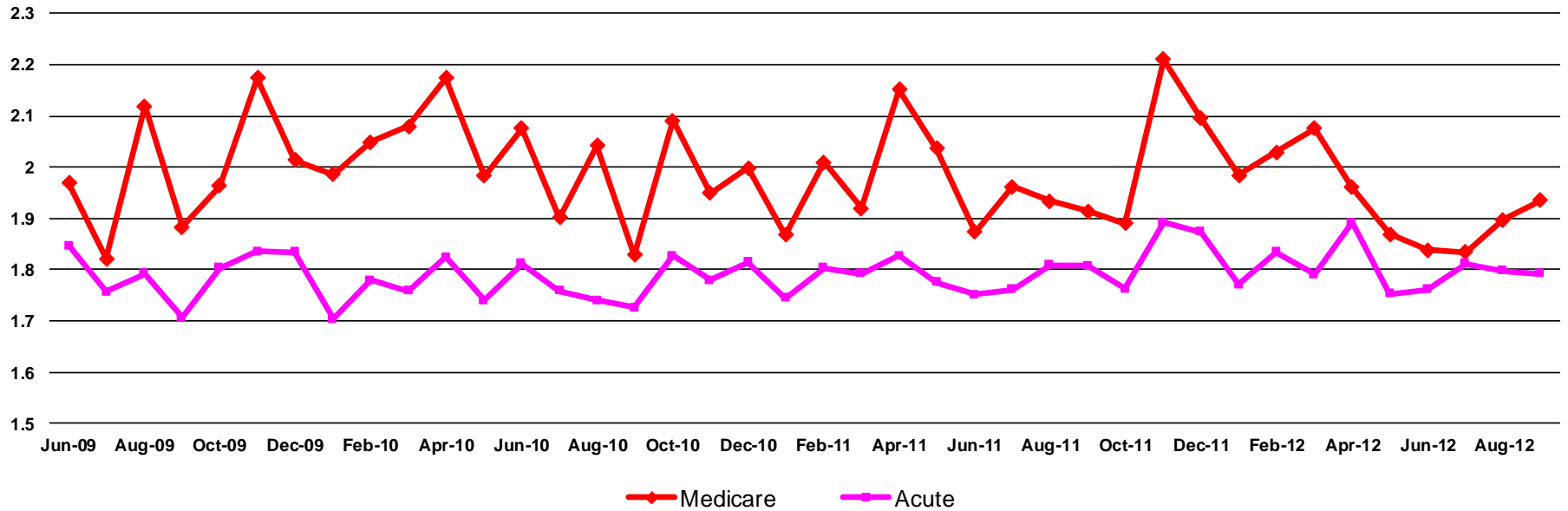
	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Employee Health Clinic	6,515	5,734	4,747	781	13.6% ●	1,768	37.2% ●
Family Care Center	19,757	20,156	21,299	(399)	-2.0% ○	(1,542)	-7.2% ●
Offsite Clinics	20,285	17,465	18,725	2,820	16.1% ●	1,560	8.3% ●
Quick Care Clinics	8,023	7,780	6,525	243	3.1% ●	1,498	23.0% ●
Primary Care Clinic North	6,509	6,276	5,203	233	3.7% ●	1,306	25.1% ●
TOTAL	61,089	57,410	56,499	3,679	6.4% ●	4,590	8.1% ●

Clinical Cancer Center

Infusions	11,253	12,213	10,366	(960)	-7.9% ●	887	8.6% ●
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●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Case Mix Index



UIHC Comparative Financial Results

Fiscal Year to Date September 2012

Dollars in Thousands

NET REVENUES:	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	\$268,626	\$273,060	\$257,823	(\$4,434)	-1.6%	\$10,803	4.2%
Other Operating Revenue	12,602	13,036	11,773	(434)	-3.3%	829	7.0%
Total Revenue	\$281,228	\$286,095	\$269,596	(\$4,868)	-1.7%	\$11,631	4.3%

EXPENSES:

Salaries and Wages	\$141,430	\$143,534	\$135,320	(\$2,104)	-1.5%	\$6,111	4.5%
General Expenses	114,523	115,748	110,589	(1,225)	-1.1%	3,934	3.6%
Operating Expense before Capital	\$255,953	\$259,283	\$245,909	(\$3,329)	-1.3%	\$10,045	4.1%
Cash Flow Operating Margin	\$25,274	\$26,813	\$23,687	(\$1,538)	-5.7%	\$1,587	6.7%
Capital- Depreciation and Amortization	16,758	18,381	16,945	(1,624)	-8.8%	(187)	-1.1%
Total Operating Expense	\$272,711	\$277,664	\$262,854	(\$4,953)	-1.8%	\$9,857	3.8%

Operating Income	\$8,517	\$8,431	\$6,743	\$85	1.0%	\$1,773	26.3%
Operating Margin %	3.0%	2.9%	2.5%		0.1%		0.6%
Gain on Investments	7,045	4,688	(11,076)	2,357	50.3%	18,122	163.6%
Other Non-Operating	173	(2,449)	(288)	2,622	107.1%	461	160.1%
Net Income	\$15,735	\$10,670	(\$4,621)	\$5,065	47.5%	\$20,356	440.5%
Net Margin %	5.5%	3.7%	-1.8%		1.8%		7.2%

UIHC Comparative Financial Results

September 2012

Dollars in Thousands

NET REVENUES:	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	\$87,093	\$91,972	\$90,792	(\$4,878)	-5.3%	(\$3,698)	-4.1%
Other Operating Revenue	3,863	4,345	3,588	(483)	-11.1%	275	7.7%
Total Revenue	\$90,956	\$96,317	\$94,379	(\$5,361)	-5.6%	(\$3,423)	-3.6%

EXPENSES:

Salaries and Wages	\$46,942	\$48,268	\$45,247	(\$1,326)	-2.7%	\$1,696	3.7%
General Expenses	38,374	38,517	37,511	(143)	-0.4%	864	2.3%
Operating Expense before Capital	\$85,317	\$86,786	\$82,757	(\$1,469)	-1.7%	\$2,559	3.1%
Cash Flow Operating Margin	\$5,639	\$9,531	\$11,622	(\$3,892)	-40.8%	(\$5,983)	-51.5%
Capital- Depreciation and Amortization	5,564	6,127	5,760	(562)	-9.2%	(196)	-3.4%
Total Operating Expense	\$90,881	\$92,913	\$88,518	(\$2,031)	-2.2%	\$2,363	2.7%

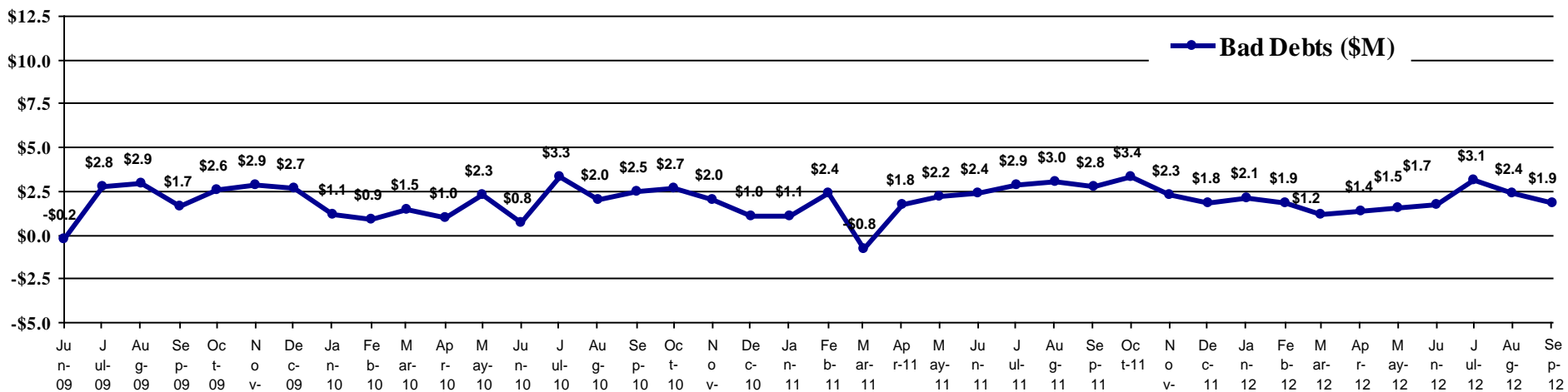
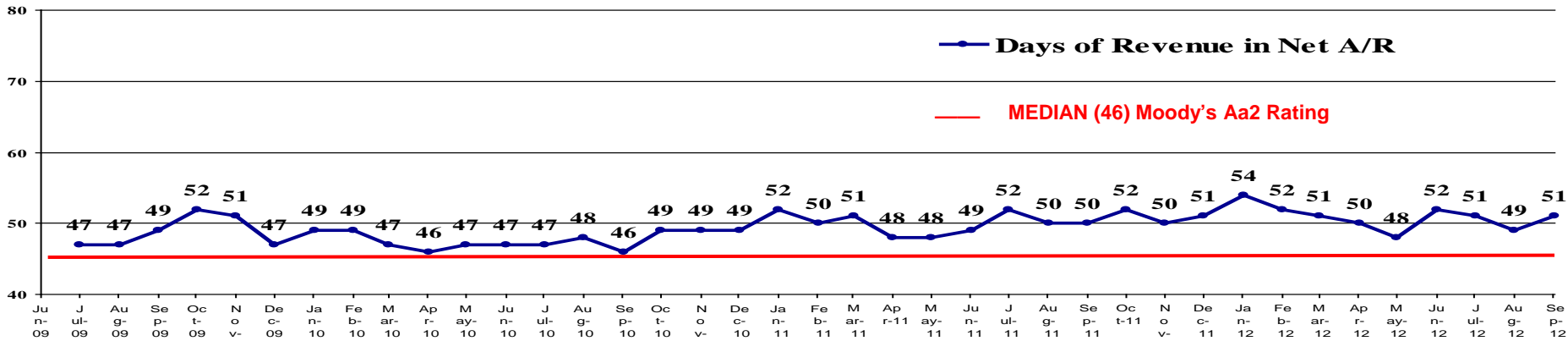
Operating Income	\$74	\$3,404	\$5,861	(\$3,330)	-97.8%	(\$5,787)	-98.7%
Operating Margin %	0.1%	3.5%	6.2%		-3.5%		-6.1%
Gain on Investments	1,908	1,563	(11,202)	345	22.1%	13,109	117.0%
Other Non-Operating	(41)	(816)	(41)	776	-95.0%	(1)	1.6%
Net Income	\$1,942	\$4,150	(\$5,382)	(\$2,209)	-53.2%	\$7,324	136.1%
Net Margin %	2.1%	4.3%	-6.5%		-2.2%		8.6%

Comparative Accounts Receivable

at September 30, 2012



	June 30, 2011	June 30, 2012	September 30, 2012
Net Accounts Receivable	\$136,477,870	\$152,847,415	\$153,420,209
Net Days in AR	49	52	51





Strategic Plan Update

Jean Robillard, MD
Vice President for Medical Affairs

Scorecard – Overall

FY12 Actual

UI Health Care Strategic Plan Scorecard	<u>FY11 Actual</u>	<u>FY12 Actual</u>	<u>FY 12 Target</u>	<u>Upshot</u>
OVERALL				
Honor Roll for Best Hospitals by US News and World Report	Ranked in 9 specialties	Ranked in 9 specialties	Honor Roll	Maintained
Children's Hospitals by US News and World Report	Ranked in 10 specialties	Ranked in 10 specialties	Honor Roll	Maintained
Public Medical Schools ranking in Research by US News and World Report	9 th	10 th	Top 10	Achieved
Overall Medical School ranking in Research by US News and World Report	26 th	29 th	Improve	Declined
Public Medical Schools Primary Care ranking by US News and World Report	9 th	11 th	Top 10	Declined
Overall Medical Schools Primary Care ranking by US News and World Report	10 th	12 th	Improve	Declined
NIH Funding among Public Medical Schools	12 th	17 th	Top 10	Declined
Moody's Bond Rating	Aa2 rated	Aa2 rated	Maintain Aa2	Achieved

Scorecard – Clinical Quality & Service

FY12 Actual

UI Health Care Strategic Plan Scorecard	<u>FY11 Actual</u>	<u>FY12 Actual</u>	<u>Target</u>	<u>Upshot</u>
CLINICAL QUALITY AND SERVICE				
Patient Satisfaction: a) Adult b) Pediatric c) Outpatient	a) 47 th percentile b) 46 th percentile c) 26 th percentile	a) 47 th percentile b) 52 nd percentile c) 29 th percentile	90 th percentile	a) Maintained b) Improved c) Improved
CMS Core Measure - Heart Failure Discharge Instructions	83% last reported quarter	95% last reported quarter (Q1, 2012)	>97%	Improved
Operating Room - first case on time starts (main OR)	90%	92%	95%	Improved
Transfer Center - Avg. time from initial call to patient placement confirmation	91 minutes	73 minutes	90 minutes	Achieved
Readmission Rate	12.5%	12.3% Q1 CY12	9.9%	Improved
Length of stay (observed/expected)	1.42	1.34	≤1.0	Improved

Scorecard – Research

FY12 Actual

UI Health Care Strategic Plan Scorecard	<u>FY11 Actual</u>	<u>FY12 Actual</u>	<u>Target</u>	<u>Upshot</u>
RESEARCH				
Number and dollar amount of extramurally funded projects*	992 \$208.9M	986 \$208.9M	Maintain	Achieved
Research revenue per net square foot*	\$437	\$439	Maintain	Achieved
Percent of extramurally funded faculty research effort*	23%	23%	Maintain	Achieved

*Excludes funding from the American Recovery and Reinvestment Act of 2009

Scorecard – Education

FY12 Actual

UI Health Care Strategic Plan Scorecard	<u>FY11 Actual</u>	<u>FY12 Actual</u>	<u>Target</u>	<u>Upshot</u>
EDUCATION				
Increase applications for medical school	3,555	3,489	Maintain	Insignificant change
Mean MCAT scores: Verbal Reasoning, Physical Sciences, Biological Sciences, Writing Sample	33	32	Maintain	Insignificant change
Increase GPA of accepted applicants	3.78	3.74	Maintain	Insignificant change
Limit % increase in annual student debt compared to national benchmarks and prior year	UI Class of 2010 average \$136K; National average \$156K	UI Class of 2011 average \$154K; National average \$161K	Maintain below national average	Achieved

Scorecard – People

FY 12 Actual

UI Health Care Strategic Plan Scorecard	<u>FY11 Actual</u>	<u>FY12 Actual</u>	<u>Target</u>	<u>Upshot</u>
PEOPLE				
Develop and implement plan for improved recruiting process	105 days	96 days	Reduce time to hire	Achieved
Develop and implement plan for improved on-boarding of staff	In process	100%	100% of new staff will complete new orientation within 60 days of hire	Achieved
Develop and deliver Service Excellence training to all staff	In process	52% trained	Complete training for additional 4,000 staff members in FY12 (approx. half the workforce will then be trained)	Achieved

Scorecard – Diversity

FY 12 Actual

UI Health Care Strategic Plan Scorecard	<u>FY11 Actual</u>	<u>FY12 Actual</u>	<u>Target</u>	<u>Upshot</u>
DIVERSITY				
Develop a structure to lead enterprise-wide diversity, respect and inclusion efforts to address increasingly diverse faculty, staff and patient populations.	Leadership retreat held; Plan to develop detailed strategy in process	In progress	Develop enterprise-wide structure; make significant progress in the plan	—
Recruit permanent Associate Dean for Cultural Affairs & Diversity in the CCOM	Interim leader appointed	Complete	Complete recruitment	Achieved

Scorecard – Growth and Finance

FY12 Actual

UI Health Care Strategic Plan Scorecard	FY11 Actual	FY12 Actual	Target	Upshot
GROWTH AND FINANCE				
Admissions (excl. Normal Newborn and OP Observation)	29,946	30,537	29,742	Achieved
UIHC Operating Margin %	5.8%	4.3%	4.0%	Achieved
UIP Operating Margin %	6.8%	0.1%	6.6%	*
Outpatient Clinic Visits (including ETC and Hosp Dentistry)	778,789	818,178	830,167	Improved
Surgical Cases (inpatient and outpatient)	25,702	27,876	26,921	Achieved
Philanthropic goal of \$500M by the end of CY13	\$81M	\$86M	\$86M	Achieved

*One-year anomaly due to two years of incentive payments occurring in FY12

UI Health Care Strategic Plan



UI Health Care Strategic Plan - FY 2010-2013 (updated for FY2012)



Mission

Vision

Values

Changing Medicine. Changing Lives.

World Class People. World Class Medicine. For Iowa and the World.

I CARE. Innovation, Collaboration, Accountability, Respect, Excellence.

Clinical Quality & Service Goal	Research Goal	Education Goal	People Goal	Diversity Goal	Growth and Finance Goal
Provide world class healthcare and service to optimize health for everyone.	Advance world class discovery through excellence and innovation in biomedical and health services research.	Develop world class health professionals and scientists through excellent, innovative and humanistic educational curricula for learners at every stage.	Foster a culture of excellence that values, engages and enables our workforce.	Create an environment of inclusion where individual differences are respected and all feel welcome.	Optimize a performance-driven business model that assures financial success.

Accountable Leaders	Accountable Leaders	Accountable Leaders	Accountable Leaders	Accountable Leaders	Accountable Leaders
Ken Kates, Theresa Brennan, Craig Syrop, Ann Williamson	Donna Hammond, Michael Apicella, Pat Winokur, Gary Rosenthal	Donna Hammond, Donna Hammond, Mark Wilson, Christopher Cooper, LouAnn Montgomery	Jana Wessels, Ann Williamson	All Accountable Leaders	Ken Fisher, Ken Kates, Donna Hammond, Jackie Lewis

Strategies	Strategies	Strategies	Strategies	Strategies	Strategies
<ul style="list-style-type: none"> Lead efforts to improve health, access, quality and reduce fragmentation in the health care delivery system in collaboration with other health sciences colleges and community partners. Ensure that clinical services are provided with a team, integrated and patient-centered focus. Maximize current operational efficiency and expand clinical capacity to address immediate and long-term needs. Implement business plans for programmatic priorities: <ul style="list-style-type: none"> Cancer Children's Services Heart and Vascular Neurosciences Transplant Women's Health Other emerging areas of clinical focus, including aging and age-related diseases. Develop processes to effectively implement evidence-based quality and safety initiatives. Lead efforts to ensure that all UI Health Care clinicians receive appropriate professional training on culturally competent care. 	<ul style="list-style-type: none"> Identify areas of excellence in basic research in which to prioritize future growth and development. Integrate genomics with clinical care. Expand existing research that disseminates and implements evidence-based practices into routine clinical practice settings. Improve and grow scientific infrastructure. Expand existing 'bench to bedside to community' research (CTSA). Promote development of new clinical and translational research programs that are strategically aligned with clinical programmatic priorities. Nurture the development of high quality, high reward interdisciplinary scientific programs. Recruit, develop, and retain a diverse cadre of world class investigators and support their academic development. Collaborate with other UI Colleges and CTSA Consortium. 	<ul style="list-style-type: none"> Recruit, develop and retain diverse world class faculty and students Continue the evolution of an innovative curriculum through competency and evidence-based learning across a continuum of undergraduate, graduate and continuing medical education. Limit medical student debt. Recognize and reward excellence in teaching. Cultivate critical thinking, an environment of curiosity and life-long learning, a spirit of inquiry, a passion for excellence. Implement cultural competency and related diversity educational initiatives into the curriculum for all trainees. Develop world class international medical educational programs in targeted areas. Utilize interdisciplinary education in collaboration with other health sciences colleges to train health professionals and instill a team approach to patient care. Continue to play a key role in training allied health professionals for Iowa. Facilitate learning through the innovative application of information technologies. 	<ul style="list-style-type: none"> Seek, hire and retain outstanding people including individuals from groups traditionally under-represented in academic medicine. Ensure that all UI Health Care employees receive appropriate training regarding organization's Mission, Vision, Values and Goals. Engage staff and encourage strong personal responsibility, accountability and empowerment directed toward achieving organizational goals. Define performance expectations for all. Promote programs that recognize and reward excellence. Foster an environment of continual learning, innovation and collaboration. Maintain Magnet recognition program designation to attract and retain a world class workforce. Develop and implement the IOM Future of Nursing recommendations appropriate to our workforce. 	<ul style="list-style-type: none"> Provide a range of diversity education, cultural enrichment and acclimation programs for members of the UI Health Care community. Develop and implement innovative, effective recruiting and pipeline initiatives geared towards under-represented groups. Nurture a culture of respect, inclusion and equal opportunity. Each Accountable Leader will advance diversity in all strategies. 	<ul style="list-style-type: none"> Ensure a sound financial position of clinical programs. Grow in scope, depth and volume in clinical programmatic priority areas. Assure a sound financial position of non-clinical programs. Devote appropriate resources, facilities and equipment to assure the success of clinical, education and research strategies. Develop a culture of philanthropy.

Tactics	Tactics	Tactics	Tactics	Tactics	Tactics
<ul style="list-style-type: none"> Develop effective, collaborative relationships with local communities using outreach, telemedicine and other tactics. Develop and implement UI Service Excellence. Fully implement the Quality and Safety work plans in process. Integrate residents and fellows into UI Service Excellence and Quality and Safety initiatives. Increase length of stay. Continue to develop and refine the Transfer Center. Improve efficiency and access in Ambulatory Care Clinics. Fully integrate Medical Directors into the clinical operations. Develop and implement performance-based, medical home model of primary care for targeted populations. Evaluate participation in pilot(s) for alternative delivery system of care. 	<ul style="list-style-type: none"> Plan/build the Pappajohn Biomedical Institute. Renovate lab space in Medical Laboratories. Utilize existing open space at Oldkirk for incubation. Focus DCO recruits and resources on Strategic Priorities: Cancer, Heart, Neuroscience and Health Services Outcomes. Develop and implement FUTURE Program. Improve Bioinformatics and IT infrastructure. Implement integrated DNA, blood and tissue procurement system. Initiate Neurosciences Institute. Facilitate collaboration between basic scientists and clinicians for submission of PPG translational grants. Improve infrastructure for human subjects research. 	<ul style="list-style-type: none"> Increase scholarships. Improve integration of UGME, OSCEP, GME and CME. Develop and deliver an excellent educational experience to residents and fellows. Implement annual review/hearings with departments. Respond to LME and ACGME accreditation recommendations for residency and fellowship programs. Consider strategic affiliations with international medical education programs. Develop and implement FUTURE Program. Continue development of the Branch Campus. Evaluate the potential to increase medical school class size and allied health programs. Maintain diversity in each entering class, with particular focus on those groups under-represented in medicine. 	<ul style="list-style-type: none"> Develop and implement plan for improved recruiting program Develop and implement plan for improved on-boarding of staff Develop and deliver Service Excellence training to all staff Participate in Working at Iowa survey Conduct our second Culture of Safety survey 	<ul style="list-style-type: none"> Develop a structure and plan to lead enterprise-wide diversity, respect and inclusion efforts to address increasingly diverse faculty, staff and patient populations Recruit permanent Assistant/Associate Dean for Cultural Affairs & Diversity in CCOM Recruit Chief Diversity Officer for UI Health Care 	<ul style="list-style-type: none"> Implement tactical business plans for clinical programmatic priority areas. Plan/build off-site ambulatory care facilities. Plan/build UI Children's Hospital. Plan/build/renovate main campus facilities resulting in all private rooms. Explore the implementation of one or more new payment models such as bundled payments or shared savings. Develop affiliation agreements as appropriate with community partners. Plan to move corporate/administrative services offsite to allow for clinical growth on main campus. Reorganize administrative structures in CCOM. Focus finances on strategic priorities. Develop unified clinical incentive plan. Expand the philanthropic base.

Resources and Processes	Resources and Processes	Resources and Processes	Resources and Processes	Resources and Processes	Resources and Processes
<ul style="list-style-type: none"> Continue to develop the full capabilities of Epic to facilitate quality/safety and enhance professional and consumer relationships, including UI CareLink and MyChart. Training and Development Marketing and Communications Policy and Practice changes 	<ul style="list-style-type: none"> Develop the full capabilities of Epic to facilitate innovation in research. Provide training and support for faculty and staff to incorporate translational research into clinical practice. 	<ul style="list-style-type: none"> Develop the full capabilities of Epic to facilitate education. Provide training and support for "learners" to understand and implement patient-centered care and service. 	<ul style="list-style-type: none"> Training and Development Communications Policy and Practice changes 	<ul style="list-style-type: none"> Support for Diversity programs, services and activities 	<ul style="list-style-type: none"> Data-driven business planning Robust financial and performance-reporting systems

Metrics	Metrics	Metrics	Metrics	Metrics	Metrics
<ul style="list-style-type: none"> Patient and Referring Physician Satisfaction Satisfaction of Critical Access Hospital and Outreach partners Inpatient and Outpatient Throughput <ul style="list-style-type: none"> Length of stay, next third available outpatient appointments Main OR first case on time starts, number of OR cases per room JCAHOCHS Core measures Ventilator Associated Pneumonia & Central Line Blood Stream Infection rates Heart Failure Discharge Instructions Readmission rates Value-Based Purchasing metrics Blood Management metrics Nurse Sensitive Indicators (NSIs) for Magnet designation 	<ul style="list-style-type: none"> Number, dollar amount and percent of extramurally funded projects Number and dollar amount of clinical trials Number and dollar amount of program project and other collaborative grants Recruitment and retention of a diverse faculty as measured by annual demographic data on the composition of UI Health Care faculty Increase in "optimal" rankings for the diversity recruitment and retention plan on NIH grant reviews Number of patents, royalties, licensing agreements Research revenue per net square foot Percent of faculty salaries offset by grant support 	<ul style="list-style-type: none"> # of hours/faculty devoted to education efforts as logged in participation database Applications, admissions, and yield including increased GPA and MCAT scores and diversity of applicants and admitted students USMLE scores Match results, all available CCOM slots filled Student evaluations of curriculum and instruction to include residents and fellows % increase in annual student debt compared to national benchmarks and prior year Placements of graduates, short term and long term National rankings of graduate programs and professional schools Success in student diversity retention initiatives Increase in positive data from OSAC-commissioned minority focus groups 	<ul style="list-style-type: none"> Reduce time to hire Percent of staff completing orientation within 60 days of hire Percent of staff trained in Service Excellence Culture of Safety survey score 	<ul style="list-style-type: none"> Structure developed and significant progress made in the plan Successful recruitment of Assistant/Associate Dean for Cultural Affairs and Diversity for CCOM Proven ability to deliver culturally competent and sensitive patient care as measured by patient satisfaction surveys 	<ul style="list-style-type: none"> Volume for inpatient and outpatient services (total admissions, outpatient clinic visits, ETC visits and surgical cases) Volumes for clinical programmatic priority areas Performance against fixed operating budget UIHC and UIOP operating margin % Facility projects on budget, on schedule CARTS model productivity factor Annual fundraising productivity Philanthropic goal of \$50MM by the end of fiscal year 2013 Comprehensive community benefit reporting Bond rating

Scorecard – Overall

FY13 Targets

UI Health Care Strategic Plan Scorecard	<u>FY12 Actual</u>	<u>FY13 Target</u>
Overall		
Honor Roll for Best Hospitals by US News and World Report	Ranked in 9 specialties	Improve
Children's Hospitals by US News and World Report	Ranked in 10 specialties	Improve
Public Medical Schools ranking in Research by US News and World Report	10 th	Improve
Overall Medical School ranking in Research by US News and World Report	29 th	Improve
Public Medical Schools Primary Care ranking by US News and World Report	11 th	Improve
Overall Medical Schools Primary Care ranking by US News and World Report	12 th	Improve
NIH Funding among Public Medical Schools	17 th	Improve
Moody's Bond Rating	Aa2 rated	Maintain Aa2

Scorecard – Clinical Quality & Service

FY13 Targets

UI Health Care Strategic Plan Scorecard	FY12 Actual	FY13 Target
Clinical Quality & Service		
Patient Satisfaction: a) Adult b) Pediatric c) Outpatient	a) 47 th percentile b) 52 nd percentile c) 29 th percentile	Improve 10%
CMS Core Measure – Heart Failure Discharge Instructions	95%	>97%
Operating Room – first case on-time starts (main OR)	92%	95%
Transfer Center – Avg time from initial call to patient placement confirmation	73 minutes	Improve
Readmission Rate	12.3% (Q1 CY 2012)	9.9%
Length of Stay (observed/expected)	1.23	1.17

Scorecard – Research

FY13 Targets

UI Health Care Strategic Plan Scorecard	<u>FY12 Actual</u>	<u>FY13 Target</u>
Research		
Number and dollar amount of extramurally funded projects	986 \$208.9M	Total non-ARRA extramural funding increases or decreases by the same percentage as the NIH budget for FY13.
Research revenue per net square foot	\$439	Maintain
Percent of extramurally funded faculty research effort	23%	Maintain

Scorecard – Education

FY13 Targets

UI Health Care Strategic Plan Scorecard	<u>FY12 Actual</u>	<u>FY13 Target</u>
Education		
Number of applications for medical school	3,489	Maintain
Mean MCAT scores: Verbal Reasoning, Physical Sciences, Biological Sciences, Writing Sample	32	Maintain
GPA of accepted applicants	3.74	Maintain
Limit % increase in annual student debt compared to national benchmarks and prior year	UI Class of 2011 average \$154K; National average \$161K	Maintain below national average

Scorecard – People

FY13 Targets

UI Health Care Strategic Plan Scorecard	<u>FY12 Actual</u>	<u>FY13 Target</u>
People		
Develop and implement plan for improved recruiting process	96 days	Reduce time to hire
Develop and implement plan for improved on-boarding of staff	100%	Maintain
Develop and deliver Service Excellence training to all staff	52% trained	65% trained

Scorecard – Diversity

FY 13 Targets

UI Health Care Strategic Plan Scorecard	<u>FY12 Actual</u>	<u>FY13 Target</u>
Diversity		
Develop a structure to lead enterprise-wide diversity, respect and inclusion efforts to address increasingly diverse faculty, staff and patient populations.	Plan to develop detailed strategy in process	Develop enterprise-wide structure; make significant progress in the plan

Scorecard – Growth and Finance

FY13 Targets

UI Health Care Strategic Plan Scorecard	<u>FY12 Actual</u>	<u>FY13 Target</u>
Growth and Finance		
Admissions (excl. Normal Newborn and OP Observation)	30,537	31,005
UIHC Operating Margin %	4.3%	3.0%
UIP Operating Margin %	0.1%	0%
Outpatient Clinic Visits (including ETC and Hosp Dentistry)	818,178	858,858
Surgical Cases (inpatient and outpatient)	27,876	28,930
Philanthropic goal of \$500M by the end of CY13	\$86M	\$86M

- Conducted stakeholder interviews and focus groups in spring 2012
- Conducted mini-retreat with leadership to identify key issues/challenges to address in short term
- Retreat planned for fall 2012 when Dean Schwinn is on board
- Anticipate rolling out new plan in spring 2013