



University of Iowa Health Care

***Presentation to
The Board of Regents, State of Iowa
June 9, 2010***

Agenda

- Opening Remarks – Robillard
- Iowa River Landing: Basic Concept Drawings – Robillard
- Operating and Financial Performance – Kates/Fisher
- Radiation Oncology – Buatti
- Strategic Plan Update – Robillard



Iowa River Landing: Basic Concept Drawings

Jean Robillard, MD
Vice President for Medical Affairs



Operating and Financial Performance

Ken Kates, Chief Executive Officer
UI Hospitals & Clinics

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

Volume Indicators

July 2009 through April 2010



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Discharges	23,969	25,255	24,742	(1,286)	-5.1% ●	(773)	-3.1% ●
Patient Days	151,343	167,164	163,173	(15,821)	-9.5% ●	(11,830)	-7.2% ●
Length of Stay	6.30	6.71	6.62	(0.41)	-6.1% ●	(0.32)	-4.8% ●
Average Daily Census	497.84	549.88	536.75	(52.04)	-9.5% ●	(38.91)	-7.2% ●
Surgeries – Inpatient	9,058	9,844	9,031	(786)	-8.0% ●	27	0.3% ○
Surgeries – Outpatient	11,827	10,038	10,812	1,789	17.8% ●	1,015	9.4% ●
Emergency Treatment Center Visits	42,520	41,817	40,518	703	1.7% ○	2,002	4.9% ●
Outpatient Clinic Visits	626,583	633,567	620,879	(6,984)	-1.1% ○	5,704	0.9% ○
Case Mix	1.7810	1.8399	1.8232	(0.0589)	-3.2%	(0.0422)	-2.3%
Medicare Case Mix	2.0270	2.0295	2.0527	(0.0025)	-1.0%	(0.0257)	-1.3%

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

July 2009 through April 2010



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	8,055	8,312	7,780	(257)	-3.1% ●	275	3.5% ●
Adult Surgical	10,571	11,527	11,362	(956)	-8.3% ●	(791)	-7.0% ●
Adult Psych	1,468	1,578	1,888	(110)	-7.0% ●	(420)	-22.3% ●
<i>Subtotal – Adult</i>	<i>20,094</i>	<i>21,417</i>	<i>21,030</i>	<i>(1,323)</i>	<i>-6.2% ●</i>	<i>(936)</i>	<i>-4.5% ●</i>
Pediatric Medical	2,617	2,646	2,554	(29)	-1.1% ○	63	-2.5% ○
Pediatric Surgical	134	139	138	(5)	-3.6% ●	(4)	-2.9% ●
Pediatric Critical Care	708	663	645	45	6.8% ●	63	9.8% ●
Pediatric Psych	416	390	375	26	6.7% ●	41	10.9% ●
<i>Subtotal – Pediatrics w/o newborn</i>	<i>3,875</i>	<i>3,838</i>	<i>3,712</i>	<i>37</i>	<i>1.0% ○</i>	<i>163</i>	<i>4.4% ●</i>
Newborn	1,096	1,106	1,103	(10)	-0.9% ○	(7)	-0.6% ○
TOTAL w/o Newborn	23,969	25,255	24,742	(1,286)	-5.1% ●	(773)	-3.1% ●

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

Discharge Days by Type

July 2009 through April 2010



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	46,642	49,935	45,150	(3,293)	-6.6% ●	1,492	3.3% ●
Adult Surgical	54,467	65,969	62,297	(11,502)	-17.4% ●	(7,830)	-12.6% ●
Adult Psych	16,512	17,319	20,451	(807)	-4.7% ●	(3,939)	-19.3% ●
<i>Subtotal – Adult</i>	<i>117,621</i>	<i>133,223</i>	<i>127,898</i>	<i>(15,602)</i>	<i>-11.7% ●</i>	<i>(10,277)</i>	<i>-8.0% ●</i>
Pediatric Medical	12,460	13,405	14,043	(945)	-7.1% ●	(1,583)	-11.3% ●
Pediatric Surgical	1,057	1,275	1,373	(218)	-17.1% ●	(316)	-23.0% ●
Pediatric Critical Care	16,745	17,752	16,999	(1,007)	-5.7% ●	(254)	-1.5% ○
Pediatric Psych	3,093	3,734	3,356	(641)	-17.2% ●	(263)	-7.8% ●
<i>Subtotal – Pediatrics w/o newborn</i>	<i>33,355</i>	<i>36,166</i>	<i>35,771</i>	<i>(2,811)</i>	<i>-7.8% ●</i>	<i>(2,416)</i>	<i>-6.8% ●</i>
Newborn	2,451	2,488	2,600	(37)	-1.5% ○	(149)	-5.7% ●
TOTAL w/o Newborn	150,976	169,389	163,669	(18,413)	-10.9% ●	(12,693)	-7.8% ●

 Greater than 2.5% Favorable
  Neutral
  Greater than 2.5% Unfavorable

Average Length of Stay by Type

July 2009 through April 2010



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	5.79	6.01	5.80	(0.22)	-3.7% ●	(0.01)	-0.2% ○
Adult Surgical	5.15	5.72	5.48	(0.57)	-10.0% ●	(0.33)	-6.0% ●
Adult Psych	11.25	10.97	10.83	0.28	2.6% ●	0.42	3.9% ●
Subtotal – Adult	5.85	6.22	6.08	(0.37)	-6.0% ●	(0.23)	-3.8% ●
Pediatric Medical	4.76	5.07	5.50	(0.31)	-6.1% ●	(0.74)	-13.5% ●
Pediatric Surgical	7.89	9.16	9.95	(1.27)	-13.9% ●	(2.06)	-20.7% ●
Pediatric Critical Care	23.65	26.77	26.36	(3.12)	-11.7% ●	(2.71)	-10.3% ●
Pediatric Psych	7.44	9.58	8.95	(2.14)	-22.3% ●	(1.51)	-16.9% ●
Subtotal – Pediatrics w/o newborn	8.61	9.42	9.64	(0.81)	-8.6% ●	(1.03)	-10.7% ●
Newborn	2.24	2.25	2.36	(0.01)	-0.4% ○	(0.12)	-5.1% ●
TOTAL w/o Newborn	6.30	6.71	6.62	(0.41)	-6.1% ●	(0.32)	-4.8% ●

 Greater than 2.5% Favorable
  Neutral
  Greater than 2.5% Unfavorable

Outpatient Surgeries – by Clinical Department

July 2009 through April 2010



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	63	46	61	17	37.0% ●	2	3.3% ●
Dentistry	510	376	476	134	35.6% ●	34	7.1% ●
Dermatology	49	37	35	12	32.4% ●	14	40.0% ●
General Surgery	1,799	1,292	1,488	507	39.2% ●	311	20.9% ●
Gynecology	635	519	540	116	22.4% ●	95	17.6% ●
Internal Medicine	6	5	3	1	20.0% ●	3	100.0% ●
Neurosurgery	398	213	276	185	86.8% ●	122	44.2% ●
Ophthalmology	2,614	2,624	2,762	(10)	-0.4% ○	(148)	-5.4% ●
Orthopedics	2,888	2,354	2,425	534	22.7% ●	463	19.1% ●
Otolaryngology	1,801	1,481	1,636	320	21.6% ●	165	10.1% ●
Pediatrics	2	3	4	(1)	-33.3% ●	(2)	-50.0% ●
Radiology – Interventional	42	8	1	34	425.0% ●	41	4,100% ●
Urology w/ Procedure Ste.	1,020	1,080	1,105	(60)	-5.6% ●	(85)	-7.7% ●
Total	11,827	10,038	10,812	1,789	17.8% ●	1,015	9.4% ●

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Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Inpatient Surgeries – by Clinical Department

July 2009 through April 2010



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	986	965	890	21	2.2% ○	96	10.8% ●
Dentistry	93	141	129	(48)	-34.0% ●	(36)	-27.9% ●
General Surgery	2,268	2,448	2,277	(180)	-7.3% ●	(9)	-0.4% ○
Gynecology	678	759	673	(81)	-10.7% ●	5	0.7% ○
Neurosurgery	1,372	1,466	1,391	(94)	-6.4% ●	(19)	-1.4% ○
Ophthalmology	92	156	124	(64)	-41.0% ●	(32)	-25.8% ●
Orthopedics	2,226	2,488	2,250	(262)	-10.5% ●	(24)	-1.1% ○
Otolaryngology	558	703	655	(145)	-20.6% ●	(97)	-14.8% ●
Pediatrics	0	1	1	(1)	-100.0% ●	(1)	-100.0% ●
Radiology – Interventional	193	60	6	133	221.7% ●	187	3,117% ●
Urology w/ Procedure Ste.	592	657	635	(65)	-9.9% ●	(43)	-6.8% ●
Total	9,058	9,844	9,031	(786)	-8.0% ●	27	0.3% ○

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

Emergency Treatment Center

July 2009 through April 2010



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
ETC Visits	42,520	41,817	40,518	703	1.7% ○	2,002	4.9% ●
ETC Admits	10,958	11,309	10,770	(351)	-3.1% ●	188	1.7% ○
Conversion Factor	25.8%	27.0%	26.6%		-4.7% ●		-3.0% ●
ETC Admits / Total Admits	45.8%	44.9%	43.7%		2.2% ○		4.9% ●

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Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Clinic Visits by Clinical Department

July 2009 through April 2010



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Anesthesia	13,450	12,783	12,073	667	5.2% ●	1,377	11.4% ●
CDD	6,078	6,139	6,255	(61)	-1.0% ○	(177)	-2.8% ●
Clinical Research	9,533	7,255	6,993	2,278	31.4% ●	2,540	36.3% ●
Dermatology	21,007	20,817	20,744	190	0.9% ○	263	1.3% ○
ETC	42,520	41,817	40,518	703	1.7% ○	2,002	4.9% ●
Employee Health Clinic	11,835	14,230	13,879	(2,395)	-16.8% ●	(2,044)	-14.7% ●
Family Care Center	80,050	83,264	82,397	(3,214)	-3.9% ●	(2,347)	-2.9% ●
General Surgery	24,079	23,141	22,074	938	4.1% ●	2,005	9.1% ●
Hospital Dentistry	9,934	8,050	19,623	1,884	23.4% ●	(9,689)	-49.4% ●
Internal Medicine	100,147	99,390	95,229	757	0.8% ○	4,918	5.2% ●
Neurology	14,954	14,634	13,897	320	2.2% ○	1,057	7.6% ●
Neurosurgery	7,719	7,936	7,684	(217)	-2.7% ●	35	0.5% ○
Obstetrics/Gynecology	62,906	62,410	59,173	496	0.8% ○	3,733	6.3% ●
Ophthalmology	53,198	60,652	56,814	(7,454)	-12.3% ●	(3,616)	-6.4% ●
Orthopedics	46,718	46,916	44,265	(198)	-0.4% ○	2,453	5.5% ●
Otolaryngology	22,901	24,424	23,594	(1,523)	-6.2% ●	(693)	-2.9% ●
Pediatrics	33,248	33,796	32,484	(548)	-1.6% ○	764	2.4% ○
Primary Care Clinic North	14,910	13,480	12,631	1,430	10.6% ●	2,279	18.0% ●
Psychiatry	35,161	36,289	34,511	(1,128)	-3.1% ●	650	1.9% ○
Thoracic – Cardio Surgery	2,345	2,338	2,223	7	0.3% ○	122	5.5% ●
Urology	13,374	13,303	13,404	71	0.5% ○	(30)	-0.2% ○
Other	516	503	414	13	2.6% ●	102	24.6% ●
Total	626,583	633,567	620,879	(6,984)	-1.1% ○	5,704	0.9% ○



Greater than 2.5% Favorable

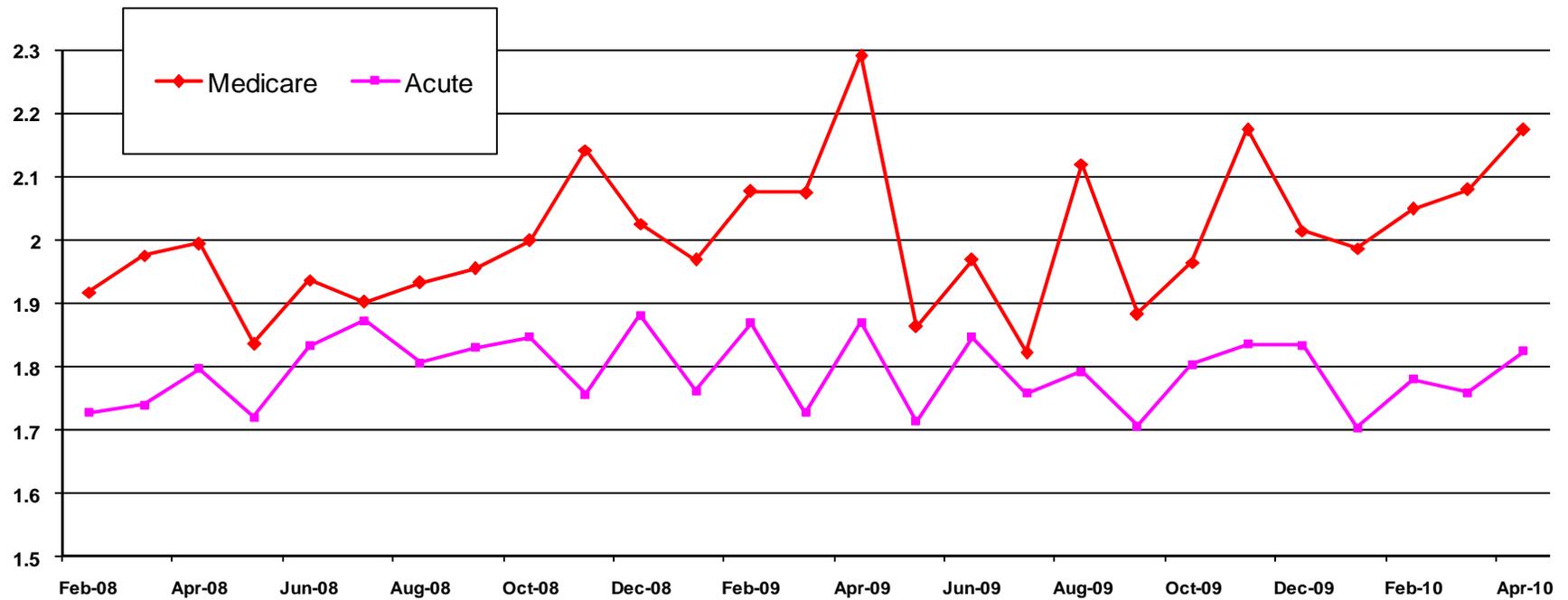


Neutral



Greater than 2.5% Unfavorable

Case Mix Index



UIHC Comparative Financial Results

Fiscal Year to Date April 2010



NET REVENUES:	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	\$741,482	\$756,550	\$735,771	(\$15,068)	-2.0%	\$5,711	0.8%
Appropriations	-	-	5,754	-	0.0%	(5,754)	-100.0%
Other Operating Revenue	38,614	40,632	38,547	(2,018)	-5.0%	67	0.2%
Total Revenue	\$780,096	\$797,182	\$780,072	(\$17,086)	-2.1%	\$24	0.0%

EXPENSES:

Salaries and Wages	\$388,490	\$404,226	\$422,014	(\$15,736)	-3.9%	(\$33,524)	-7.9%
General Expenses	308,305	320,593	303,552	(12,288)	-3.8%	4,753	1.6%
Operating Expense before Capital	\$696,795	\$724,819	\$725,566	(\$28,024)	-3.9%	(\$28,771)	-4.0%
Cash Flow Operating Margin	\$83,301	\$72,363	\$54,506	\$10,938	15.1%	\$28,795	52.8%
Capital- Depreciation and Amortization	62,053	63,639	59,456	(1,586)	-2.5%	2,597	4.4%
Total Operating Expense	\$758,848	\$788,458	\$785,021	(\$29,610)	-3.8%	(\$26,174)	-3.3%

Operating Income	\$21,248	\$8,724	(\$4,950)	\$12,524	143.6%	\$26,198	439.2%
Operating Margin %	2.7%	1.1%	-0.6%		1.6%		3.3%
Gain (Loss) on Investments	32,932	8,659	(11,408)	24,273	280.3%	44,340	388.7%
Other Non-Operating	(4,124)	(4,258)	(4,302)	134	3.2%	178	4.1%
Net Income	\$50,056	\$13,125	(\$20,660)	\$36,931	281.4%	\$70,716	342.3%
Net Margin %	6.2%	1.6%	-2.7%		4.6%		8.9%

UIHC Comparative Financial Results

April 2010



NET REVENUES:	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	\$77,246	\$78,175	\$75,001	(\$929)	-1.2%	\$2,245	3.0%
Appropriations	-	-	543	-	0.0%	(543)	-100.0%
Other Operating Revenue	3,901	4,100	3,957	(199)	-4.9%	(56)	-1.4%
Total Revenue	\$81,147	\$82,275	\$79,501	(\$1,128)	-1.4%	\$1,646	2.1%

EXPENSES:

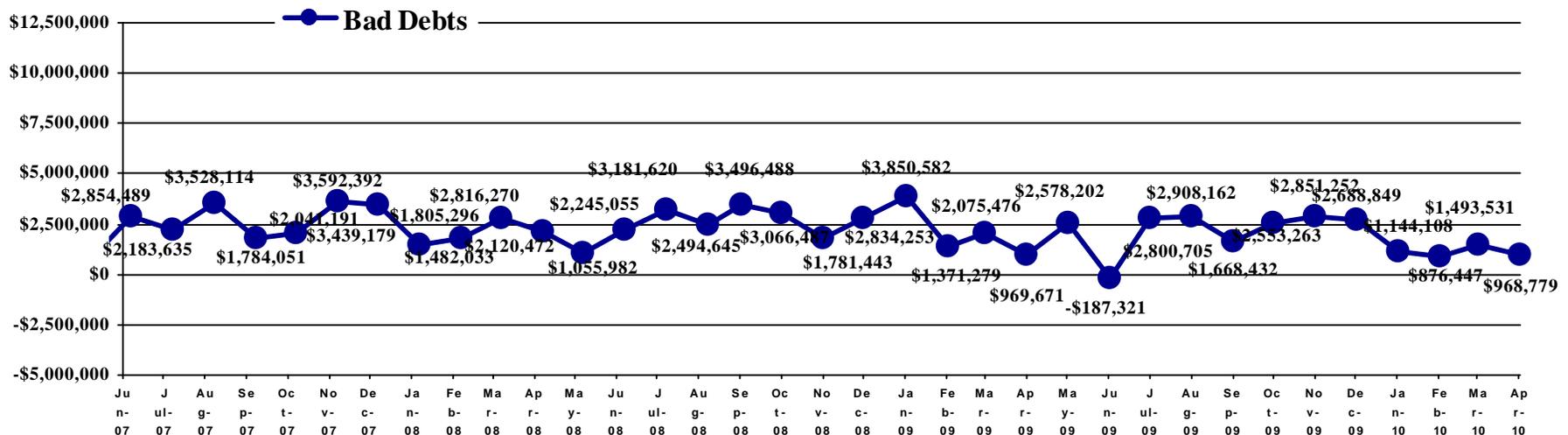
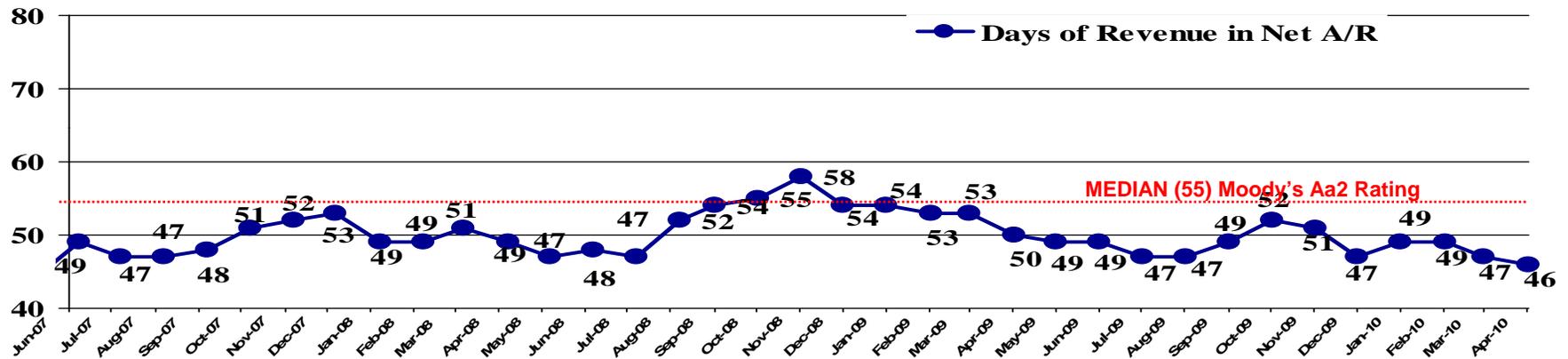
Salaries and Wages	\$39,432	\$41,216	\$41,474	(\$1,784)	-4.3%	(\$2,042)	-4.9%
General Expenses	32,169	32,204	31,348	(35)	-0.1%	821	2.6%
Operating Expense before Capital	\$71,601	\$73,420	\$72,822	(\$1,819)	-2.5%	(\$1,221)	-1.7%
Cash Flow Operating Margin	\$9,546	\$8,855	\$6,679	\$691	7.8%	\$2,867	42.9%
Capital- Depreciation and Amortization	6,042	6,364	6,395	(322)	-5.1%	(353)	-5.5%
Total Operating Expense	\$77,644	\$79,784	\$79,217	(\$2,141)	-2.7%	(\$1,574)	-2.0%

Operating Income	\$3,504	\$2,491	\$284	\$1,013	40.7%	\$3,220	1,133.8%
Operating Margin %	4.3%	3.0%	0.4%		1.3%		3.9%
Gain (Loss) on Investments	4,725	866	6,670	3,859	445.6%	(1,945)	29.2%
Other Non-Operating	(193)	(426)	(815)	233	54.7%	622	76.3%
Net Income	\$8,036	\$2,931	\$6,139	\$5,105	174.2%	\$1,897	30.9%
Net Margin %	9.4%	3.5%	7.2%		5.9%		2.2%

Comparative Accounts Receivable at April 30, 2010

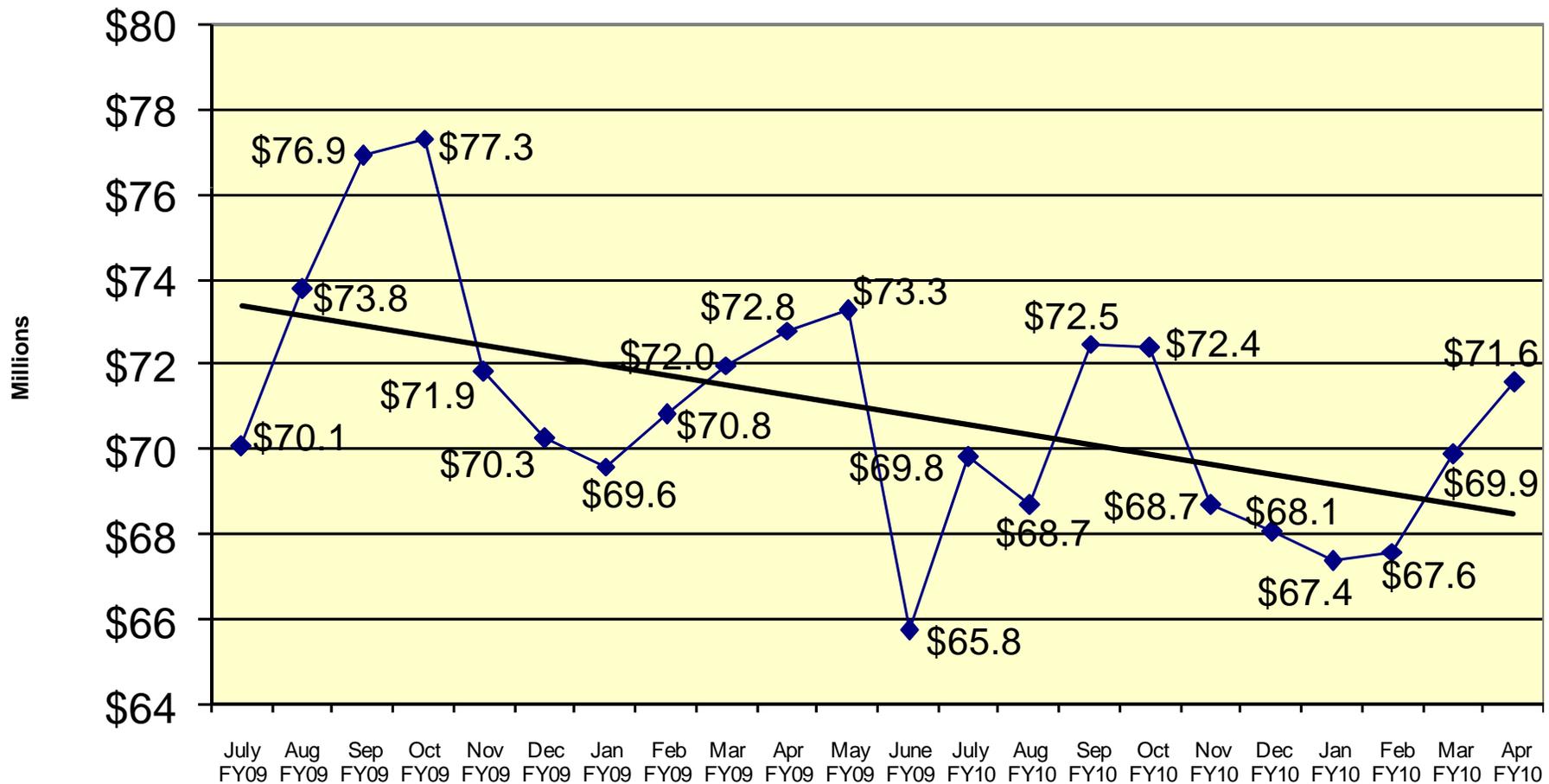


	June 30, 2008	June 30, 2009	April 30, 2010
Net Accounts Receivable	\$111,208,325	\$121,515,935	\$113,117,327
Net Days in AR	48	49	46



Total Operating Expenses

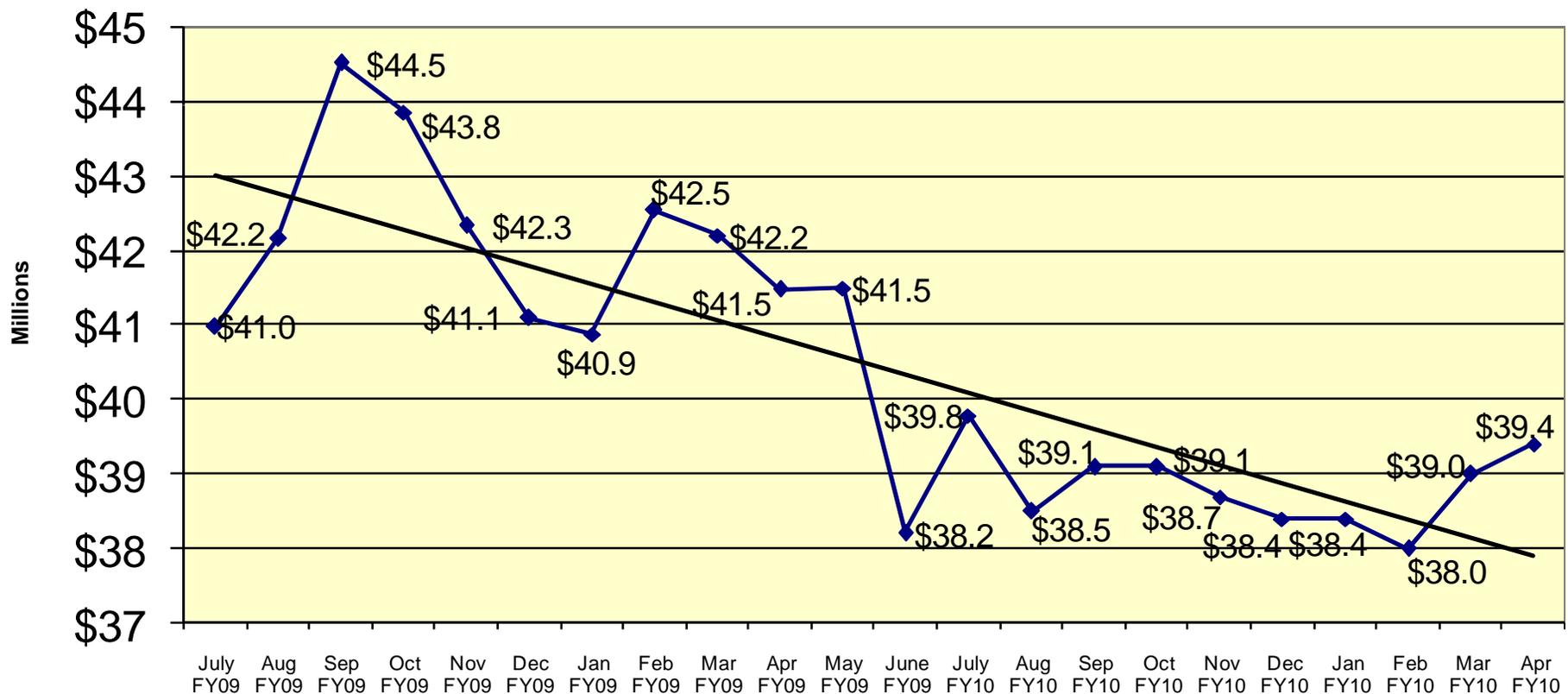
Operating expenses continue to trend downward. Fiscal year-to-date they have decreased from the prior year by 4%, or roughly \$2.9 million per month.



Salary and Benefit Expenses

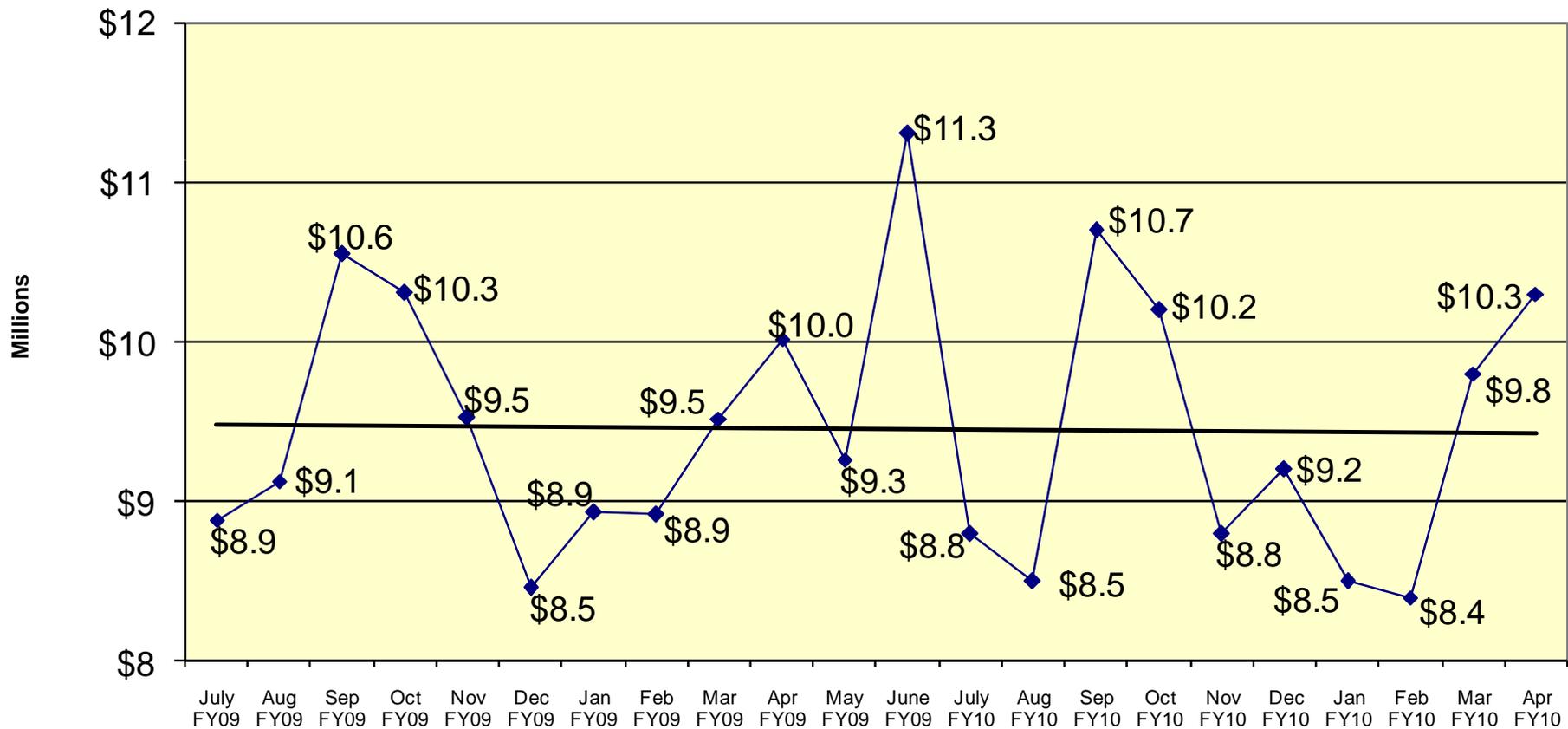


Salary and benefit expenses continue to decline as we focus on improving staff productivity. Salary and benefit expenses averaged \$42.2 million per month during the first ten months of last fiscal year, compared to \$40.4 million this fiscal year, an 8% reduction.



Supply Expenses

Supply expenses continue to improve with ongoing supply chain initiatives. Year-to-date, average supply expenses per month have decreased from the prior year by approximately 1%.



UI Health Care – River Crossing

- Opened March 15, 2010
- 7,600 square-foot, primary care facility
- Designed to serve patients from more communities by improving access and adding new services
 - On-site lab equipment
 - On-site radiology equipment
 - Pharmacy
 - Optical shop



UI Health Care - Muscatine

- Opened May 17, 2010
- Developed to provide an improved patient care setting for patients in the community
 - Dialysis services are offered Mondays, Wednesdays and Fridays
 - Additional specialty outreach services for heart and lung care will be offered beginning in June
 - UI QuickCare available later this summer



Benchmarking our Performance



The screenshot shows the UHC website dashboard. At the top, there is a search bar and a navigation menu with links for Home, About UHC, News Center, Contact Us, Help, and Log Out. Below the navigation is a horizontal menu with categories: Access THE MEMBER CENTER, Measure PERFORMANCE, Improve PERFORMANCE, Optimize THE SUPPLY CHAIN, Increase REVENUE, Apply UHC STRATEGIC RESEARCH, and Access EDUCATIONAL RESOURCES. The main content area is divided into several sections. On the left, there is a 'My UHC' section with a dropdown menu for 'View all my tools' and links for 'Update my profile', 'Change my password', and 'My Member Specialist is Simone Hunt'. The central part features a banner with the text 'Boost Performance, Improve Quality and Take Action!' and a list of five bullet points: 'Explore New Benchmarking & Improvement Services Imperatives for Quality', 'Participate in Councils and Member Groups', 'Learn About Member Participation in UHC', 'Connect to Listserver Discussions', and 'Register for an Event'. Below the banner are three columns of content. The first column, 'What's New', lists three news items: 'UHC Works to Eliminate Medical Errors, Preventable Infections With New Program', 'UHC Active in 2010 National Patient Safety Foundation Congress', and 'Imperatives for Quality Member Activity Grows'. The second column, 'MEASURE Performance', lists various data and reports: 'CDB/Resource Manager', 'Core Measures Data Base', 'Clinical Data Quality Reports', 'Operational Data Base', 'Management Reports', 'Financial Performance', 'Faculty Practice Solutions Center', 'UHC PSN Resource', 'Patient Satisfaction', and 'Supply Chain Informatics'. The third column, 'IMPROVE Performance', lists: 'Benchmarking & Improvement/IQ', 'Performance Excellence Forum (2010)', 'Quality & Safety Fall Forum (2010)', 'Quality and Accountability Project', 'Value Analysis', 'Financial Performance', and 'Accreditation Services'. The fourth column, 'OPTIMIZE The Supply Chain', lists: 'UHC Contracts Marketplace', 'Capital Resource Program', 'Emerging Technologies', 'Non-Acute Purchasing Program', 'Performance Excellence Collaborative Study (2010)', 'Performance Excellence Forum (2010)', 'Supply Chain Consulting', 'Supply Chain Educational Series', and 'Supply Chain Informatics'. The fifth column, 'APPLY UHC Strategic Research', lists 'Strategic Research Studies'. The sixth column, 'ACCESS Educational Resources', lists 'UHC/AACN Nurse Residency Program™', 'UHC Introductory Training', and 'On-Demand Events'. At the bottom, there is a footer with links for 'HIPAA Compliance', 'Privacy Statement', 'Legal Disclaimer', 'Site Map', and 'Send Feedback'.

Department Specific Benchmarking



Efficiency Management Report

Print Date:

Tuesday, May 18, 2010

Data Extract Date:

Friday, April 9, 2010

Department Specific-ODB

Surgical Services Total Expense (WI Adj)/Case	(\$/case)
IT Total Expense (Wi Adj)/Adj Disch	(\$/disch)
Laboratory Services (Clinical Operation) Total Expense (WI Adj)/CMI-Weighted Lab Adjusted Disch	(\$/disch)
Facilities Operations Total Expense (WI Adj)/1000 Gross Sq Ft Maintained	(\$/1000 sq ft)
Fiscal Services Total Expense (WI Adj)/Adj Disch	(\$/disch)
Materials Management Total Expense (WI Adj)/Adj Disch	(\$/disch)
IP Nursing Total Expense (WI Adj)/CMI-Adj Equiv Pat Day	(\$/equiv day)
IP Adjusted Total Pharmacy Expense (WI Adj)/Pharmacy Intensity-Weighted Disch	(\$/disch)
Food and Nutritional Services Total Expense (WI Adj)/ART Meal Equivalent	(\$/meal equiv)
Imaging Total Expense (WI Adj)/Amb Pay Class	(\$/APC)
Cardiology Total Expense (WI Adj)/Amb Pay Class	(\$/APC)
ED Total Expense (WI Adj)/Visit	(\$/visit)

University of Iowa Hospitals and Clinics

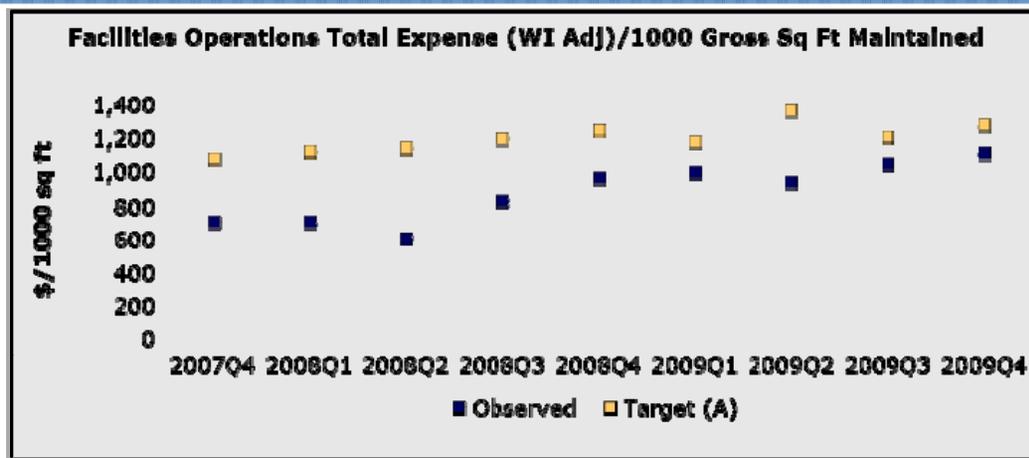
Oct – Dec 2009 (Q4) – Facilities Operations Total Expense (WI Adj) / 1000 Gross Sq Ft Maintained



Efficiency Management Report

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Current Quarter UHC Top 10 in This Metric	Facilities Tot Exp/1000 Sq Ft	Facilities Labor Exp/1000 Sq Ft	Facilities Other Exp/1000 Sq Ft	Gr Sq Ft Maint/Licensed Bed
UNIVHOSP-UMDNJ	594.34		⊕	3,606.39
MISSISSIPPI	652.76	⊕⊕	⊕⊕	5,062.58
EMORY MIDTOWN	716.24	⊕	⊕⊕	3,063.25
NCAROLINA	914.73	⊕	⊕	5,089.41
PARKLAND	953.96		⊕⊕	4,491.85
KANSAS	960.48		⊕⊕	2,584.49
SHANDS UF	966.61		⊕⊕	3,791.37
UTAH	1,101.59	⊕	⊕	
IOWA	1,104.56	⊕	⊕	4,154.19
GRADY	1,175.77		⊕	2,935.07

Facilities Operations Total Expense (WI Adj) / 1000 Gross Sq Ft Maintained Legend:

- Substantially Worse than Target Range
- ⊖ Worse than Target Range
- ⊕ Within Target Range
- ⊕⊕ Substantially Better than Target Range
- ⊖ No Data From Your Institution
- ⊗ Outlier
- ⊕ Performance > UHC 90th percentile
- ⊕ Performance > UHC 50th percentile
- ⊕ Performance <= UHC 50th percentile
- ⊕ Performance < UHC 10th percentile
- Excluded from comparative data

University of Iowa Hospitals and Clinics

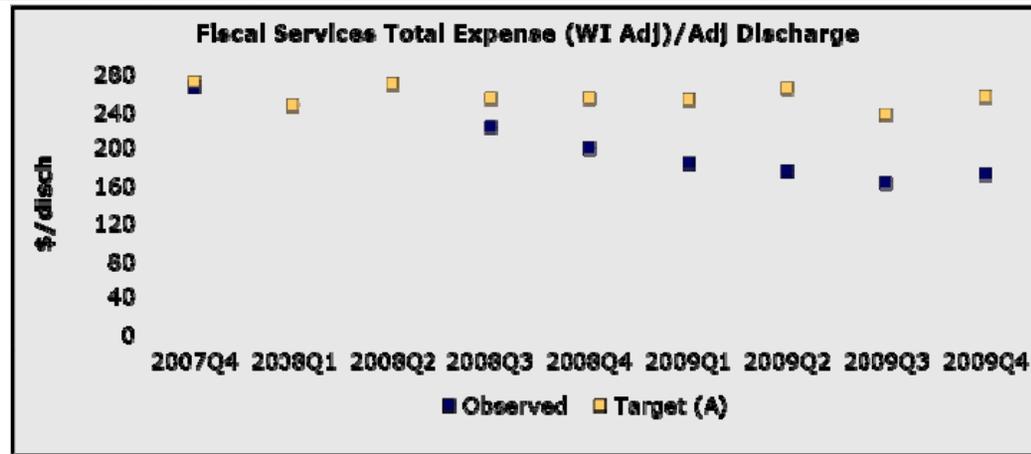
Oct – Dec 2009 (Q4) – Fiscal Services Total Expense (WI Adj) / Adj Dischar



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Current Quarter UHC Top 10 in This Metric	Fiscal Svcs Tot Exp/Adj Disch	Fiscal Svcs Labor Exp/Adj Disch	Fiscal Svcs Other Exp/Adj Disch	Accts Billed/AdjDischg
HUP	51.14	⊕⊕	⊕⊕	
BEAUMONT	57.15	⊕⊕	⊕⊕	
VANDERBILT	58.59	⊕⊕	⊕⊕	
GEORGETOWN	74.03	⊕⊕	⊕⊕	
MASSGEN	97.08	⊕	⊕⊕	
SHANDS UF	141.64	⊕	⊕	
IOWA	171.73	⊕	⊕	
BRIGHAM	177.61	⊕	⊕	
METHTX	178.03	⊕	⊕	
NMEXICO	219.03	⊕	⊕	22.33

Fiscal Services Total Expense (WI Adj) / Adj Dischar Legend:

- Substantially Worse than Target Range
- Worse than Target Range
- ⊕ Within Target Range
- ⊕⊕ Substantially Better than Target Range
- ⊖ No Data From Your Institution
- ⊗ Outlier
- Performance > UHC 90th percentile
- Performance > UHC 50th percentile
- Performance <= UHC 50th percentile
- Performance < UHC 10th percentile
- Excluded from comparative data

University of Iowa Hospitals and Clinics

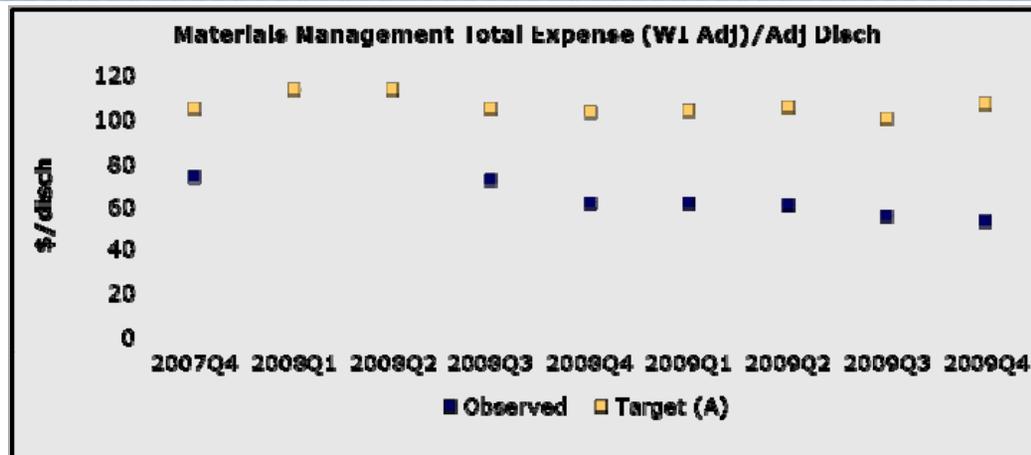
Oct – Dec 2009 (Q4) – Materials Management Total Expense (WI Adj) / Adj Disch



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Current Quarter UHC Top 10 in This Metric	Mat Mgmt Tot Exp/Adj Disch	Mat Mgmt Labor Exp/Adj Disch	Mat Mgmt Other Exp/Adj Disch	Sup Exp less Drugs % Net Oper Rev	Sup Exp less Drugs/CMI Adj Disch
IOWA	52.71	⊕	⊕⊕	⊕⊕	⊕
EMORY	57.43	⊕⊕	⊕		
DENHEALTH	69.73	⊕	⊕	⊕⊕	⊕⊕
BEAUMONT	72.40	⊕⊕	⊕	⊕⊕	⊕
WISCONSIN	73.39	⊕	⊕	⊕⊕	⊕
RWJOHNSON	76.83	⊕	⊕		
ARIZONA	85.61	⊕	⊕	⊕⊕	⊕
NYU	88.10		⊕⊕	⊕⊕	
NCAROLINA	89.55	⊕	⊕	⊕⊕	⊕
PARKLAND	93.82	⊕	⊕	⊕⊕	⊕⊕

Materials Management Total Expense (WI Adj) / Adj Disch Legend:

- Substantially Worse than Target Range
- ◐ Worse than Target Range
- ⊕ Within Target Range
- ⊕⊕ Substantially Better than Target Range
- ⊖ No Data From Your Institution
- ⊗ Outlier
- Performance > UHC 90th percentile
- ◐ Performance > UHC 50th percentile
- ⊕ Performance <= UHC 50th percentile
- ⊕⊕ Performance < UHC 10th percentile
- Excluded from comparative data

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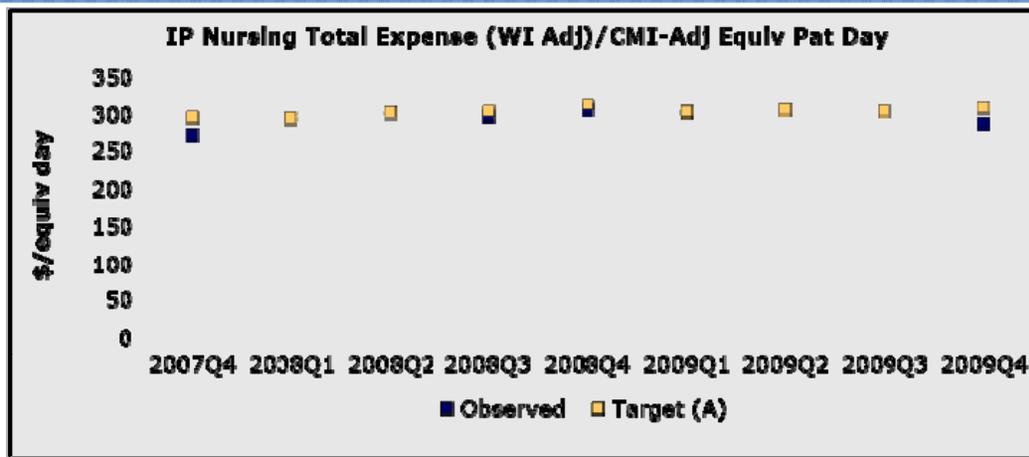
Oct – Dec 2009 (Q4) – IP Nursing Total Expense (WI Adj) / CMI-Adj Equiv Pat Day



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Current Quarter UHC Top 10 in This Metric	IP Nurse Tot Exp/CMI-Adj Equiv Pat Day	IP Nurse Labor Exp/Equiv Pat Day	IP Nurse Med Sup Exp/Equiv Pat Day	Press Ganey Patient Satisfaction	LOS O/E Ratio
WAKEBAPTIST	253.54	⊕⊕	⊕⊕	⊕	⊕
EMORY	258.63	⊕⊕		⊕⊕	⊕
TOI FDO	274.45	⊕⊕	⊕		⊕
IOWA	285.60	⊕⊕			⊕
MCG	286.88	⊕			
UKCHANDLER	288.92	⊕⊕			⊕
BEAUMONI	297.03	⊕	⊕	⊕	
ALABAMA	298.80	⊕		⊕	
JEFFERSON	302.63	⊕		⊕	
GREENVILLE	306.58	⊕	⊕		

IP Nursing Total Expense (WI Adj) / CMI-Adj Equiv Pat Day Legend:

- Substantially Worse than Target Range
- ⊖ Worse than Target Range
- ⊕ Within Target Range
- ⊕⊕ Substantially Better than Target Range
- ⊕ No Data From Your Institution
- ⊗ Outlier
- Performance > UHC 90th percentile
- ⊖ Performance > UHC 50th percentile
- ⊕ Performance ≤ UHC 50th percentile
- ⊕⊕ Performance < UHC 10th percentile
- ⊕ Excluded from comparative data

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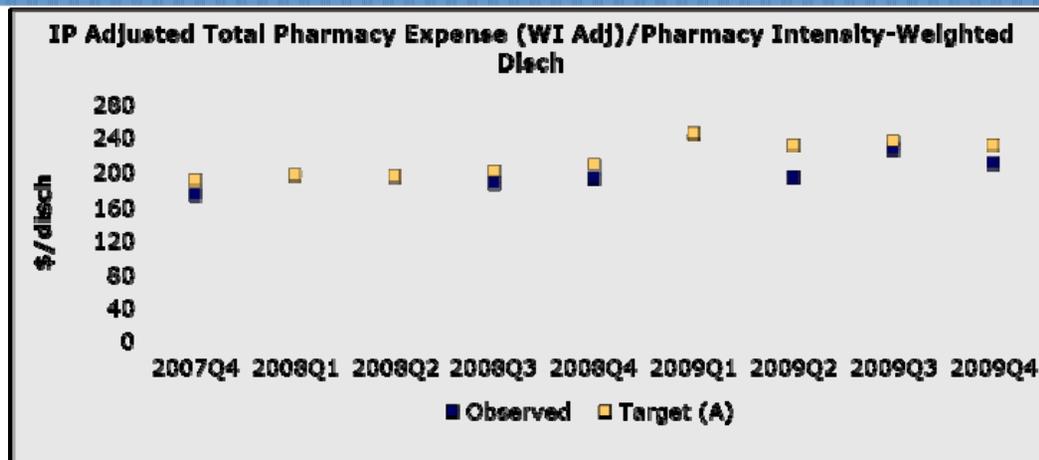
Oct – Dec 2009 (Q4) – IP Adjusted Total Pharmacy Expense (WI Adj) / Pharmacy Intensity-Weighted Discharge



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Current Quarter UHC Top 10 in This Metric	IP Tot Exp/Wgt Disch	IP Pharmacy Labor Exp/Wgt Disch	IP Pharmacy Med Sup Exp/Wgt Disch	Participate in 340b Program
JEFFERSON	151.32			
TRUMANHOSPITALHILL	154.16	⊙	⊙	Y
SYRACUSE	163.72	⊙	⊙	Y
WASHDCHOSP	176.36	⊙	⊙	Y
RWJOHNSON	183.12	⊙	⊙	
VANDERBILT	197.92			Y
MICHIGAN	201.26			Y
IOWA	210.21			Y
BRIGHAM	211.96			
WISCONSIN	221.14			

IP Adjusted Total Pharmacy Expense (WI Adj) / Pharmacy Intensity-Weighted Discharge Legend:

- Substantially Worse than Target Range
- Worse than Target Range
- ⊙ Within Target Range
- ⊙⊙ Substantially Better than Target Range
- ⊖ No Data From Your Institution
- ⊗ Outlier
- Performance > UHC 90th percentile
- Performance > UHC 50th percentile
- ⊙ Performance ≤ UHC 50th percentile
- ⊙⊙ Performance < UHC 10th percentile
- ⊖ Excluded from comparative data

University of Iowa Hospitals and Clinics

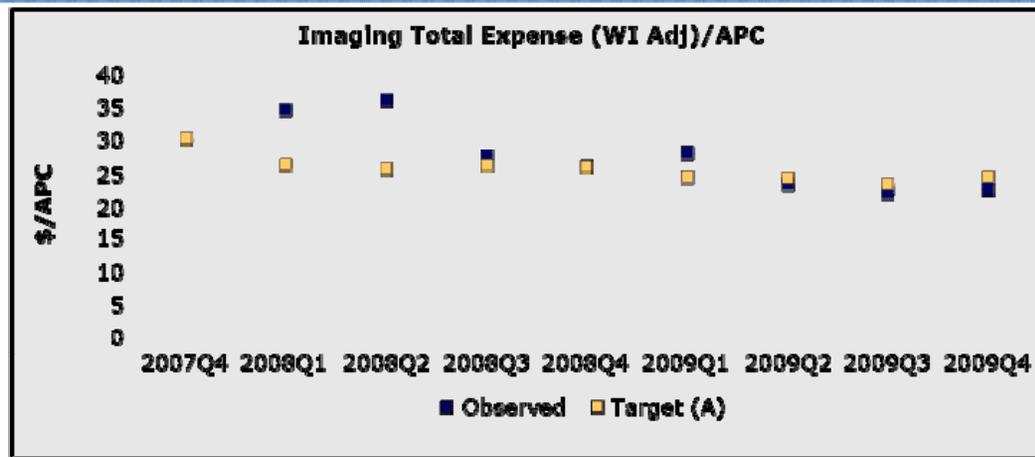
Oct – Dec 2009 (Q4) – Imaging Total Expense (WI Adj) / APC



Efficiency Management Report

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Friday, April 9, 2010



Current Quarter UHC Top 10 in This Metric	Imaging Tot Exp/APC	Imaging Labor Exp/APC	Imaging Med Sup Exp/APC	Tot Exp/Adj Disch	IP Proc/Disch
DENHEALTH	17.69	⊕	⊕	⊕⊕	2.57
UKCHANDLER	20.29	⊕⊕	⊕	⊕⊕	5.49
PARKLAND	20.89	⊕	⊕	⊕⊕	2.72
ARKANSAS	21.44	⊕⊕		⊕⊕	4.69
IOWA	22.44	⊕	⊕	⊕⊕	3.69
BEAUMONT	22.48	⊕	⊕	⊕⊕	3.12
ARIZONA	23.69	⊕	⊕	⊕	3.93
HENNEPIN	23.83	⊕⊕		⊕	3.31
STONYBROOK	24.07	⊕		⊕	3.55
VANDERBILT	24.24	⊕	⊕	⊕	4.21

Imaging Total Expense (WI Adj) / APC Legend:

- Substantially Worse than Target Range
- ⊖ Worse than Target Range
- ⊕ Within Target Range
- ⊕⊕ Substantially Better than Target Range
- ⊖ No Data From Your Institution
- ⊗ Outlier
- Performance > UHC 90th percentile
- ⊖ Performance > UHC 50th percentile
- ⊕ Performance ≤ UHC 50th percentile
- ⊕⊕ Performance < UHC 10th percentile
- ⊖ Excluded from comparative data

University of Iowa Hospitals and Clinics

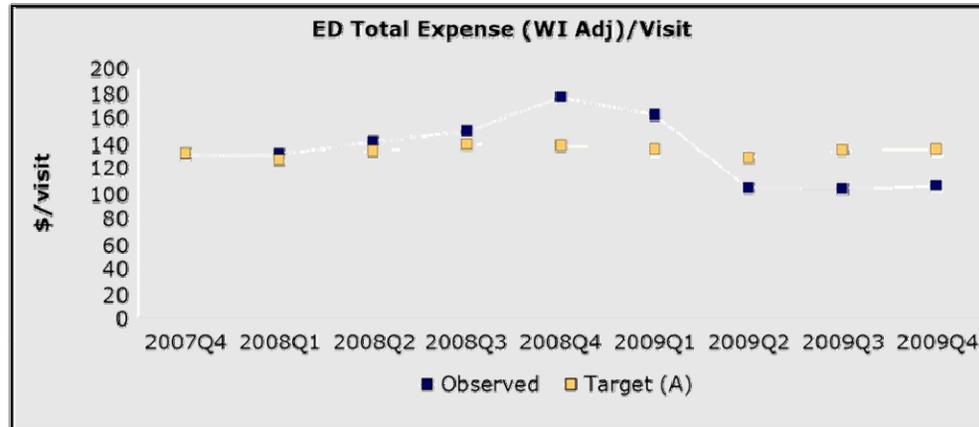
Oct – Dec 2009 (Q4) – ED Total Expense (WI Adj) / Visit



Efficiency Management Report

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Data Extract Date:

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Friday, April 9, 2010



Current Quarter UHC Top 10 in This Metric	ED Tot Exp/Visit	ED Labor Exp/Visit	ED Sup Exp/Visit	ED LOS	Walkout Rate
HENNEPIN	91.04	⊙⊙	⊙		
WISHARD	97.57	⊙⊙	⊙		
IOWA	106.26	⊙⊙	⊙	⊙	
TOLEDO	106.32		⊙	⊙⊙	⊙⊙
WESTVIRGINIA	110.06	⊙⊙	⊙	⊙	
GREENVILLE	112.37	⊙⊙	⊙		
GEORGETOWN	118.57	⊙	⊙⊙		
BEAUMONT	121.43	⊙⊙			⊙
MCG	122.35	⊙	⊙		
EMORY MIDTOWN	126.50	⊙	⊙		

ED Total Expense (WI Adj)/Visit Legend:

- Substantially Worse than Target Range
 - Worse than Target Range
 - ⊙ Within Target Range
 - ⊙⊙ Substantially Better than Target Range
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 - Performance ≤ UHC 50th percentile
 - Performance < UHC 10th percentile
 - Excluded from comparative data



Radiation Oncology

John Buatti, MD
Director, Center of Excellence in Radiation Oncology

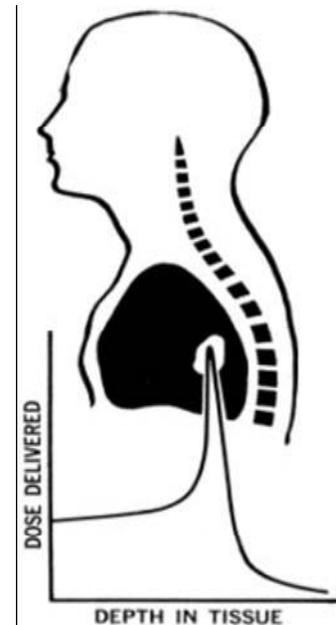
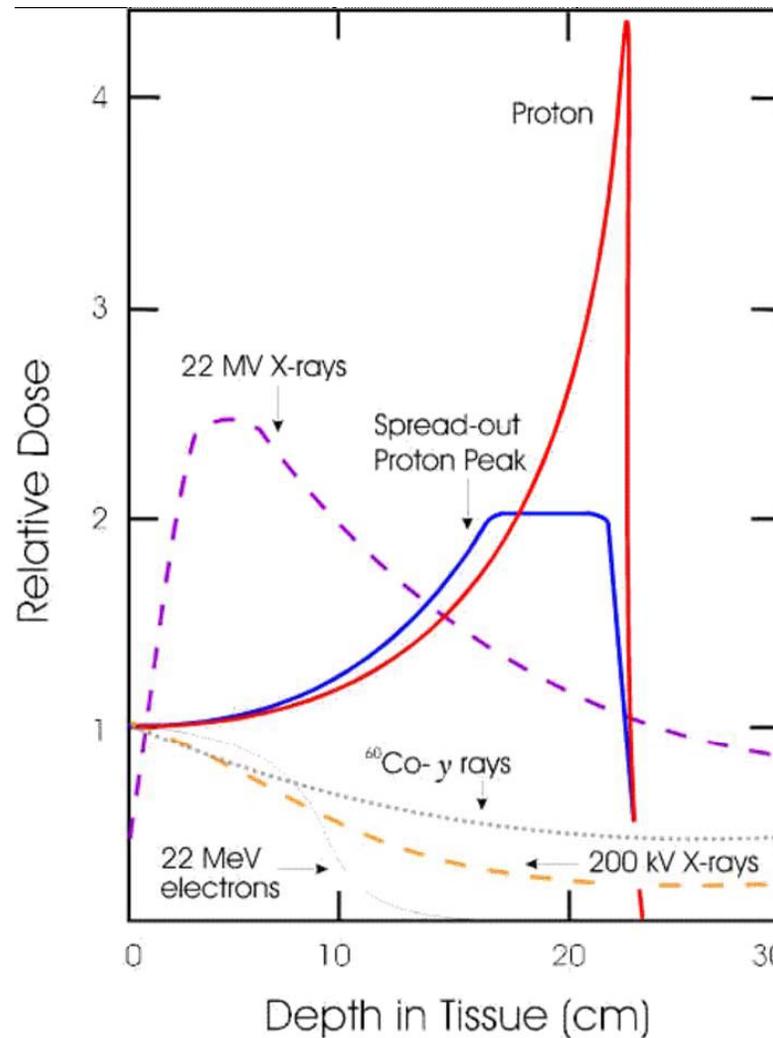
Why Protons in Iowa Now?

- Potential Advantages of Protons
- Some Challenges
- Why Protons Now?
- Impact on Cancer Services
- 10 year proforma
- Request to proceed and CON
- Questions

Bragg Peak

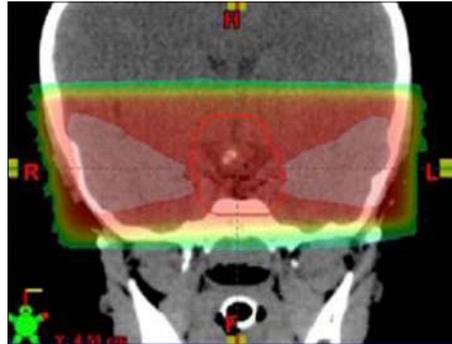
Point of release of beam energy

- Penetration depth is controlled by the energy
- Proton beams thus deposit all of their energy on the target

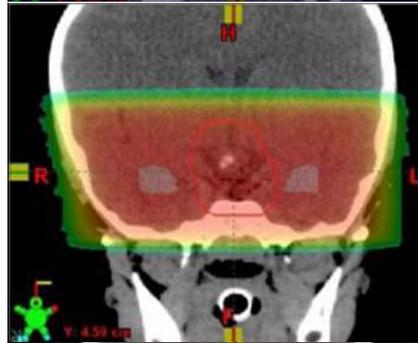


Dose Distributions

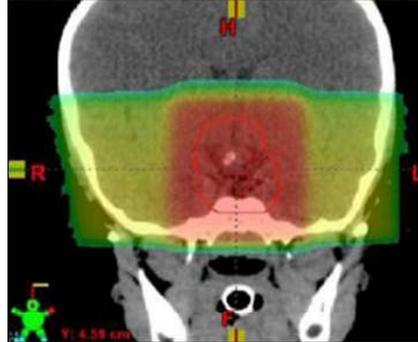
Opp 6X
~1980



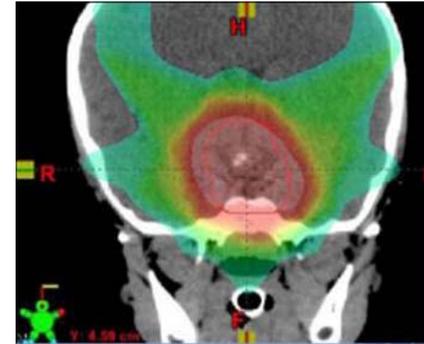
Opp 15X
~1985



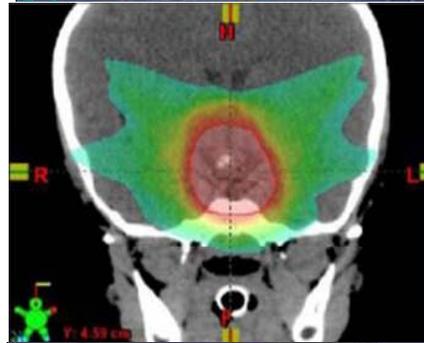
3 Field
Vertex
~1990



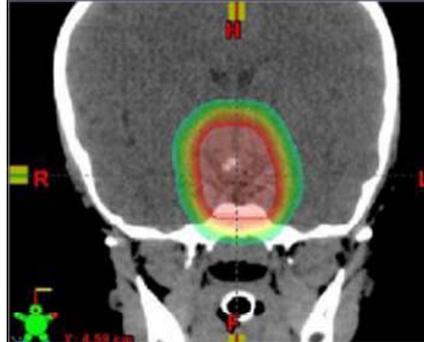
3D
Conformal
~1995



IMRT
~2005



Proton
~2009



~105% to
~20%
Red=100%
Aqua=20%

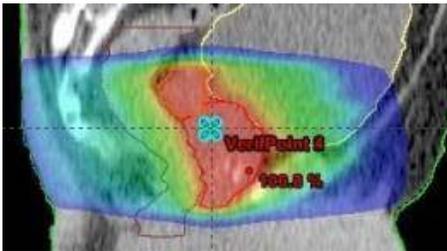
*Courtesy:
D Louis,
D Yeung,
Z Li, C Li*

The Proton Therapy Clinical Advantage

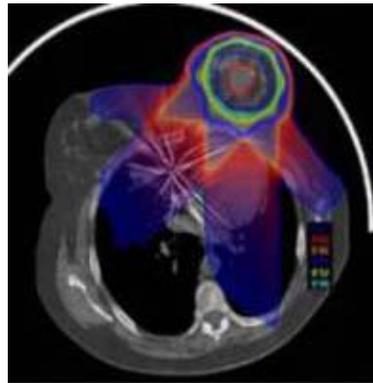
Integral Dose is ~3x Lower than in IMRT

X-Ray/IMRT

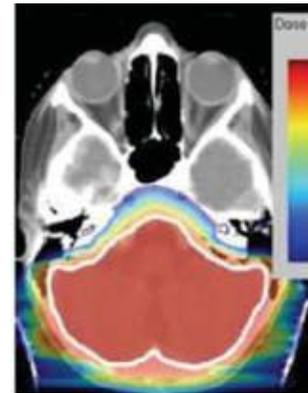
Prostate



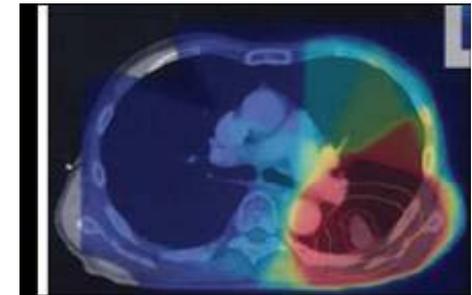
Breast



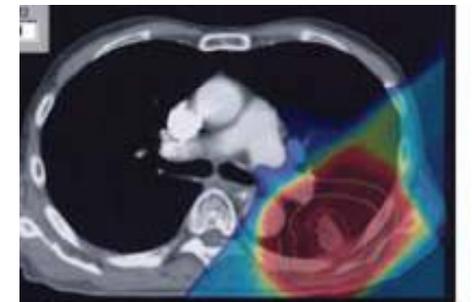
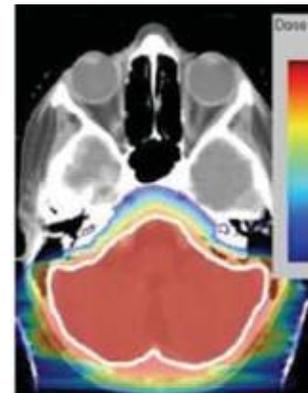
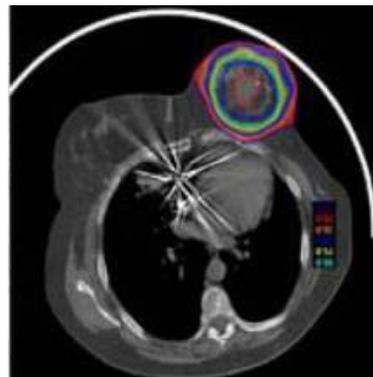
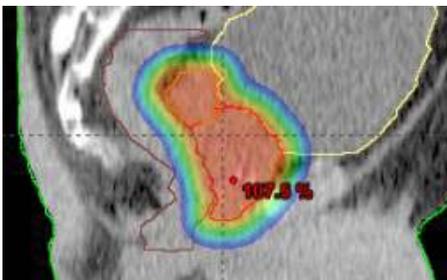
Pediatric



Lung



PROTON



Proton Therapy: Medulloblastoma

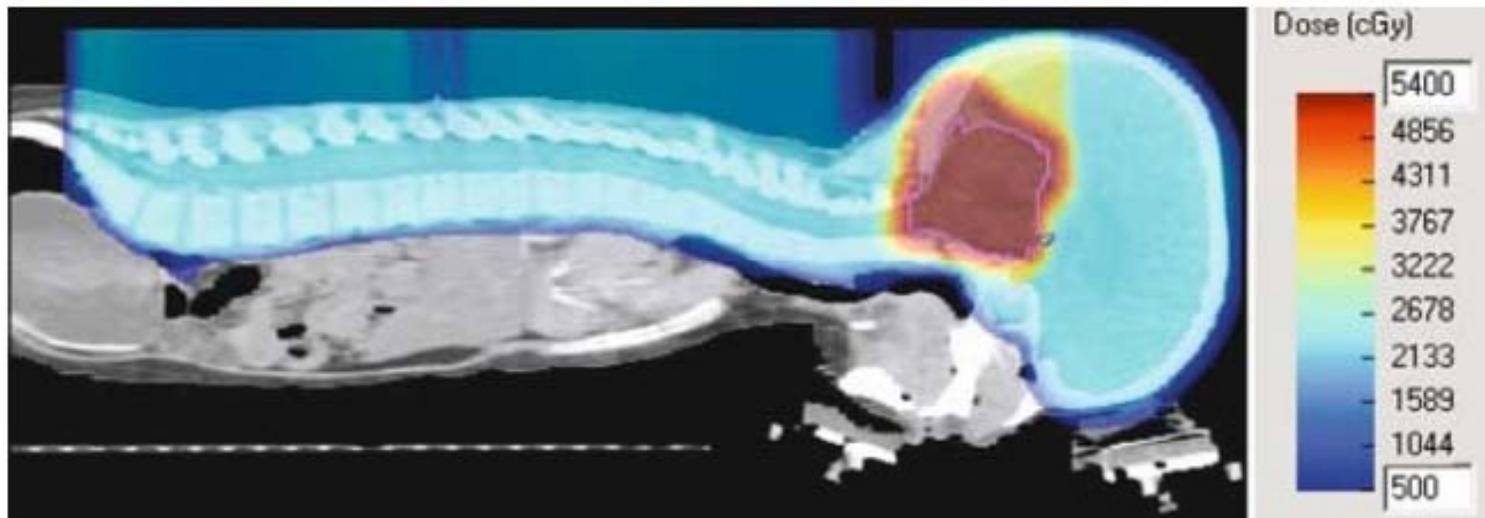


Fig. 27.3 Sagittal color-wash dose display for the treatment of medulloblastoma including the CSI to 23.4 as well as the posterior fossa boost to 54 CGE. (From Bussiere and Adams 2003)

Proton Therapy Retrospective Study

Presented at the 2008 ASTRO Annual Meeting*:

Use of proton radiation therapy is associated with a significantly lower risk of a second malignancy

Rate of **secondary cancer**:

- **6.4% of patients who received proton radiation**
- **12.8% of patients who received standard photon radiation**

- o Proton patients:
 - o 503 patients treated (Harvard/MGH)
 - o Median age: 56 years
- o Photon patients:
 - o 1,591 patients (SEER cancer registry)
 - o Median age: 59 years

**Chung et al. Comparative Analysis of Second Malignancy Risk in Patients Treated with Proton Therapy versus Conventional Photon Therapy. Int. J. Rad. Onc. Bio. Phys. Volume 72, Number 1, Supplement, 2008*

The Rationale for judging the clinical superiority of protons vis-à-vis X-rays

- For the same dose to the target volume, protons deliver a lower physical dose to the uninvolved normal tissues than do high-energy X-rays.
- There is very little difference in tissue response per unit dose between protons of therapeutic energies as compared with high-energy X-rays, so that the only relevant differences are physical.
- There is no medical reason to irradiate any tissue judged not to contain malignant cells.
- Radiation damages normal tissue and the severity of that damage increases with increasing dose.

Each of these 4 statements is established experimentally beyond reasonable doubt

Summary of Physics Uncertainty Issues

- Proton beams are more sensitive to:
 - Organ motion
 - Anatomy changes in the beam path
 - CT number accuracy
 - Treatment devices in the beam path (for example, the couch immobilization devices)

- IGRT and motion management may help
- Proton plans are difficult to evaluate
- Many challenges remain due to practical reasons
 - Compromises may have to be made for routine practice
 - Use common sense!

Table 27.1 Worldwide proton therapy experience as of July 2004. (From SISTERTON 2004)

Institution	Location	First treatment	Last treatment	No. of patients	Date of total
Berkeley	California, USA	1954	1957	30	
Uppsala	Sweden	1957	1976	73	
Harvard	Massachusetts, USA	1961	2002	9116	
Dubna	Russia	1967	1996	124	
ITEP, Moscow	Russia	1969		3748	June 2004
St. Petersburg	Russia	1975		1145	April 2004
Chiba	Japan	1979		145	April 2002
PMRC(1), Tsukuba	Japan	1983	2000	700	
PSI (72 MeV)	Switzerland	1984		4066	June 2004
Dubna	Russia	1999		191	Nov. 2003
Uppsala	Sweden	1989		418	Jan. 2004
Clatterbridge	UK	1989		1287	Dec. 2003
Loma Linda	California, USA	1990		9282	July 2004
Louvain-la-Neuve	Belgium	1991	1993	21	
Nice	France	1991		2555	April 2004
Orsay	France	1991		2805	Dec. 2003
iThemba LABS	South Africa	1993		446	Dec. 2003
MPRI(1)	Indiana, USA	1993	1999	34	
UCSF – CNL	California, USA	1994		632	June 2004
TRIUMF	Canada	1995		89	Dec. 2003
PSI (200 MeV)	Switzerland	1996		166	Dec. 2003
H.M.I, Berlin	Germany	1998		437	Dec. 2003
NCC, Kashiwa	Japan	1998		270	June 2004
HIBMC, Hyogo	Japan	2001		359	June 2004
PMRC(2), Tsukuba	Japan	2001		492	July 2004
NPTC, MGH	Massachusetts, USA	2001		800	July 2004
INFN-LNS, Catania	Italy	2002		77	June 2004
WERC	Japan	2002		14	Dec. 2003
Shizuoka	Japan	2003		69	July 2004
MPRI(2)	Indiana, USA	2004		21	July 2004
Total				39,612	

Why at Iowa Now?

Rapid US expansion of proton centers

in 70% of Announced Centers:

MONARCH²⁵⁰

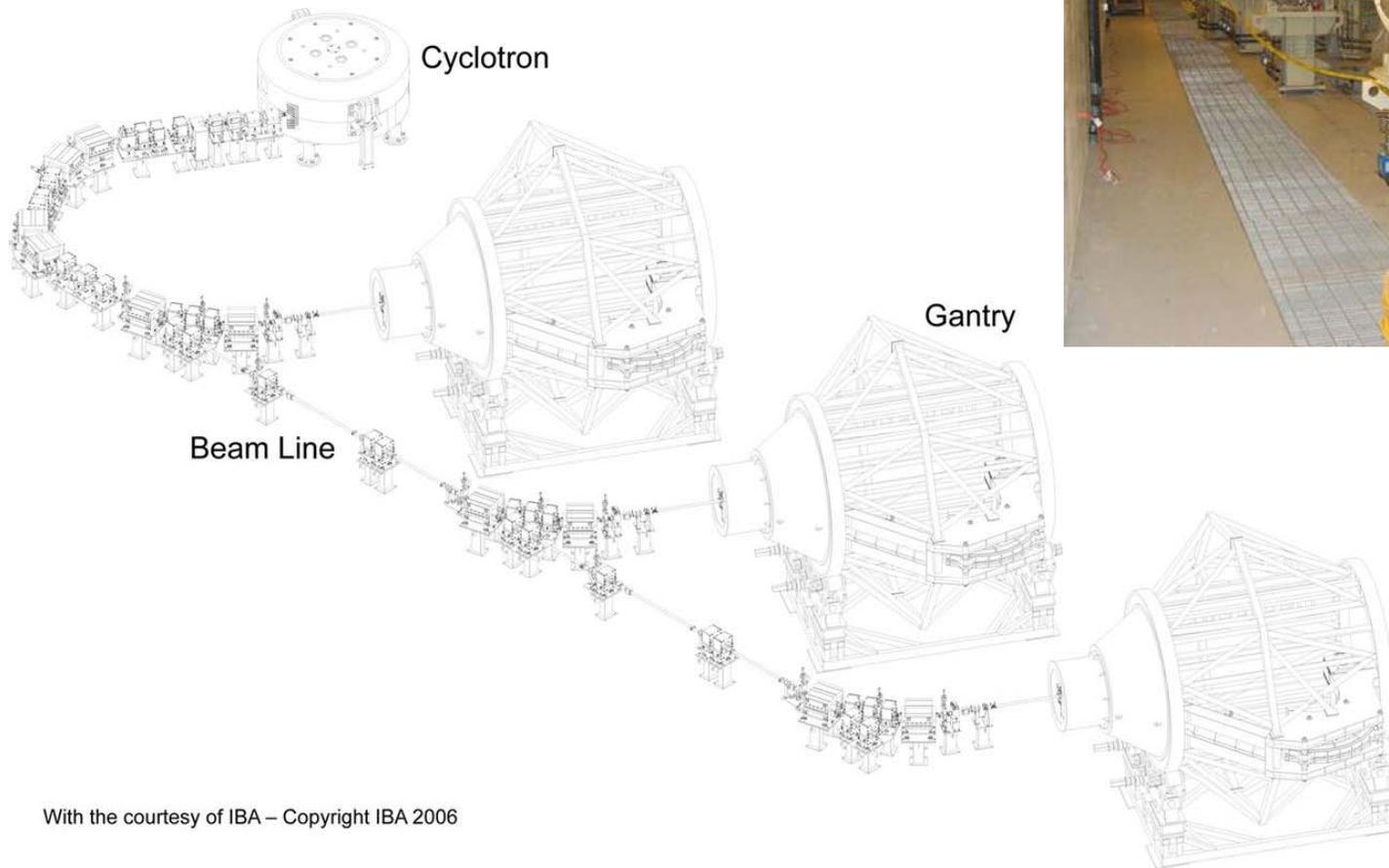


This device has not been cleared by the US Food and Drug Administration for clinical use

Current Proton Therapy Technologies

- Cyclotron (MGH, UF, U Penn)
- Synchrotron (MDACC, Midwest, Loma Linda)
- 120-200 million dollars

Cyclotron Facility



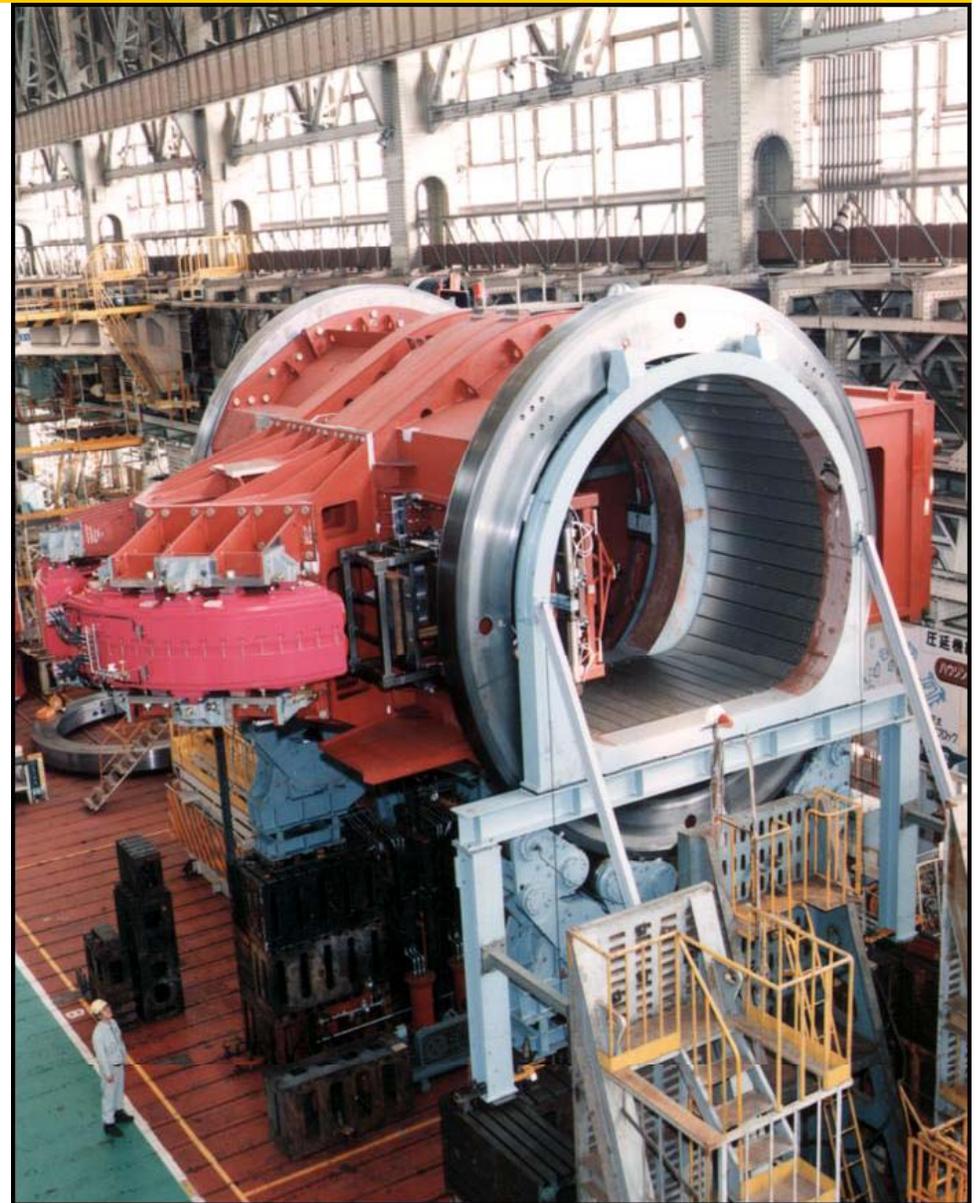
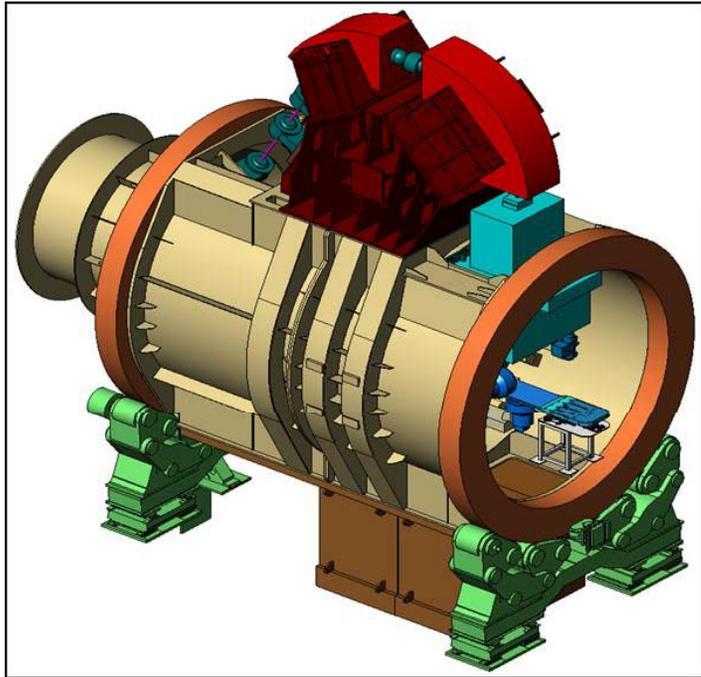
With the courtesy of IBA – Copyright IBA 2006

Gantry

13 m diameter

190 tons

SAD ≥ 2.6 m



Eight Months to Complete



June 2003



July



August



September

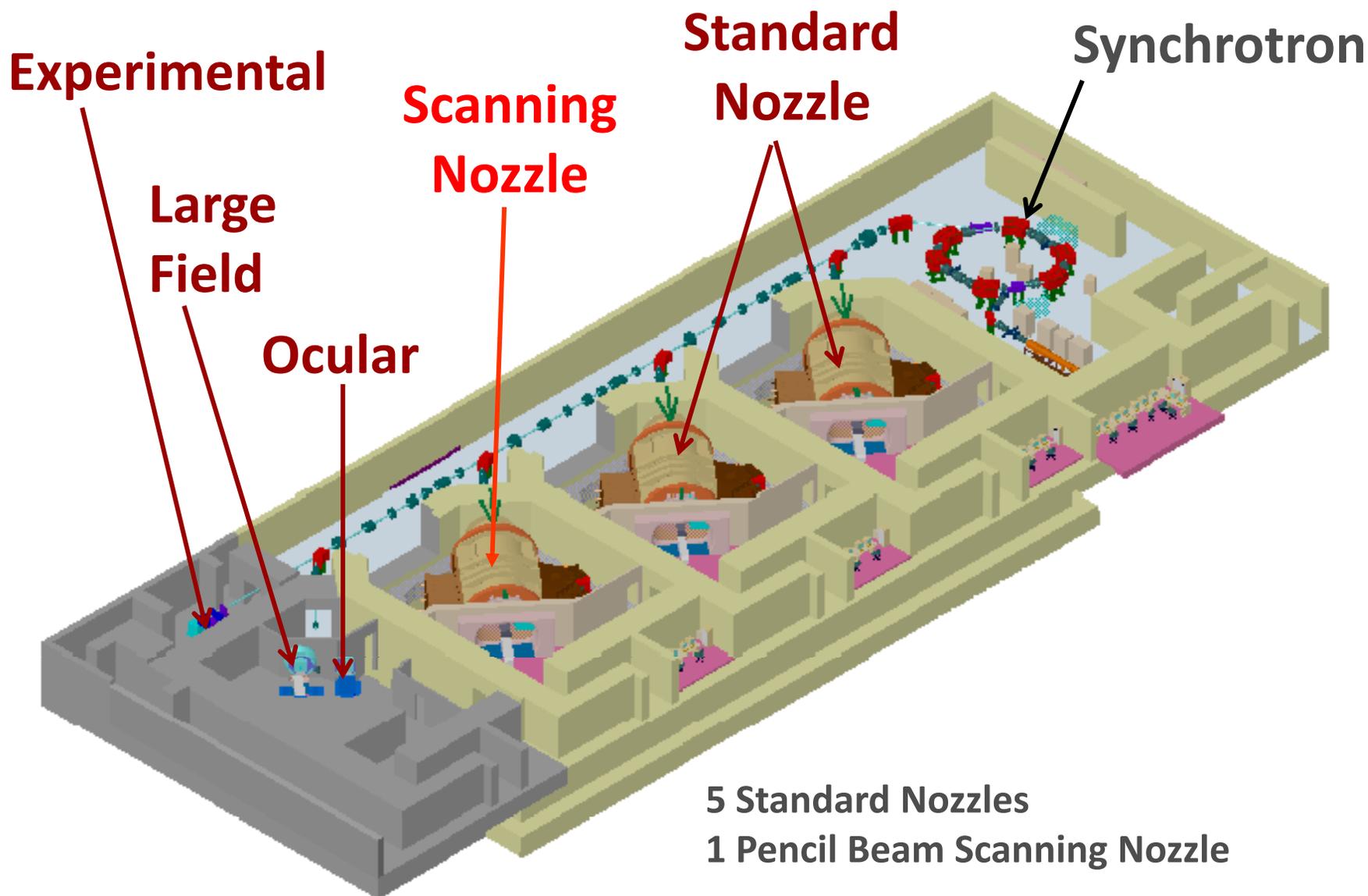


October



January, 2004

Proton Therapy Treatment Level



M. D. Anderson Proton Therapy Center

December 2004

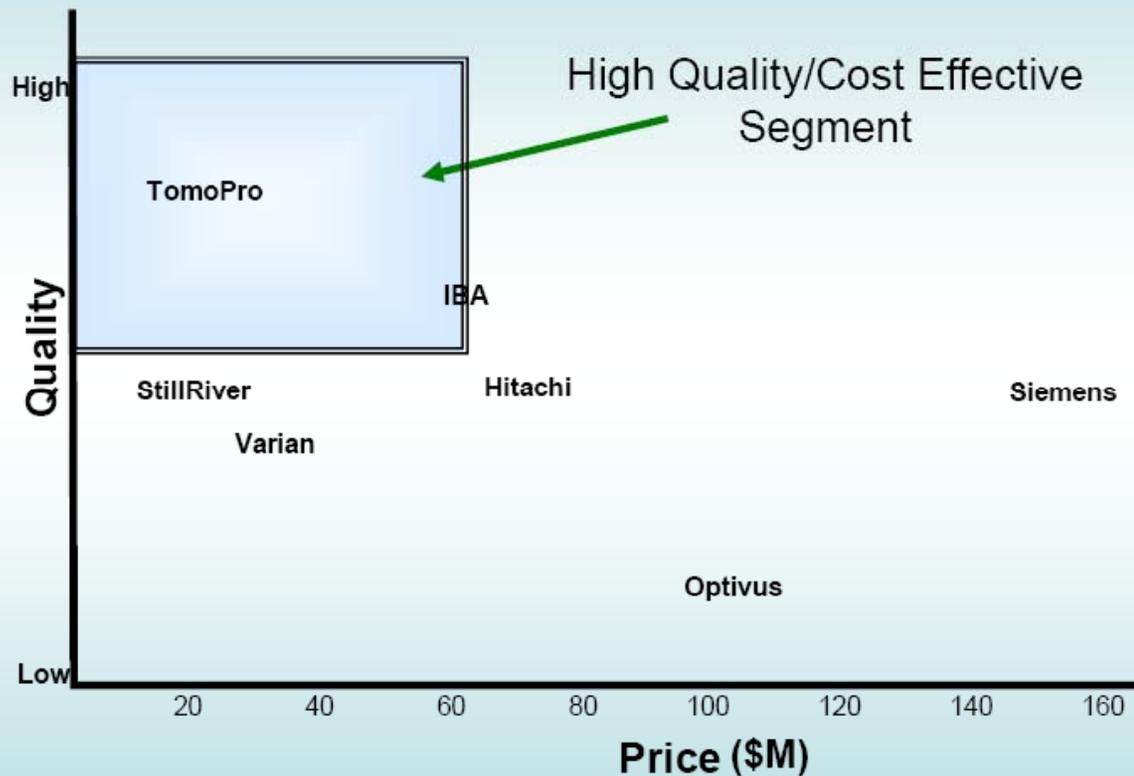


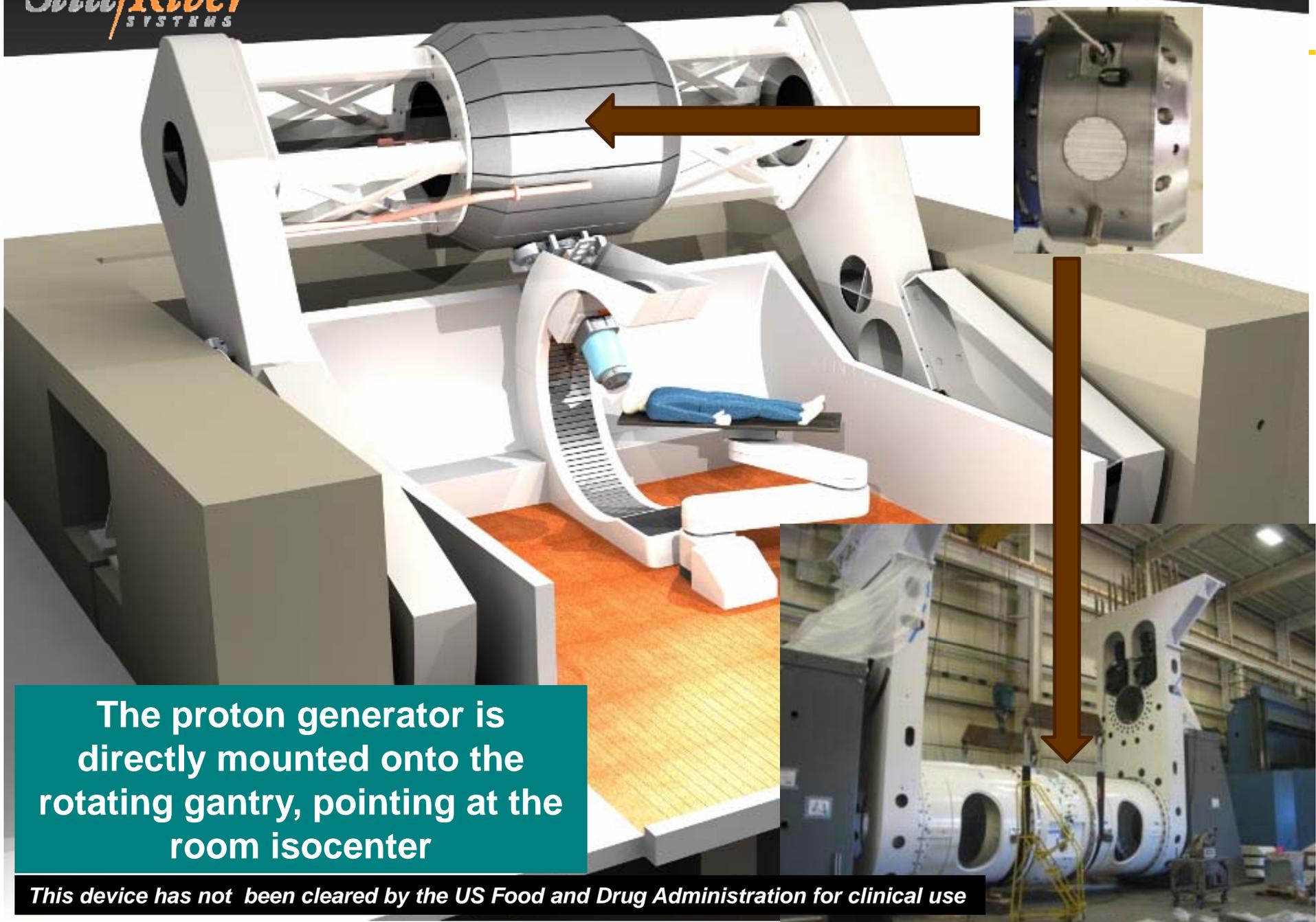
- **Still River Systems**
- Lasers (FCCC, Germany)
- CPAC
- PROTOM
- MLC (U-Penn/IBA/Varian)

Advantages

- Single room
- Fits within current facility – with modification
- \$20-25 million
- Will take 2.5-3 years realistically

Competition (7 players)





The proton generator is directly mounted onto the rotating gantry, pointing at the room isocenter

This device has not been cleared by the US Food and Drug Administration for clinical use

Site Construction and Installation

Delivery of Components Started

- Three sites under construction:
 - Washington University, St. Louis
 - Gantry embeds under installation
 - System installation scheduled for Nov., 2009
 - Robert Wood Johnson University, New Jersey
 - Gantry embeds installed
 - System installation scheduled for Q1, 2010
 - Oklahoma University
 - Gantry embeds under installation
 - System installation 2010
- Two sites with final construction documents
- Four sites under architectural planning

*This device has not been cleared by the US
Food and Drug Administration for clinical use*

Wash U – Sept. 2009



RWJ – Sept. 2009



Oklahoma – Aug. 2009



Ten Year Proforma

- **Seven percent return on investment = \$37,119,400**
- **Net present value at 5% = \$2,576,430**
- This includes:
 - \$25 million equipment and facility investment
 - Additional staff requirements
 - Equipment service contract
 - Additional patient expenses
 - Patient treatments incrementally increased over five years to a maximum of twenty five per day

Conclusion

- Proton technology has come a long way in 10 years. Dosimetrically it is superior and it will likely have an increasing role for years to come. Recent advances make nearly certain approval of single room solutions at a cost of about \$25-40 million. This makes investment realistic.
- Proformas are significantly positive
- Impact beyond radiation oncology for cancer in the state and beyond is large



UI Health Care Strategic Plan Update

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Vice President for Medical Affairs

UI Health Care Strategic Plan



UI Health Care Strategic Plan - FY 2010-2012



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.	Creates 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 Kabas & Craig Syrop	Paul Rothman Michael Apicella, Pat Winokur, Gary Rosenthal	Paul Rothman Peter Densen, Mark Wilson, Christopher Cooper, LouAnn Montgomery	Jana Wessels Linda Bergquist, Ann Williamson	Benita Wolff All Other Accountable Leaders	Ken Fleher, Ken Kabas, Paul Rothman Kevin Collins
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 seamless, 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 development 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/community" research (CISA). 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 CISA 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 undergraduates, graduate and continuing medical education. Limit medical student debt. Recognize and reward excellence in teaching. Cultivate critical thinking, an environment of curiosity and lifelong learning, a spirit of inquiry, a passion for excellence. Implement cultural competency and related diversity educational initiatives into the curriculum for all learners. 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 UI Health Care diversity goals and values. Engage staff and encourage strong personal responsibility, accountability and empowerment directed toward achieving organizational goals. Define performance expectations for all. Develop and promote programs that recognize and reward excellence. Foster an environment of continual learning, innovation and collaboration. 	<ul style="list-style-type: none"> Provide a range of diversity education, cultural enrichment and acculturation 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 and equal opportunity. Each Accountable Leader will advance diversity in each strategy. 	<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. Allocate 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, wilderness and other tactics. Develop and implement UI Service and Operational Excellence. Continue the implementation of the Quality and Safety work plans already in process. Decrease length of stay. Implement OR Efficiency task force. Develop and implement the Transfer Center. Improve efficiency and access using Keisno events in Ambulatory Care Clinics. Explore the development of performance based, medical home model of primary care for targeted populations. 	<ul style="list-style-type: none"> Form build the Pipeline Educational Institute. Reevaluate lab spaces in Medical Laboratories. Utilize existing open space at Oldfield for incubator. Focus DED efforts and resources on Strategic Priorities: Cancer, Heart, Neuroscience and Health Service Outcomes. Develop and implement FUTURE Program. Improve Bioinformatics and IT infrastructure. Implement sleep and DMN. based and tissue procurement system. Initiate Neurosciences Institute. Facilitate collaboration between basic scientists and clinicians for submission of FPGC transitional grants. Improve infrastructure for human subjects research. 	<ul style="list-style-type: none"> Increase scholars fees. Improve integration of UICME, OSCEP, GME and CME. Continue development of residents as teachers. Implement annual review meetings with departments. Prepare to respond to LME accreditation process. Consider strategic alliances with international medical education programs. Develop and implement FUTURE Program. Continue development of the Beach Campus. Evaluate the potential to increase medical school sites sizes and allied health programs. Market chemistry in each entering class, with particular focus on those groups under-represented in medicine. 	<ul style="list-style-type: none"> Develop a unified research & recruitment program. Develop key performance metrics to monitor human capital effectiveness. Improve data integrity through enhanced employee information system tools. Develop staff of the art recruiting and on-boarding processes. Identify and improve key human resources workflow processes. Continue bringing fund-raising program for research faculty retention. 	<ul style="list-style-type: none"> Phase I of this approach is the implementation of the strategies articulated in the Diversity Plan for CCM 2009-2012. Perform baseline assessment for UI Hospitals and Clinics and IUP, benchmarking against other AHCs. Phase II Years 2011-2012: Develop plan for UHC and IUP focusing on opportunities identified in the baseline assessment. 	<ul style="list-style-type: none"> Implement Cost Reduction plan. Implement basic business plans for clinical programmatic priority areas. Plan/build ambulatory care facilities. Plan/build UI Children's Hospital. Plan/build/revamp main campus facilities resulting in all private rooms. Director and maintain CARE's model. Reorganize administrative structures in CCMC. Focus Finance 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"> Develop the full capabilities of Epla to facilitate quality/safety and enhance professional and consumer relationships, including UI CareLink and MyChart. Training and Development Marketing and Communications to enhance reputation scores Policy and Procedure changes 	<ul style="list-style-type: none"> Develop the full capabilities of Epla to facilitate expansion 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 Epla 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 Procedure changes. 	<ul style="list-style-type: none"> Support for Diversity programs, services and activities 	<ul style="list-style-type: none"> Data-driven decision-making Robust financial and performance-reporting systems
Metrics	Metrics	Metrics	Metrics	Metrics	Metrics
<ul style="list-style-type: none"> Patient and Referring Physician Satisfaction Inpatient and Outpatient Throughput <ul style="list-style-type: none"> Length of stay, discharge times, time from admission request to bed placement and next day's available outpatient appointments Operating Room Efficiencies <ul style="list-style-type: none"> Reduction in main OR case starts; significant improvement in number of OR cases per room Evidence-based quality metrics JCAHO/CMS Core measures Ventilator Associated Pneumonia & Central Line Blood Stream Infection rates Utilization rates that cause harm Satisfaction of Critical Access Hospital and Outreach patients Ability to deliver culturally competent and sensitive patient care Performance measures for patient-centered care for targeted populations 	<ul style="list-style-type: none"> Number and dollar amount of externally funded projects Number and dollar amount of clinical trials Number and dollar amount of program project and other collaborative grants Prizes, honors and awards for research and innovation and election/membership in prestigious organizations 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/activity 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 Student evaluations of curriculum and instruction % increase in annual student debt compared to national benchmarks and prior year # of publications focused on curriculum/instruction # of faculty participating in development programs related to education # of departmental or college level winners for teaching excellence # of students participating in research # of curricular initiatives providing opportunities for students to interact with other health professionals Placements of graduates, short term and long term Reviews/rankings by external agencies 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"> Faculty and staff engagement, satisfaction and loyalty Faculty and staff attrition in first 6 months for "controllable" factors Voluntary turnover management (retention rate) Workforce development objectives and measurement (i.e., professional development opportunities, promotion or advancement, succession planning) Unscheduled time off (Six hours/Paid hours) Success in retention initiatives measured by demographic data on the composition of our new hire faculty, staff, administrators by department, with measures of turnover by gender, age, race/ethnicity, educational achievement and other factors 	<ul style="list-style-type: none"> Recruitment and retention of a diverse staff as measured by annual demographic data on the composition of UI Health Care students, residents, faculty, staff and post-doctoral scholars Success in retention initiatives measured by demographic data on the composition of our new hire faculty, staff, administrators by department, with measures of turnover by gender and race/ethnicity Climate and diversity as measured by UI Health Care climate survey compared to other AHCs Providers' 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 visits and ETC visits) Volume for critical programmatic priority areas Performance against fixed operating budget Cash flow operating margin Contribution margin, net revenue and cost per case of all clinical programs Faculty projects on budget, on schedule CARE's model productivity factor Annual fundraising productivity Philanthropic goal of \$500M by the end of fiscal year 2013 Comprehensive community benefit reporting Head rating

UI Health Care Scorecard



UI Health Care Strategic Plan Scorecard	FY09 Actual/Budget	Target	FY10 Actual YTD	vs. FY09	vs. Target
Overall					
Honor Roll for Best Hospitals by US News and World Report	Currently ranked 9 specialties	Honor Roll	Not yet available	NA	🟡
Children's Hospitals by US News and World Report	Currently ranked in Top High	Top 25	Not yet available	NA	🟡
Public Medical Schools by US News and World Report	10th (2010)	Top 10	9th (2010)	↑	🟢
Special Medical School Ranking in Research by US News and World Report	31st (2010)	Improve	27th (2011)	↑	🟢
NIH Funding among Public Medical Schools	5th	Top 10	Not yet available	NA	🟡
Moody's Bond Rating	A-1 rating	Maintain A-1	A-1	NA	🟢
Clinical Quality and Service					
Patient Satisfaction of Adult & Pediatrics	4.3/5 (2010) up 2010/2011 (4.2/5)	87th percentile	4.3/5 (2010) 4.3/5 (2011) (current Qtr)	↑	🟡
Surgery Care Improvement: Project (SCIP) Antibiotic Timing, Selection & Discontinuation (appropriate antibiotic administration)	87.9%	96%	97%	↑	🟡
Operating Room - first case on time starts (main OR)	86%	94%	91% (current Qtr)	↑	🟡
Transfer Center - Avg. time from initial call to patient placement confirmation	113 minutes	120 minutes	97 minutes (current Qtr)	↑	🟢
Research					
Number and dollar amount externally funded projects	\$112.8M	5% increase	\$215M (projected)	↑	🟡
Research revenues per full equivalent	\$43,958	increase	\$43,158 (projected)	↑	🟢
Percent of externally funded faculty research effort	Data not available	36%	Not yet available	NA	🟡
Education					
Residency applications for medical school	2,793	Increase applicants	3,400	↑	🟢
More MCAT scores - Verbal Reasoning, Physical Sciences, Biological Sciences, Writing Sample	10.2, 16.5, 10.0, 17	Improve	10.3, 16.7, 11.0, 18	↑	🟢
Increase GPA	3.75	Improve	3.77	↑	🟢
Limit % increase in annual clinical debt compared to national benchmarks and prior year	UR Class of 2009 average 9.68%; National average 9.19%	Maintain below national average	UR Class of 2009 average 9.68%; National average 9.19%	↑	🟢
People					
Develop plan and budget for Staff/Climate/Collective Equity	NA	Develop plan in FY11/Budget a FY11	a process	NA	🟢
Develop and implement plan for state of live and working resources	NA	Develop plan in FY11	a process	NA	🟢
Hospital Unemployed Time Off (State hours/Fold hours)	2.8%	2.4%	2.7%	↓	🟡
Diversity					
Recruitment and retention of diverse world-class/clinical population as measured by census demographics or the composition of UI Health Care students, residents, faculty, staff and post doctoral scholars	Goals established for FY2009	Demographic overall no variability September 1, 2010 for faculty and students	In process	↑	🟢
Develop a sexual harassment in local outpatient/clinical faculty efforts	NA	Develop sexual harassment efforts by September, 2010	In process	NA	🟢
Growth and Finance					
Admissions (including outpatient stays)	34,877	35,361	34,631 (projected)	↓	🟡
UIHC Operating Margin %	-0.7%	1.0%	2.7% through April	↑	🟢
UIP Operating Margin %	4.5%	4.2%	4.4%	↑	🟢
Clinic Visits (excluding Dental Clinic)	718,192	747,754	739,979 (projected)	↑	🟡
Surgical Cases (inpatient and outpatient)	23,990	23,996	25,062 (projected)	↑	🟢
Financial goal of \$200M by the end of FY 2010	\$200M	\$200M	\$15.5M as of Oct. 31	↑	🟢
KEY 🟢 At or better than target 🔴 Worse than target ↑ Improvement 🟡 Decline 🟡 Within 5% of target 🟡 Not available					

Scorecard - Overall

UI Health Care Strategic Plan Scorecard	FY09 Actual/Baseline	Target	FY10 Actual YTD	vs. FY09	vs. Target
Overall					
Honor Roll for Best Hospitals by US News and World Report	Currently ranked in 9 specialties	Honor Roll	Not yet available	NA	○
Children's Hospitals by US News and World Report	Currently ranked in Ped Neph	Top 25	Not yet available	NA	○
Public Medical Schools by US News and World Report	10th (2010)	Top 10	9th (2011)	↑	●
Overall Medical School Ranking in Research by US News and World Report	31st (2010)	Improve	27th (2011)	↑	●
NIH Funding among Public Medical Schools	12th	Top 10	Not yet available	NA	○
Moody's Bond Rating	Aa2 rated	Maintain Aa2	Aa2	NA	●

KEY

● At or better than target
● Within 5% of target

● Worse than target
○ Not available

↑ Improvement
↓ Decline

Scorecard – Clinical Quality & Service

UI Health Care Strategic Plan Scorecard	FY09 Actual/Baseline	Target	FY10 Actual YTD	vs. FY09	vs. Target
Clinical Quality and Service					
Patient Satisfaction: a) Adult b) Pediatric	Qtr 4: a) 37th %ile b) 12th %ile	90th percentile	current Qtr a) 52nd %ile b) 53rd %ile		
Surgery Care Improvement Project (SCIP) Antibiotic Timing, Selection & Discontinuation (appropriate antibiotic administration)	87.9%	98%	97%		
Operating Room - first case on time starts (main OR)	86%	95%	91% (current Qtr)		
Transfer Center - Avg. time from initial call to patient placement confirmation	113 minutes	120 minutes	97 minutes (current Qtr)		

KEY

 At or better than target
 Within 5% of target

 Worse than target
 Not available

 Improvement
 Decline

Scorecard – Research

UI Health Care Strategic Plan Scorecard	FY09 Actual/Baseline	Target	FY10 Actual YTD	vs. FY09	vs. Target
Research					
Number and dollar amount of extramurally funded projects	\$212.5M	5% increase	\$216M (projected)		
Research revenue per net square foot	\$431/NSF	Increase	\$434 (projected)		
Percent of extramurally funded faculty research effort	Data not available	35%	Not yet available	NA	

KEY

 At or better than target
 Within 5% of target

 Worse than target
 Not available

 Improvement
 Decline

Scorecard – Education

UI Health Care Strategic Plan Scorecard	FY09 Actual/Baseline	Target	FY10 Actual YTD	vs. FY09	vs. Target
Education					
Increase applications for medical school	2,763	Increase applicants	3,400		
Mean MCAT scores: Verbal Reasoning, Physical Sciences, Biological Sciences, Writing Sample	10.2 10.5 10.9 P	Improve	10.3 10.7 11.0 Q		
Increase GPA of accepted applicants	3.76	Improve	3.77		
Limit % increase in annual student debt compared to national benchmarks and prior year	UI Class of 2008 average \$135K; National average \$154K	Maintain below national average	UI Class of 2009 average \$136K; National average \$156K		

KEY

 At or better than target

 Worse than target

 Improvement

 Within 5% of target

 Not available

 Decline

Scorecard – People

UI Health Care Strategic Plan Scorecard	FY09 Actual/Baseline	Target	FY10 Actual YTD	vs. FY09	vs. Target
People					
Develop plan and budget for Staff Climate/Satisfaction Survey	NA	Develop plan in FY11 Budget in FY12	In process	NA	
Develop and implement plan for state of the art recruiting and onboarding processes	NA	Develop plan in FY11 Implement in FY12	In process	NA	
Hospital Unscheduled Time Off (Sick hours/Paid hours)	3.4%	3.4%	3.7%		

KEY

 At or better than target
 Within 5% of target

 Worse than target
 Not available

 Improvement
 Decline

Scorecard – Diversity

UI Health Care Strategic Plan Scorecard	FY09 Actual/Baseline	Target	FY10 Actual YTD	vs. FY09	vs. Target
Diversity					
Recruitment and retention of a diverse workforce/student population as measured by annual demographic data on the composition of UI Health Care students, residents, faculty, staff and post doctoral scholars	Data was collected for FY2009	Demographic data will be available by September 1, 2010 for faculty and students	In process		
Develop a shared services office to lead enterprise-wide diversity efforts	NA	Develop shared services office by September, 2010	In process	NA	

KEY

 At or better than target
 Within 5% of target

 Worse than target
 Not available

 Improvement
 Decline

Scorecard – Growth and Finance

UI Health Care Strategic Plan Scorecard	FY09 Actual/Baseline	Target	FY10 Actual YTD	vs. FY09	vs. Target
Growth and Finance					
Admissions (including outpatient stays)	34,877	35,861	34,631 (projected)		
UIHC Operating Margin %	-0.7%	1.0%	2.7% through April		
UIP Operating Margin %	4.5%	4.2%	4.4%		
Clinic Visits (excluding Dental Clinic)	718,192	747,754	739,979 (projected)		
Surgical Cases (inpatient and outpatient)	23,990	23,996	25,062 (projected)		
Philanthropic goal of \$500M by the end of FY 2013	\$86M	\$86M	\$45.8M as of Dec. 31		

KEY

 At or better than target
 Within 5% of target

 Worse than target
 Not available

 Improvement
 Decline