



University of Iowa Health Care

***Presentation to
The Board of Regents, State of Iowa
October 22-23, 2014***

- Opening Remarks (Robillard)
- Operating and Financial Performance (Kates, Fisher)
- Capital for UIHS (Robillard)
- Strategic Plan Update (Robillard)
- Faculty Presentation: The Beginning of the End of Preeclampsia (Schwinn, Santillan, Grobe)



Opening Remarks

Jean Robillard, MD
Vice President for Medical Affairs



Operating and Financial Performance Update

Ken Kates, Chief Executive Officer
UI Hospitals & Clinics

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

Volume Indicators

Fiscal Year to Date September 2014

Operating Review (YTD)	Actual	Budget	Prior Year *	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Discharges	8,090	8,097	7,816	(7)	-0.1% ○	274	3.5% ●
Patient Days	50,469	49,986	49,549	483	1.0% ○	920	1.9% ○
Length of Stay	6.18	6.22	6.38	(0.04)	-0.5% ○	(0.20)	-3.2% ●
Average Daily Census	548.57	543.33	538.57	5.25	1.0% ○	10.00	1.9% ○
Total Surgeries	7,349	7,598	7,394	(249)	-3.3% ●	(45)	-0.6% ○
- Inpatient	3,009	2,989	2,915	20	0.7% ○	94	3.2% ●
- Outpatient	4,340	4,609	4,479	(269)	-5.8% ●	(139)	-3.1% ●
ED Visits	14,696	14,309	15,811	387	2.7% ●	(1,115)	-7.1% ●

* from ongoing operations

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

Fiscal Year to Date September 2014

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	2,428	2,517	2,442	(89)	-3.5% ●	(14)	-0.6% ○
Adult Surgical	4,025	4,046	3,889	(21)	-0.5% ○	136	3.5% ●
Adult Psych	358	362	352	(4)	-1.1% ○	6	1.7% ○
<i>Subtotal – Adult</i>	<i>6,811</i>	<i>6,925</i>	<i>6,683</i>	<i>(114)</i>	<i>-1.7% ○</i>	<i>128</i>	<i>1.9% ○</i>
Pediatric Medical & Surgical	915	837	807	78	9.3% ●	108	13.4% ●
Pediatric Critical Care	201	196	191	5	2.6% ●	10	5.2% ●
Pediatric Psych	163	139	135	24	17.3% ●	28	20.7% ●
<i>Subtotal – Pediatrics w/o newborn</i>	<i>1,279</i>	<i>1,172</i>	<i>1,133</i>	<i>107</i>	<i>9.1% ●</i>	<i>146</i>	<i>12.9% ●</i>
Newborn	428	402	394	26	6.5% ●	34	8.6% ●
TOTAL w/o Newborn	8,090	8,097	7,816	(7)	-0.1% ○	274	3.5% ●

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

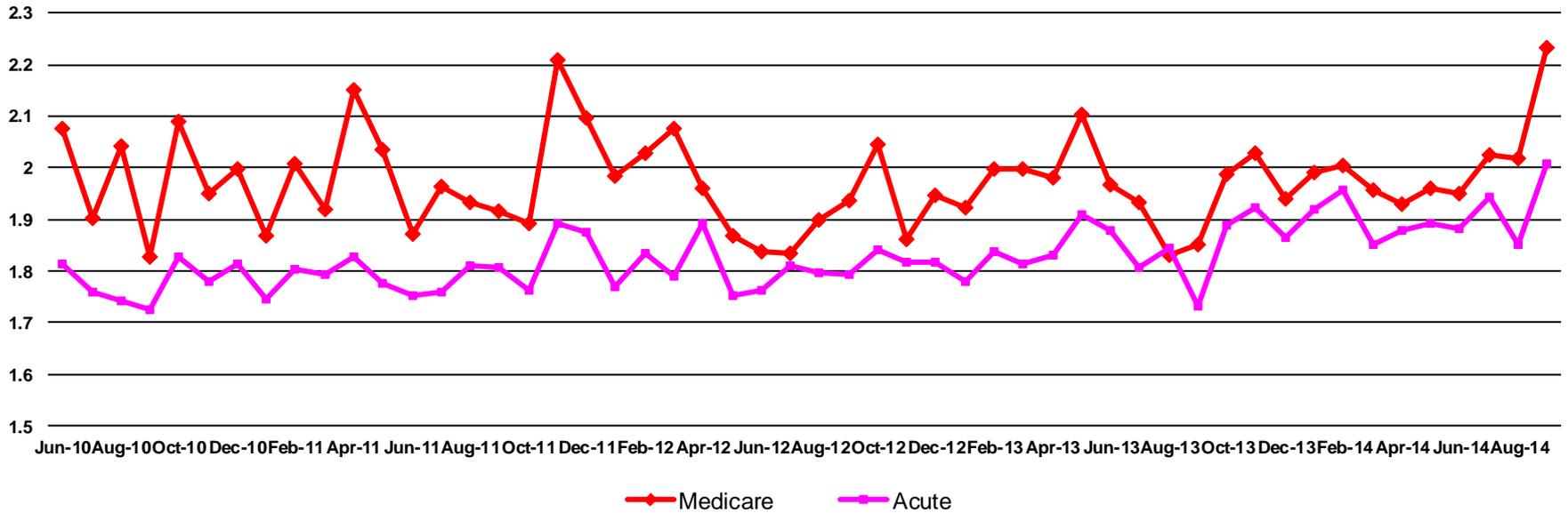
Discharge Days by Type

Fiscal Year to Date September 2014

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	13,215	13,277	13,137	(62)	-0.5% ○	78	0.6% ○
Adult Surgical	20,496	20,136	19,962	360	1.8% ○	534	2.7% ●
Adult Psych	5,477	5,128	5,096	349	6.8% ●	381	7.5% ●
<i>Subtotal – Adult</i>	<i>39,192</i>	<i>38,541</i>	<i>38,195</i>	<i>651</i>	<i>1.7% ○</i>	<i>997</i>	<i>2.6% ●</i>
Pediatric Medical & Surgical	4,375	4,771	4,744	(396)	-8.3% ●	(369)	-7.8% ●
Pediatric Critical Care	5,098	5,736	5,690	(638)	-11.1% ●	(592)	-10.4% ●
Pediatric Psych	1,353	1,276	1,264	77	6.0% ●	89	7.0% ●
<i>Subtotal – Pediatrics w/o newborn</i>	<i>10,826</i>	<i>11,783</i>	<i>11,698</i>	<i>(957)</i>	<i>-8.1% ●</i>	<i>(872)</i>	<i>-7.5% ●</i>
Newborn	948	868	870	80	9.2% ●	78	9.0% ●
TOTAL w/o Newborn	50,014	50,324	49,893	(310)	-0.6% ○	121	0.2% ○

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

Case Mix Index



Inpatient Surgeries – by Clinical Department

Fiscal Year to Date September 2014



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	253	261	251	(8)	-3.0% ●	2	0.8% ○
Dentistry	47	48	52	(1)	-2.4% ○	(5)	-9.6% ●
General Surgery	829	867	857	(38)	-4.4% ●	(28)	-3.3% ●
Gynecology	199	169	153	30	17.4% ●	46	30.1% ●
Neurosurgery	488	448	441	40	9.0% ●	47	10.7% ●
Ophthalmology	30	31	39	(1)	-2.1% ○	(9)	-23.1% ●
Orthopedics	770	753	749	17	2.2% ○	21	2.8% ●
Otolaryngology	175	169	146	6	3.5% ●	29	19.9% ●
Radiology – Interventional	9	23	20	(14)	-60.7% ●	(11)	-55.0% ●
Urology w/ Procedure Ste.	209	220	207	(11)	-5.1% ●	2	1.0% ○
Total	3,009	2,989	2,915	20	0.7% ○	94	3.2% ●

Solid Organ Transplants	78	86	64	(8)	-9.3% ●	14	21.9% ●
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●	Greater than 2.5% Favorable	○	Neutral	●	Greater than 2.5% Unfavorable
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Outpatient Surgeries – by Clinical Department

Fiscal Year to Date September 2014



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	16	18	21	(2)	-10.3% ●	(5)	-23.8% ●
Dentistry	157	172	162	(15)	-8.7% ●	(5)	-3.1% ●
Dermatology	7	9	15	(2)	-24.4% ●	(8)	-53.3% ●
General Surgery	646	719	682	(73)	-10.2% ●	(36)	-5.3% ●
Gynecology	200	208	203	(8)	-3.9% ●	(3)	-1.5% ○
Internal Medicine	2	2	2	0	0.0% ○	0	0.0% ○
Neurosurgery	222	188	172	34	18.0% ●	50	29.1% ●
Ophthalmology	946	984	1,042	(38)	-3.9% ●	(96)	-9.2% ●
Orthopedics	1,023	1,089	997	(66)	-6.1% ●	26	2.6% ●
Otolaryngology	605	636	629	(31)	-4.8% ●	(24)	-3.8% ●
Pediatrics	0	1	0	(1)	-100.0% ●	0	0.0% ○
Radiology – Interventional	2	6	8	(4)	-66.7% ●	(6)	-75.0% ●
Urology w/ Procedure Ste.	514	577	546	(63)	-11.0% ●	(32)	-5.9% ●
Total	4,340	4,609	4,479	(269)	-5.8% ●	(139)	-3.1% ●

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

Emergency Department

Fiscal Year to Date September 2014

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
ED Visits	14,696	14,309	15,811	387	2.7% ●	(1,115)	-7.1% ●
ED Admits	4,366	4,324	4,776	42	1.0% ○	(410)	-8.6% ●
ED Conversion Factor	29.7%	30.2%	30.2%		-1.7% ○		-1.6% ○
ED Admits / Total Admits	53.6%	53.8%	60.9%		-0.2% ○		-11.9% ●

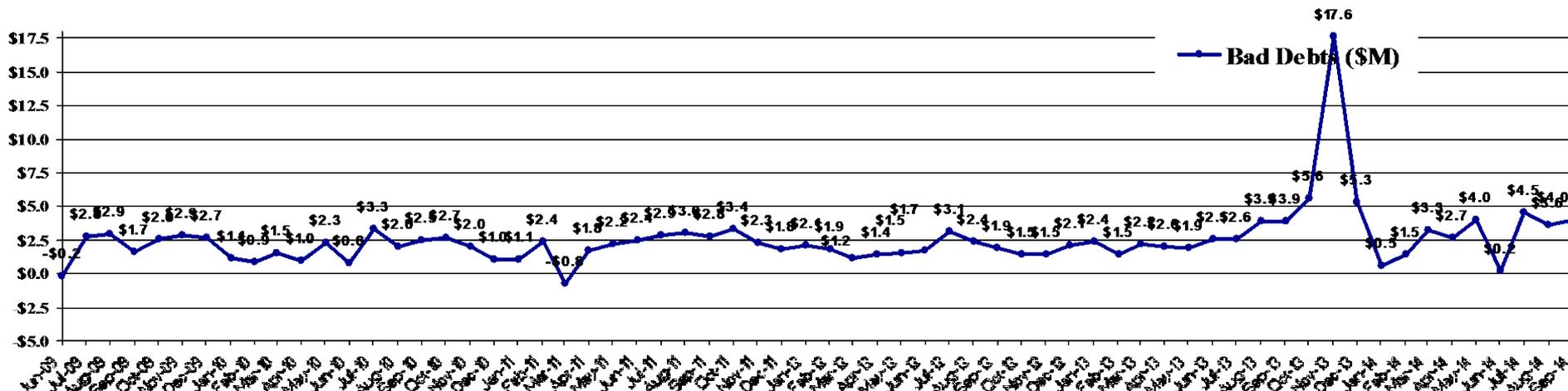
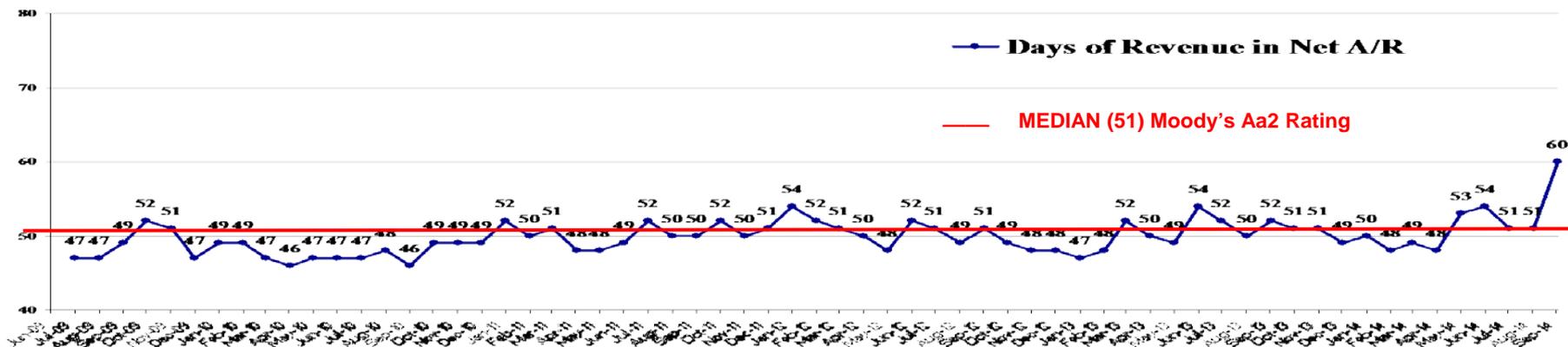
●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Comparative Accounts Receivable

at September 30, 2014



	June 30, 2013	June 30, 2014 (preliminary)	September 30, 2014
Net Accounts Receivable	\$161,942,694	\$176,695,824	\$205,984,051
Net Days in AR	54	54	60



UIHC Comparative Financial Results

Fiscal Year to Date September 2014

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	\$303,308	\$298,539	\$278,848	\$4,769	1.6%	\$24,460	8.8%
Other Operating Revenue	13,631	13,152	12,287	479	3.6%	1,344	10.9%
Total Revenue	\$316,939	\$311,691	\$291,135	\$5,248	1.7%	\$25,804	8.9%

EXPENSES:

Salaries and Wages	\$148,660	\$152,046	\$144,015	(\$3,386)	-2.2%	\$4,645	3.2%
General Expenses	131,038	132,683	121,084	(1,645)	-1.2%	9,954	8.2%
Operating Expense before Capital	\$279,698	\$284,729	\$265,099	(\$5,031)	-1.8%	\$14,599	5.5%
Cash Flow Operating Margin	\$37,241	\$26,962	\$26,036	\$10,279	38.1%	\$11,205	43.0%
Capital- Depreciation and Amortization	18,881	20,159	17,983	(1,278)	-6.3%	898	5.0%
Total Operating Expense	\$298,579	\$304,888	\$283,082	(\$6,309)	-2.1%	\$15,497	5.5%

Operating Income	\$18,360	\$6,803	\$8,053	\$11,557	169.9%	\$10,306	128.0%
Operating Margin %	5.8%	2.2%	2.8%		3.6%		3.0%
Gain on Investments	(4,277)	6,321	5,322	(10,598)	-167.7%	(9,599)	-180.4%
Other Non-Operating	(3,570)	(2,220)	(3,573)	(1,350)	-60.8%	3	0.1%
Net Income	\$10,513	\$10,904	\$9,802	(\$391)	-3.6%	\$711	7.3%
Net Margin %	3.4%	3.5%	3.3%		-0.1%		0.1%

* Gain/(Loss) on Investments based on information available at close. Final investment return for this period is reflected in Fiscal Year to Date returns in the subsequent reporting cycle.



Capital for UIHS

Jean Robillard, MD
Vice President for Medical Affairs



Strategic Plan Progress Report

Jean Robillard, MD
Vice President for Medical Affairs

UI Health Care Strategic Plan—FY 2014 - 2016

Mission
Changing Medicine. Changing Lives.
Vision
World Class People. World Class Medicine. For Iowa and the World.
Values
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 the people of Iowa and beyond.	Advance world class discovery through outstanding, innovative 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, Kenneth Rempher, Scott Turner, Sabi Singh, Doug Van Daele	Debra Schwinn, Pat Winokur, Gary Rosenthal, Sharon Tucker	Debra Schwinn, Donna Hammond, Mark Wilson, Christopher Cooper, LouAnn Montgomery	Jana Wessels, Kenneth Rempher	Sherrree Wilson & Jean Robillard (VPMA Cabinet)	Ken Fisher, Ken Kates, Debra Schwinn, Sabi Singh, Scott Turner
Strategies	Strategies	Strategies	Strategies	Strategies	Strategies
<ul style="list-style-type: none"> Q51. Optimize patient safety Q52. Ensure accurate and complete coding of documentation Q53. Improve timely access to care Q54. Deliver consistent service experience Q55. Design and implement innovative care models Q56. Lead efforts to improve health, access, quality and reduce fragmentation in the health care delivery system in collaboration with UI Health Alliance and other community partners Q57. Build and sustain programmatic priorities: <ul style="list-style-type: none"> Cancer Children's Services Diabetes Heart and Vascular Neurosciences Primary Care Orthopedics Transplant Women's Health Other emerging areas of clinical focus, including aging and age-related diseases Q58. Optimize UIP operational effectiveness locally with UIHC and across the Alliance 	<ul style="list-style-type: none"> R1. Recruit, develop, and retain a diverse cadre of world-class investigators and support their academic development R2. Identify areas of excellence in basic research in which to prioritize future growth and development (neuroscience, diabetes, cardiopulmonary, genomics) R3. Expand existing research that disseminates and implements evidence-based practices into routine clinical practice settings and across UI Health Alliance R4. Integrate genomics with clinical care R5. Improve and grow scientific infrastructure including new centers R6. Nurture the development of high quality, high reward interdisciplinary scientific programs, especially those with potential for tech transfer and/or start-up companies R7. Strengthen informatics capabilities for all research areas R8. Collaborate with other UI Colleges and CTSA Consortium and UI Health Alliance in targeted areas to meet common goals R9. Strengthen interenterprise research business model 	<ul style="list-style-type: none"> E1. Complete roll-out of new innovative mechanism-based UME curriculum E2. Recruit, develop and retain diverse world class faculty, fellows, residents and students E3. Foster innovation through greater integration across the continuum of UME, OSCEP, GME, and CME E4. Limit medical student debt E5. Recognize and reward excellence in teaching; find creative ways to fund teaching E6. Cultivate critical thinking, an environment of curiosity and life-long learning, a spirit of inquiry, and a passion for excellence E7. Emphasize interprofessional education (IPE) across all health science professionals to improve patient care E8. Deepen academic training for clinicians through creative faculty/fellowships 	<ul style="list-style-type: none"> P1. Continue to develop talent within the organization and define performance expectations for all P2. Seek, hire and retain outstanding people including individuals from groups traditionally under represented in academic medicine P3. Ensure that all UI Health Care employees receive appropriate training regarding organization's Mission, Vision, Values and Goals P4. Engage staff and encourage strong personal responsibility, accountability and empowerment directed toward achieving organizational goals P5. Promote programs that recognize and reward excellence P6. Foster an environment of continual learning, innovation and collaboration P7. Maintain Magnet recognition program designation to attract and retain a world class workforce P8. Develop and implement the IOM Future of Nursing recommendations appropriate to our workforce P9. Continue to develop infrastructure, technology and lean processes to support HR efforts P10. Support organizational capacity to transform and embrace change 	<ul style="list-style-type: none"> D1. Foster a positive and welcoming environment by nurturing a culture of respect, inclusion and equal opportunity D2. Develop and implement 2014-2017 DCOM Strategic Diversity Plan D3. Provide a range of diversity education, cultural enrichment and accreditation programs for members of the UI Health Care community D4. Develop and implement innovative, effective recruiting and pipeline initiatives geared towards under represented groups D5. Prepare to achieve compliance with LCME standards (IS-16, MS-8, ED-21, ED-22) related to diversity, inclusion and culturally responsive care for 2017 tenure D6. Each Accountable Leader will advance diversity in all strategies 	<ul style="list-style-type: none"> G1. Complete evaluation of clinical programs based on all three missions and rank as to core, basic, growth or marginal G2. Develop and implement business model for long term growth of targeted clinical programs G3. Develop and implement business model to support the evolving healthcare delivery system, including ACCO's, risk sharing, gain sharing or bundled payments G4. Maintain capital plan to address core strategies G5. Develop and implement strategies to strengthen relationships with Critical Access Hospitals, their physicians and other key community providers and work collaboratively to improve health and lower costs for populations living in these communities G6. Develop a culture of philanthropy within UI Health Care G7. Increase number of beds in ACCO products G8. Increase ProScribe market share population in advance of Children's Hospital opening in targeted regions
Information Technology	Information Technology	Information Technology	Information Technology	Information Technology	Information Technology
<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 Care link and MyChart Mobile technology Enhance sharing of clinical information with external providers Data warehousing capabilities incorporating external data Device integration into Epic 	<ul style="list-style-type: none"> Develop IT infrastructure necessary for ICD9E (IT, EPIC across UI Health Alliance, business analytics, clinical outcomes, decision science, genomics, and comparative effectiveness) Develop robust informatics infrastructure in synergy with university initiatives 	<ul style="list-style-type: none"> Develop the full capabilities of Epic to facilitate education Provide training and support for "teams" to understand and implement patient centered care and services Provide tools for faculty to implement new teaching methods (availability of short podcasts from across the world, IT based testing, etc) 	<ul style="list-style-type: none"> Training and development Communications Policy and practice changes Compliance tracking 	<ul style="list-style-type: none"> Web-based tools (self-audit, reporting progress on diversity initiatives, cultural competency resources, accreditation, etc.) Customize online tool programs to facilitate cultural competency training and add one Track participation in diversity programs 	<ul style="list-style-type: none"> Data driven business planning Robust financial and performance reporting systems Data warehouse and analytical capabilities for ACCOs and population health
Metrics	Metrics	Metrics	Metrics	Metrics	Metrics
<ul style="list-style-type: none"> Q51 CMS Reportable Events Adverse Drug Events CLASSI, CAUTI, VAP & C-Diff Rates OSI Core Measures Mortality Index Readmission Rate Blood Management None Sensitive Indicators Q52 Case weighted Documentation Opportunity Points (Care%) ICD-10 Provider Training Completion Q53 Clinic room utilization Transfer Center - Average Placement Time Percent of transfers coming through transfer center Length of stay Same day access First-case on-time starts (Main OR) % of total prescriptions filled by UIHC retail pharmacies Q54 Patient satisfaction (1 likelihood to recommend) Staff satisfaction Referring physician satisfaction MyChart utilization Meaningful Use (Stage 2) Q55 NOQA Medical Home Certification eHealth implemented in Critical Access Hospitals Q56 Quality and cost targets for Medicare, Medicaid and Wellpoint ACCOs Clinical integration across the Alliance UI Care link in all Alliance and UI Health Network offices # of IWHC projects implemented within UI Health Care & UI Health Alliance Q57 Volume, growth, outcomes and patient satisfaction indicators Q58 New structure and leadership in place 	<ul style="list-style-type: none"> R1 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 R2 Percentage of NIH funded research effort directed toward stated research and clinical priorities/areas of excellence R3 # of grants funding translational research Inflate & Staff ICD9E Number and dollar amount of clinical trials R4 Establish tenure protection system R5 Complete Phipps/Biochemical Discovery Building and occupy with strategic initiatives as part of the Phipps/Biochemical Institute New cores initiated # of cores endorsed R6 Number of patients, royalties, licensing agreements Number of new start ups R7 Increased participation in informatics education efforts at UME, GME and faculty level Institute joint degree programs and faculty fellowships in informatics R8 Number and dollar amount of program project and other collaborative grants R9 Number, dollar amount and percent of extramurally funded projects Research reimag per net square foot Percent of faculty salaries offset by grant support 	<ul style="list-style-type: none"> E1 USMLE scores Placements of graduates, short term and long term National rankings of graduate programs and professional schools Scholarship (e.g. publications, national presentations) regarding innovations in clinical learning environments for an UME/GME E2 # 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 % GME slots at UIHC filled with high quality residents % COO student Match Success in student diversity retention initiatives Effectiveness of under-represented minority student scholarship program to participate in UIHC fellowships Increase in positive data from OSAC-commissioned minority focus groups E3 Scholarship (e.g. publications, national presentations) regarding innovations in clinical learning environments for an UME/GME % rating their overall evaluation as "very positive" on the annual Resident Survey conducted by ACCME # UME curricular innovations adapted to GME needs E4 Annual student debt compared to national benchmarks and prior year E5 USMLE scores % rating overall evaluation as "very positive" on the annual Resident Survey conducted by ACCME Student evaluations of curriculum and instruction to include residents and fellows Programs with effort to build infrastructure to support comprehensive physician professional development initiatives # of endowed professorships for residency Program Directors E6 % rating their overall evaluation as "very positive" on the annual Resident Survey conducted by ACCME E7 Best practice examples of IPE in clinical settings that reinforce IPE Verification of proficiency of resident/faculty physicians to perform invasive procedures in a standardized and safe manner 	<ul style="list-style-type: none"> P1 % performance appraisals completed P2 & P10 Time to hire P3 % staff completing orientation within 60 days of hire % staff trained in Service Excellence P4 Hours worked vs. hours paid P5 # of leaders completing Dartmouth program and deployed to existing or new initiatives P7 Magnet status maintained P8 # staff enrolled in ION to ESN and other tuition support programs P9 Compliance tracking system developed and implemented 	<ul style="list-style-type: none"> D1 2012 climate survey for MD students completed and reported Enterprise-wide self-audit tool completed Data from focus groups compiled and reported in aggregate format Finalize of Human Rights Week compendium, and results used to guide future direction D2 On-line diversity reporting tool "Ivo" and in use by all departments D3 % medical educators possessing skills and knowledge to infuse cultural competence in the curriculum and teaching methods Patient satisfaction surveys measuring healthcare providers delivering caring, culturally competent and sensitive patient care Culturally responsive healthcare learning toolkit adopted and used by UIHC community % of high-impact satisfaction with, and effective of, sessions and content of the Culturally Responsive Healthcare in IWS conference D4 Diversity among MD applicants and matriculants Applicants from historically underrepresented populations to BioSciences/Biochemical graduate programs D5 Full compliance with LCME diversity, inclusion and cultural competence standards 	<ul style="list-style-type: none"> G1 Recruitment lining G2 Operating margin established for each business unit Flexible budget variance of less than 2.0% for each business unit Volume metrics for each business unit including at least eight advanced days, ALOS vs. expected (expressed as an index), surgical cases, ambulatory visits for each budget year Quality of service metrics including, room turns for clinics, wait time for new patients in clinic, others (TBD) for each budget year CARTS productivity for each clinical department G3 Bond rating metrics, days cash on hand, operating margin, current ratio, debt to capital, others (TBD) to maintain current rating from each agency Long range business model updated yearly Reduced savings for ACCO programs G4 Facility projects on budget and schedule G5 UI Health Network implemented with targeted services in targeted areas G6 Philanthropic dollars received % UI Health Care faculty/fellow who give to UI G7 % of out of state population for tertiary care % market share of tertiary care in state

Changing Medicine. Changing Lives.®

Changing Medicine.

- . . .through pioneering discovery***
- . . .innovative inter-professional education***
- . . .delivery of superb clinical care and an extraordinary patient experience***
- . . .in a multi-disciplinary, collaborative, team-based environment.***

Changing Lives.

- . . .preventing and curing disease***
- . . .improving health and well-being***
- . . .assuring access to care***
- . . .for people in Iowa and throughout the world.***

World-class people.

...building on our greatest strength.

World-class people.

World-class medicine.

For Iowa and the world.

World-class medicine.

... creating a new standard of excellence in integrated patient care, research and education.

For Iowa and the world.

...making a difference in quality of life and health for generations to come.

*I pledge my individual
commitment to UI
Health Care's values
because I CARE
about:*

Innovation

We seek creative ways to solve problems.

Collaboration

We believe teamwork is the best way to work.

Accountability

*We behave ethically, act openly and with integrity
in all that we do, taking responsibility for our
actions.*

Respect

*We honor diversity and recognize the worth and
dignity of every person.*

Excellence

We strive to achieve excellence in all that we do.

**CLINICAL QUALITY
& SERVICE**

1. Provide world-class health care and service to optimize health for the people of Iowa and beyond.

RESEARCH

2. Advance world-class discovery through outstanding, innovative biomedical and health services research.

EDUCATION

3. Develop world-class health professionals and scientists through excellent, innovative and humanistic educational curricula for learners at every stage.

PEOPLE

4. Foster a culture of excellence that values, engages and enables our workforce.

DIVERSITY

5. Create an environment of inclusion where individual differences are respected and all feel welcome.

**GROWTH &
FINANCE**

6. Optimize a performance-driven business model that assures financial success.

CLINICAL QUALITY & SERVICE	
QS1	Optimize patient safety
QS2	Ensure accurate and complete coding of documentation
QS3	Improve timely access to care
QS4	Deliver consistent service excellence
QS5	Design and implement innovative care models
QS6	Lead efforts to improve health, access, quality and reduce fragmentation in the health care delivery system in collaboration with UI Health Alliance and other community partners
QS7	Build and sustain programmatic priorities (cancer, children's services, diabetes, heart & vascular, neurosciences, primary care, orthopaedics, transplant, women's health, and other emerging areas of clinical focus, including aging and age-related diseases)
QS8	Optimize UIP operational effectiveness locally with UIHC and across the UI Health Alliance

RESEARCH	
R1	Recruit, develop, and retain a diverse cadre of world-class investigators and support their academic development
R2	Identify areas of excellence in basic research in which to prioritize future growth and development (neuroscience, diabetes, cardiopulmonary, genomics)
R3	Expand existing research that disseminates and implements evidence-based practices into routine clinical practice settings and across UI Health Alliance
R4	Integrate genomics with clinical care
R5	Improve and grow scientific infrastructure including new cores
R6	Nurture the development of high quality, high reward interdisciplinary scientific programs, especially those with potential for tech transfer and/or start-up companies
R7	Strengthen informatics capabilities for all research areas
R8	Collaborate with other UI Colleges, CTSA Consortium and UI Health Alliance in targeted areas to meet common goals
R9	Strengthen enterprise research business model

EDUCATION	
E1	Complete roll-out of new innovative mechanism-based UME curriculum
E2	Recruit, develop and retain diverse world class faculty, fellows, residents and students
E3	Foster innovation through greater integration across the continuum of UME, OSCEP, GME, and CME
E4	Limit medical student debt
E5	Recognize and reward excellence in teaching; find creative ways to fund teaching
E6	Cultivate critical thinking, an environment of curiosity and life-long learning, a spirit of inquiry, and a passion for excellence
E7	Emphasize interprofessional education (IPE) across all health science professionals
E8	Deepen academic training for clinicians through creative faculty/fellowships

PEOPLE	
P1	Continue to develop talent within the organization and define performance expectations for all
P2	Seek, hire and retain outstanding people including individuals from groups traditionally under-represented in academic medicine
P3	Ensure that all UI Health Care employees receive appropriate training regarding organization's Mission, Vision, Values and Goals
P4	Engage staff and encourage strong personal responsibility, accountability and empowerment directed toward achieving organizational goals
P5	Promote programs that recognize and reward excellence
P6	Foster an environment of continual learning, innovation and collaboration
P7	Maintain Magnet recognition program designation to attract and retain a world-class workforce
P8	Develop and implement the Institute of Medicine <i>Future of Nursing</i> recommendations appropriate to our workforce
P9	Continue to develop infrastructure, technology and lean processes to support HR efforts
P10	Support organizational capacity to transform and embrace change

DIVERSITY	
D1	Foster a positive and welcoming environment by nurturing a culture of respect, inclusion and equal opportunity
D2	Develop and implement 2014-2017 CCOM Strategic Diversity Plan
D3	Provide a range of diversity education, cultural enrichment and acclimation programs for members of the UI Health Care community
D4	Develop and implement innovative, effective recruiting and pipeline initiatives geared towards under-represented groups
D5	Compliance with Liaison Committee on Medical Education standards (IS-16, MS-8, ED-21, ED-22) related to diversity, inclusion and culturally responsive care for 2017 review
D6	Each Accountable Leader will advance diversity in all strategies

GROWTH & FINANCE	
GF1	Complete evaluation of clinical programs based on all three missions and rank as to core (basic), growth or marginal
GF2	Develop and implement business model for long-term growth of targeted clinical programs
GF3	Develop and implement business model to support the evolving healthcare delivery system, including ACOs, risk sharing, gain sharing or bundled payments
GF4	Maintain capital plan to address core strategies
GF5	Develop and implement strategies to strengthen relationships with Critical Access Hospitals, their physicians and other key community providers and work collaboratively to improve health and lower costs for populations living in these communities
GF6	Develop a culture of philanthropy for the system
GF7	Increase number of lives in ACO products
GF8	Increase Pediatric market share population in advance of Children's Hospital opening in targeted regions

CLINICAL QUALITY & SERVICE

- Continue to develop the full capabilities of Epic to facilitate quality/safety and enhance professional and consumer relationships, including UI CareLink and MyChart
- Mobile technology
- Enhance sharing of clinical information with external providers
- Data warehousing capabilities incorporating external data
- Device integration into Epic

RESEARCH

- Develop the full capabilities of Epic to facilitate innovation in research.
- Develop IT infrastructure necessary for ICORE (IT, EPIC across UI Health Alliance, business metrics, clinical outcomes, decision science, genomics, and comparative effectiveness).
- Develop robust informatics infrastructure in synergy with university initiatives.

EDUCATION

- Develop the full capabilities of Epic to facilitate education.
- Provide training and support for “learners” to understand and implement patient-centered care and service.
- Provide tools for faculty to implement new teaching methods (availability of short podcasts from across the world, IT based testing, etc).

PEOPLE

- Training and development
- Communications
- Policy and practice changes
- Compliance tracking

DIVERSITY

- Web-based tools (self-audit, reporting progress on diversity initiatives, cultural competency resources, accreditation, etc.)
- Online tools/programs to facilitate cultural competency training
- Track participation in diversity programs

GROWTH & FINANCE

- Data-driven business planning
- Robust financial and performance-reporting systems
- Data warehouse and analytical capabilities for ACOs and population health

Scorecard – Overall FY14 Performance

UI Health Care Strategic Plan Scorecard	FY13 Actual	FY14 Target	FY14 Actual	Upshot
OVERALL				
Honor Roll for Best Hospitals by US News and World Report	Ranked in 6 specialties	Improve	Ranked in 9 specialties	Achieved
Children's Hospitals by US News and World Report	Ranked in 7 specialties	Improve	Ranked in 8 specialties	Achieved
Public Medical Schools ranking in Research by US News and World Report	10 th	Improve	11 th	Not achieved
Overall Medical School ranking in Research by US News and World Report	28 th	Improve	29 th	Not achieved
Public Medical Schools Primary Care ranking by US News and World Report	14 th	Improve	14 th	Maintained
Overall Medical Schools Primary Care ranking by US News and World Report	16 th	Improve	16 th	Achieved
NIH Funding among Public Medical Schools	17 th (FY12)	Improve	19 th (FY13)*	Not achieved
Moody's Bond Rating	Aa2	Maintain Aa2	Aa2	Achieved

*FY14 results not yet released

Scorecard – Clinical Quality & Service

FY14 Performance

UI Health Care Strategic Plan Scorecard	<u>FY13 Actual</u>	<u>FY14 Target</u>	<u>FY14 Actual</u>	<u>Upshot</u>
CLINICAL QUALITY & SERVICE				
Patient Satisfaction: a) Adult b) Pediatric c) Outpatient	a) 48 / 48 b) 59 / 75 c) 31 / 34 (FY13) / (Q4FY13)	90 th Percentile	a) 50 / 54 b) 30 / 51 c) 34 / 38 (FY14) / (Q4FY14)	a) Improved b) Declined c) Improved
CMS Core Measure – Heart Failure Discharge Instructions	97% (Q3, FY13)	>97%	Metric was discontinued after Q1 2014 at that time it was 98%	n/a
Operating Room – First case on-time starts (Main OR)	93%	95%	93.29%	Improved
Transfer Center – Avg time from initial call to patient placement confirmation	82 minutes	80 minutes	70 minutes	Achieved
Readmission Rate (UHC All-cause Measure - Adult and Children)	11.75%	10.38%	11.62%	Improved
Length of Stay Index (excl. <u>Outliers</u> , Psych, Normal Newborn, & Neonates) (UHC Measure)	1.05	≤1.0	1.04	Improved

Scorecard – Research

FY14 Performance

UI Health Care Strategic Plan Scorecard	<u>FY13 Actual</u>	<u>FY14 Target</u>	<u>FY14 Actual</u>	<u>Upshot</u>
RESEARCH				
Total extramural funding	\$225.4M	Total extramural funding increases or decreases by the same percentage as the NIH budget for FY14	\$203.6M	Not achieved
Research revenue per net square foot	\$473	Maintain	\$427	Not achieved
Percent of extramurally funded faculty research effort	22%	Maintain	19.92%	Not achieved

Scorecard – Education

FY14 Performance

UI Health Care Strategic Plan Scorecard	<u>FY13 Actual</u>	<u>FY14 Target</u>	<u>FY14 Actual</u>	<u>Upshot</u>
EDUCATION				
Number of applications for medical school	3,564	Maintain	3,502*	Not achieved
Mean MCAT scores: Verbal Reasoning, Physical Sciences, Biological Sciences	32.4	Maintain	32.3	Not achieved
GPA of accepted applicants	3.75	Maintain	3.76	Achieved
Limit % increase in annual student medical debt compared to national benchmarks and prior year	UI Class of 2012 Average \$155K; National Average, All Schools \$148K	Reduce debt to below national average	UI Class of 2013 Average \$156K; National Average, All Schools \$150K	Not achieved

*Minimum GPA for applicants increased to 3.0, which resulted in fewer—but more highly qualified—applicants.

Scorecard – People

FY14 Performance

UI Health Care Strategic Plan Scorecard	<u>FY13 Actual</u>	<u>FY14 Target</u>	<u>FY14 Actual</u>	<u>Upshot</u>
PEOPLE				
Develop and implement plan for improved on-boarding of staff - 100% of staff completing orientation within 60 days of hire.	100%	Maintain	100% maintained	Achieved
Develop and deliver Service Excellence training to all staff	62% trained	70% trained	80% trained	Achieved
% of Performance Appraisals completed	100%	Maintain	100% maintained	Achieved
% of Sexual Harassment Training Completed	100%	Maintain	100% maintained	Achieved
Train staff and supervisors in the use of My UI Career Goal Setting performance management system	Did not exist in FY13	Train 100% of non-organized staff on usage of My UI Career	70% trained*	Achieved

*Requirement changed mid-year from required to option.

Scorecard – Diversity

FY 14 Performance

UI Health Care Strategic Plan Scorecard	<u>FY13 Actual</u>	<u>FY14 Target</u>	<u>FY14 Actual</u>	<u>Upshot</u>
DIVERSITY				
Develop and implement 2014-2017 CCOM Strategic Diversity Plan	New for FY14	Achieve	Plan developed & implementation in process, incl. adoption of CultureVision.	Achieved
Provide a range of diversity education, cultural enrichment and acclimation programs for members of the UI Health Care community	New for FY14	Achieve	Comprehensive array of events & activities sponsored, including first Culturally Responsive Health Care in Iowa conference.	Achieved
Develop and implement innovative, effective recruiting and pipeline initiatives geared towards under-represented groups	New for FY14	Achieve	Multiple programs implemented, including Physician Shadowing Program.	Achieved
Each Accountable Leader will advance diversity in all strategies	New for FY14	Achieve	Diversity and inclusion considered in development and implementation of strategies across all pillars.	Achieved

Scorecard – Growth and Finance

FY14 Performance

UI Health Care Strategic Plan Scorecard	<u>FY13 Actual</u>	<u>FY14 Target</u>	<u>FY14 Actual</u>	<u>Upshot</u>
GROWTH & FINANCE				
Admissions (excl. Normal Newborn and OP Observation)	30,334	31,199	30,762	Improved
UIHC Operating Margin %	3.5%	3.0%	4.6%	Achieved
UIP Operating Margin %	-2.0%	0%	1.2%	Achieved
Outpatient Clinic Visits (including ETC and Hosp Dentistry)	857,187	877,915	867,591	Improved
Surgical Cases (inpatient and outpatient)	28,663	29,453	29,180	Improved
Philanthropic goal of \$500M by the end of FY14	\$68M	\$50M needed to reach \$500M target	\$70m	Achieved

Scorecard – Overall

FY15 Targets

UI Health Care Strategic Plan Scorecard	<u>FY14 Actual</u>	<u>FY15 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 8 specialties	Improve
Public Medical Schools ranking in Research by US News and World Report	11 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	14 th	Improve
Overall Medical Schools Primary Care ranking by US News and World Report	16 th	Improve
NIH Funding among Public Medical Schools	19 th (FY13)	Improve
Moody's Bond Rating	Aa2	Maintain Aa2

Scorecard – Clinical Quality & Service

FY15 Targets

UI Health Care Strategic Plan Scorecard	FY14 Actual	FY15 Target
CLINICAL QUALITY & SERVICE		
Patient Satisfaction: a) Adult b) Pediatric c) Outpatient	a) 50 / 54 b) 30 / 51 c) 34 / 38 (FY14) / (Q4FY14)	90 th Percentile
HAI reduction: C diff infection rates	1.28/1000 patient days	Less than 1.0/1000 patient days
Operating Room – First case on-time starts (Main OR)	93% (FY14)	95%
Access; % New patients seen within 7 days of request	41%	50%
Readmission Rate (UHC All-cause Measure - Adult and Children)	11.62% (FY14)	10.38%
Length of Stay Index (excl. <u>Outliers</u> , Psych, Normal Newborn, & Neonates) (UHC Measure)	1.04 (FY14)	≤1.0

Scorecard – Research

FY15 Targets

UI Health Care Strategic Plan Scorecard	<u>FY14 Actual</u>	<u>FY15 Target</u>
RESEARCH		
Total extramural funding	\$203.6M	Total extramural funding increases or decreases by the same percentage as the NIH budget for FY15
Research revenue per net square foot	\$427	Maintain
Percent of extramurally funded faculty research effort	19.9%	Maintain

Scorecard – Education

FY15 Targets

UI Health Care Strategic Plan Scorecard	<u>FY14 Actual</u>	<u>FY15 Target</u>
EDUCATION		
Number of applications for medical school	3,502	Maintain
Mean MCAT scores: Verbal Reasoning, Physical Sciences, Biological Sciences	32.3	Maintain
GPA of accepted applicants	3.76	Maintain
Limit % increase in annual student medical debt compared to national benchmarks and prior year	UI Class of 2013 Average \$156K; National Average, All Schools \$150K	Reduce UI medical student debt to below national average

Scorecard – People

FY15 Targets

UI Health Care Strategic Plan Scorecard	<u>FY14 Actual</u>	<u>FY15 Target</u>
PEOPLE		
Develop and implement plan for improved on-boarding of staff - 100% of staff completing orientation within 60 days of hire.	100%	100%
Develop and deliver Service Excellence training to all staff	80% trained	85% trained
% of Performance Appraisals completed	100%	100%
% of Sexual Harassment Training Completed	100%	100%
Participate in 2014 Working at Iowa Survey (measuring staff satisfaction)	Did not exist in FY13	65% (UI Health Care)

Scorecard – Diversity

FY15 Targets

UI Health Care Strategic Plan Scorecard	<u>FY14 Actual</u>	<u>FY15 Target</u>
DIVERSITY		
Each department will develop a diversity plan and accompanying goals which adhere to and support the overall UIHC and CCOM Diversity Plan/Roadmap.	All departmental plans completed and entered into Diversity Goal reporting site.	Updated plans and goals fully implemented by end of June 2015.
Launch CultureVision to UIHC community.	CultureVision agreement in place and implementation plan developed.	CultureVision is fully implemented, including Ambassador training for 100 employees.
Develop and/or participate in outreach, pipeline and/or recruitment initiatives for persons from populations underrepresented in medicine and/or biomedical research.	Design and implement minimum of two outreach/pipeline programs and participate in a minimum of four recruitment events or programs.	Programs are completed and outcomes are reported.
Each DEO will specify the metrics to be used to measure achievement of diversity goals.	Did not exist in FY14	Diversity goals (with accompanying metrics) achieved reported via DEO metric reporting site by May 2015.

Scorecard – Growth and Finance

FY15 Targets

UI Health Care Strategic Plan Scorecard	<u>FY14 Actual</u>	<u>FY15 Target</u>
GROWTH & FINANCE		
Admissions (excl. Normal Newborn and OP Observation)	30,762	31,821
UIHC Operating Margin %	4.6%	3.0%
UIP Operating Margin %	1.2%	2.35%
Outpatient Clinic Visits (including ETC and Hosp Dentistry)	867,591	870,801
Surgical Cases (inpatient and outpatient)	29,180	30,653
Philanthropy	\$70M	\$72M



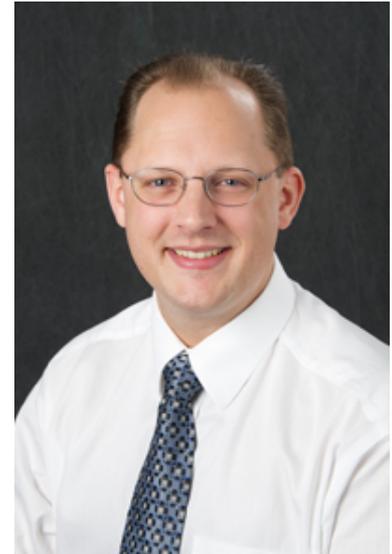
***Faculty Presentation:
The Beginning of the End of Preeclampsia?***

Mark K. Santillan, MD
Assistant Professor, Department of Obstetrics & Gynecology

Justin L. Grobe, PhD, FAHA
Assistant Professor, Department of Pharmacology

Dr. Justin L. Grobe, PhD, FAHA
Assistant Professor, Dept. of Pharmacology

- **PhD**, Pharmacodynamics, University of Florida, Gainesville (UFL)
- **Postdoc Fellowships**, Physiology & Functional Genomics, UFL Medicine; Internal Medicine & Pharmacology, UI CCOM



Dr. Mark K. Santillan, MD
Assistant Professor, Dept. of Ob/Gyn

- **MD**, Loyola University Stritch School of Medicine, Maywood, IL
- **Residency**, OB-Gyn, Loyola University Medical Center, Maywood, IL
- **Fellowship**, Maternal Fetal Medicine, University of Iowa Hospitals and Clinics



Preeclampsia in Iowa: One Patient's Story

**October
2012**



September 2012



Easter 2014



The Problem(s) with Preeclampsia

- 4,000 cases/year in Iowa
- 500,000 cases/year in U.S.A.
- 100,000 maternal deaths/year
- 500,000 fetal & newborn deaths/year
- 8x higher incidence than heart attack
- 25x higher incidence than prostate cancer
- 50x higher incidence than colon cancer



Originally described by Hippocrates... 2,400 years ago

Still today:

- No Diagnostic Test
- No Animal Models
- No Treatments



New Ideas from New Collaborations



University of Iowa Health Care

UI Women's Health



University of Iowa Health Care

Department of Pharmacology



Mark K. Santillan, MD

***High Risk Obstetrics
/ Maternal
Fetal
Medicine***

**Expert in
Preeclampsia &
Clinical/Translational
Studies**

Justin L. Grobe, PhD

***Pharmacology
&
Animal
Physiology***

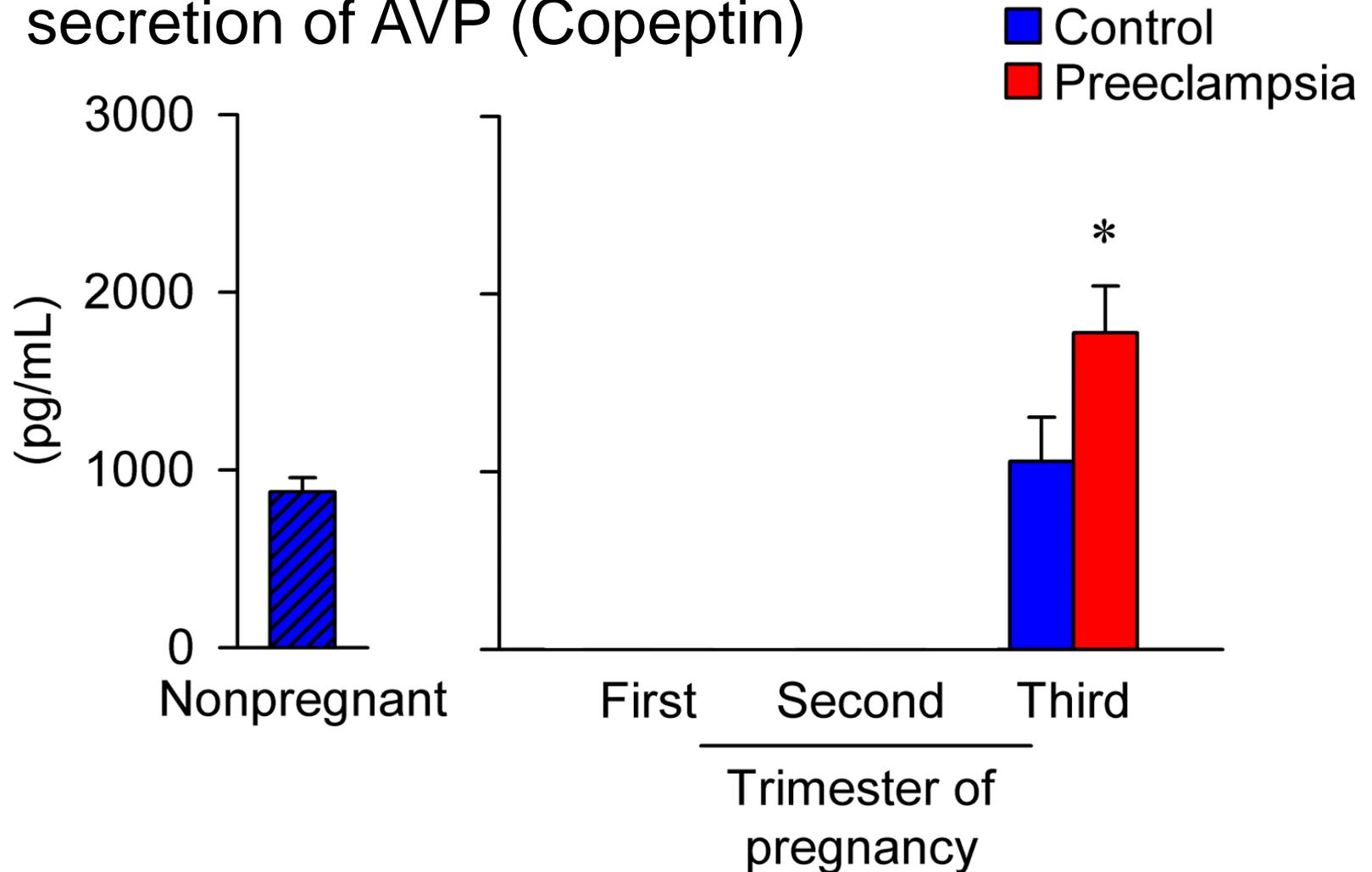
**Expert in
Neural Control
of Blood Pressure
& Animal Models**

Collecting and saving tissues and data from lowan pregnancies

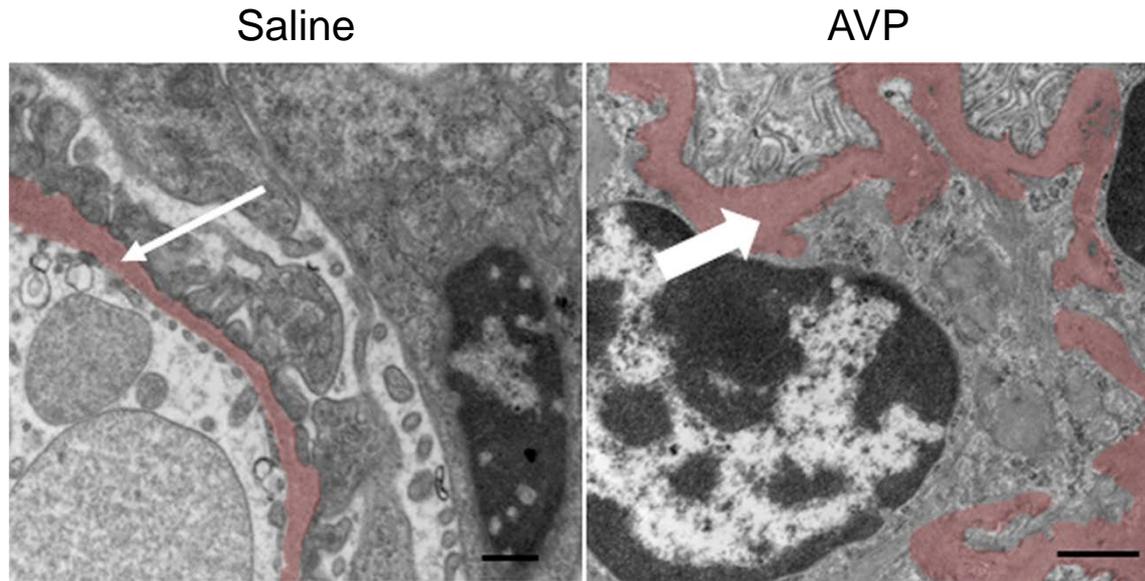
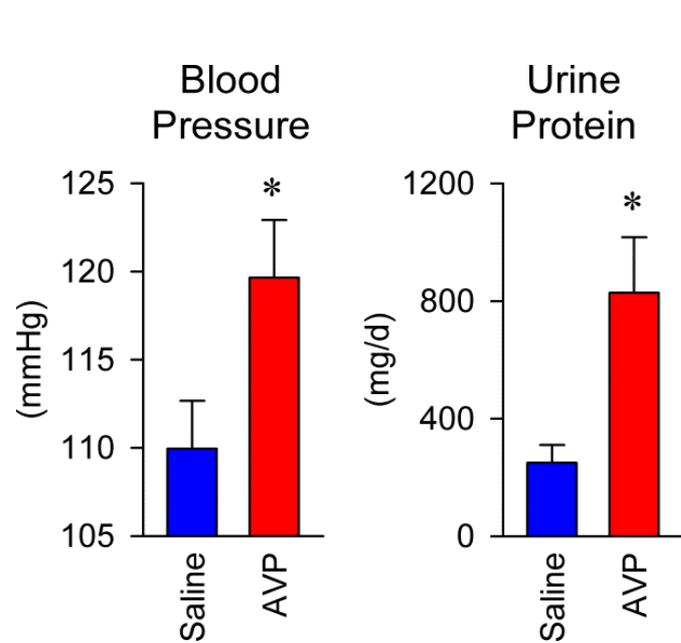


- 1487 women consented
 - 2171 blood samples
 - 425 placentas
 - Amniotic fluid
 - Cord blood
 - Urine

Maternal plasma marker for secretion of AVP (Copeptin)

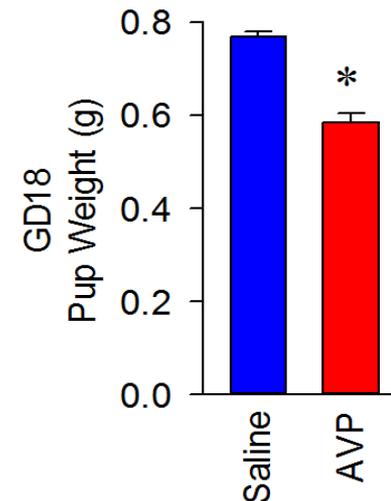


Vasopressin Can Cause Preeclampsia



Renal glomerular endotheliosis
(Images by electron microscopy; bar = 500 nanometers)

- Infusion sufficient to cause preeclampsia in mice
- Establishes first and only animal model of early-disease pathogenesis



Our Interdisciplinary Team



Mark K.
Santillan, MD

Obstetrician



Donna A.
Santillan, PhD

*Clinical Bank &
Molecular Biology*



Gideon K.D.
Zamba, PhD

Biostatistics



Katherine N.
Gibson-Corley,
DVM, PhD

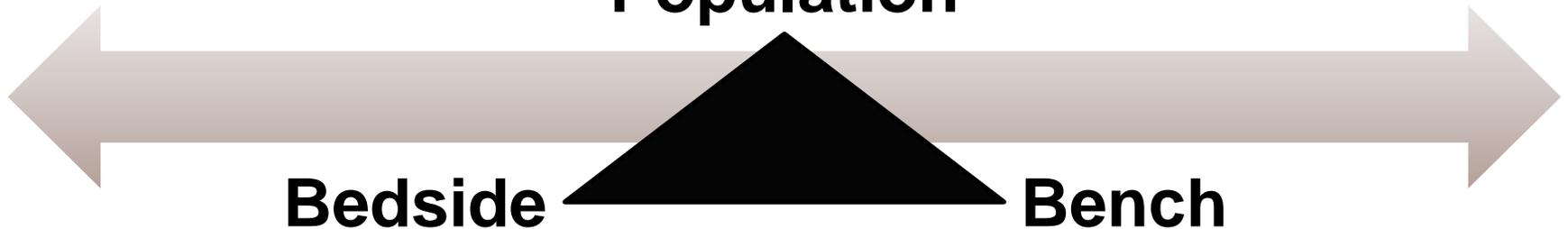
Pathology



Justin L.
Grobe, PhD,
FAHA

Pharmacology

Population





Novel Early Diagnostic Test
[Patent: Feb 2014]

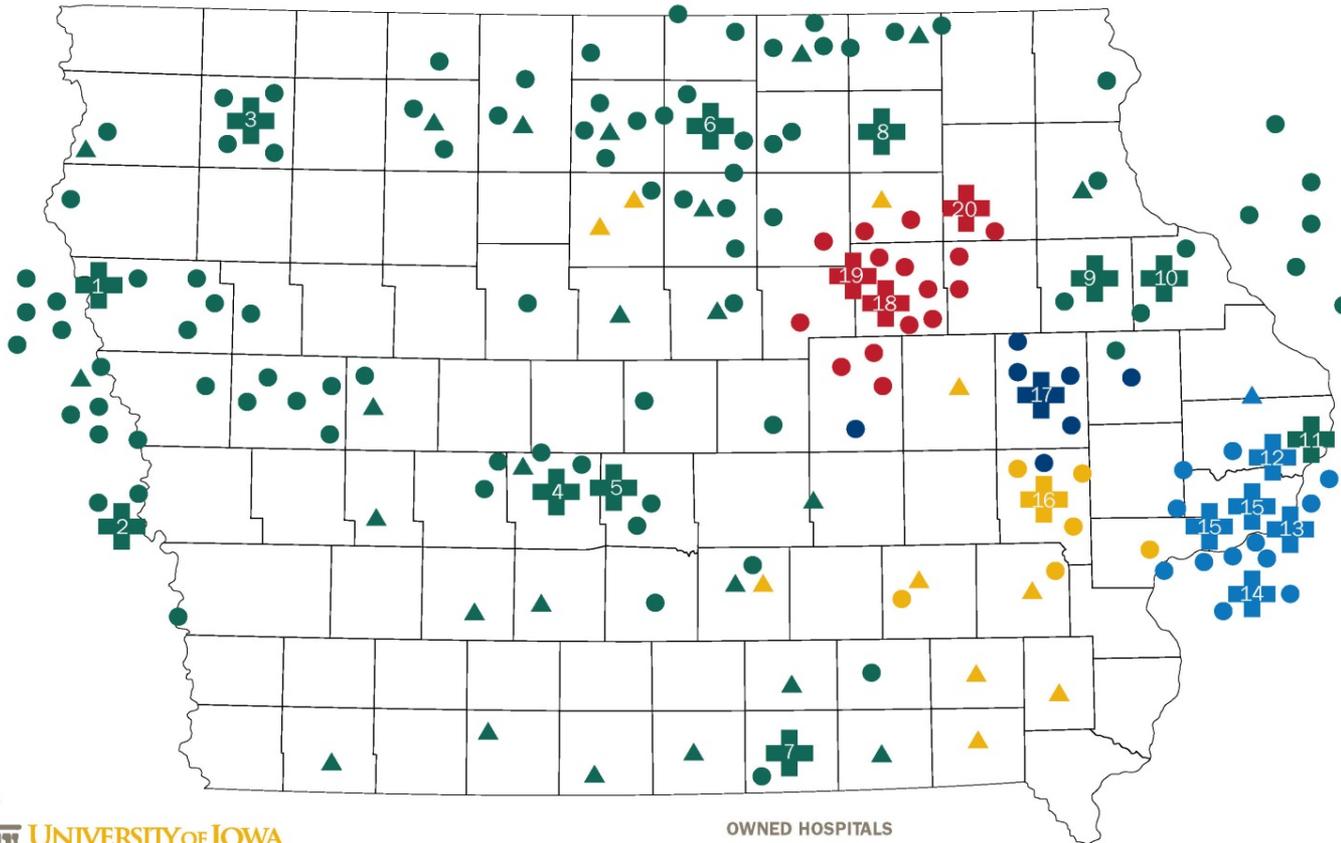


First Early-Pathogenesis Animal Model
[Published: July 2014]



Multiple, New Drug Targets Identified
[Patent: Feb 2014]

Where We Are Headed



- Mercy Health Network
- Genesis Health System
- University of Iowa Health Care
- Mercy Cedar Rapids
- Wheaton Franciscan Healthcare

- ✚ • 20 Owned Hospitals
- 55 Total Hospitals
- • 2,459 Integrated Physicians
- 2,000+ Additional Aligned Physicians
- 4+ Billion Annual Net Revenues
- △ • 35 Affiliate Hospitals

OWNED HOSPITALS

- | | |
|---|--|
| 1. Mercy Medical Center, Sioux City | 12. Genesis Medical Center, DeWitt |
| 2. Oakland (NE) Mercy Hospital | 13. Genesis Medical Center, Silvis |
| 3. Baum-Harmon Mercy Hospital, Primghar | 14. Genesis Medical Center, Alledo |
| 4. Mercy West Lakes, West Des Moines | 15. Genesis Medical Center, Davenport |
| 5. Mercy Medical Center, Des Moines | 16. University of Iowa Hospital |
| 6. Mercy Medical Center, North Iowa | 17. Mercy, Cedar Rapids |
| 7. Mercy Medical Center, Centerville | 18. Covenant Medical Center, Waterloo |
| 8. Mercy Medical Center, New Hampton | 19. Sartori Memorial Hospital, Cedar Falls |
| 9. Mercy Medical Center, Dyersville | 20. Mercy Hospital, Oelwein |
| 10. Mercy Medical Center, Dubuque | |
| 11. Mercy Medical Center, Clinton | |

UIHA item 138 20140505

