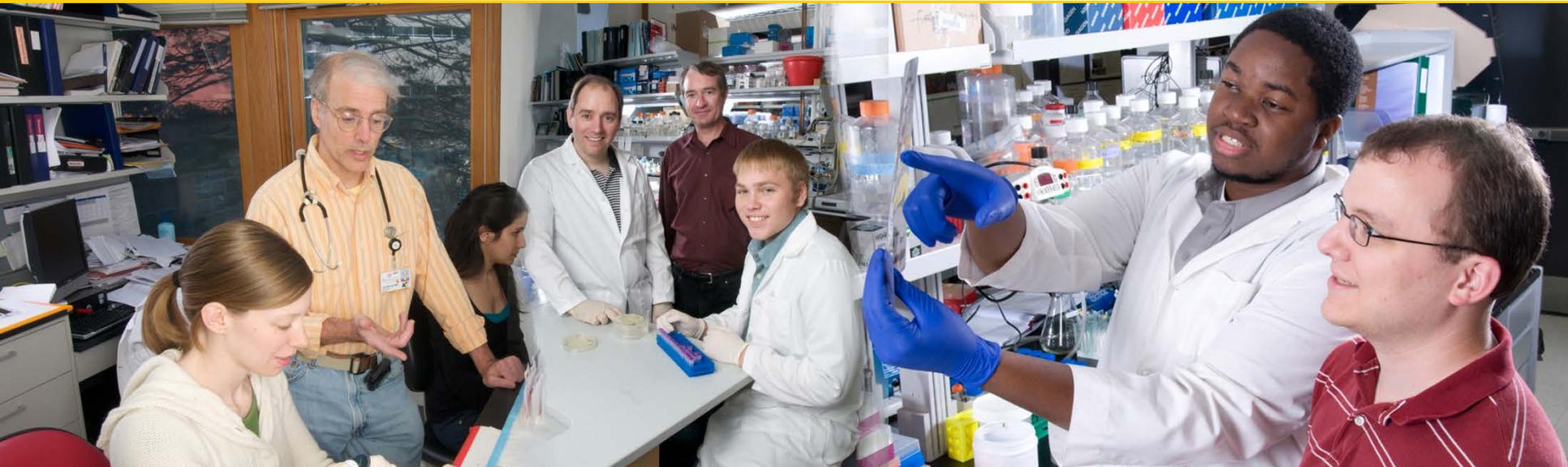




# ***University of Iowa Health Care***

***Presentation to  
The Board of Regents, State of Iowa  
October 23-24, 2013***

- Opening Remarks (Jean Robillard)
- Operational and Financial Performance (Ken Kates & Ken Fisher)
- Strategic Plan Progress Report (Jean Robillard)
- Department of Orthopaedics & Rehabilitation and Ponseti International Association (Joseph Buckwalter & John Buchanan)



## ***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 August 2013

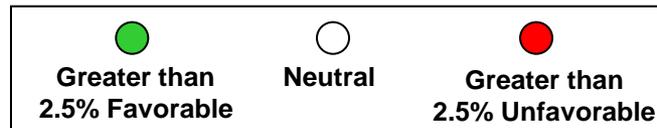
Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Discharges	5,208	5,365	5,230	(157)	-2.9% ●	(22)	-0.4% ○
Patient Days	33,247	32,765	32,978	483	1.5% ○	270	0.8% ○
Length of Stay	6.38	6.05	6.38	0.33	5.5% ●	0.00	0.0% ○
Average Daily Census	536.25	528.46	531.90	7.79	1.5% ○	4.35	0.8% ○
Total Surgeries	5,034	5,024	4,992	10	0.2% ○	42	0.8% ○
- Inpatient	1,963	2,031	2,017	(68)	-3.3% ●	(54)	-2.7% ●
- Outpatient	3,071	2,993	2,975	78	2.6% ●	96	3.2% ●
ED Visits	10,567	10,909	10,379	(342)	-3.1% ●	188	1.8% ○
Total Clinic Visits	137,102	134,717	132,977	2,385	1.8% ○	4,125	3.1% ●

 Greater than 2.5% Favorable	 Neutral	 Greater than 2.5% Unfavorable
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# Discharges by Type

## Fiscal Year to Date August 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	1,613	1,886	1,844	(273)	-14.5% ●	-231	-12.5% ●
Adult Surgical	2,614	2,370	2,308	244	10.3% ●	306	13.3% ●
Adult Psych	241	301	295	(60)	-19.9% ●	(54)	-18.3% ●
<i>Subtotal – Adult</i>	<i>4,468</i>	<i>4,557</i>	<i>4,447</i>	<i>(89)</i>	<i>-1.9%</i> ○	<i>21</i>	<i>0.5%</i> ○
Pediatric Medical & Surgical	520	558	540	(38)	-6.8% ●	(20)	-3.7% ●
Pediatric Critical Care	124	152	148	(28)	-18.4% ●	(24)	-16.2% ●
Pediatric Psych	96	98	95	(2)	-2.0% ○	1	1.1% ○
<i>Subtotal – Pediatrics w/o newborn</i>	<i>740</i>	<i>808</i>	<i>783</i>	<i>(68)</i>	<i>-8.4%</i> ●	<i>(43)</i>	<i>-5.5%</i> ●
Newborn	264	242	237	22	9.1% ●	27	11.4% ●
<b>TOTAL w/o Newborn</b>	<b>5,208</b>	<b>5,365</b>	<b>5,230</b>	<b>(157)</b>	<b>-2.9%</b> ●	<b>(22)</b>	<b>-0.4%</b> ○



# Discharge Days by Type

## Fiscal Year to Date August 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	8,388	9,474	9,745	(1,086)	-11.5% ●	(1,357)	-13.9% ●
Adult Surgical	13,459	11,289	11,601	2,170	19.2% ●	1,858	16.0% ●
Adult Psych	3,598	3,542	3,645	56	1.6% ○	(47)	-1.3% ○
<i>Subtotal – Adult</i>	<i>25,445</i>	<i>24,305</i>	<i>24,991</i>	<i>1,140</i>	<i>4.7% ●</i>	<i>454</i>	<i>1.8% ○</i>
Pediatric Medical & Surgical	3,481	3,288	3,376	193	5.9% ●	105	3.1% ●
Pediatric Critical Care	3,450	3,988	4,103	(538)	-13.5% ●	(653)	-15.9% ●
Pediatric Psych	858	879	905	(21)	-2.4% ○	(47)	-5.2% ●
<i>Subtotal – Pediatrics w/o newborn</i>	<i>7,789</i>	<i>8,155</i>	<i>8,384</i>	<i>(366)</i>	<i>-4.5% ●</i>	<i>(595)</i>	<i>-7.1% ●</i>
Newborn	587	532	495	55	10.3% ●	92	18.6% ●
<b>TOTAL w/o Newborn</b>	<b>33,234</b>	<b>32,460</b>	<b>33,375</b>	<b>774</b>	<b>2.4% ○</b>	<b>(141)</b>	<b>-0.4% ○</b>

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

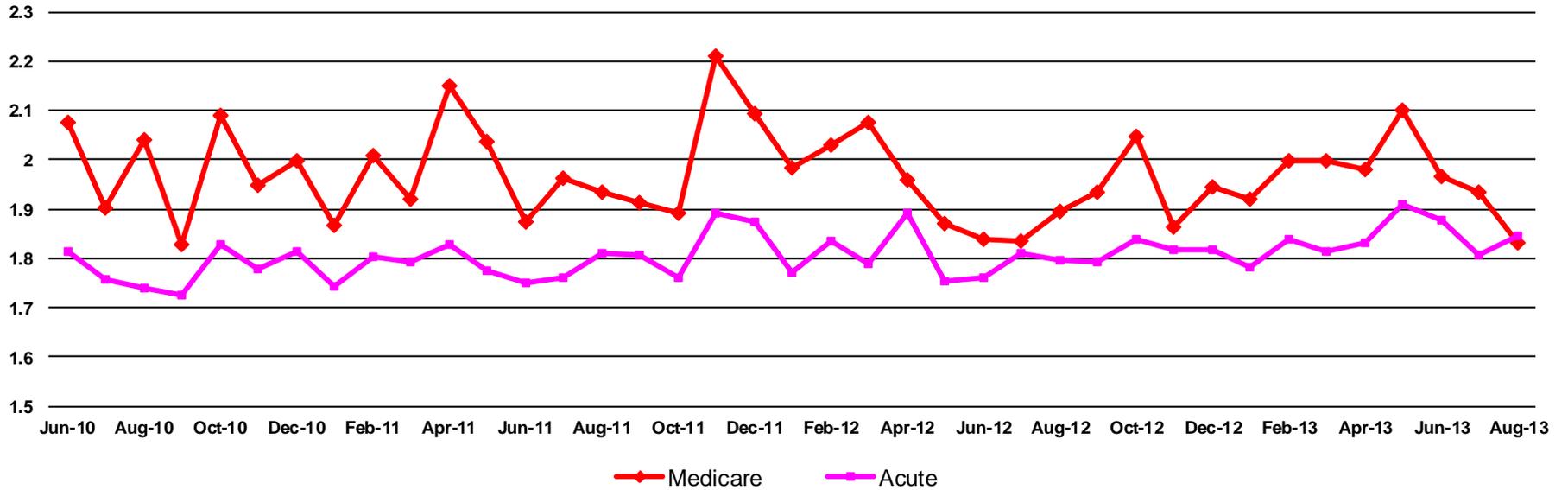
# Average Length of Stay by Type

Fiscal Year to Date August 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	5.20	5.02	5.28	0.18	3.5% ●	(0.08)	-1.6% ○
Adult Surgical	5.15	4.76	5.03	0.39	8.1% ●	0.12	2.4% ○
Adult Psych	14.93	11.77	12.36	3.16	26.8% ●	2.57	20.8% ●
Subtotal – Adult	5.69	5.33	5.62	0.36	6.8% ●	0.08	1.3% ○
Pediatric Medical & Surgical	6.69	5.89	6.25	0.80	13.6% ●	0.44	7.1% ●
Pediatric Critical Care	27.82	26.24	27.72	1.59	6.0% ●	0.10	0.4% ○
Pediatric Psych	8.94	8.97	9.53	(0.03)	-0.4% ○	(0.59)	-6.2% ●
Subtotal – Pediatrics w/o newborn	10.53	10.09	10.71	0.43	4.3% ●	(0.18)	-1.7% ○
Newborn	2.22	2.20	2.09	0.03	1.1% ○	0.13	6.5% ●
<b>TOTAL w/o Newborn</b>	<b>6.38</b>	<b>6.05</b>	<b>6.38</b>	<b>0.33</b>	<b>5.5% ●</b>	<b>0.00</b>	<b>0.0% ○</b>

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

# Case Mix Index



# Inpatient Surgeries – by Clinical Department

August 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	175	167	176	8	4.6% 	(1)	-0.6% 
Dentistry	34	28	35	6	21.0% 	(1)	-2.9% 
General Surgery	575	587	583	(12)	-2.1% 	(8)	-1.4% 
Gynecology	101	121	136	(20)	-16.6% 	(35)	-25.7% 
Neurosurgery	294	323	299	(29)	-8.9% 	(5)	-1.7% 
Ophthalmology	33	28	39	5	17.3% 	(6)	-15.4% 
Orthopedics	487	494	503	(7)	-1.3% 	(16)	-3.2% 
Otolaryngology	95	119	112	(24)	-20.1% 	(17)	-15.2% 
Radiology – Interventional	18	18	20	0	0.0% 	(2)	-10.0% 
Urology w/ Procedure Ste.	151	145	114	6	4.0% 	37	32.5% 
<b>Total</b>	<b>1,963</b>	<b>2,031</b>	<b>2,017</b>	<b>(68)</b>	<b>-3.3%</b> 	<b>(54)</b>	<b>-2.7%</b> 
Solid Organ Transplants	48	65	62	(17)	-26.2% 	(14)	-22.6% 



Greater than 2.5% Favorable



Neutral



Greater than 2.5% Unfavorable

# Outpatient Surgeries – by Clinical Department

August 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	16	20	12	(4)	-20.0% ●	4	33.3% ●
Dentistry	110	114	114	(4)	-3.5% ●	(4)	-3.5% ●
Dermatology	5	6	7	(1)	-20.5% ●	(2)	-28.6% ●
General Surgery	478	462	483	16	3.5% ●	(5)	-1.0% ○
Gynecology	144	130	142	14	10.6% ●	2	1.4% ○
Internal Medicine	1	2	1	(1)	-50.0% ●	0	0.0% ○
Neurosurgery	111	109	95	2	1.7% ○	16	16.8% ●
Ophthalmology	737	676	714	61	9.0% ●	23	3.2% ●
Orthopedics	665	680	688	(15)	-2.2% ○	(23)	-3.3% ●
Otolaryngology	428	445	386	(17)	-3.7% ●	42	10.9% ●
Pediatrics	0	1	0	(1)	-100.0% ●	0	0.0% ○
Radiology – Interventional	6	6	12	0	0.0% ○	(6)	-50.0% ●
Urology w/ Procedure Ste.	370	342	321	28	8.1% ●	49	15.3% ●
<b>Total</b>	<b>3,071</b>	<b>2,993</b>	<b>2,975</b>	<b>78</b>	<b>2.6% ●</b>	<b>96</b>	<b>3.2% ●</b>

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

# Emergency Department

August 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
ED Visits	10,567	10,909	10,379	(342)	-3.1% 	188	1.8% 
ED Admits	3,176	3,246	3,087	(70)	-2.1% 	89	2.9% 
ED Conversion Factor	30.1%	29.8%	29.7%		1.0% 		1.1% 
ED Admits / Total Admits	60.6%	61.6%	58.7%		-1.6% 		3.2% 

		
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

# Clinic Visits by Specialty

Fiscal Year to Date August 2013

Operating Review (YTD)	Actual	Budget	Variance to Budget	% Variance to Budget	
Burn Clinic	503	636	(133)	-20.9%	●
Center for Disabilities & Development	1,582	1,508	74	4.9%	●
Center for Digestive Disease	3,492	3,375	117	3.5%	●
Clinical Cancer Center	8,889	9,106	(217)	-2.4%	○
Dermatology	3,521	3,600	(79)	-2.2%	○
General Surgery	3,309	3,090	219	7.1%	●
Hospital Dentistry	3,060	2,879	181	6.3%	●
Internal Medicine	6,127	5,796	331	5.7%	●
Neurology	1,999	2,298	(299)	-13.0%	●
Neurosurgery	2,021	1,893	128	6.7%	●
Obstetrics/Gynecology	9,151	8,367	784	9.4%	●
Ophthalmology	11,725	11,731	(6)	-0.1%	○
Orthopedics	12,487	11,583	904	7.8%	●
Otolaryngology	4,508	3,515	993	28.2%	●
Pediatrics	9,272	9,670	(398)	-4.1%	●
Primary Care (non-IRL)	26,332	25,748	584	2.3%	○
Psychiatry	5,645	5,630	15	0.3%	○
Urology	2,355	2,541	(186)	-7.3%	●
UI Heart Center	2,684	2,961	(277)	-9.3%	●
IRL	18,440	18,790	(350)	-1.9%	○
<b>Total</b>	<b>137,102</b>	<b>134,717</b>	<b>2,385</b>	<b>1.8%</b>	○

● Greater than 2.5% Favorable

○ Neutral

● Greater than 2.5% Unfavorable

# Clinic Visits by Location

Fiscal Year to Date August 2013

Operating Review (YTD)	FY14 Actual				FY13 Actual				Variance to Prior Year	%	
	On-Site	IRL	UICMS & QuickCare	Total	On-Site	IRL	UICMS & QuickCare	Total			
Primary Care	8,999		17,333	26,332	17,914		18,889	36,803	(10,471)	-28.5%	●
General Internal Medicine		4,265		4,265					4,256		●
Pediatrics		3,561		3,561					3,561		●
<i>Subtotal - Primary Care</i>	<i>8,999</i>	<i>7,826</i>	<i>17,133</i>	<i>34,158</i>	<i>17,914</i>		<i>18,889</i>	<i>36,803</i>	<i>(2,645)</i>	<i>-7.2%</i>	●
Burn Clinic	503			503					503		●
Center for Disabilities & Development	1,582			1,582	1,524			1,524	58	3.8%	●
Center for Digestive Disease	3,492	606		4,098	3,866			3,866	232	6.0%	●
Clinical Cancer Center	8,889			8,889	9,235			9,235	(346)	-3.7%	●
Dermatology	3,521	818		4,339	4,185			4,185	154	3.7%	●
General Surgery	3,309			3,309	3,270			3,270	39	1.2%	○
Hospital Dentistry	3,060			3,060	2,588			2,588	472	18.2%	●
Internal Medicine	6,127	616		6,743	6,011			6,011	732	12.2%	●
Neurology	1,999			1,999	2,056			2,056	(57)	-2.8%	●
Neurosurgery	2,021			2,021	1,766			1,766	255	14.4%	●
Obstetrics/Gynecology	9,151	3,265		12,416	11,283			11,283	1,133	10.0%	●
Ophthalmology	11,725	1,277		13,002	12,685			12,685	317	2.5%	●
Orthopedics	12,487			12,487	11,634			11,634	853	7.3%	●
Otolaryngology	4,508	1,102		5,610	5,108			5,108	502	9.8%	●
Pediatrics	9,272			9,272	8,934			8,934	338	3.8%	●
Psychiatry	5,645			5,645	5,428			5,428	217	4.0%	●
Urology	2,355	1,039		3,394	3,233			3,233	161	5.0%	●
UI Heart Center	2,684	1,891		4,575	3,368			3,368	1,207	35.8%	●
<i>Subtotal – Specialty Care</i>	<i>92,330</i>	<i>10,614</i>		<i>102,944</i>	<i>96,174</i>			<i>96,174</i>	<i>6,770</i>	<i>7.0%</i>	●
<b>Total</b>	<b>101,329</b>	<b>18,440</b>	<b>17,333</b>	<b>137,102</b>	<b>114,088</b>		<b>18,889</b>	<b>132,977</b>	<b>4,125</b>	<b>3.1%</b>	●



Greater than 2.5% Favorable

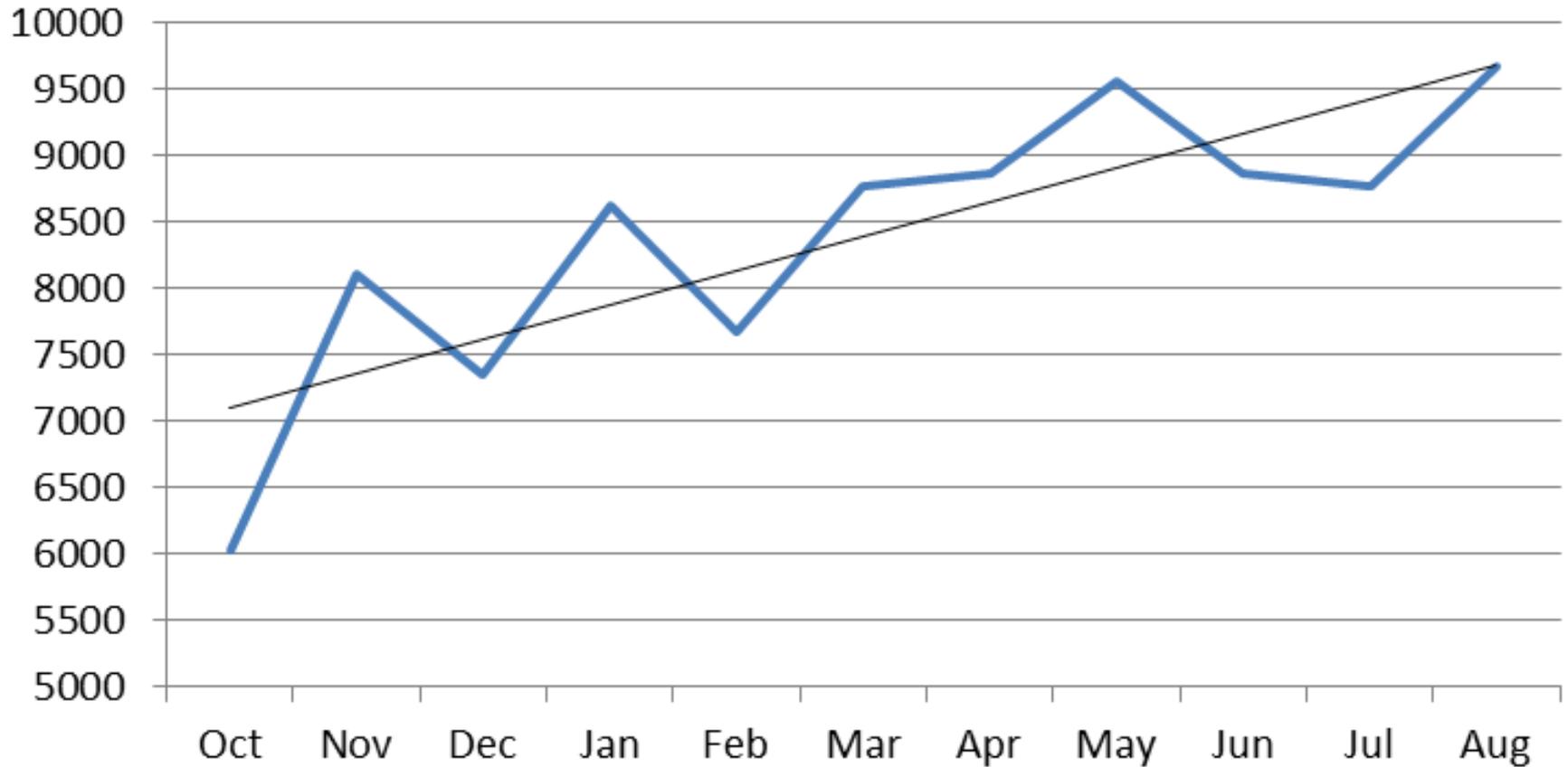


Neutral



Greater than 2.5% Unfavorable

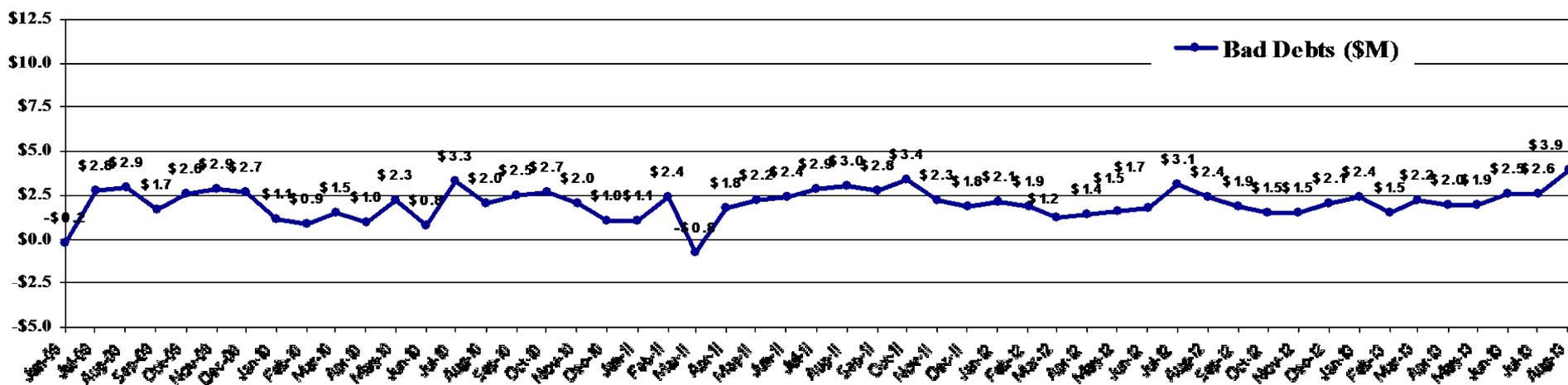
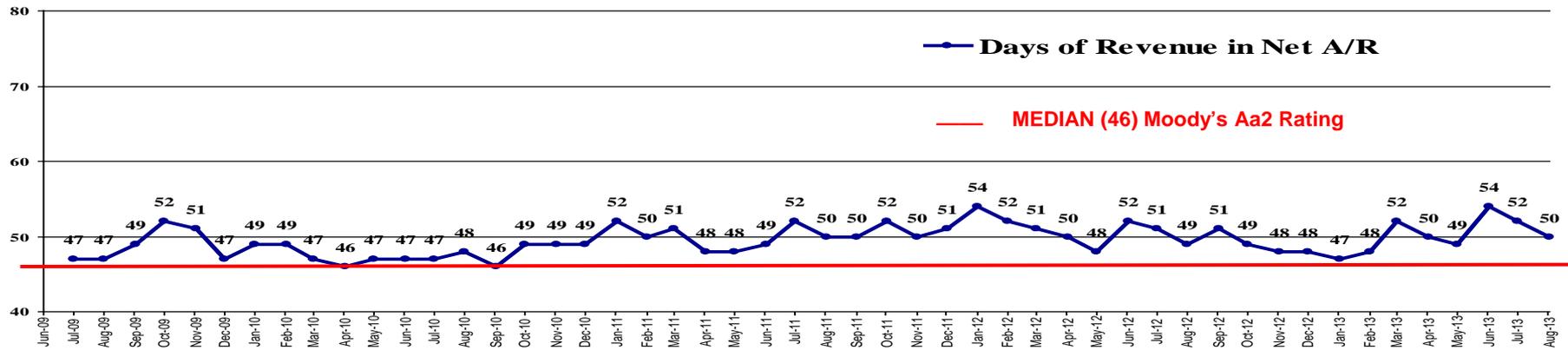
# Iowa River Landing Clinic Visits



# Comparative Accounts Receivable

## at August 31, 2013

	June 30, 2012	June 30, 2013 (preliminary)	August 31, 2013
Net Accounts Receivable	\$153,061,293	\$161,942,694	\$159,729,502
Net Days in AR	52	54	50



# UIHC Comparative Financial Results

August 2013

Dollars in Thousands

<b>NET REVENUES:</b>	<b>Actual</b>	<b>Budget</b>	<b>Prior Year</b>	<b>Variance to Budget</b>	<b>% Variance to Budget</b>	<b>Variance to Prior Year</b>	<b>% Variance to Prior Year</b>
Patient Revenue	\$96,585	\$97,062	\$92,623	(\$477)	-0.5%	\$3,962	4.3%
Other Operating Revenue	4,080	4,225	4,804	(146)	-3.4%	(724)	-15.1%
<b>Total Revenue</b>	<b>\$100,665</b>	<b>\$101,288</b>	<b>\$97,427</b>	<b>(\$623)</b>	<b>-0.6%</b>	<b>\$3,237</b>	<b>3.3%</b>

## EXPENSES:

Salaries and Wages	\$47,128	\$49,912	\$47,085	(\$2,783)	-5.6%	\$44	0.1%
General Expenses	42,720	41,998	39,105	722	1.7%	3,615	9.2%
Operating Expense before Capital	\$89,849	\$91,910	\$86,190	(\$2,061)	-2.2%	\$3,659	4.2%
<b>Cash Flow Operating Margin</b>	<b>\$10,816</b>	<b>\$9,378</b>	<b>\$11,238</b>	<b>\$1,438</b>	<b>15.3%</b>	<b>(\$422)</b>	<b>-3.8%</b>
Capital- Depreciation and Amortization	5,982	6,603	5,564	(621)	-9.4%	418	7.5%
Total Operating Expense	\$95,830	\$98,512	\$91,754	(\$2,682)	-2.7%	\$4,077	4.4%

<b>Operating Income</b>	<b>\$4,834</b>	<b>\$2,776</b>	<b>\$5,674</b>	<b>\$2,059</b>	<b>74.2%</b>	<b>(\$839)</b>	<b>-14.8%</b>
<b>Operating Margin %</b>	<b>4.8%</b>	<b>2.7%</b>	<b>5.8%</b>		<b>2.1%</b>		<b>-1.0%</b>
Gain (Loss) on Investments	(6,082)	2,157	3,271	(8,239)	-382.0%	(9,355)	-286.0%
Other Non-Operating	(653)	(879)	(1,208)	226	25.7%	554	45.8%
<b>Net Income</b>	<b>(\$1,901)</b>	<b>\$4,053</b>	<b>\$7,737</b>	<b>(\$5,954)</b>	<b>-146.9%</b>	<b>(\$9,638)</b>	<b>-124.6%</b>
<b>Net Margin %</b>	<b>-2.0%</b>	<b>4.0%</b>	<b>7.8%</b>		<b>-6.0%</b>		<b>-9.8%</b>

\* 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.

# UIHC Comparative Financial Results

Fiscal Year to Date August 2013

Dollars in Thousands

<b>NET REVENUES:</b>	<b>Actual</b>	<b>Budget</b>	<b>Prior Year</b>	<b>Variance to Budget</b>	<b>% Variance to Budget</b>	<b>Variance to Prior Year</b>	<b>% Variance to Prior Year</b>
Patient Revenue	\$189,782	\$192,044	\$181,533	(\$2,262)	-1.2%	\$8,249	4.5%
Other Operating Revenue	8,279	8,451	8,739	(172)	-2.0%	(461)	-5.3%
<b>Total Revenue</b>	<b>\$198,060</b>	<b>\$200,494</b>	<b>\$190,272</b>	<b>(\$2,434)</b>	<b>-1.2%</b>	<b>\$7,788</b>	<b>4.1%</b>

## EXPENSES:

Salaries and Wages	\$96,644	\$99,335	\$94,488	(\$2,691)	-2.7%	\$2,156	2.3%
General Expenses	82,459	83,300	76,149	(842)	-1.0%	6,309	8.3%
Operating Expense before Capital	\$179,103	\$182,635	\$170,637	(\$3,532)	-1.9%	\$8,466	5.0%
<b>Cash Flow Operating Margin</b>	<b>\$18,958</b>	<b>\$17,859</b>	<b>\$19,635</b>	<b>\$1,099</b>	<b>6.2%</b>	<b>(\$677)</b>	<b>-3.4%</b>
Capital- Depreciation and Amortization	12,014	13,205	11,193	(1,192)	-9.0%	821	7.3%
Total Operating Expense	\$191,116	\$195,840	\$181,830	(\$4,724)	-2.4%	\$9,286	5.1%

<b>Operating Income</b>	<b>\$6,944</b>	<b>\$4,654</b>	<b>\$8,442</b>	<b>\$2,290</b>	<b>49.2%</b>	<b>(\$1,499)</b>	<b>-17.8%</b>
<b>Operating Margin %</b>	<b>3.5%</b>	<b>2.3%</b>	<b>4.4%</b>		<b>1.2%</b>		<b>-0.9%</b>
Gain on Investments	1,215	4,313	5,137	(3,098)	-71.8%	(3,922)	-76.3%
Other Non-Operating	(772)	(1,758)	214	986	56.1%	(986)	-461.2%
<b>Net Income</b>	<b>\$7,387</b>	<b>\$7,209</b>	<b>\$13,793</b>	<b>\$178</b>	<b>2.5%</b>	<b>(\$6,406)</b>	<b>-46.4%</b>
<b>Net Margin %</b>	<b>3.7%</b>	<b>3.6%</b>	<b>7.1%</b>		<b>0.1%</b>		<b>-3.4%</b>

\* 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.



## ***Strategic Plan Progress Report***

Jean Robillard, MD  
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# UI Health Care Strategic Plan



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



### Mission

### Vision

### Values

**Changing Medicine. Changing Lives.**

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

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

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

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

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

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

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

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

# Scorecard – Overall – FY13 Actual

UI Health Care Strategic Plan Scorecard	FY12 Actual	FY13 Actual	FY 13 Target	Upshot
<b>OVERALL</b>				
Honor Roll for Best Hospitals by US News and World Report	Ranked in 9 specialties	Ranked in 6 specialties	Honor Roll	Not achieved
Children's Hospitals by US News and World Report	Ranked in 10 specialties	Ranked in 7 specialties	Honor Roll	Not achieved
Public Medical Schools ranking in Research by US News and World Report	10th	10th	Top 10	Achieved
Overall Medical School ranking in Research by US News and World Report	29th	28 <sup>th</sup>	Improve	Achieved
Public Medical Schools Primary Care ranking by US News and World Report	11th	14 <sup>th</sup>	Top 10	Not achieved
Overall Medical Schools Primary Care ranking by US News and World Report	12th	16 <sup>th</sup>	Improve	Not achieved
NIH Funding among Public Medical Schools	17th	FY13 results have not yet been released	Top 10	Not yet released
Moody's Bond Rating	Aa2 rated	Aa2 rating, confirmed Fall 2012	Maintain Aa2	Achieved

# Scorecard – Clinical Quality & Service

## FY13 Actual

UI Health Care Strategic Plan Scorecard	<u>FY12 Actual</u>	<u>FY13 Actual</u>	<u>Target</u>	<u>Upshot</u>
<b>CLINICAL QUALITY AND SERVICE</b>				
Patient Satisfaction: a) Adult b) Pediatric c) Outpatient (Percentile Rankings)	a) 47 b) 52 c) 29 (FY12)	a) 48 / 48 b) 59 / 75 c) 31 / 34 (FY13) / (Q4FY13)	90 <sup>th</sup> percentile	a) Improved b) Improved c) Improved
CMS Core Measure - Heart Failure Discharge Instructions	95% (Q3, FY12)	97% (Q3, FY13)	>97%	Improved
Operating Room - first case on time starts (Main OR)	92% (FY12)	93% (FY13)	95%	Improved
Transfer Center - Avg. time from initial call to patient placement confirmation	73 minutes (FY12)	82 minutes (FY13)	90 minutes	Achieved
Readmission Rate (UHC All-cause – Adult and Children)	12.12% (FY12)	11.75% (FY13)	9.9%	Improved
Length of Stay Index (excl. Psych, Normal Newborn, & Neonates) (UHC Measure)	1.23 (FY12)	1.20 (FY13)	≤1.0	Improved

# Scorecard – Research – FY13 Actual

UI Health Care Strategic Plan Scorecard	<u>FY12 Actual</u>	<u>FY13 Actual</u>	<u>FY13 Target</u>	<u>Upshot</u>
<b>RESEARCH</b>				
Total extramural funding	\$209.5M	\$225.4M	Maintain	Achieved
Research revenue per net square foot	\$439	\$473	Maintain	Achieved
Percent of extramurally funded faculty research effort	23%	22%	Maintain	Not achieved

# Scorecard – Education – FY13 Actual

UI Health Care Strategic Plan Scorecard	<u>FY12 Actual</u>	<u>FY13 Actual</u>	<u>FY13 Target</u>	<u>Upshot</u>
<b>EDUCATION</b>				
Increase applications for medical school	3,489	3,564	Maintain	Achieved
Mean MCAT scores: Verbal Reasoning, Physical Sciences, Biological Sciences	32	32.4	Maintain	Achieved
Increase GPA of accepted applicants	3.74	3.75	Maintain	Achieved
Limit % increase in annual student debt compared to national benchmarks and prior year	UI Class of 2011 average \$154K; National average \$161K	UI Class of 2012 Average \$155K; National Average \$156K	Maintain below national average	Achieved, medical school acquired debt only

# Scorecard – People - FY 13 Actual

UI Health Care Strategic Plan Scorecard	FY12 Actual	FY13 Actual	FY13 Target	Upshot
<b>PEOPLE</b>				
Develop and implement plan for improved recruiting process	96 days	76 days	Reduce time to hire	Achieved
Develop and implement plan for improved on-boarding of staff	100%	100%	100% of new staff will complete new orientation within 60 days of hire	Achieved
Develop and deliver Service Excellence training to all staff	52% trained	62% trained	Complete training such that 100% of workforce will be trained	Significant progress

# Scorecard – Diversity – FY 13 Actual

UI Health Care Strategic Plan Scorecard	<u>FY12 Actual</u>	<u>FY13 Actual</u>	<u>FY13 Target</u>	<u>Upshot</u>
<b>DIVERSITY</b>				
Develop a structure to lead enterprise-wide diversity, respect and inclusion efforts to address increasingly diverse faculty, staff and patient populations.	In process	Completed audit of Diversity and Inclusion efforts, identifying strengths, weaknesses, opportunities and threats	Develop enterprise-wide structure; make significant progress in the plan	Progress made

# Scorecard – Growth and Finance – FY13 Actual



UI Health Care Strategic Plan Scorecard	FY12 Actual	FY13 Actual	FY13 Budget	Upshot
<b>GROWTH &amp; FINANCE</b>				
Admissions (excl. Normal Newborn and OP Observation)	30,537	30,344	31,005	Below budget
UIHC Operating Margin %	4.3%	3.5%	3.0%	Above budget
UIP Operating Margin %	-0.2%	-2.0%	-0.2%	Below budget
Outpatient Clinic Visits (including ETC and Hosp Dentistry)	837,294	857,187	844,537	Above budget
Surgical Cases (inpatient and outpatient)	27,876	28,663	28,930	Below budget
Philanthropic goal of \$500M by the end of CY 2013	\$72M	\$68M	\$86M	On target (\$450M+ of \$500M raised to date)

***UI Health Care Strategic Plan  
FY 2014-2016***

# 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, Ann Williamson, 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, Ann Williamson	Sherree Wilson & Jean Robillard (VPMA Cabinet)	Ken Fisher, Ken Kates, Debra Schwinn, Sabi Singh, Scott Turner

Strategies	Strategies	Strategies	Strategies	Strategies	Strategies
OS1. Eliminate events that cause serious harm OS2. Ensure accurate and complete coding of documentation OS3. Improve timely access to care OS4. Deliver consistent service excellence OS5. Design and implement innovative care models OS6. 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 OS7. Build and sustain programmatic priorities: <ul style="list-style-type: none"> <li>Cancer</li> <li>Children's Services</li> <li>Diabetes</li> <li>Heart and Vascular</li> <li>Neurosciences</li> <li>Primary Care</li> <li>Orthopedics</li> <li>Transplant</li> <li>Women's Health</li> <li>Other emerging areas of clinical focus, including aging and age-related diseases</li> </ul> OS8. Optimize IUP operational effectiveness locally with UIHC and across the Alliance	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 and CTSA Consortium and UI Health Alliance in targeted areas to meet common goals R9. Strengthen enterprise research business model	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, OSCE/P, CME, 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	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	D1. Foster a positive and welcoming environment by nurturing a culture of respect, inclusion and equal opportunity D2. Develop and implement 2014-2017 C/COM 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. Prepare to achieve compliance with LCMH 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	GF1. Complete evaluation of clinical programs based on all three measures 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 health care delivery system, including ACO's, 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 within UI Health Care GF7. Increase number of lives in ACO products GF8. Increase Pediatric 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"> <li>Continue to develop the full capabilities of Epic to facilitate quality safety and enhance professional and consumer relationships, including UI CareLink and MyChart</li> <li>Mobile technology</li> <li>Enhance sharing of clinical information with external providers</li> <li>Data warehousing capabilities incorporating external data</li> <li>Device integration into Epic</li> </ul>	<ul style="list-style-type: none"> <li>Develop the full capabilities of Epic to facilitate innovation in research</li> <li>Develop IT infrastructure necessary for iSCORE (IT, EPIC across UI Health Alliance, business metrics, clinical outcomes, decision science, genomics, and competitive effectiveness)</li> <li>Develop robust informatics infrastructure in synergy with university initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Develop the full capabilities of Epic to facilitate education</li> <li>Provide training and support for "learners" to understand and implement patient-centered care and service</li> <li>Provide tools for faculty to implement new teaching methods (availability of short podcasts from across the world, IT based testing, etc)</li> </ul>	<ul style="list-style-type: none"> <li>Training and development</li> <li>Communications</li> <li>Policy and practice changes</li> <li>Compliance tracking</li> </ul>	<ul style="list-style-type: none"> <li>Web-based tools (self-audit, reporting progress on diversity initiatives, cultural competency resources, accreditation, etc.)</li> <li>Evaluate online tools/programs to facilitate cultural competency training and adopt one</li> <li>Track participation in diversity programs</li> </ul>	<ul style="list-style-type: none"> <li>Data-driven business planning</li> <li>Robust finance and performance-reporting systems</li> <li>Data warehouse and analytical capabilities for ACOs and population health</li> </ul>

Metrics	Metrics	Metrics	Metrics	Metrics	Metrics
OS1 <ul style="list-style-type: none"> <li>OHF Reportable Events</li> <li>Adverse Drug Events</li> <li>CLABSIs, CAUTIs, VAP &amp; C-Off Rates</li> <li>OHF Core Measures</li> <li>Mortality Index</li> <li>Readmission Rate</li> <li>Blood Management</li> <li>Nurse Sensitive Indicators</li> </ul> OS2 <ul style="list-style-type: none"> <li>Case-weighted Documentation Opportunity Points (Care)®</li> <li>ICD-10 Provider Training Completion</li> </ul> OS3 <ul style="list-style-type: none"> <li>Clinic room utilization</li> <li>Theater Center – Average Placement Time</li> <li>Percent of transfers coming through transfer center</li> <li>Length of stay</li> <li>Same day access</li> <li>First-case on-line starts (Main OR)</li> <li>% of total prescriptions filled by UIHC retail pharmacies</li> </ul> OS4 <ul style="list-style-type: none"> <li>Patient satisfaction (Likelihood to Recommend)</li> <li>Staff satisfaction</li> <li>Referring physician satisfaction</li> <li>MyChart utilization</li> <li>Meaningful Use (Stage 2)</li> </ul> OS5 <ul style="list-style-type: none"> <li>NCQA Medical Home certification</li> </ul> OS6 <ul style="list-style-type: none"> <li>Quality and cost targets for Medicare, Medicaid and Wellmark ACOs</li> <li>Clinical integration across the Alliance</li> <li>Research with network organizations</li> <li>UI CareLink in all Alliance and UI Health Care, UI Health Alliance</li> <li># of I/HC projects implemented within UI Health Care, UI Health Alliance</li> </ul> OS7 <ul style="list-style-type: none"> <li>Volume, growth, outcomes and patient satisfaction indicators</li> </ul> OS8 <ul style="list-style-type: none"> <li>New structure and leadership in place</li> </ul>	R1 <ul style="list-style-type: none"> <li>Recruitment and retention of a diverse faculty as measured by annual demographic data on the composition of UI Health Care faculty</li> <li>Increase in "optimal" ratings for the diversity recruitment and retention plan on NIH grant reviews</li> </ul> R2 <ul style="list-style-type: none"> <li>Percentage of NIH funded research effort directed toward stated research and clinical priorities/centers of excellence</li> </ul> R3 <ul style="list-style-type: none"> <li># of grants funded (translational research)</li> <li>Initial &amp; Staff iSCORE</li> <li>Number and dollar amount of clinical trials</li> </ul> R4 <ul style="list-style-type: none"> <li>Establish tissue procurement system</li> </ul> R5 <ul style="list-style-type: none"> <li>Complete Pappas Biomedical Discovery Building and occupy with strategic initiatives as part of the Pappas Biomedical Institute</li> <li>New cores initiated</li> <li># of cores ended</li> </ul> R6 <ul style="list-style-type: none"> <li>Number of patents, royalties, licensing agreements</li> <li>Number of new start-ups</li> </ul> R7 <ul style="list-style-type: none"> <li>Increased participation in informatics education efforts at UME, OME and faculty level</li> <li>Initial pilot degree programs and faculty fellowships in Informatics</li> </ul> R8 <ul style="list-style-type: none"> <li>Number and dollar amount of program project and other collaborative grants</li> </ul> R9 <ul style="list-style-type: none"> <li>Number, dollar amount and percent of externally funded projects</li> <li>Research revenue per net square foot</li> <li>Percent of faculty salaries offset by grant support</li> </ul>	E1 <ul style="list-style-type: none"> <li>USMLE scores</li> <li>Placements of graduates, short term and long term</li> <li>National rankings of graduate programs and professional schools</li> <li>Scholarship (e.g. publishing, national presentations) regarding innovations in clinical learning environments &amp;/or in UME/OME</li> </ul> E2 <ul style="list-style-type: none"> <li># of hours/faculty devoted to education efforts as logged in participation database</li> <li>Applications, admissions, and yield including increased GPA and MCAT scores and diversity of applicants and admitted students</li> <li>% OME jobs at UIHC filled with high quality residents</li> <li>% OCOM students Match</li> <li>Success in student diversity retention initiatives</li> <li>Effectiveness of under-represented minority student scholarship program to participate in UIHC externships</li> <li>Increase in positive data from OSAC-commissioned minority focus groups</li> </ul> E3 <ul style="list-style-type: none"> <li>Scholarship (e.g. publications, national presentations) regarding innovations in clinical learning environments &amp;/or in UME/OME</li> <li>% rating their overall evaluation as 'very positive' on the Annual Resident Survey conducted by ACOMIE</li> <li>% UME curricular innovations adapted to OME needs</li> </ul> E4 <ul style="list-style-type: none"> <li>Annual student debt compared to national benchmarks and prior year</li> </ul> E5 <ul style="list-style-type: none"> <li>USMLE scores</li> <li>% rating overall evaluation as 'very positive' on the annual Resident Survey conducted by ACOMIE</li> <li>Student evaluations of curriculum and instruction to include residents and fellows</li> <li>Progress with effort to build infrastructure to support comprehensive physician professional development initiatives</li> <li># of endowed professorships for residency Program Directors</li> </ul> E6 <ul style="list-style-type: none"> <li>% rating their overall evaluation as 'very positive' on the annual Resident Survey conducted by ACOMIE</li> </ul> E7 <ul style="list-style-type: none"> <li>Best-practice examples of IPE in clinical settings that reinforce IPE</li> <li>Verification of proficiency of resident/fellow/faculty physicians to perform invasive procedures in a standardized and safe manner</li> </ul>	P1 <ul style="list-style-type: none"> <li>% performance appraisals completed</li> </ul> P2 & P10 <ul style="list-style-type: none"> <li>Time to hire</li> </ul> P3 <ul style="list-style-type: none"> <li>% staff completing orientation within 60 days of hire</li> </ul> P4 <ul style="list-style-type: none"> <li>Hours worked vs. hours paid</li> </ul> P6 <ul style="list-style-type: none"> <li># of leaders competing Detroit award and deployed to existing or new initiatives</li> </ul> P7 <ul style="list-style-type: none"> <li>Magnet status maintained</li> </ul> P8 <ul style="list-style-type: none"> <li># staff enrolled in RN to BSN and other tuition support programs</li> </ul> P9 <ul style="list-style-type: none"> <li>Compliance tracking system developed and implemented</li> </ul>	D1 <ul style="list-style-type: none"> <li>2012 climate survey for MD students completed and reported</li> <li>Enterprise-wide self-audit tool completed</li> <li>Data from focus groups completed and reported in appropriate format</li> <li>Evaluation of human Rights Weeks completed, and results used to guide future direction</li> </ul> D2 <ul style="list-style-type: none"> <li>On-line diversity reporting tool 'live' and in use by all departments</li> </ul> D3 <ul style="list-style-type: none"> <li>% medical educators possessing skills and knowledge to infuse cultural competence in the curriculum and teaching methods</li> <li>Patient satisfaction surveys measuring healthcare providers delivering ongoing culturally competent and sensitive patient care</li> <li>Culturally responsive healthcare (reaching tools) adopted and used by UIHC community</li> <li>% of high participant satisfaction with, and effective of, sessions and content of the Cultural Responsive Healthcare in Iowa conference</li> </ul> D4 <ul style="list-style-type: none"> <li>Diversity among MD applicants and matriculants</li> <li>Applicants from historically underrepresented populations to Biosciences/Biomedical graduate programs</li> </ul> D5 <ul style="list-style-type: none"> <li>Full compliance with LCMH diversity, inclusion and culture competence standards</li> </ul>	GF1 <ul style="list-style-type: none"> <li>Recruitment timing</li> </ul> GF2 <ul style="list-style-type: none"> <li>Operating margin established for each business unit</li> <li>Flexible budget variance of less than 2.0% for each business unit</li> <li>Volume metrics for each business unit including at least inpatient admissions, days, ALOS vs. expected (expressed as an index), surgical cases, ambulatory visits for each budget year</li> <li>Quality of service metrics including, room turns for clinical, wait time for new patients in clinics, others (TBO) for each budget year</li> <li>CARTE productivity for each clinic department</li> </ul> GF3 <ul style="list-style-type: none"> <li>Bond rating metrics, days cash on hand, operating margin, current ratio, debt to capital, others (TBO) to maintain current rating from each agency</li> <li>Long-range business model updated yearly</li> <li>Shared savings for ACO programs</li> </ul> GF4 <ul style="list-style-type: none"> <li>Facility projects on budget and schedule</li> </ul> GF5 <ul style="list-style-type: none"> <li>UI Health network implemented with targeted services in targeted areas</li> </ul> GF6 <ul style="list-style-type: none"> <li>Philanthropic dollars received</li> <li>% UI Health Care faculty/staff who give to UI</li> </ul> GF7 <ul style="list-style-type: none"> <li>% out of state migration for tertiary care</li> <li>% market share of tertiary care in state</li> </ul>

## **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:*

## **I**nnovation

*We seek creative ways to solve problems.*

## **C**ollaboration

*We believe teamwork is the best way to work.*

## **A**ccountability

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

## **R**espect

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

## **E**xcellence

*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	Eliminate events that cause serious harm
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	
<b>R1</b>	Recruit, develop, and retain a diverse cadre of world-class investigators and support their academic development
<b>R2</b>	Identify areas of excellence in basic research in which to prioritize future growth and development (neuroscience, diabetes, cardiopulmonary, genomics)
<b>R3</b>	Expand existing research that disseminates and implements evidence-based practices into routine clinical practice settings and across UI Health Alliance
<b>R4</b>	Integrate genomics with clinical care
<b>R5</b>	Improve and grow scientific infrastructure including new cores
<b>R6</b>	Nurture the development of high quality, high reward interdisciplinary scientific programs, especially those with potential for tech transfer and/or start-up companies
<b>R7</b>	Strengthen informatics capabilities for all research areas
<b>R8</b>	Collaborate with other UI Colleges, CTSA Consortium and UI Health Alliance in targeted areas to meet common goals
<b>R9</b>	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	
<b>GF1</b>	Complete evaluation of clinical programs based on all three missions and rank as to core (basic), growth or marginal
<b>GF2</b>	Develop and implement business model for long-term growth of targeted clinical programs
<b>GF3</b>	Develop and implement business model to support the evolving healthcare delivery system, including ACOs, risk sharing, gain sharing or bundled payments
<b>GF4</b>	Maintain capital plan to address core strategies
<b>GF5</b>	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
<b>GF6</b>	Develop a culture of philanthropy for the system
<b>GF7</b>	Increase number of lives in ACO products
<b>GF8</b>	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 Targets

UI Health Care Strategic Plan Scorecard	<u>FY13 Actual</u>	<u>FY14 Target</u>
<b>OVERALL</b>		
Honor Roll for Best Hospitals by US News and World Report	Ranked in 6 specialties	Improve
Children's Hospitals by US News and World Report	Ranked in 7 specialties	Improve
Public Medical Schools ranking in Research by US News and World Report	10th	Improve
Overall Medical School ranking in Research by US News and World Report	28 <sup>th</sup>	Improve
Public Medical Schools Primary Care ranking by US News and World Report	14 <sup>th</sup>	Improve
Overall Medical Schools Primary Care ranking by US News and World Report	16 <sup>th</sup>	Improve
NIH Funding among Public Medical Schools	FY13 results have not yet been released	Improve
Moody's Bond Rating	Aa2 rating, confirmed Fall 2012	Maintain Aa2

# Scorecard – Clinical Quality & Service

## FY14 Targets

UI Health Care Strategic Plan Scorecard	FY13 Actual	FY14 Target
<b>CLINICAL QUALITY &amp; SERVICE</b>		
Patient Satisfaction: a) Adult b) Pediatric c) Outpatient	a) 48 / 48 b) 59 / 75 c) 31 / 34 (FY13) / (Q4FY13)	90 <sup>th</sup> Percentile
CMS Core Measure – Heart Failure Discharge Instructions	97% (Q3, FY13)	>97%
Operating Room – First case on-time starts (Main OR)	93% (FY13)	95%
Transfer Center – Avg time from initial call to patient placement confirmation	82 minutes (FY13)	80 minutes
Readmission Rate (UHC All-cause Measure - Adult and Children)	11.75% (FY13)	10.38%
Length of Stay Index (excl. <u>Outliers</u> , Psych, Normal Newborn, & Neonates) (UHC Measure)	1.05 (FY13)	≤1.0

# Scorecard – Research

## FY14 Targets

UI Health Care Strategic Plan Scorecard	FY13 Actual	FY14 Target
<b>RESEARCH</b>		
Total extramural funding	\$225.4M	Total extramural funding increases or decreases by the same percentage as the NIH budget for FY14
Research revenue per net square foot	\$473	Maintain
Percent of extramurally funded faculty research effort	22%	Maintain

# Scorecard – Education

## FY14 Targets

UI Health Care Strategic Plan Scorecard	FY13 Actual	FY14 Target
<b>EDUCATION</b>		
Number of applications for medical school	3,564	Maintain
Mean MCAT scores: Verbal Reasoning, Physical Sciences, Biological Sciences	32.4	Maintain
GPA of accepted applicants	3.75	Maintain
Limit % increase in annual student debt compared to national benchmarks and prior year	UI Class of 2012 Average \$155K; National Average \$156K	Maintain below national average

# Scorecard – People

## FY14 Targets

UI Health Care Strategic Plan Scorecard	<u>FY13 Actual</u>	<u>FY14 Target</u>
<b>PEOPLE</b>		
Develop and implement plan for improved on-boarding of staff - 100% of staff completing orientation within 60 days of hire.	100%	Maintain
Develop and deliver Service Excellence training to all staff	62% trained	70% trained
% of Performance Appraisals completed	100%	Maintain
% of Sexual Harassment Training Completed	100%	Maintain
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

# Scorecard – Diversity

## FY 14 Targets

UI Health Care Strategic Plan Scorecard	FY13 Actual	FY14 Target
<b>DIVERSITY</b>		
Develop and implement 2014-2017 CCOM Strategic Diversity Plan	New for FY14	Achieve
Provide a range of diversity education, cultural enrichment and acclimation programs for members of the UI Health Care community	New for FY14	Achieve
Develop and implement innovative, effective recruiting and pipeline initiatives geared towards under-represented groups	New for FY14	Achieve
Each Accountable Leader will advance diversity in all strategies	New for FY14	Achieve

# Scorecard – Growth and Finance

## FY14 Targets

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



***Department of Orthopaedics & Rehabilitation  
and the Ponseti International Association***

Joseph Buckwalter, MD  
Chair & DEO, Department of Orthopaedics & Rehabilitation

John Buchanan  
Board Member, Ponseti International Association

# 100 YEARS OF EXCELLENCE



1913-2013

- Provide exemplary patient care
- Critically evaluate results of treatment to improve safety, quality and efficiency
- Develop more effective treatments
- Advance knowledge of structure and function of the musculoskeletal system
- Educate & inspire medical students, residents and fellows



# **Arthur Steindler**

## **Founder of Iowa Orthopaedics**

1878 – Graslitz, Hungarian  
Province of Bohemia

1886 – Moved to Vienna

1896-1902 - University of Vienna  
Medical School

1902-07 – Adolph Lorenz's  
Orthopaedic Clinic

1907-1910 – Chicago

1910 – Drake Medical School



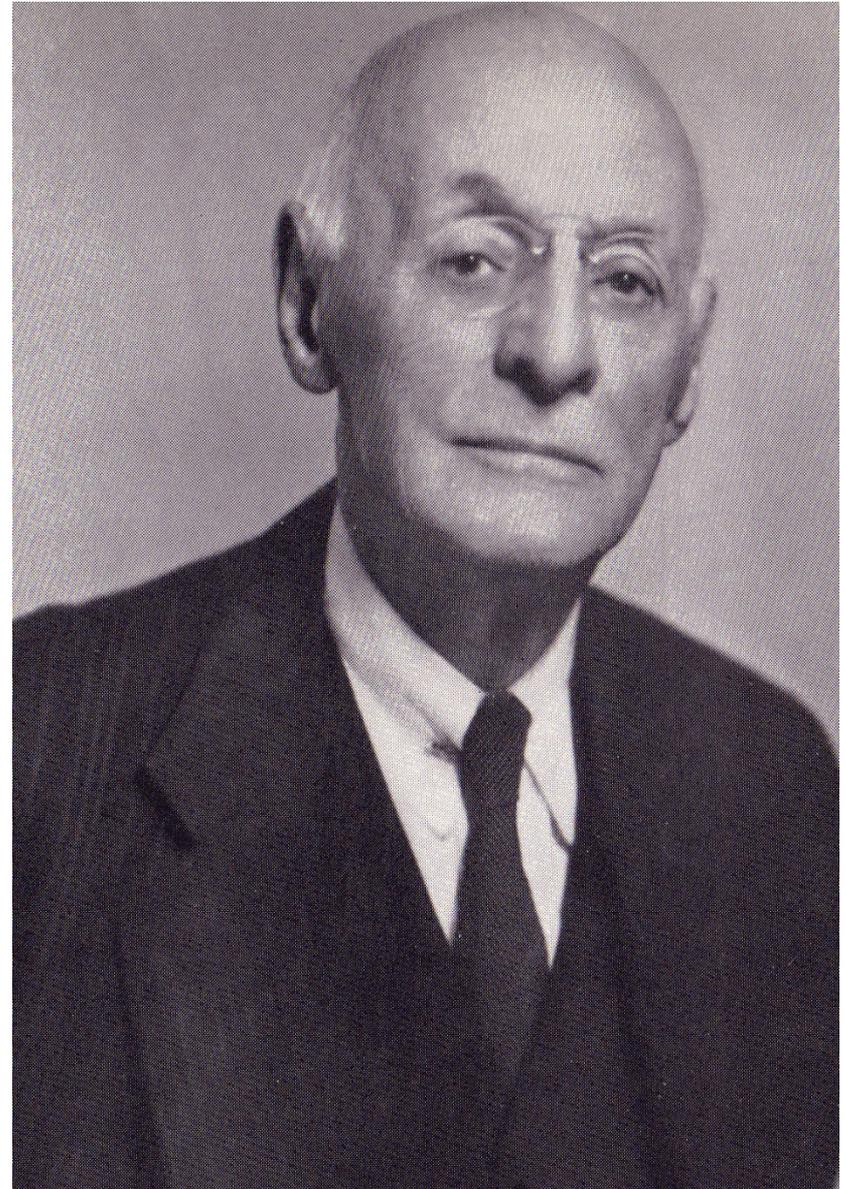
None of the four Iowa Medical Schools met minimal standards

### Drake Medical School

- Well intentioned but feeble, should withdraw from a competition to which it is unequal

### SUI Medical School

- Weak clinical faculty
- Poor scientific programs
- Small patient base & “out of the way location”
- Close or move the SUI School



# John G. Bowman

9<sup>th</sup> President 1911-14



Needed a great clinician  
and scientist “a magnet”

the President

The State University of Iowa  
Iowa City

October 6, 1913.

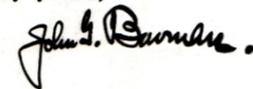
My dear Dr. Steindler,-

With the authority of the Faculty Committee of the Iowa State Board of Education, I have the honor to inform you that you are appointed Instructor in Orthopedic Surgery, compensation at the rate of \$800 for the academic year.

As I said to you in conversation, this appointment is temporary pending the judgment of the permanent surgeon who will shortly be elected, in my opinion, by the Iowa State Board of Education. The probability seems to me, however, that you will remain with us not only for the present year but for a longer time. In every way I hope that you will find your service here agreeable and profitable.

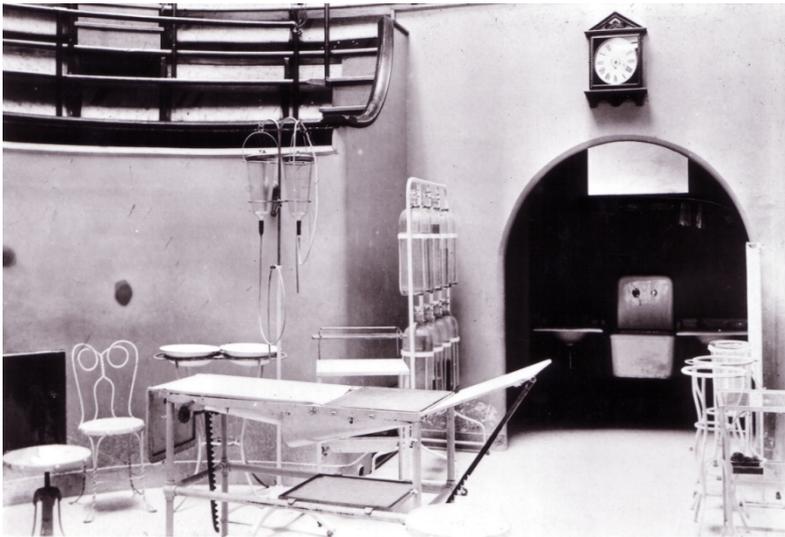
I am

Faithfully yours,



Dr. A. Steindler,

Des Moines, Iowa.



## **1915 – Perkin’s Act**

Children suffering from deformities or curable ailments whose parents could not pay for care – destitute crippled children – brought to Iowa City

**1917 – \$150,000 for construction of Children’s Hospital**

## **1919 – Haskell-Klaus Act**

Adults suffering from deformities or curable ailments who could not pay for care – brought to Iowa City

*Build it and they will come*



- Wards: Girls, Boys, Babies, Adults
- Bracing
- Physical Therapy
- Exercise Programs
- Surgery – arthrodeses, tendon transfers, joint & muscle releases
- Education – College of Education

## THE ORGANIZATION OF THE ORTHOPEDIC SERVICE AT THE STATE UNIVERSITY OF IOWA

By ARTHUR STEINDLER, M.D., F.A.C.S., PROFESSOR OF ORTHOPEDIC SURGERY, AND MAME ROSE PROSSER, M.A., PRINCIPAL OF THE UNIVERSITY HOSPITAL SCHOOL, IOWA CITY, IOWA

THE free medical work of the State University of Iowa is largely based upon legislation. Its foundation is the Perkins Act of 1915, amended by the Haskell-Klaus Act of 1919. These acts provide treatment and care at state expense for any resident of Iowa who is afflicted with some deformity or is suffering from some malady that can probably be remedied, provided the person or his lawful guardians are unable to provide such treatment and care. Under the provisions of these two acts about ninety per cent of the patients of the orthopedic service are admitted to the hospital.

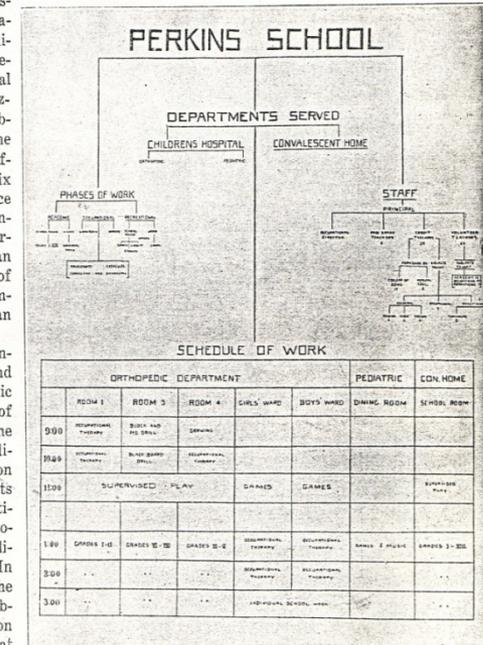
The organization of an orthopedic center from its very nature is a matter of considerable complexity. The two great and fundamental divisions of the service are the physical and the mental, the restoration of normal physical conditions; and the development of desirable social and educational conditions. The task of organizing an orthopedic service subservient to all the needs of the patient is fraught with much difficulty and labor. In the six years of its existence the service at the University of Iowa has initiated practically all of the desirable phases involved in such an undertaking. Some branches of the work are, by force of circumstances, much less advanced than others.

The intimacy of the relationship between the physical and the mental aspects of orthopedic work varies with the stage of treatment and the nature of the disability. Both should be directed by the chief surgeon through heads of departments who have a clear idea of the ultimate result desired, and who cooperate cheerfully and intelligently to secure that result. In some phases of the work the physical result desired can be obtained without active cooperation on the part of the patient so that educational aid is not required;

in other phases of the work, the educational procedure is modified but slightly by the physical condition of the patient. There are some forms of treatment, however, in which educational methods enter decidedly into the question of physical help. This is true in regard to muscle education and occupational therapy.

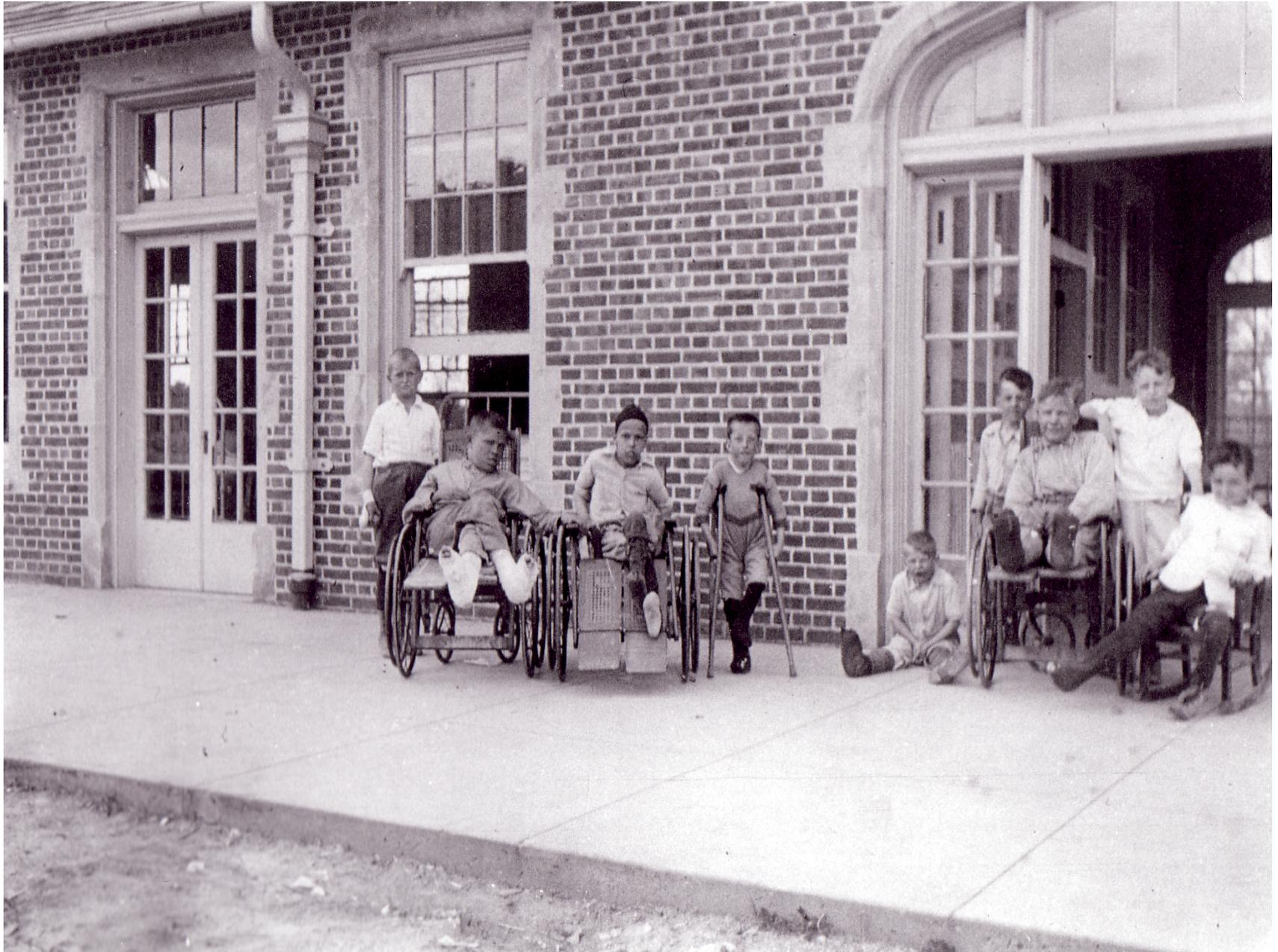
The physical aspect of the work at the University Hospital is provided for by the surgical staff and the nursing staff with their attendant orderlies, helpers, and nurse maids. Under the supervision of the surgical staff are the departments of mechano-therapy and occupational therapy, and the orthopedic workshop.

The educational work provided is under the supervision of the College of Education. It consists



Schedule of the organization of school and occupational work

# 1921 – Boys' Ward Porch Recreation Hour

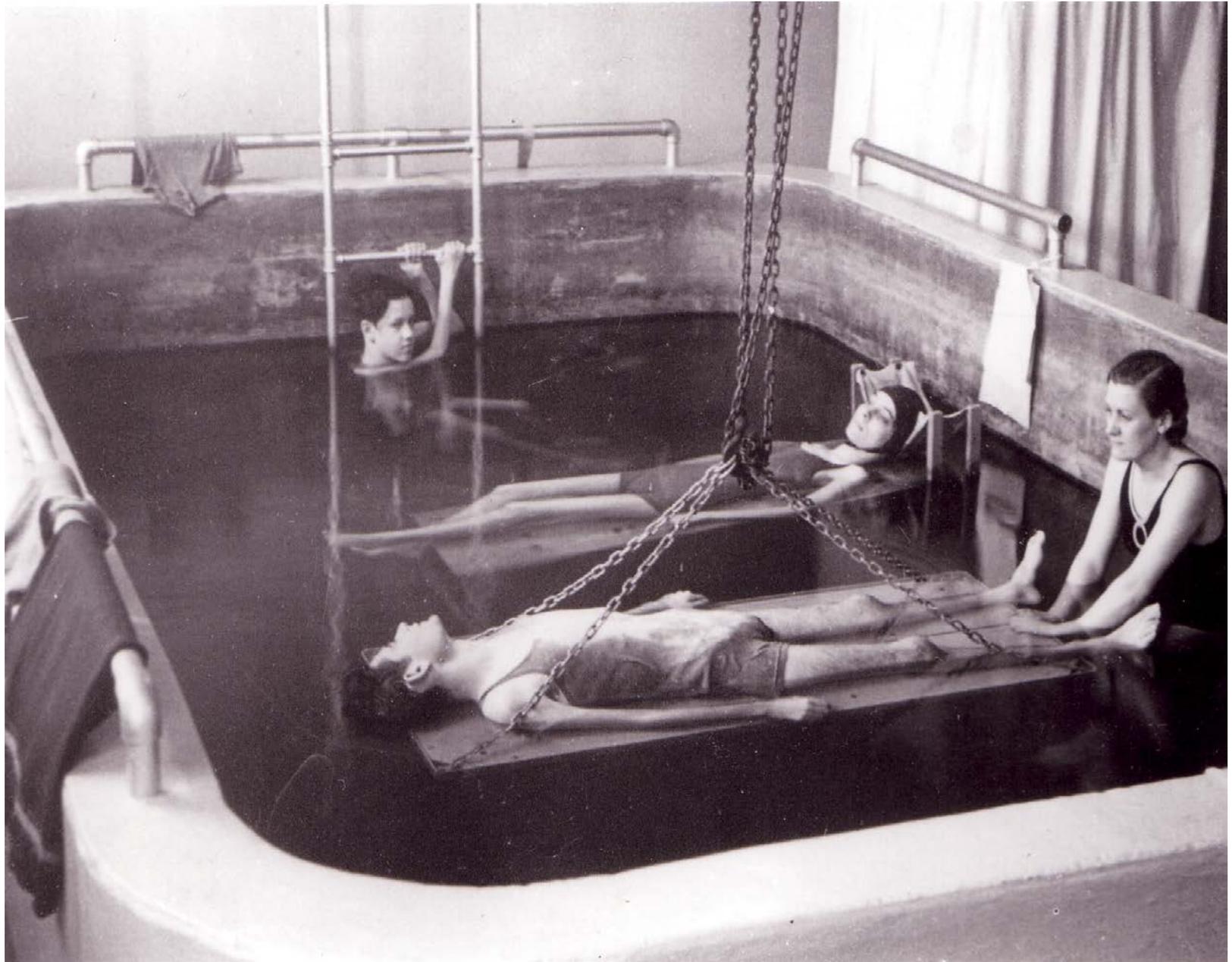


# Boys' Ward Christmas





# Hydrotherapy

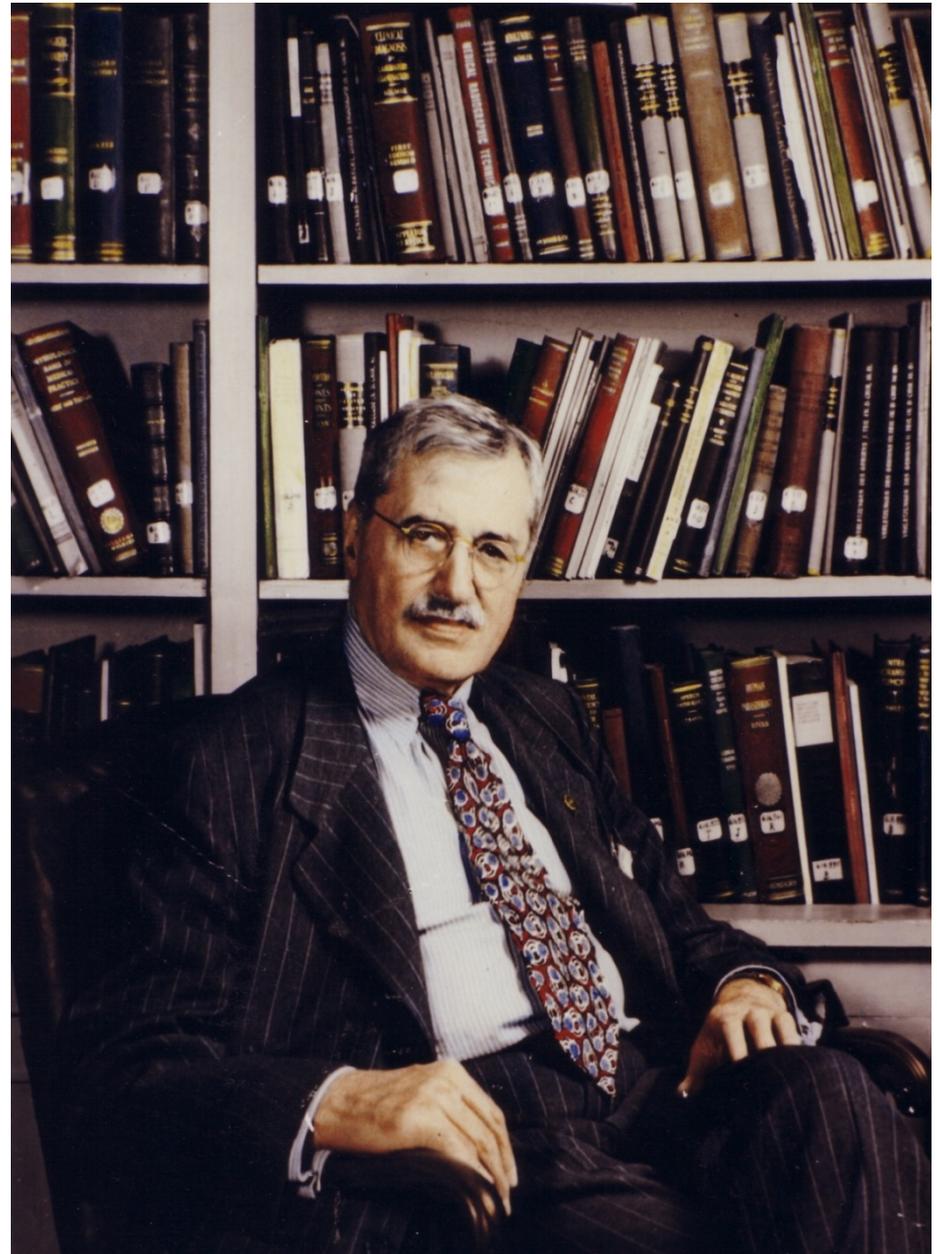


# Shoulder Arthrodesis

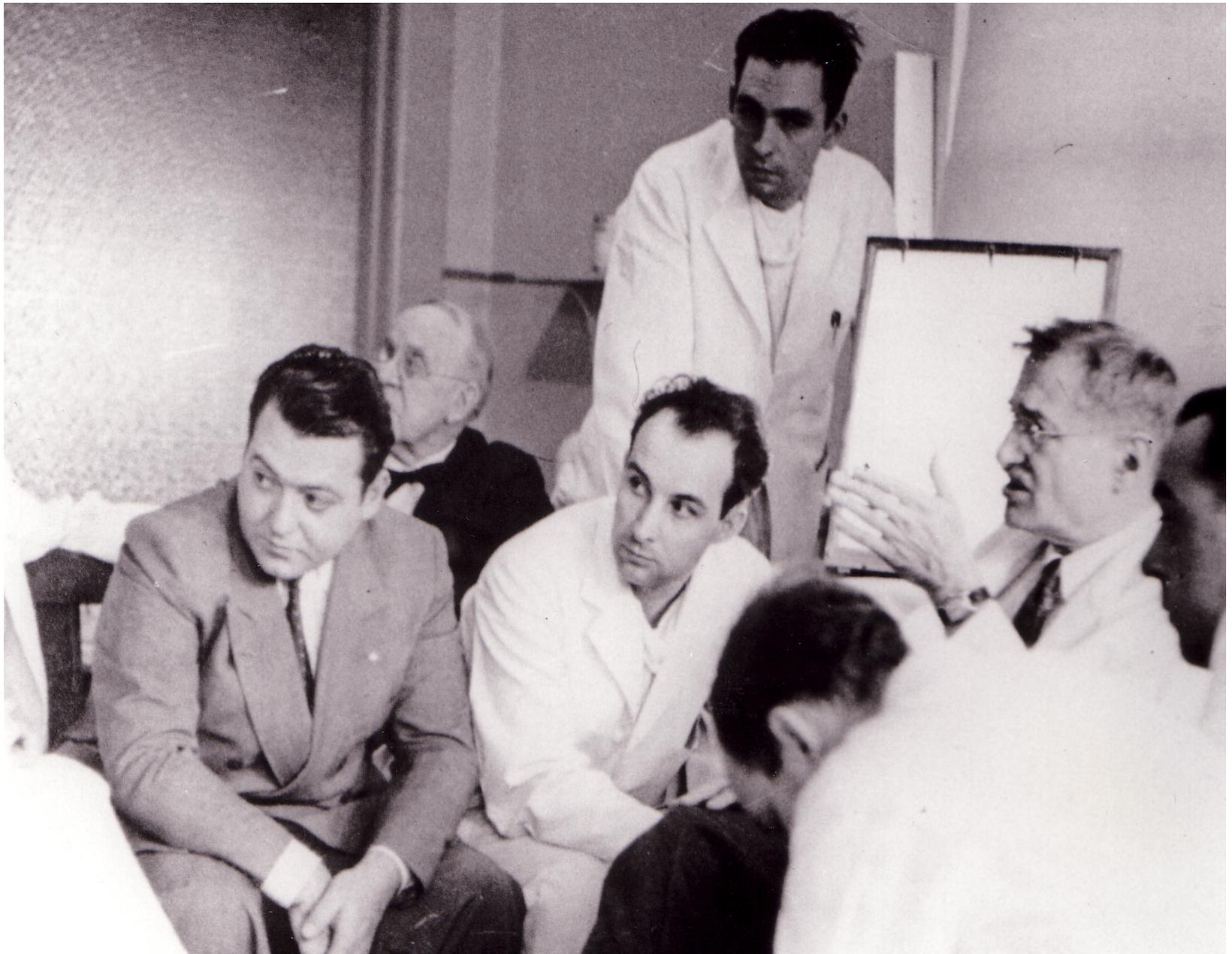


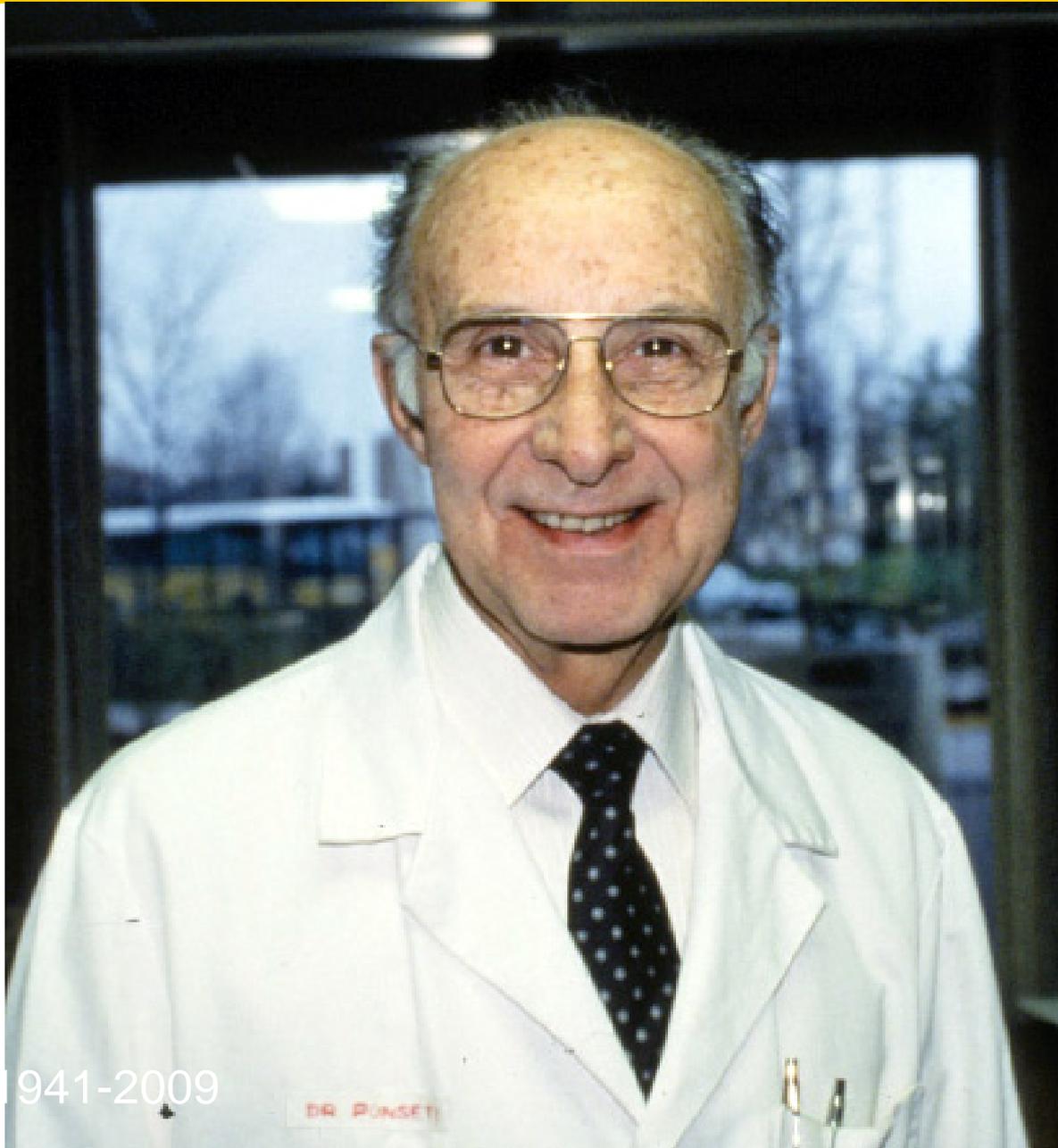
Ruth Jackson - 1929

Ignacio Ponseti – 1941

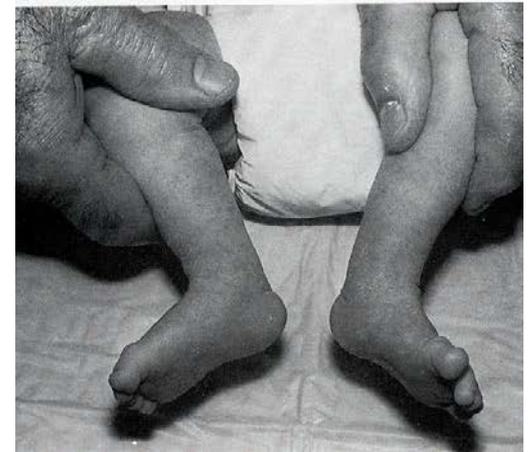
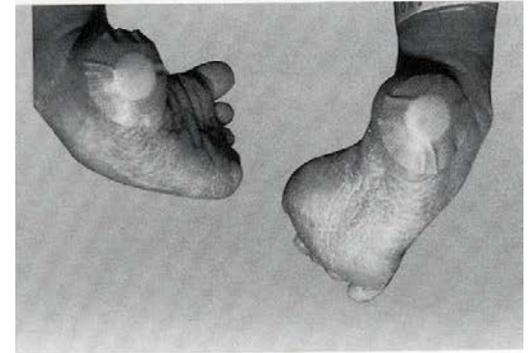


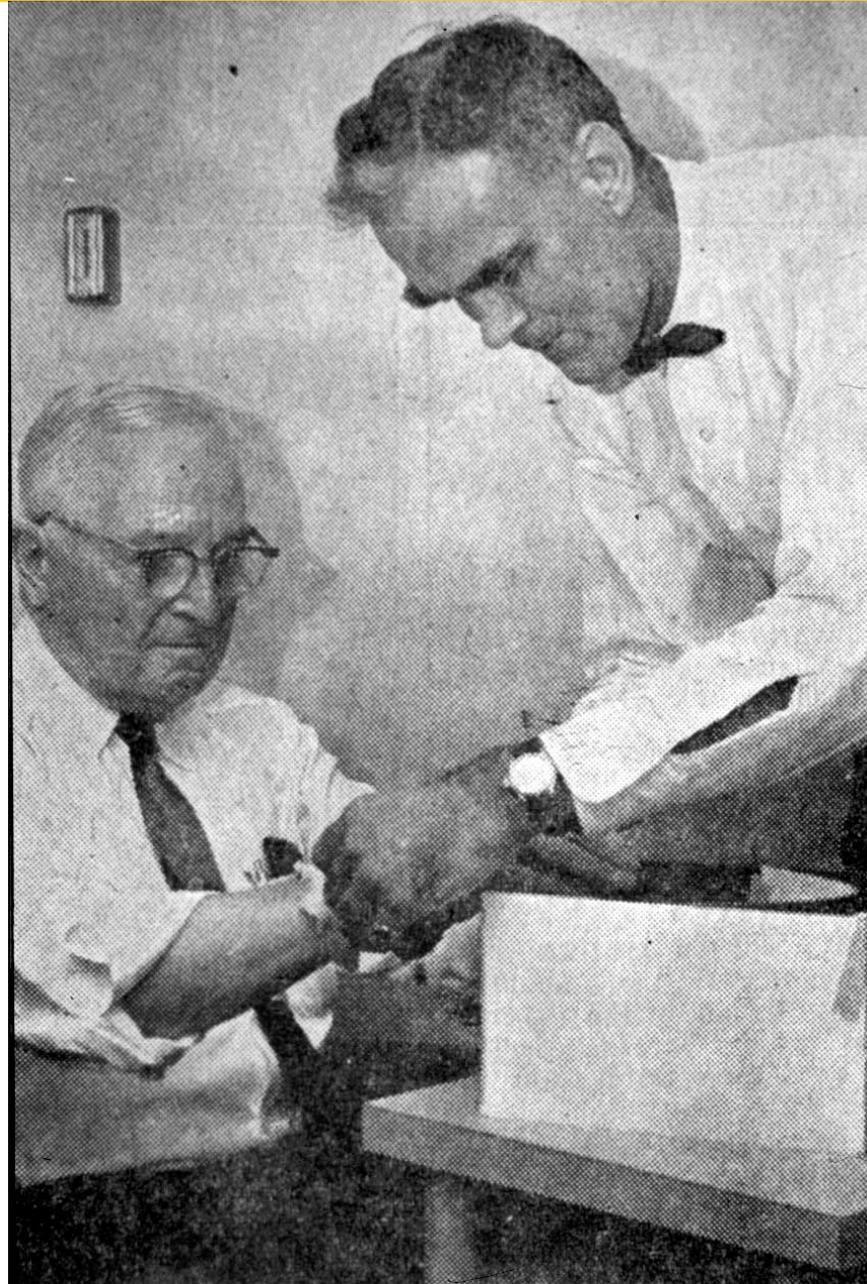


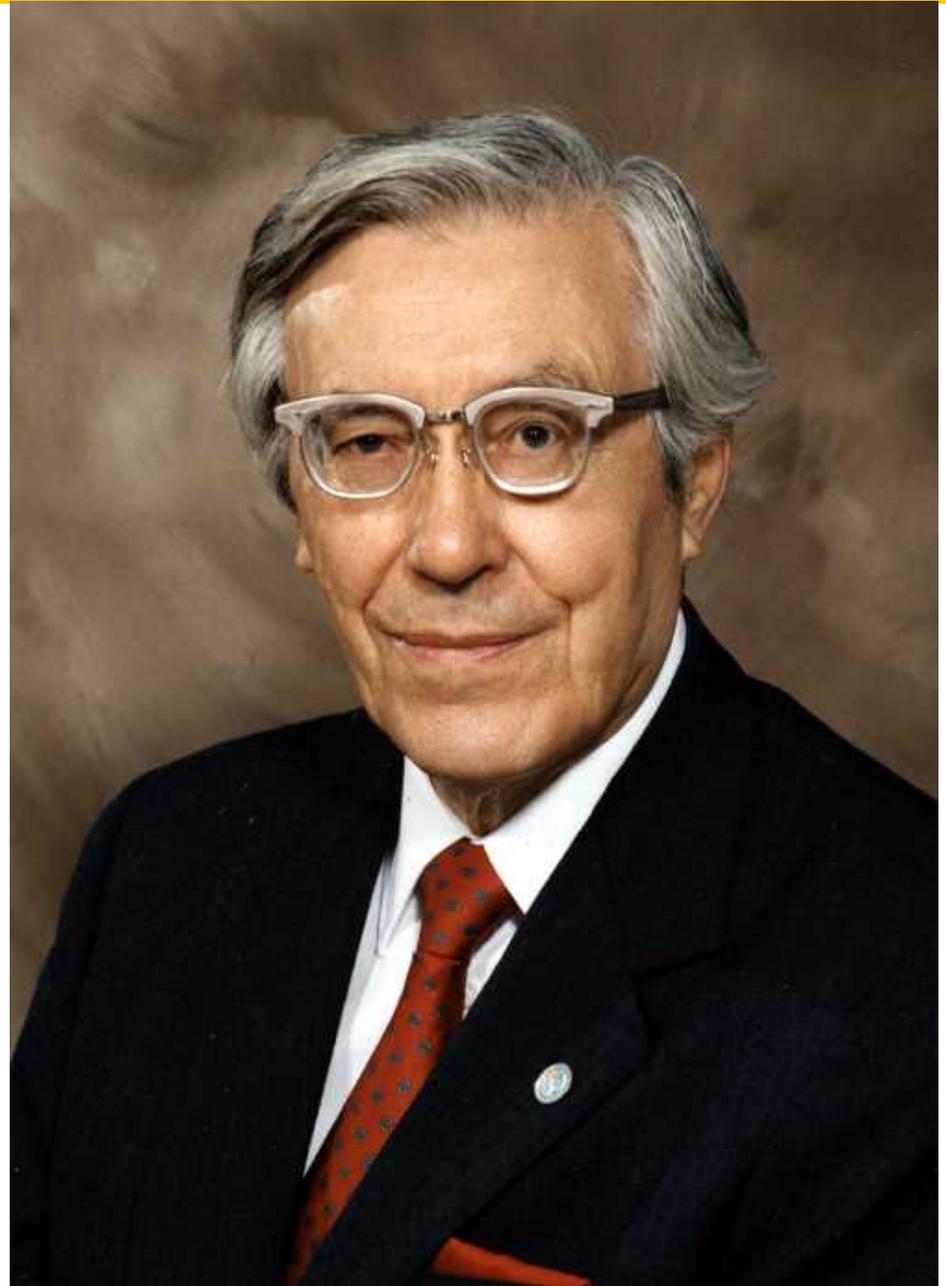




1941-2009







...the faculty member who perhaps filled the “great clinician” role better than any other was the orthopaedic surgeon Arthur Steindler

Steindler’s reputation soared and he became the University Hospitals “magnet”

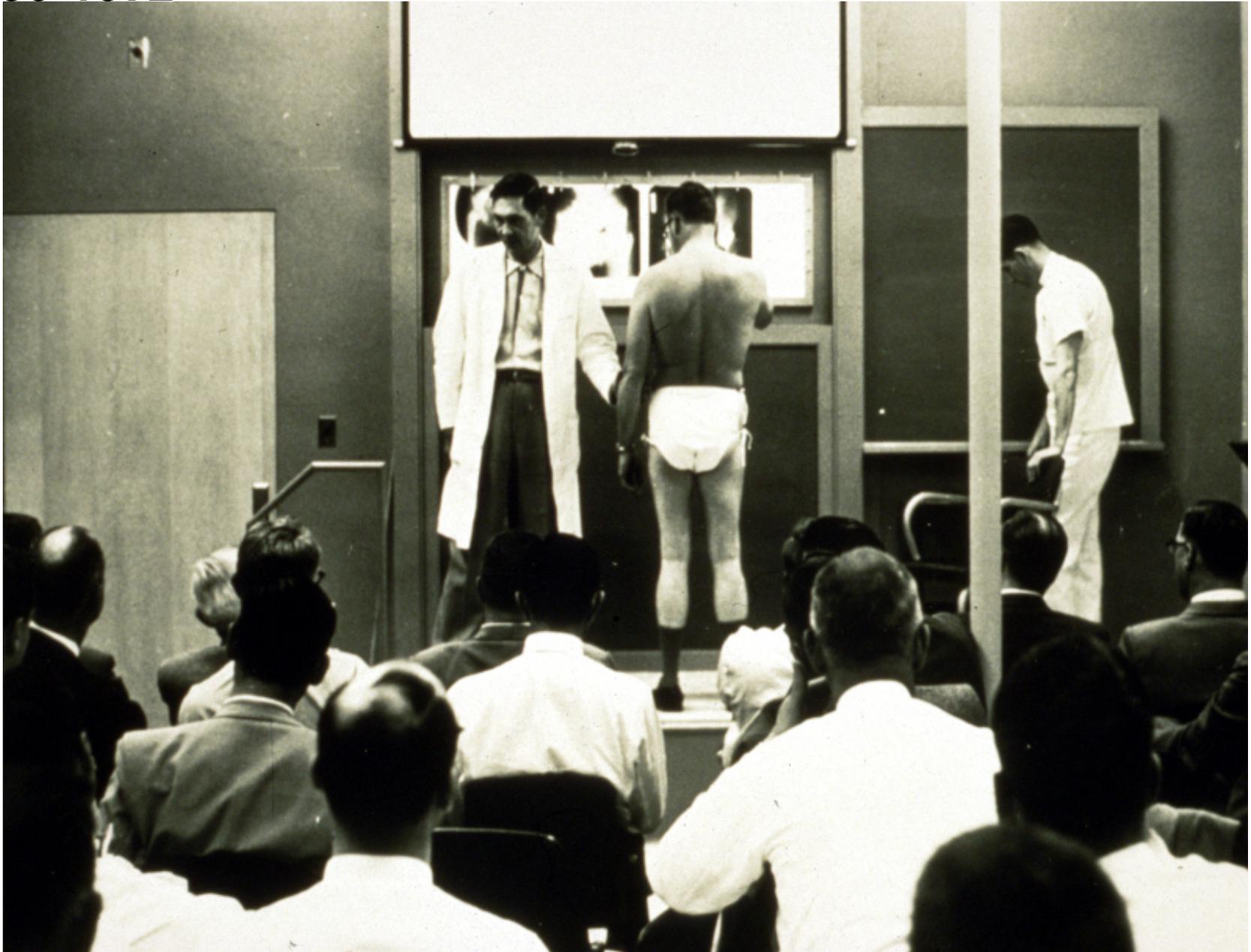
***Growth of UIHC***  
***Iowa City Press Citizen, October 2002***

“It was Arthur Steindler who opened the way for this modern institution [University of Iowa Health Care] by securing a steady flow of patients in the rural midwest.”

***Early World Class Scientists***  
***Iowa City Press Citizen, April 2003***

- included psychologist Carl Seashore (1866-1949) and physician Arthur Steindler (1878-1959)

**Carroll Larsen**  
**1950-1972**



**Reg Cooper**  
**1973-1999**





- 28 Orthopaedic Surgeons
- Four Physiatrists
- Four Bioengineers
- Five Research Scientists
- Fellows: Sports, Pediatrics & Foot Surgery
- 30 Residents

> 65,000 Patient Visits



> 6,000 Operations



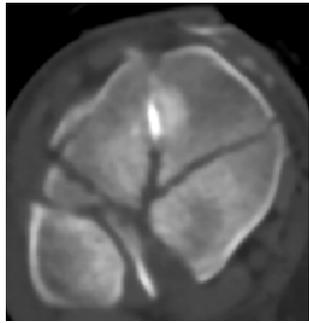
- Congenital and Developmental Deformities of the Hip, Knee & Hand
  - Clubfoot and Hip Dysplasia
  - Children’s Spinal Deformities
- Children’s & Adult’s Cancers of the Bones and Muscles
- Biologic Reconstruction of Injured Joints – Cartilage & Meniscus transplants
- Total Wrist and Ankle Replacements
- Complex Fractures in Children & Adults
- Complex Spine Tumors, Fractures, Developmental and Degenerative Diseases

Brian Adams	Hand & Shoulder Surgery
Ned Amendola	Sports Medicine
Joseph Buckwalter	Oncologic Surgery
John Callaghan	Hip & Knee Replacement
Charles Clark	Hip & Knee Replacement & Neck Surgery
Fred Dietz	Pediatric Orthopaedics
Jose Morcuende	Pediatric Orthopaedics
James Nepola	Trauma & Shoulder Surgery
Stuart Weinstein	Pediatric Orthopaedics & Spine Surgery
Brian Wolf	Sports Medicine

- Six presidents of the Orthopaedic Research Society
- Four presidents of the American Orthopaedic Association
- Three presidents of the American Academy of Orthopaedic Surgeons
- Two presidents of the American Board of Orthopaedic Surgeons
- Six directors of the American Board of Orthopaedic Surgeons
- Two presidents of the American Society for Biomechanics
- Presidents of the Pediatric Orthopaedic Society, the Cervical Spine Research Society, the Mid-American Orthopaedic Society, the Iowa Orthopaedic Society & the Association of Bone and Joint Surgeons

- Orthopaedic Bioengineering & Basic Biological Research
- New Technology and Procedures – Translate into improved patient care: joint replacements, fracture stabilization
- Outcomes of Orthopaedic Care – What works best? What is the long term result (more than 30 years)? Scoliosis, Hip Disease, Fractures

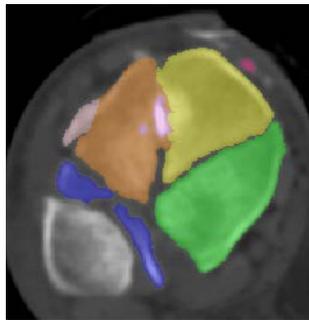
## Image Analysis



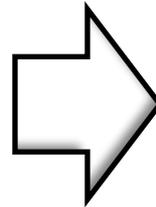
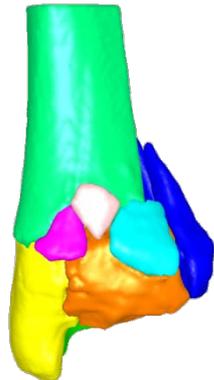
Clinical CT



Volume Rendering

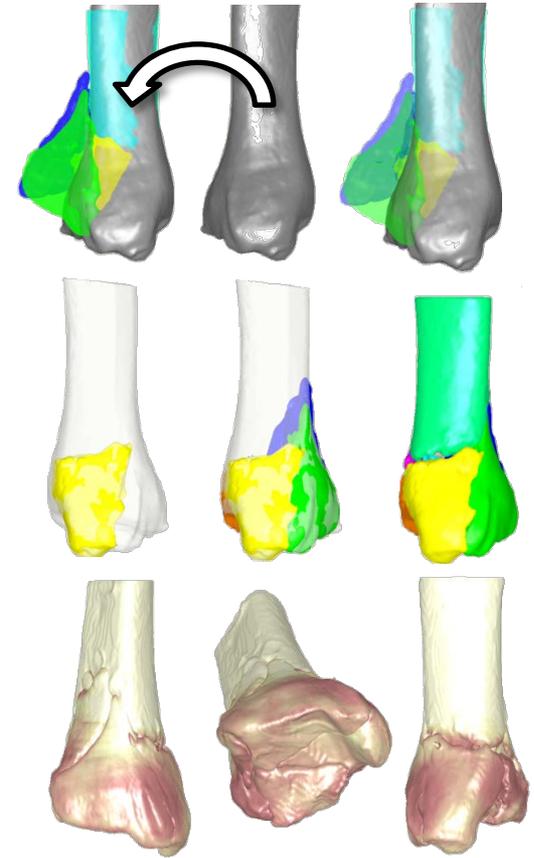


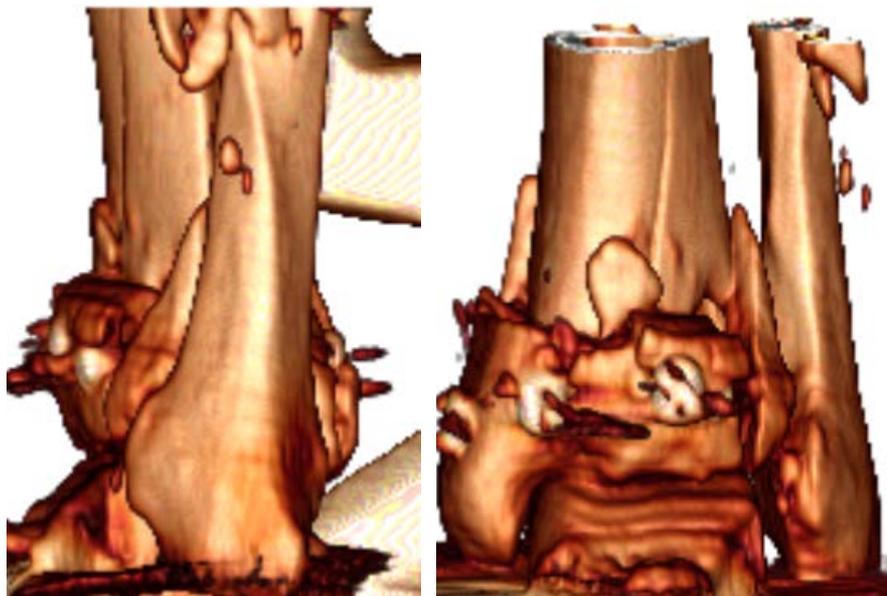
Individual Fragments Segmented



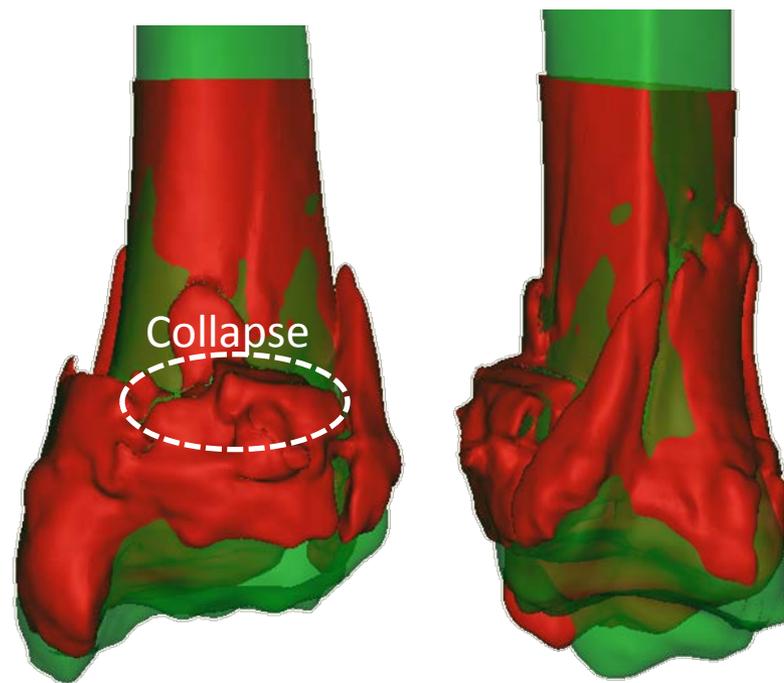
## Fracture Reduction

- Mirror and register intact contra-lateral bone as template
- Match fragment native surfaces to intact template
- Identify defects and plan fixation

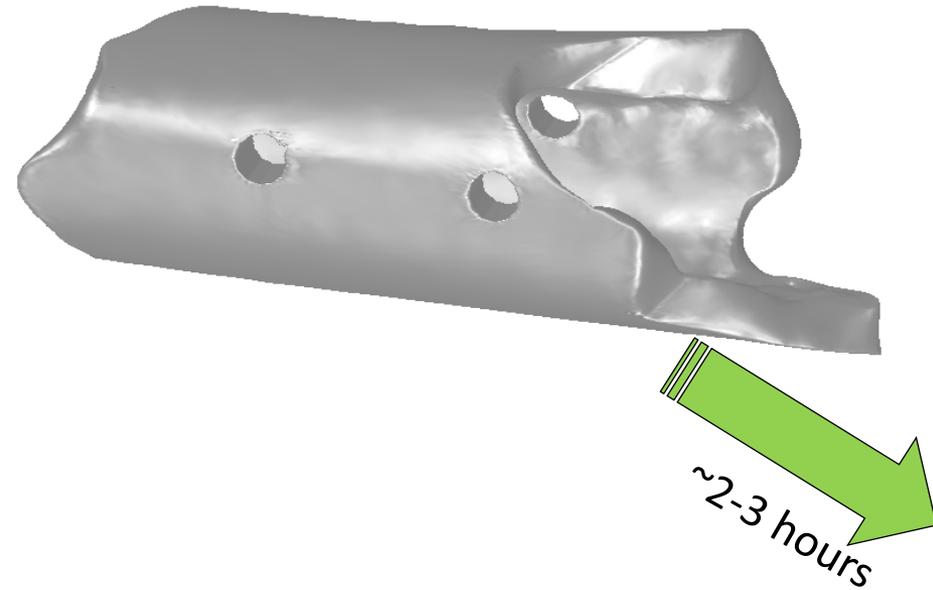




Post-Op CT Volume Renderings



Post-Op Tibia Aligned to Intact Contra-Lateral

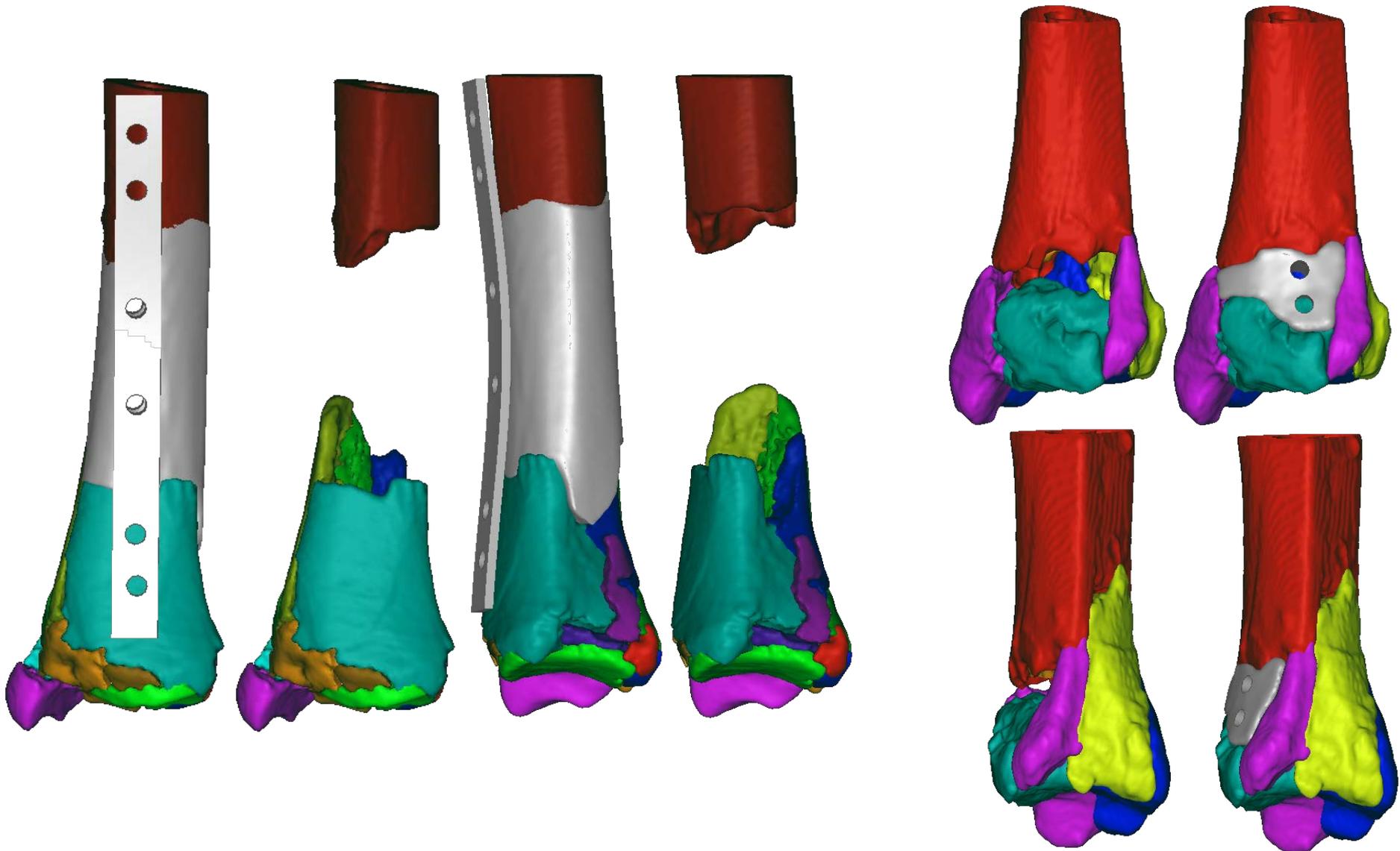


Reconstructed defect filler  
from puzzle solution, with  
fixation holes

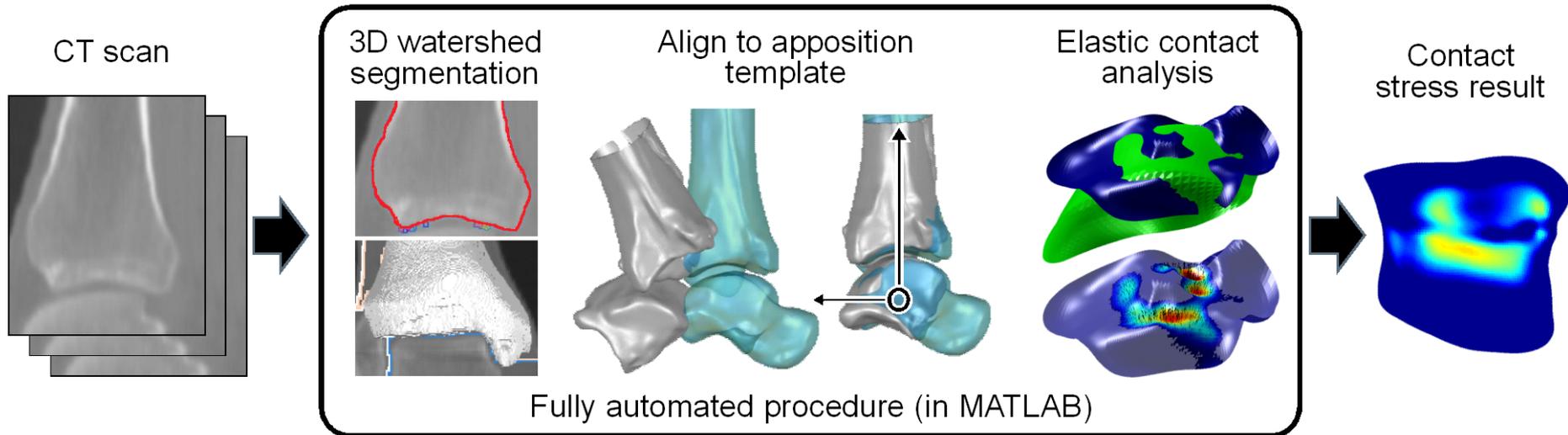


Rapid Manufactured  
implant using bone  
surrogate material

# Custom Implants for Segmental Defects



# Guide Intra-Operative Reduction of Articular Surface





- 600 applicants for 6 positions
- Insure that residents master the skills, knowledge and ethical standards necessary to be leaders in Orthopaedic Surgery
  - Constantly refine and improve our educational programs through critical evaluation
  - Surgical skills: arthroscopy, fracture reduction and stabilization

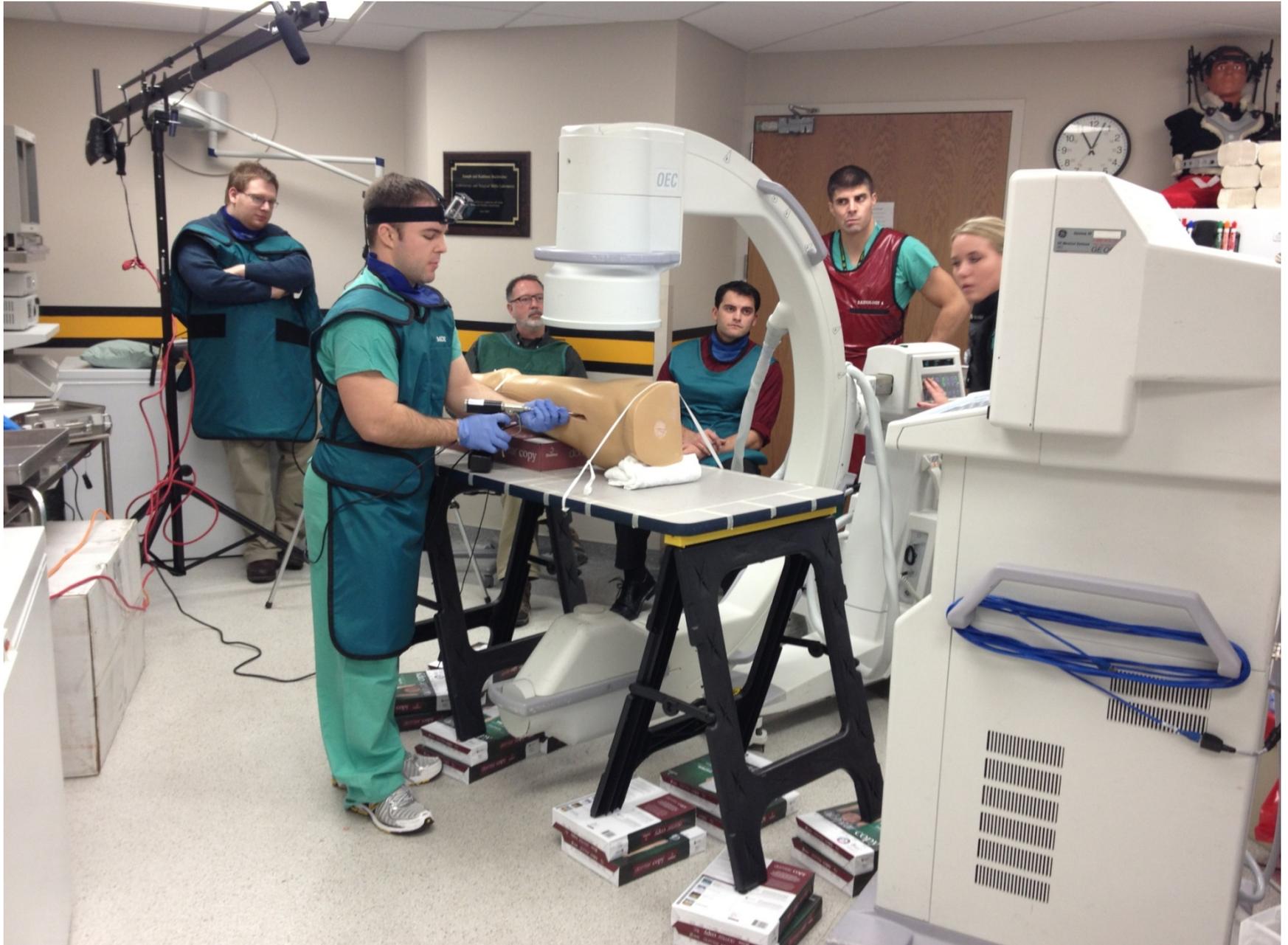
*Application of Surgical Skill Simulation Training & Assessment in Orthopaedic Trauma* - Matt Karam, Jen Kho, Tameem Yehyawawi, Gary Ohrt, Geb Thomas, Brandon Jonard, Don Anderson, Larry Marsh - IOJ 2012

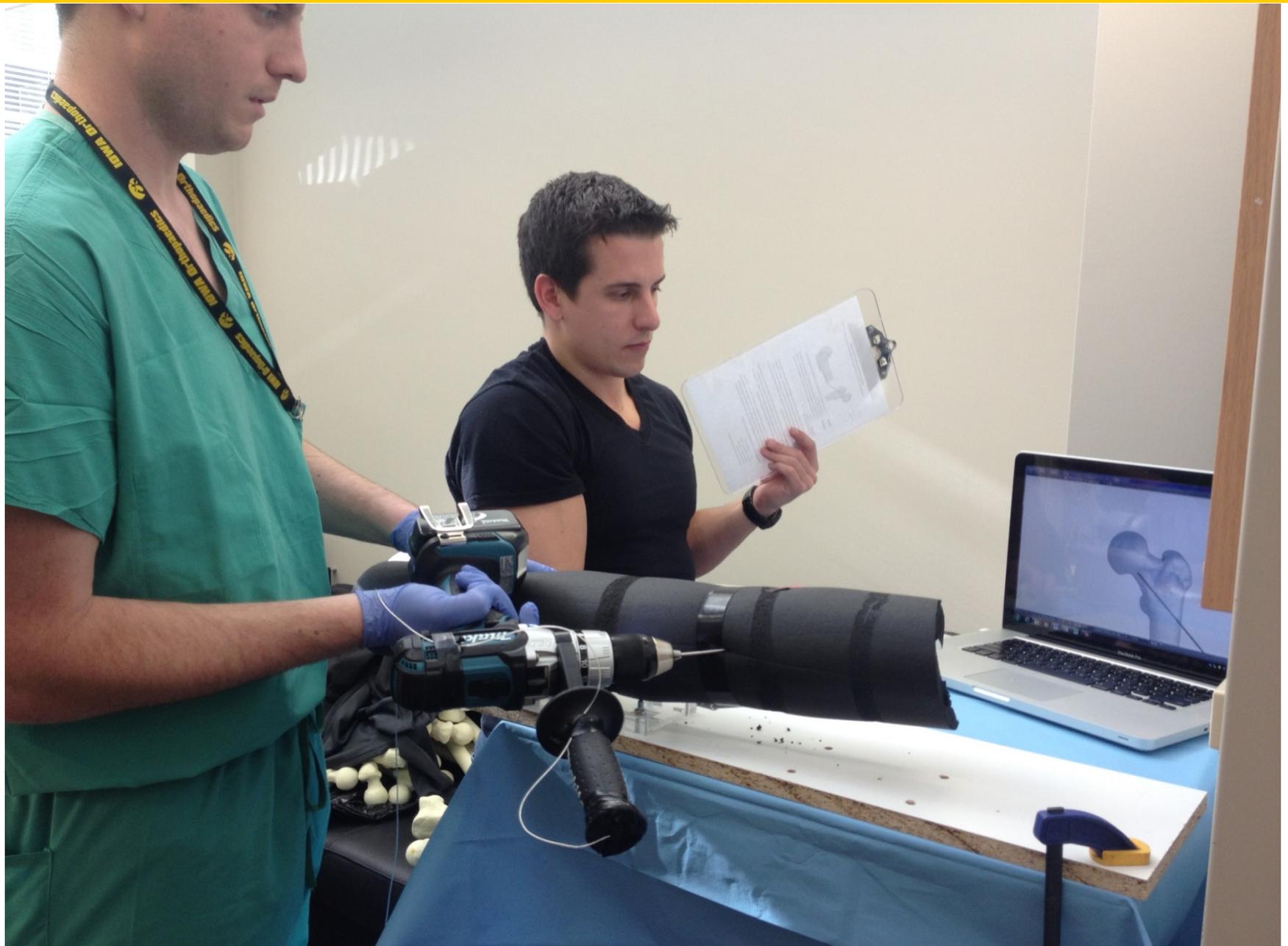
*Development of an Orthopaedic Surgical Skills Curriculum for Residents* – Matt Karam, Brian Weterlind, Don Anderson, Larry Marsh – IOJ 2013



*Current & Future Use of Surgical Skills Training Laboratories in Orthopaedic Resident Education* – Matt Karam, Robert Pedowitz, Hazel Natividad, Jason Murray, Larry Marsh - JBJS 2013 - A Consortium of more than 20 residency programs that will use the Iowa curriculum







- The total orthopaedic market will grow 46% in the next decade
- Aging of the population, expectations for life long mobility, emergence of new procedures & greater penetration of existing technology will further boost demand
- Orthopaedic surgeons – most sought after specialists by hospital and multi-specialty practices

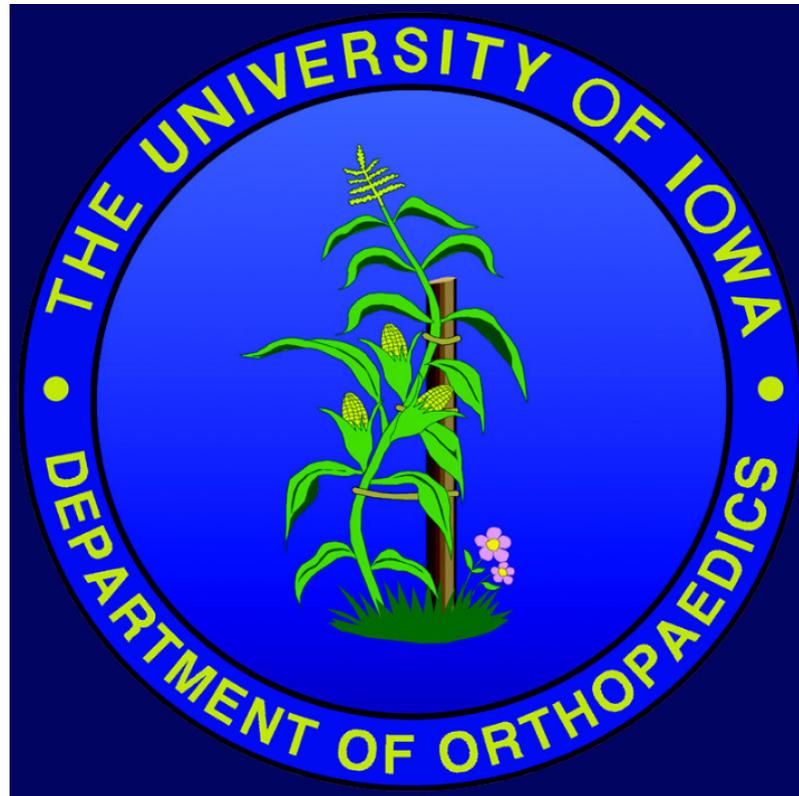
***Improve the lives of people suffering from diseases, deformities and injury – maintain and regain mobility***

1913: children with osteomyelitis, polio, tuberculosis, and deformities

2013: Iowa pediatric orthopaedics continues to be a world leader, but we have added specialized services in trauma, oncology, hand & upper extremity, foot & ankle, shoulder, hip, knee, spine, oncology, sports medicine, rehabilitation, new research technologies and educational methods

2<sup>nd</sup> Century – grow to meet the increasing needs for care of patients with injuries, deformities & diseases, advance musculoskeletal sciences and educate the next generations of orthopaedists

# LOOKING FORWARD TO THE 2<sup>nd</sup> CENTURY





## *The Iowa Clubfoot Brace*

***“Iowa’s Gift to the World”***





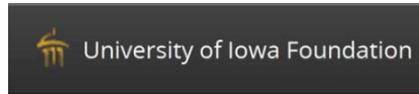


- Established by the IA Board of Regents in September, 2006.
- Vision: ***Every child born with clubfoot anywhere in the world will receive effective treatment using the Ponseti Method.***

- Worldwide organization of >400 healthcare professionals and hundreds of advocates in over 75 countries.



- Supported entirely by private donations and grants.



- Overseen by the Vice President for Medical Affairs with help from an External Advisory Board.





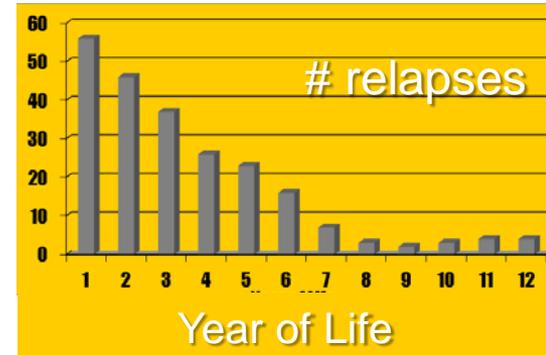
- Training health care professionals.
- Promoting Ponseti treatment to governments and healthcare administrators worldwide.
- Conducting research, conferences and international symposia.
- Maintaining an International Clubfoot Registry.
- Supporting the global clubfoot community via web-conferencing.
- Providing effective bracing.



Center for Bioinformatics  
& Computational Biology

- The Ponseti Method is unquestionably the “Gold Standard” for correcting clubfoot deformity.

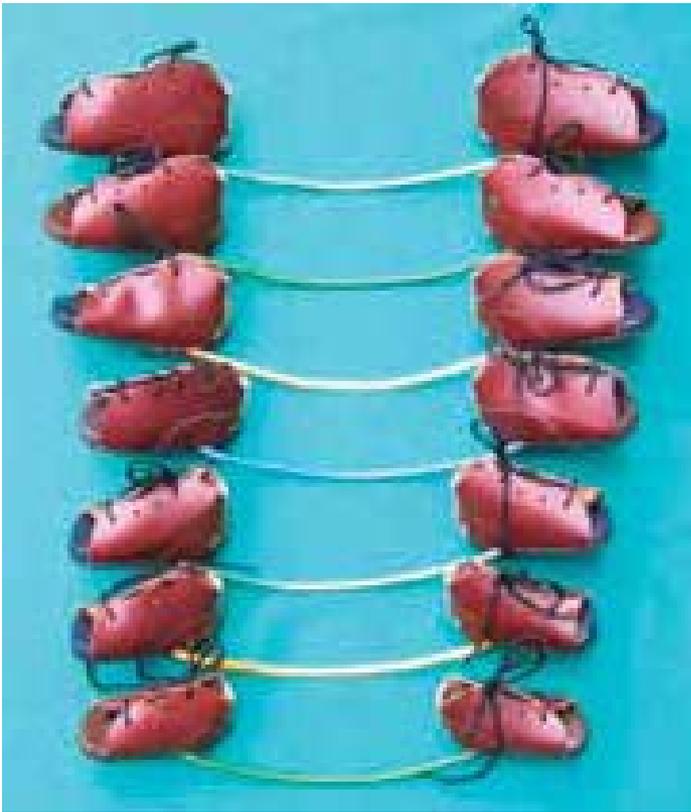
- Bracing is critical to maintain the correction.



- An effective brace must take into account:
  - The specific position of the foot.
  - The small size and tender skin of an infant/child’s foot.
  - The ease of use by parents and caregivers.
  - Weight, size, appearance, and social acceptability.
  - Cost

- Costs of current “state-of-the-art” clubfoot braces range from **\$500** per year to more than **\$2,500**.
- These braces are used almost exclusively in developed countries where **20%** of clubfoot children are born.
- In developing countries, with **80%** of clubfoot cases, most braces:
  - Are made using low-quality, locally available materials.
  - Lack important design features.
  - Often cause skin problems, disuse, return of the deformity.

# Braces in Developing Countries

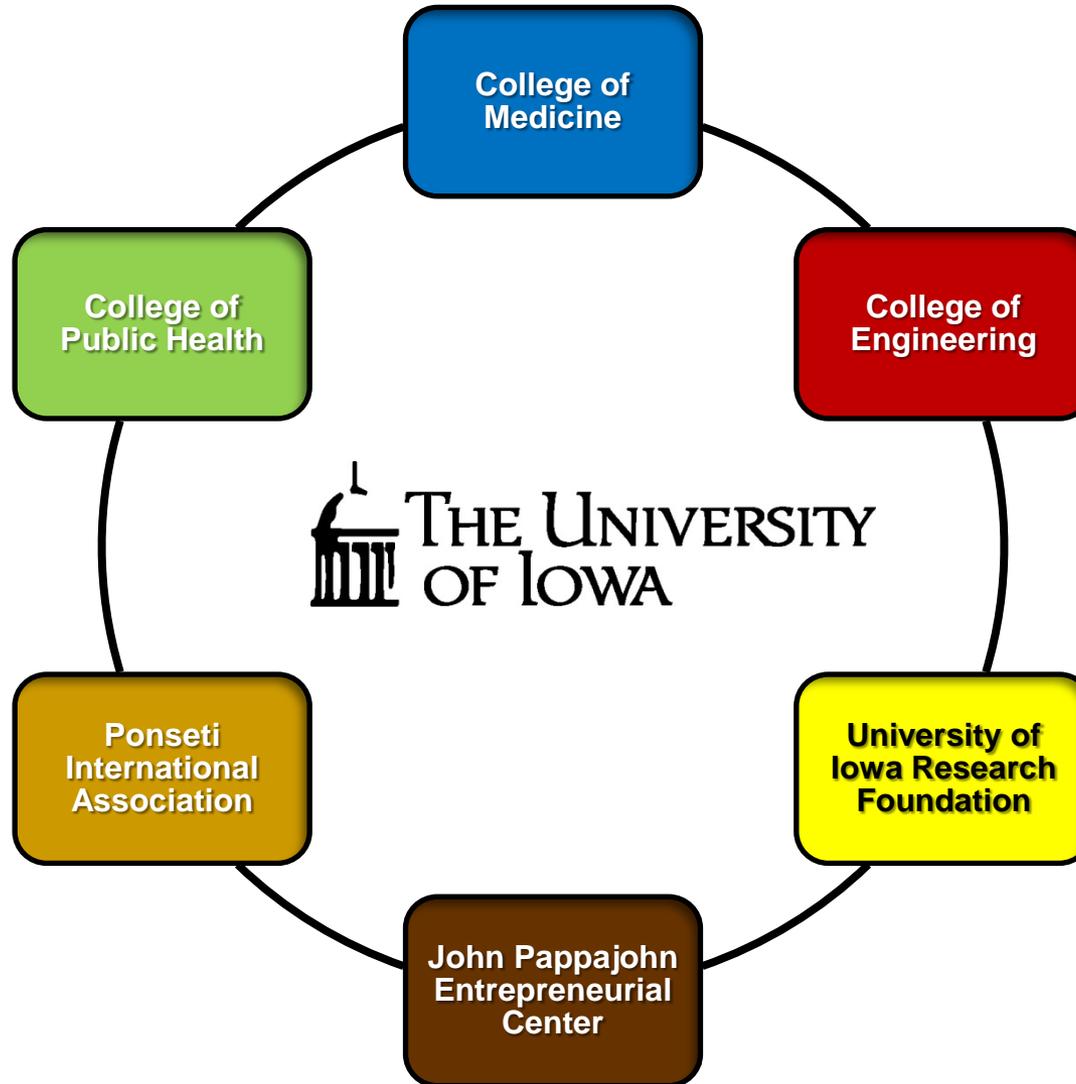


- Goal

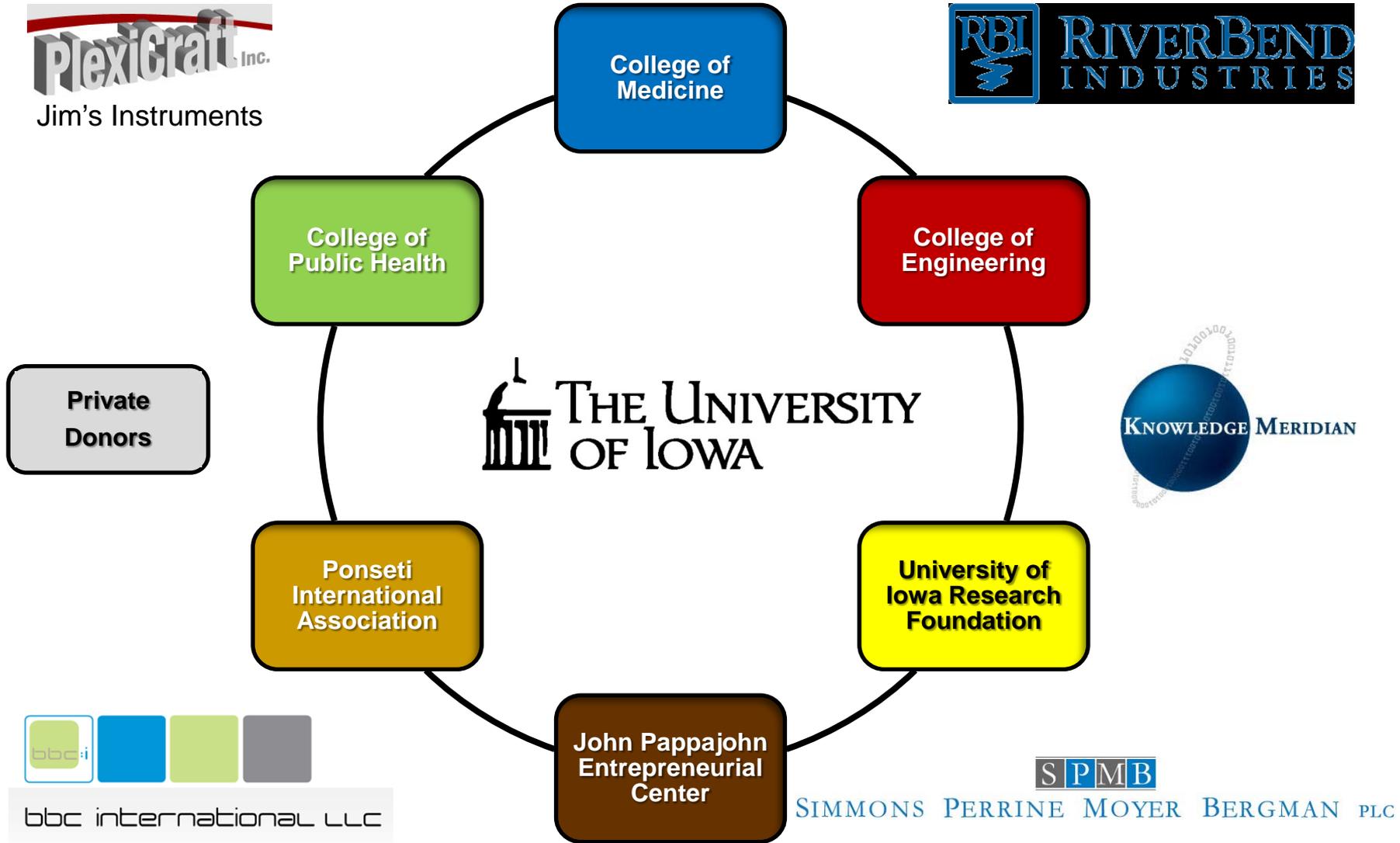
To design and globally distribute a high-quality, affordable brace for use following correction of clubfoot.

- Guiding Principles

- Quality: design based on the best scientific evidence.
- Equity: every child entitled to the best care.
- Accessibility: affordable and available to every child.
- Dignity: families/communities assume ownership.

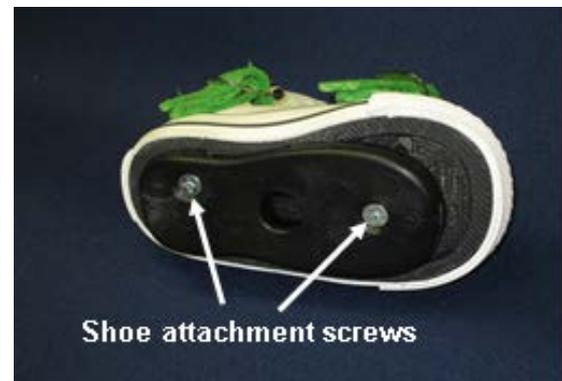


# Brace Development Partners

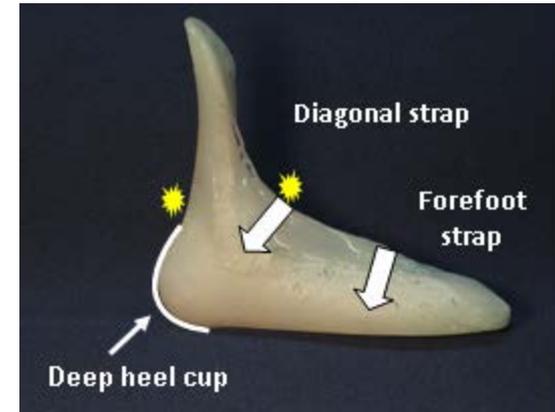


- Platforms & Bar

- Injection-molded
- Fiber-reinforced nylon
- Same platform, right or left
- Same platform, 30° or 60°
- Use several sizes of shoes
- Detachable from bar



- Shoe & Insert
  - Molded, soft insert
  - Padded tongue & strap
  - Open-toe design
  - Lightweight
  - Breathable
  - Washable





- 501(c)(3) non-profit Iowa company founded in 2012 with guidance and support from the University of Iowa Research Foundation.
- Based on the principles of quality, equity, accessibility, and dignity.
- Manufacturing the small-size platform-bars in Iowa.
- Finalizing the design and production of the shoes.
- Finalizing marketing and distribution plans.
- Will conduct clinical evaluation in November and December.
- Will seek additional funds to manufacture the larger platform-bars.
- Plan to begin production and distribution in early 2014.

On behalf of  
thousands  
of children around  
the world,

**THANK YOU  
IOWA!**



**PONSETI**

INTERNATIONAL

University of Iowa Health Care

