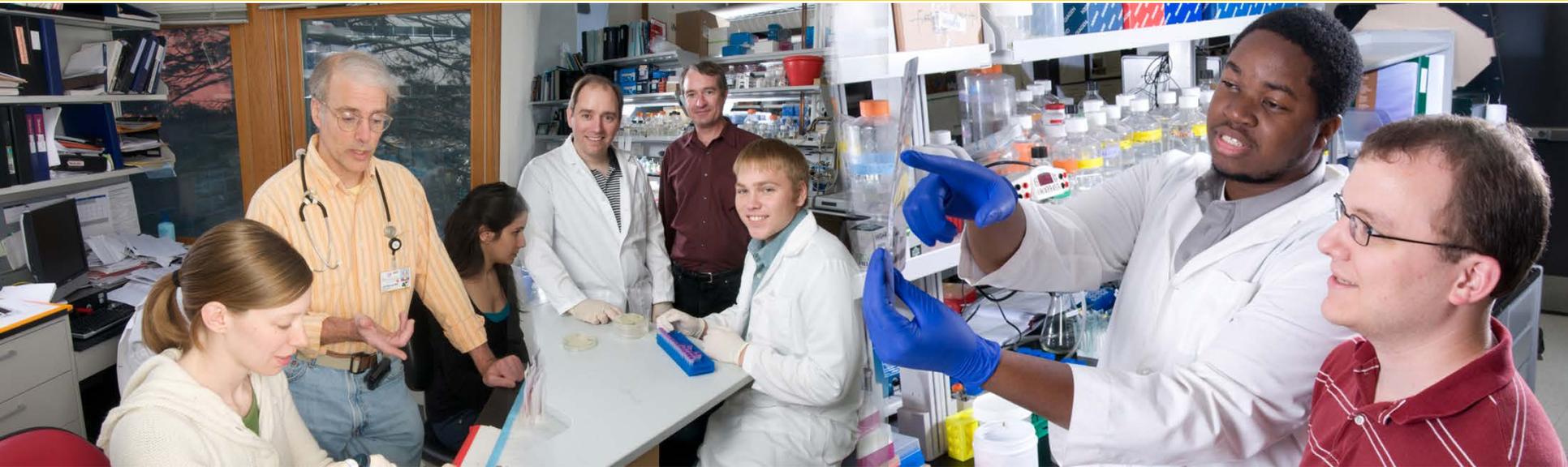




University of Iowa Health Care

***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, Jose Morcuende, Tom Cook, Nicole Grosland)



Opening Remarks

Jean Robillard, MD
Vice President for Medical Affairs



Operating and Financial Performance Update

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

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

Volume Indicators

Fiscal Year to Date September 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Discharges	7,816	7,991	7,792	(175)	-2.2% ○	24	0.3% ○
Patient Days	49,549	49,028	49,406	521	1.1% ○	143	0.3% ○
Length of Stay	6.38	6.20	6.40	0.19	3.0% ●	(0.02)	-0.3% ○
Average Daily Census	538.57	532.91	537.02	5.66	1.1% ○	1.55	0.3% ○
Total Surgeries	7,393	7,376	7,120	17	0.2% ○	273	3.8% ●
- Inpatient	2,915	3,015	2,906	(100)	-3.3% ●	9	0.3% ○
- Outpatient	4,478	4,361	4,214	117	2.7% ●	264	6.3% ●
ED Visits	15,811	16,230	15,703	(419)	-2.6% ●	108	0.7% ○
Total Clinic Visits	204,198	202,152	193,891	2,046	1.0% ○	10,307	5.3% ●

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

Fiscal Year to Date September 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	2,442	2,736	2,679	(294)	-10.8% ●	-237	-8.8% ●
Adult Surgical	3,889	3,621	3,526	268	7.4% ●	363	10.3% ●
Adult Psych	352	413	405	(61)	-14.8% ●	(53)	-13.1% ●
<i>Subtotal – Adult</i>	6,683	6,770	6,610	(87)	-1.3% ○	73	1.1% ○
Pediatric Medical & Surgical	807	835	806	(28)	-3.4% ●	1	0.1% ○
Pediatric Critical Care	191	232	226	(41)	-17.7% ●	(35)	-15.5% ●
Pediatric Psych	135	154	150	(19)	-12.3% ●	(15)	-10.0% ●
<i>Subtotal – Pediatrics w/o newborn</i>	1,133	1,221	1,182	(88)	-7.2% ●	(49)	-4.2% ●
Newborn	394	369	357	25	6.8% ●	37	10.4% ●
TOTAL w/o Newborn	7,816	7,991	7,792	(175)	-2.2% ○	24	0.3% ○

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

Discharge Days by Type

Fiscal Year to Date September 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	13,137	14,331	14,456	(1,194)	-8.3% 	(1,319)	-9.1% 
Adult Surgical	19,962	17,490	17,620	2,472	14.1% 	2,342	13.3% 
Adult Psych	5,096	5,230	5,272	(134)	-2.6% 	(176)	-3.3% 
<i>Subtotal – Adult</i>	<i>38,195</i>	<i>37,051</i>	<i>37,348</i>	<i>1,144</i>	<i>3.1%</i> 	<i>847</i>	<i>2.3%</i> 
Pediatric Medical & Surgical	4,744	4,923	4,949	(179)	-3.6% 	-205	-4.1% 
Pediatric Critical Care	5,690	6,213	6,261	(523)	-8.4% 	(571)	-9.1% 
Pediatric Psych	1,264	1,318	1,328	(54)	-4.1% 	(64)	-4.8% 
<i>Subtotal – Pediatrics w/o newborn</i>	<i>11,698</i>	<i>12,454</i>	<i>12,538</i>	<i>(756)</i>	<i>-6.1%</i> 	<i>(840)</i>	<i>-6.7%</i> 
Newborn	870	810	744	60	7.4% 	126	16.9% 
TOTAL w/o Newborn	49,893	49,505	49,886	388	0.8% 	7	0.1% 

		
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Average Length of Stay by Type

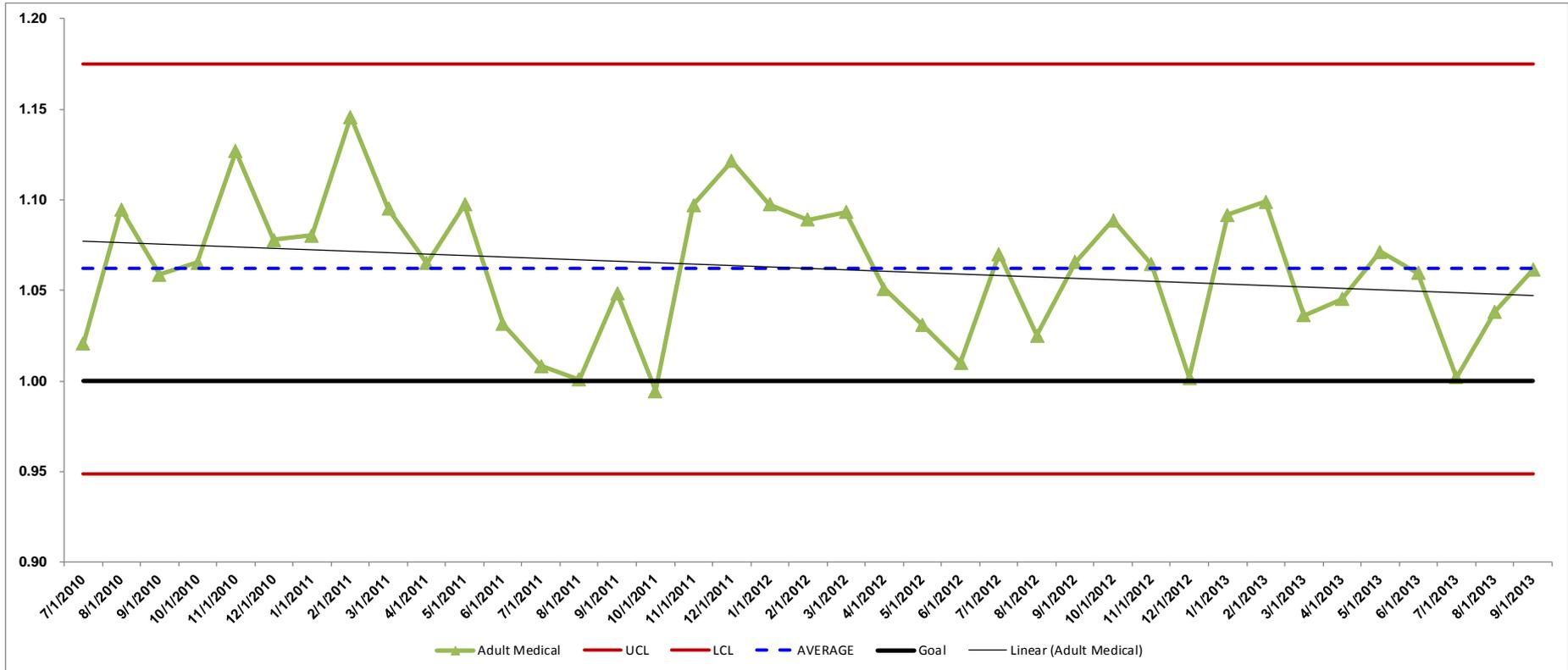
Fiscal Year to Date September 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	5.38	5.24	5.40	0.14	2.7% ●	(0.02)	-0.3% ○
Adult Surgical	5.13	4.83	5.00	0.30	6.3% ●	0.14	2.7% ●
Adult Psych	14.48	12.66	13.02	1.81	14.3% ●	1.46	11.2% ●
Subtotal – Adult	5.72	5.47	5.65	0.24	4.4% ●	0.07	1.2% ○
Pediatric Medical & Surgical	5.88	5.90	6.14	(0.02)	-0.3% ○	(0.26)	-4.3% ●
Pediatric Critical Care	29.79	26.78	27.70	3.01	11.2% ●	2.09	7.5% ●
Pediatric Psych	9.36	8.56	8.85	0.80	9.4% ●	0.51	5.8% ●
Subtotal – Pediatrics w/o newborn	10.32	10.20	10.61	0.12	1.2% ○	(0.28)	-2.7% ●
Newborn	2.21	2.20	2.08	0.01	0.6% ○	0.12	5.9% ●
TOTAL w/o Newborn	6.38	6.20	6.40	0.19	3.0% ●	(0.02)	-0.3% ○

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

Length of Stay Index – Adult Medical^(*)

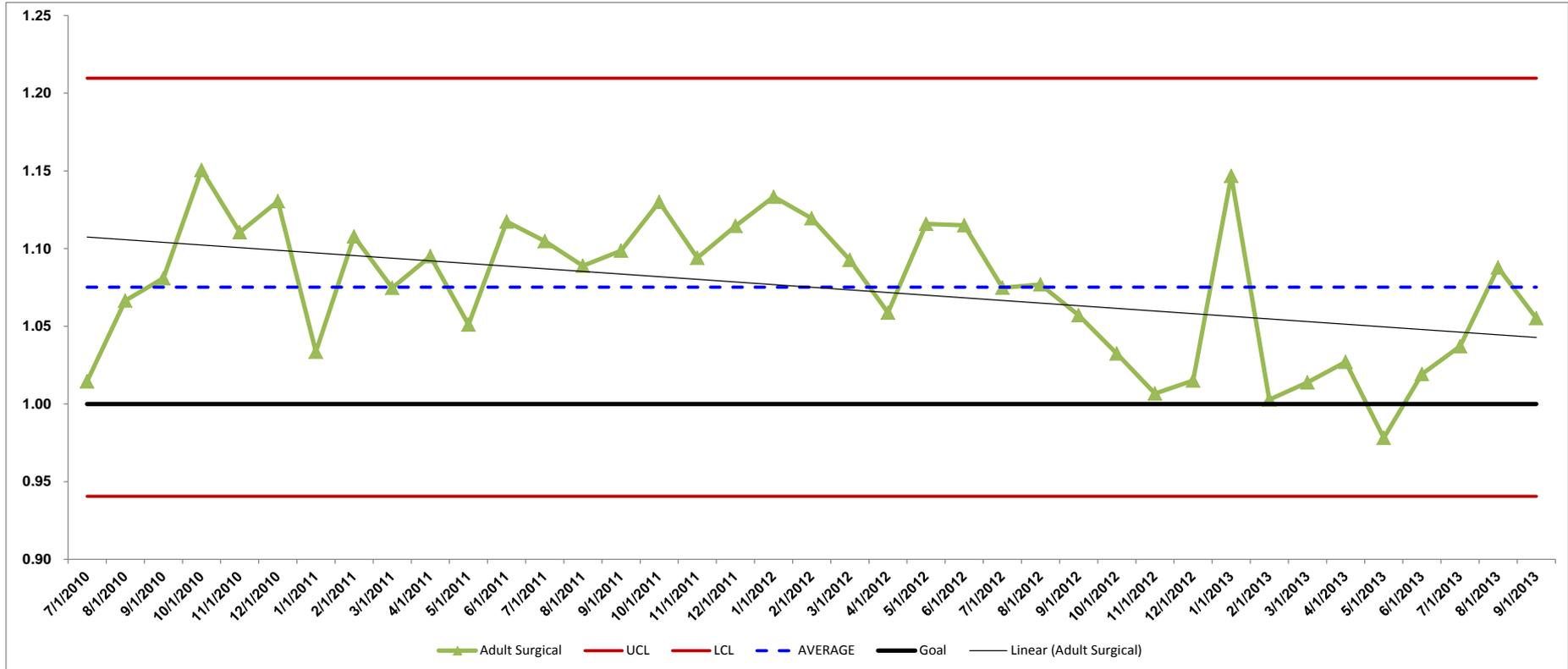
July 2010 through September 2013



(*) excludes outliers

Length of Stay Index – Adult Surgical(*)

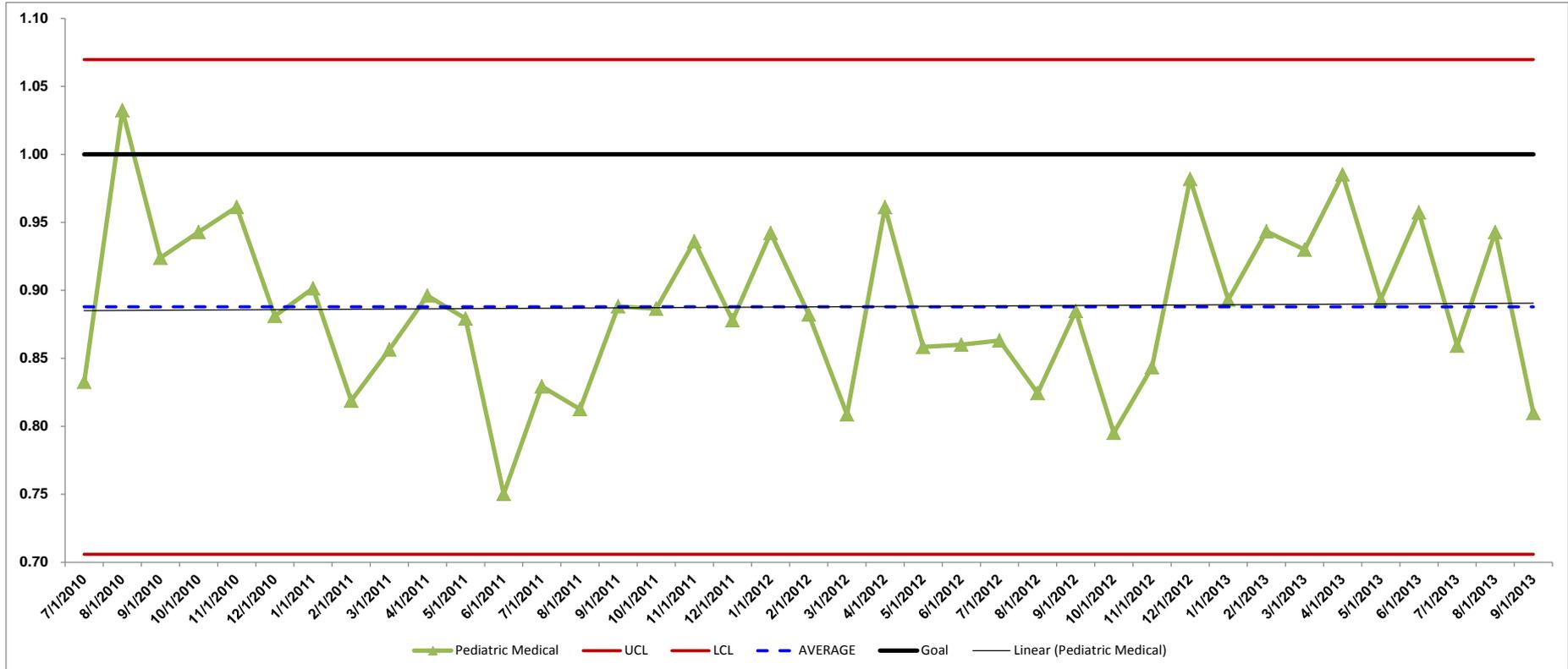
July 2010 through September 2013



(*) excludes outliers

Length of Stay Index – Pediatric Medical^(*)

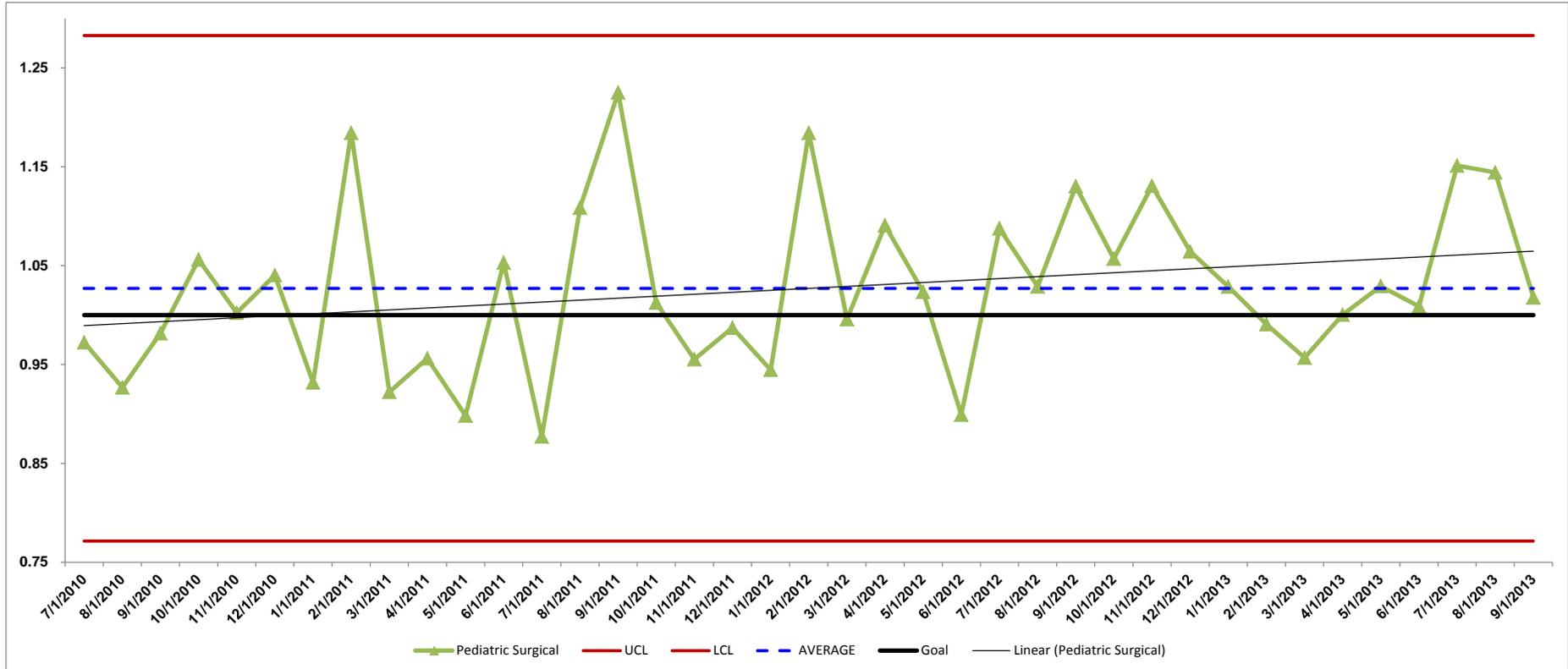
July 2010 through September 2013



(*) excludes outliers

Length of Stay Index – Pediatric Surgical^(*)

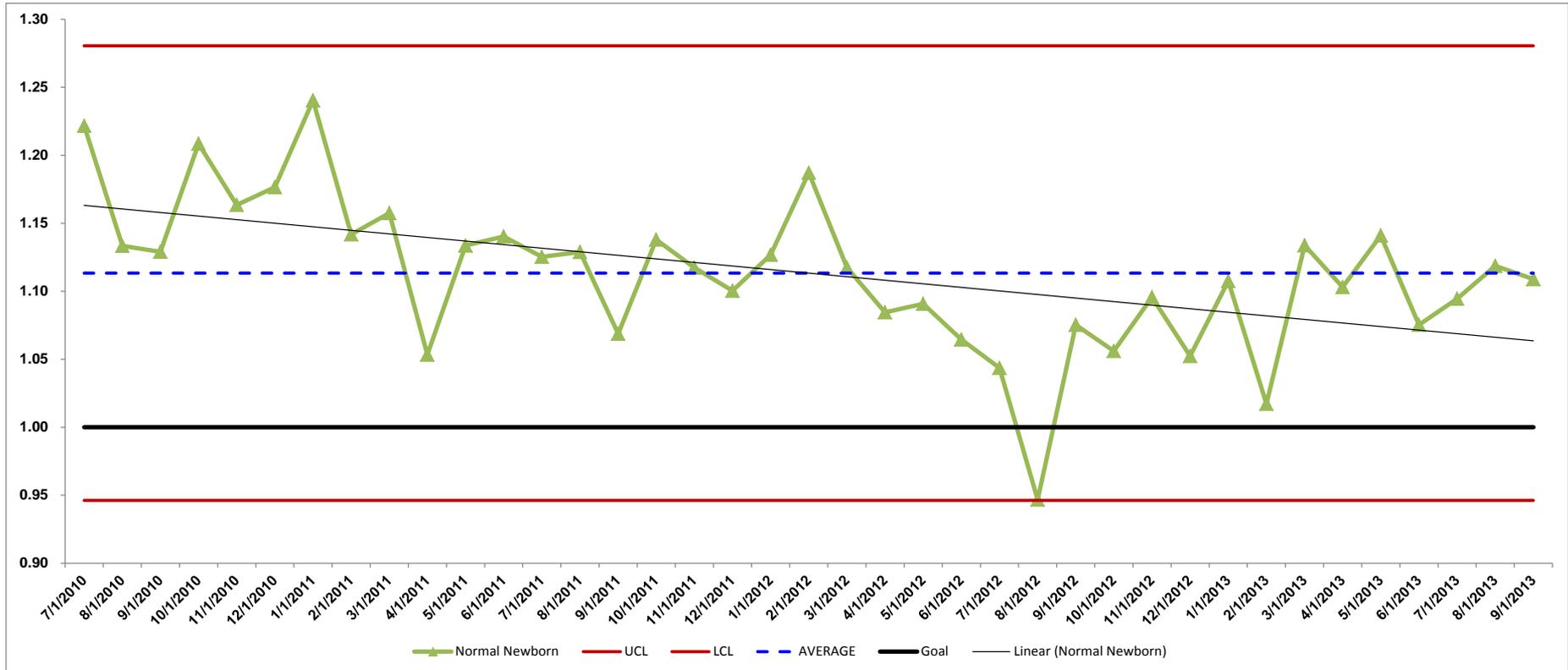
July 2010 through September 2013



(*) excludes outliers

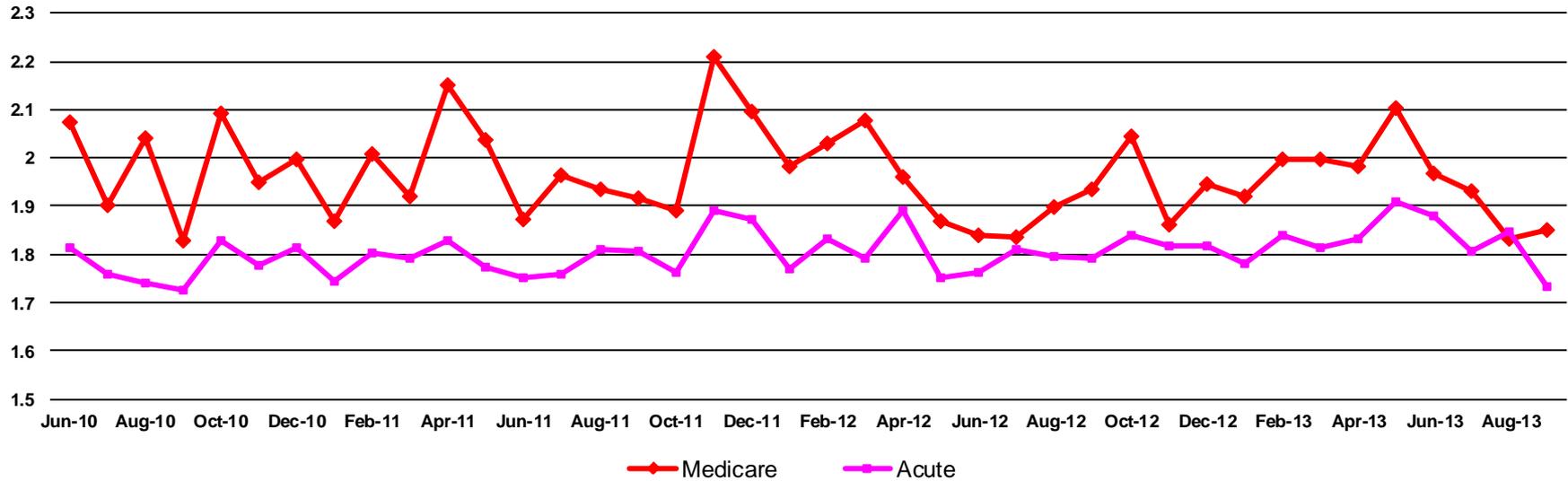
Length of Stay Index – Normal Newborn^(*)

July 2010 through September 2013



(*) excludes outliers

Case Mix Index



Inpatient Surgeries – by Clinical Department

September 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	251	247	242	4	1.5% ○	9	3.7% ●
Dentistry	52	42	45	10	25.2% ●	7	15.6% ●
General Surgery	857	868	838	(11)	-1.3% ○	19	2.3% ○
Gynecology	153	179	195	(26)	-14.6% ●	(42)	-21.5% ●
Neurosurgery	441	477	437	(36)	-7.6% ●	4	0.9% ○
Ophthalmology	39	42	48	(3)	-8.1% ●	(9)	-18.8% ●
Orthopedics	749	733	713	16	2.2% ○	36	5.0% ●
Otolaryngology	146	176	171	(30)	-17.1% ●	(25)	-14.6% ●
Radiology – Interventional	20	27	29	(7)	-25.9% ●	(9)	-31.0% ●
Urology w/ Procedure Ste.	207	223	188	(16)	-7.1% ●	19	10.1% ●
Total	2,915	3,015	2,906	(100)	-3.3% ●	9	0.3% ○
Solid Organ Transplants	64	96	92	(32)	-33.3% ●	(28)	-30.4% ●



Greater than
2.5% Favorable



Neutral



Greater than
2.5% Unfavorable

Outpatient Surgeries – by Clinical Department

September 2013

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	21	29	17	(8)	-27.5% ●	4	23.5% ●
Dentistry	162	165	168	(3)	-1.7% ○	(6)	-3.6% ●
Dermatology	15	9	7	6	62.1% ●	8	114.3% ●
General Surgery	682	672	684	10	1.6% ○	(2)	-0.3% ○
Gynecology	203	190	205	13	6.9% ●	(2)	-1.0% ○
Internal Medicine	2	3	1	(1)	-33.3% ●	1	100.0% ●
Neurosurgery	172	158	144	14	8.7% ●	28	19.4% ●
Ophthalmology	1,041	992	979	49	5.0% ●	62	6.3% ●
Orthopedics	997	995	954	2	0.2% ○	43	4.5% ●
Otolaryngology	629	649	570	(20)	-3.0% ●	59	10.4% ●
Pediatrics	0	1	2	(1)	-100.0% ●	(2)	-100.0% ●
Radiology – Interventional	8	9	12	(1)	-13.4% ●	(4)	-33.3% ●
Urology w/ Procedure Ste.	546	490	471	56	11.5% ●	75	15.9% ●
Total	4,478	4,361	4,214	117	2.7% ●	264	6.3% ●

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

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
ED Visits	15,811	16,230	15,703	(419)	-2.6% 	108	0.7% 
ED Admits	4,776	4,629	4,471	147	3.2% 	305	6.8% 
ED Conversion Factor	30.2%	28.5%	28.8%		5.9% 		6.1% 
ED Admits / Total Admits	60.9%	58.7%	57.4%		3.8% 		6.1% 

		
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Clinic Visits by Specialty

Fiscal Year to Date September 2013

Operating Review (YTD)	Actual	Budget	Variance to Budget	% Variance to Budget	
Burn Clinic	752	981	(229)	-23.3%	●
Center for Disabilities & Development	2,335	2,309	26	1.1%	●
Center for Digestive Disease	5,032	5,168	(136)	-2.6%	●
Clinical Cancer Center	12,789	13,659	(870)	-6.4%	●
Dermatology	5,167	5,541	(374)	-6.7%	●
General Surgery	4,856	4,580	276	6.0%	●
Hospital Dentistry	4,384	4,157	227	5.5%	●
Internal Medicine	9,176	8,839	337	3.8%	●
Neurology	3,104	3,518	(414)	-11.8%	●
Neurosurgery	2,992	2,832	160	5.7%	●
Obstetrics/Gynecology	13,416	12,808	609	4.8%	●
Ophthalmology	16,974	17,380	(406)	-2.3%	○
Orthopedics	18,676	17,553	1,123	6.4%	●
Otolaryngology	6,744	5,054	1,690	33.4%	●
Pediatrics	13,480	14,348	(868)	-6.1%	●
Primary Care (non-IRL)	41,098	38,953	2,145	5.5%	●
Psychiatry	8,338	8,725	(387)	-4.4%	●
Urology	3,536	3,924	(388)	-9.9%	●
UI Heart Center	3,967	4,492	(525)	-11.7%	●
IRL	27,382	27,331	51	0.2%	○
Total	204,198	202,152	2,046	1.0%	○

● Greater than 2.5% Favorable

○ Neutral

● Greater than 2.5% Unfavorable

Clinic Visits by Location

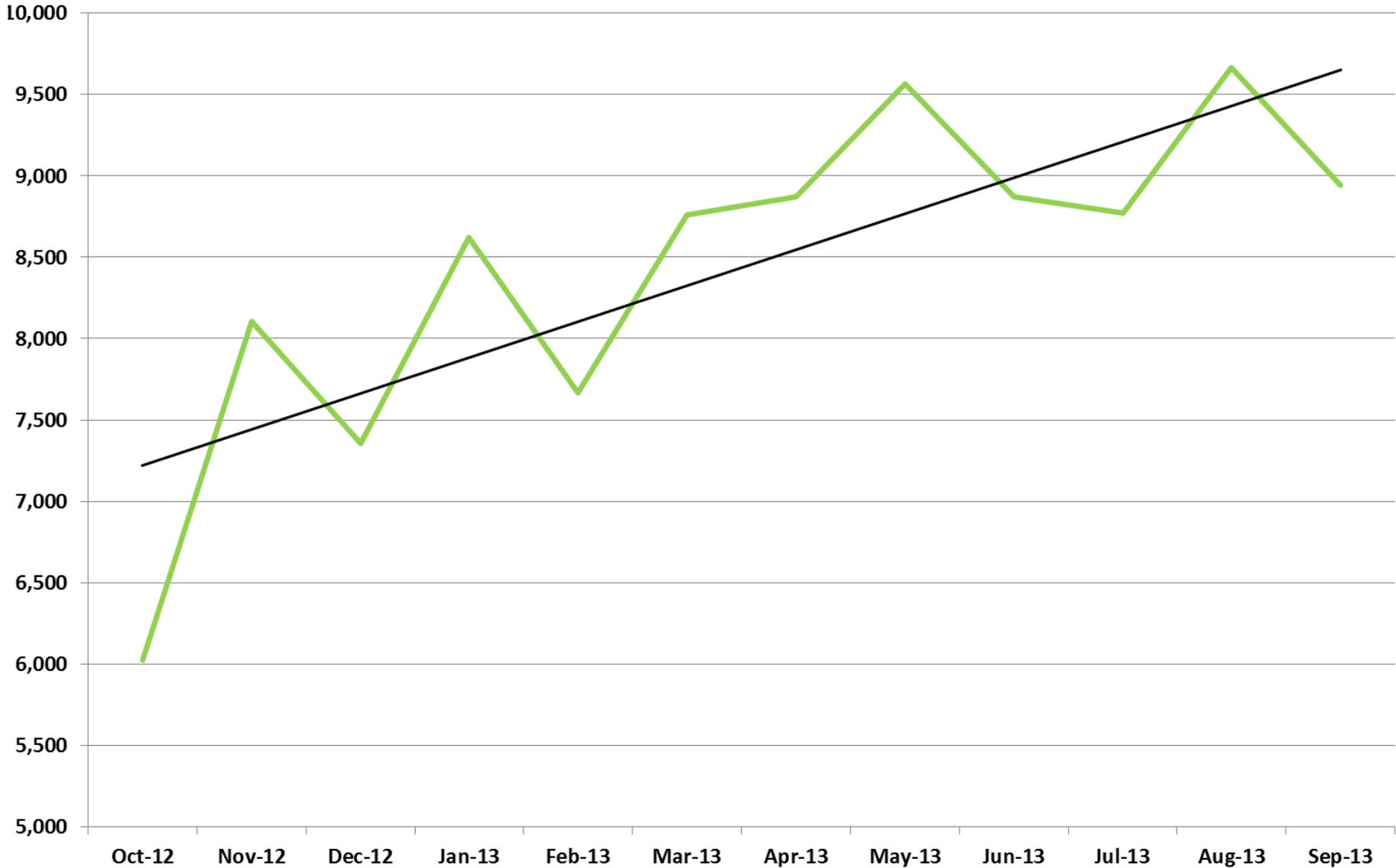
Fiscal Year to Date September 2013



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	13,548		27,550	41,098	26,346		28,319	54,665	(13,567)	-24.8%	●
General Internal Medicine		6,376		6,376					6,376		●
Pediatrics		5,365		5,365					5,365		●
<i>Subtotal - Primary Care</i>	<i>13,548</i>	<i>11,741</i>	<i>27,550</i>	<i>52,839</i>	<i>26,346</i>		<i>28,319</i>	<i>54,665</i>	<i>(1,826)</i>	<i>-3.3%</i>	●
Burn Clinic	752			752					752		●
Center for Disabilities & Development	2,335			2,335	2,205			2,205	130	5.9%	●
Center for Digestive Disease	5,032	866		5,898	5,464			5,464	434	7.9%	●
Clinical Cancer Center	12,789			12,789	13,309			13,309	(520)	-3.9%	●
Dermatology	5,167	1,251		6,418	5,989			5,989	429	7.2%	●
General Surgery	4,856			4,856	4,662			4,662	194	4.2%	●
Hospital Dentistry	4,384			4,384	3,825			3,825	559	14.6%	●
Internal Medicine	9,176	995		10,171	8,718			8,718	1,453	16.7%	●
Neurology	3,104			3,104	3,198			3,198	(94)	-2.9%	●
Neurosurgery	2,992			2,992	2,581			2,581	411	15.9%	●
Obstetrics/Gynecology	13,416	4,796		18,212	16,252			16,252	1,960	12.1%	●
Ophthalmology	16,974	1,748		18,722	18,039			18,039	683	3.8%	●
Orthopedics	18,676			18,676	17,118			17,118	1,558	9.1%	●
Otolaryngology	6,744	1,705		8,449	7,611			7,611	838	11.0%	●
Pediatrics	13,480			13,480	12,890			12,890	590	4.6%	●
Psychiatry	8,338			8,338	7,919			7,919	419	5.3%	●
Urology	3,536	1,506		5,042	4,618			4,618	424	9.2%	●
UI Heart Center	3,967	2,774		6,741	4,828			4,828	1,913	39.6%	●
<i>Subtotal – Specialty Care</i>	<i>135,718</i>	<i>15,641</i>		<i>151,359</i>	<i>139,226</i>			<i>139,226</i>	<i>12,133</i>	<i>8.7%</i>	●
Total	149,266	27,382	27,550	204,198	165,572		28,319	193,891	10,307	5.3%	●

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

Iowa River Landing Ambulatory Visits

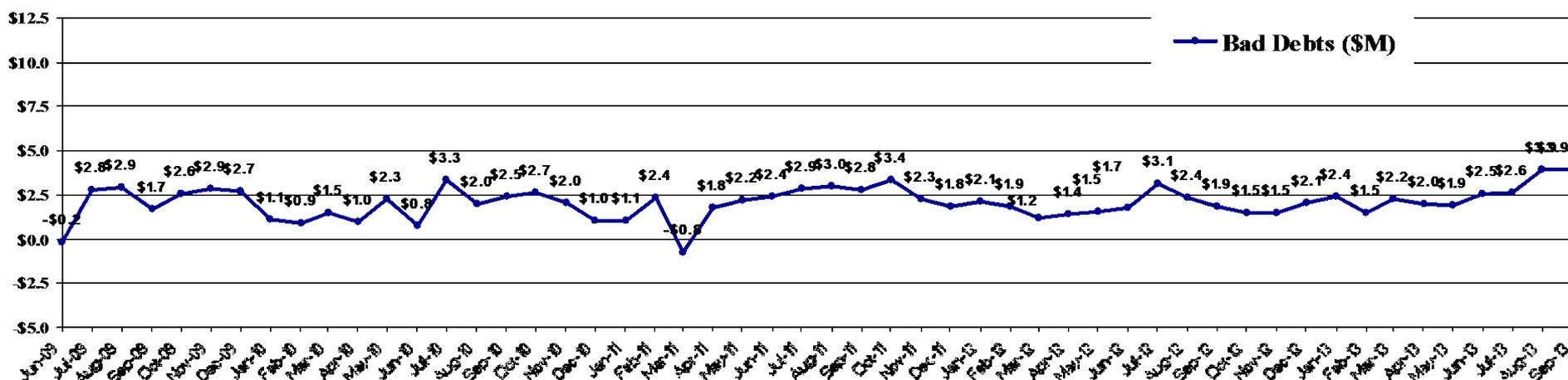
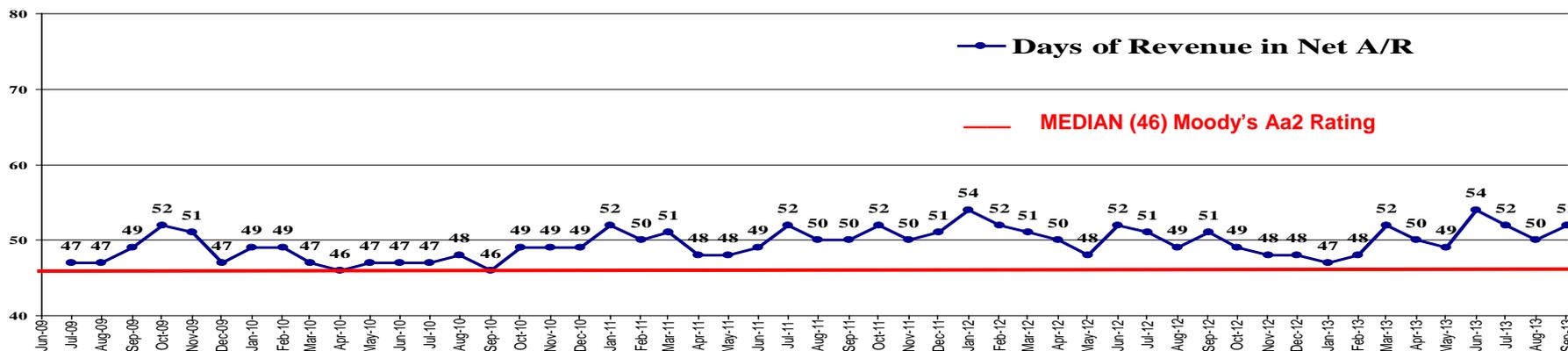


Comparative Accounts Receivable

at September 30, 2013



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



UIHC Comparative Financial Results

September 2013

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	\$89,066	\$94,890	\$87,093	(\$5,823)	-6.1%	\$1,973	2.3%
Other Operating Revenue	4,008	4,226	3,863	(218)	-5.1%	145	3.8%
Total Revenue	\$93,074	\$99,115	\$90,956	(\$6,041)	-6.1%	\$2,119	2.3%

EXPENSES:

Salaries and Wages	\$47,371	\$49,429	\$46,942	(\$2,058)	-4.2%	\$429	0.9%
General Expenses	38,625	41,196	38,374	(2,571)	-6.2%	251	0.7%
Operating Expense before Capital	\$85,996	\$90,625	\$85,317	(\$4,629)	-5.1%	\$680	0.8%
Cash Flow Operating Margin	\$7,078	\$8,490	\$5,639	(\$1,412)	-16.6%	\$1,439	25.5%
Capital- Depreciation and Amortization	5,969	6,603	5,565	(633)	-9.6%	405	7.3%
Total Operating Expense	\$91,966	\$97,228	\$90,881	(\$5,262)	-5.4%	\$1,084	1.2%

Operating Income	\$1,109	\$1,887	\$74	(\$779)	-41.3%	\$1,034	1,392.5%
Operating Margin %	1.2%	1.9%	0.1%		-0.7%		1.1%
Gain (Loss) on Investments	4,107	2,157	1,908	1,950	90.4%	2,198	115.2%
Other Non-Operating	(1,568)	(879)	(41)	(689)	-78.4%	(1,528)	-3,761.7%
Net Income	\$3,647	\$3,165	\$1,942	\$482	15.2%	\$1,706	87.8%
Net Margin %	3.8%	3.2%	2.1%		0.6%		1.7%

* 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 September 2013

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	\$278,848	\$286,933	\$268,626	(\$8,085)	-2.8%	\$10,222	3.8%
Other Operating Revenue	12,287	12,676	12,602	(390)	-3.1%	(315)	-2.5%
Total Revenue	\$291,135	\$299,609	\$281,228	(\$8,475)	-2.8%	\$9,907	3.5%

EXPENSES:

Salaries and Wages	\$144,015	\$148,764	\$141,430	(\$4,749)	-3.2%	\$2,585	1.8%
General Expenses	121,084	124,496	114,523	(3,412)	-2.7%	6,561	5.7%
Operating Expense before Capital	\$265,099	\$273,260	\$255,953	(\$8,161)	-3.0%	\$9,146	3.6%
Cash Flow Operating Margin	\$26,036	\$26,349	\$25,275	(\$314)	-1.2%	\$761	3.0%
Capital- Depreciation and Amortization	17,983	19,808	16,758	(1,825)	-9.2%	1,225	7.3%
Total Operating Expense	\$283,082	\$293,068	\$272,711	(\$9,986)	-3.4%	\$10,371	3.8%

Operating Income	\$8,053	\$6,541	\$8,517	\$1,511	23.1%	(\$465)	-5.5%
Operating Margin %	2.8%	2.2%	3.0%		0.6%		-0.2%
Gain on Investments	5,322	6,470	7,045	(1,148)	-17.7%	(1,723)	-24.5%
Other Non-Operating	(2,340)	(2,637)	173	297	11.2%	(2,513)	-1,452.3%
Net Income	\$11,035	\$10,374	\$15,736	\$660	6.4%	(\$4,701)	-29.9%
Net Margin %	3.8%	3.4%	5.5%		0.4%		-1.7%

* 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
Vice President for Medical Affairs

UI Health Care Strategic Plan



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



Mission

Vision

Values

Changing Medicine. Changing Lives.

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

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

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

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

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

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

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

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

Key Accomplishments 2010-13

- **Launched UI Health Care—Iowa River Landing**
- **Established UI Health Alliance, Medicare and Wellmark ACOs**
- **Initiated Service Excellence training (62% trained)**
- **Introduced new mechanism-based medical school curriculum**
- **Continued strong research funding & establishment of key centers and institutes in diabetes, genetics, etc.**
- **Stayed on schedule with major construction projects**
 - Pappajohn Biomedical Discovery Building
 - UI Children’s Hospital
- **Completed the \$500 million Iowa First campaign**
- **Maintained Aa Bond Rating (Moody’s and S&P)**
- **Made major improvements in Quality, Safety & Service (blood management, hand hygiene, patient satisfaction, medical directors/nurse managers partnership)**
- **Achieved national recognition for key clinical programs: *US News & World Report* Rankings, The Joint Commission, Comprehensive Cancer Center, Comprehensive Stroke Center, and Magnet**

Key Accomplishments 2010-13



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- **Established UI Health Alliance, Medicare and Wellmark ACOs**



- **Initiated Service Excellence training (62% trained)**

Key Accomplishments 2010-13



- Introduced new mechanism-based medical school curriculum



- Continued strong research funding & establishment of key centers and institutes in diabetes, genetics, etc.

Key Accomplishments 2010-13



- Stayed on schedule with major construction projects

- Pappajohn Biomedical Discovery Building



- UI Children's Hospital

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OUR CAMPAIGN FOR **BREAKTHROUGH** MEDICINE

- Completed the \$500 million Iowa First campaign



- **Maintained Aa Bond Rating (Moody's and S&P)**
- **Made major improvements in Quality, Safety & Service (blood management, hand hygiene, patient satisfaction, medical directors/nurse managers partnership)**
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Scorecard – Overall – FY13 Actual

UI Health Care Strategic Plan Scorecard	FY12 Actual	FY13 Actual	FY 13 Target	Upshot
OVERALL				
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 th	Improve	Achieved
Public Medical Schools Primary Care ranking by US News and World Report	11th	14 th	Top 10	Not achieved
Overall Medical Schools Primary Care ranking by US News and World Report	12th	16 th	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>
CLINICAL QUALITY AND SERVICE				
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 th 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>
RESEARCH				
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>
EDUCATION				
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
PEOPLE				
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>
DIVERSITY				
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
GROWTH & FINANCE				
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
Q51. Optimize patient safety Q52. Ensure accurate and complete coding of documentation Q53. Improve timely access to care Q54. Deliver consistent service excellence 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 disease Q58. Optimize UIP operational effectiveness locally with UHC 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 (neurosciences, 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, 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	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 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. Prepare to achieve compliance with LCME standards (S-16, MS-8, ED-21, ED-22) related to diversity, inclusion and culturally responsive care D6. Each Accountable Leader will advance diversity in all strategies	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 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"> Continue to develop the full capabilities of Epic to facilitate quality/safety and enhance professional and consumer relationships, including UI CareLink and MyChart Mobility 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 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 	<ul style="list-style-type: none"> Develop the full capabilities of Epic to facilitate education Provide training and support for "learners" to understand and implement patient-centered care and service 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 program on diversity initiatives, cultural competency resources, accreditation, etc.) Evaluate online tools/programs to facilitate cultural competency training and adopt 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 ACOs and population health
Metrics	Metrics	Metrics	Metrics	Metrics	Metrics
Q51 <ul style="list-style-type: none"> CMS Reportable Events Adverse Drug Events CLABSIs, CAUTIs, VAP & C-Diff Rates CMS Core Measures Mortality Index Reimbursement Rate Blood Management Nurse Sensitive Indicators Q52 <ul style="list-style-type: none"> Case-weighted Documentation Opportunity Points (CareKix) ICD-10 Provider Training Completion Q53 <ul style="list-style-type: none"> Clinic room utilization Transfer Center - Average Placement Time Percent of transfers coming through transfer center Length of stay Same day access First-Care on-time starts (Main OR) % of total prescriptions filled by UHC retail pharmacies Q54 <ul style="list-style-type: none"> Patient satisfaction (Likelihood to Recommend) Staff satisfaction Referring physician satisfaction MyChart utilization Meaningful Use (Stage 2) Q55 <ul style="list-style-type: none"> INQCA Medical Home certification Health implemented in Critical Access Hospitals Q56 <ul style="list-style-type: none"> Quality and cost targets for Medicare, Medicaid and Wellmark ACOs Clinical integration across the Alliance UI CareLink in all Alliance and UI Health Network offices # of HVMC projects implemented within UI Health Care & UI Health Alliance Q57 <ul style="list-style-type: none"> Volume, growth, outcomes and patient satisfaction indicators Q58 <ul style="list-style-type: none"> New structure and leadership in place 	R1 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Percentage of NIH funded research effort directed toward stated research and clinical priorities/centers of excellence R3 <ul style="list-style-type: none"> # of grants funding transitional research Initiate & Staff ICORE Number and dollar amount of clinical trials R4 <ul style="list-style-type: none"> Establish tissue procurement system R5 <ul style="list-style-type: none"> Complete Pappajohn Biomedical Discovery Building and occupy with strategic initiatives as part of the Pappajohn Biomedical Institute New cores initiated # of cores endowed R6 <ul style="list-style-type: none"> Number of patents, royalties, licensing agreements Number of new start-ups R7 <ul style="list-style-type: none"> Increased participation in informatics education efforts at UME, GME and faculty level Initiate joint degree programs and faculty fellowships in informatics R8 <ul style="list-style-type: none"> Number and dollar amount of program project and other collaborative grants R9 <ul style="list-style-type: none"> Number, dollar amount and percent of extramurally funded projects Research revenue per net square foot Percent of faculty salaries offset by grant support 	E1 <ul style="list-style-type: none"> 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 UME/GME E2 <ul style="list-style-type: none"> # of hours/faculty devoted to education efforts as logged in participation database Applications, admissions, and yield including increased GPA and MCAT scores and diversity of applicants and admitted students % GME slots at UHC filled with high quality residents % CCOM students Match Success in student diversity retention initiatives Effectiveness of under-represented minority student sponsorship program to participate in UHC externships Increase in positive data from OSAC-commissioned minority focus groups E3 <ul style="list-style-type: none"> Scholarship (e.g. publications, national presentations) regarding innovations in clinical learning environments for UME/GME % of total overall evaluation as "very positive" on the annual Resident Survey conducted by ACGME # UME curricular innovations adapted to GME needs E4 <ul style="list-style-type: none"> Annual student debt compared to national benchmarks and prior year E5 <ul style="list-style-type: none"> USMLE scores % rating overall evaluation as "very positive" on the annual Resident Survey conducted by ACGME Student evaluations of curriculum and instruction to include residents and fellows Progress with effort to build infrastructure to support comprehensive physician professional development initiatives # of endowed professors for residency Program Directors E6 <ul style="list-style-type: none"> % rating their overall evaluation as "very positive" on the annual Resident Survey conducted by ACGME E7 <ul style="list-style-type: none"> Best-practice examples of IPP in clinical settings that reinforce IPE Verification of proficiency of resident/teaching faculty physicians to perform invasive procedures in a standardized and safe manner 	P1 <ul style="list-style-type: none"> % performance appraisals completed P2 & P10 <ul style="list-style-type: none"> Time to hire P3 <ul style="list-style-type: none"> % staff completion orientation within 60 days of hire % staff trained in Service Excellence P4 <ul style="list-style-type: none"> Hours worked vs. hours paid P6 <ul style="list-style-type: none"> # of leaders completing Dartmouth program and deployed to existing or new initiatives P7 <ul style="list-style-type: none"> Magnet status maintained P8 <ul style="list-style-type: none"> # staff enrolled in RN to BSN and other tuition support programs P9 <ul style="list-style-type: none"> Compliance tracking system developed and implemented 	D1 <ul style="list-style-type: none"> 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 Evaluation of Human Rights Week completed, and results used to guide future direction D2 <ul style="list-style-type: none"> On-line diversity reporting tool "live" and in use by all departments D3 <ul style="list-style-type: none"> # medical educators possessing skills and knowledge to include cultural competence in the curriculum and teaching methods Patient satisfaction surveys measuring healthcare providers delivering ongoing cultural competency and sensitive patient care Culturally responsive healthcare (e-learning tools) adopted and used by UHC community % of high participant satisfaction with, and effective of, sessions and content of the Diversity Responsive Healthcare in Iowa conference D4 <ul style="list-style-type: none"> Diversity among MD applicants and matriculants Applications from historically underrepresented populations to Biosciences/Biomedical graduate programs D5 <ul style="list-style-type: none"> Full compliance with LCME diversity, inclusion and cultural competence standards 	GF1 <ul style="list-style-type: none"> Recruitment timing GF2 <ul style="list-style-type: none"> 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 inpatient admissions, days, ALOS vs. expected (expressed as an index), surgical cases, ambulatory visits for each budget year 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 CARTS productivity for each clinical department GF3 <ul style="list-style-type: none"> Bond rating metrics, days cash on hand, operating margin, current ratio, debt to capital, others (TBO) to maintain current rating from each agency Long-range business model updated yearly Shared savings for ACO programs GF4 <ul style="list-style-type: none"> Facility projects on budget and schedule GF5 <ul style="list-style-type: none"> UI Health Network implemented with targeted services in targeted areas GF6 <ul style="list-style-type: none"> Philanthropic dollars received % UI Health Care faculty/staff who give to UI GF7 <ul style="list-style-type: none"> % out of state migration for tertiary care % market share of tertiary care in state

- Focus groups and stakeholder interviews to identify key themes and areas of focus
- Retreat with faculty and administrative leaders throughout UI Health Care
- A single integrated plan for the entire enterprise (not one for the college, one for the hospital)
- Several iterations led by Accountable Leaders to refine final product

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 Targets

UI Health Care Strategic Plan Scorecard	<u>FY13 Actual</u>	<u>FY14 Target</u>
OVERALL		
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 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	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
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
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	<u>FY13 Actual</u>	<u>FY14 Target</u>
RESEARCH		
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	<u>FY13 Actual</u>	<u>FY14 Target</u>
EDUCATION		
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>
PEOPLE		
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
DIVERSITY		
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>
GROWTH & FINANCE		
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

- Open Pappajohn Biomedical Discovery Building fully occupied
- Open and operate new UI Children's Hospital on time and on budget
- Achieve extended philanthropic goal – additional \$200M as part of new fundraising campaign, *For Iowa. Forevermore.*
- Pursue Alliance goals for growth and development
 - Further development of clinically integrated statewide network
- Continue to improve Clinical Quality and Service outcomes, with focus on Safety, Access and Coordinating Care across the Continuum
- Pursue innovative research for “real world” problems
 - Achieve “first in man” trials in selected research areas, such as blinding eye disease, hearing loss and rare neurological disorders
- Complete the roll-out of the new medical school curriculum
 - Respond creatively to demand for physicians in rural Iowa
- Provide a range of diversity education, cultural enrichment and acclimation programs for members of the UI Health Care community
- Sustain growth and strong financial performance in the “new” population health payment environment



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

Jose Morcuende, MD, PhD

Professor of Orthopaedics and Pediatrics, Executive Director & Chief Medical Officer, Ponseti International

Thomas Cook, PhD

Professor of Public Health and Physical Therapy & Rehabilitation, Director of Global Operations, Ponseti International

Nicole Grosland, PhD

Professor of Biomedical Engineering and Orthopaedics, Center for Computer Aided Design

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



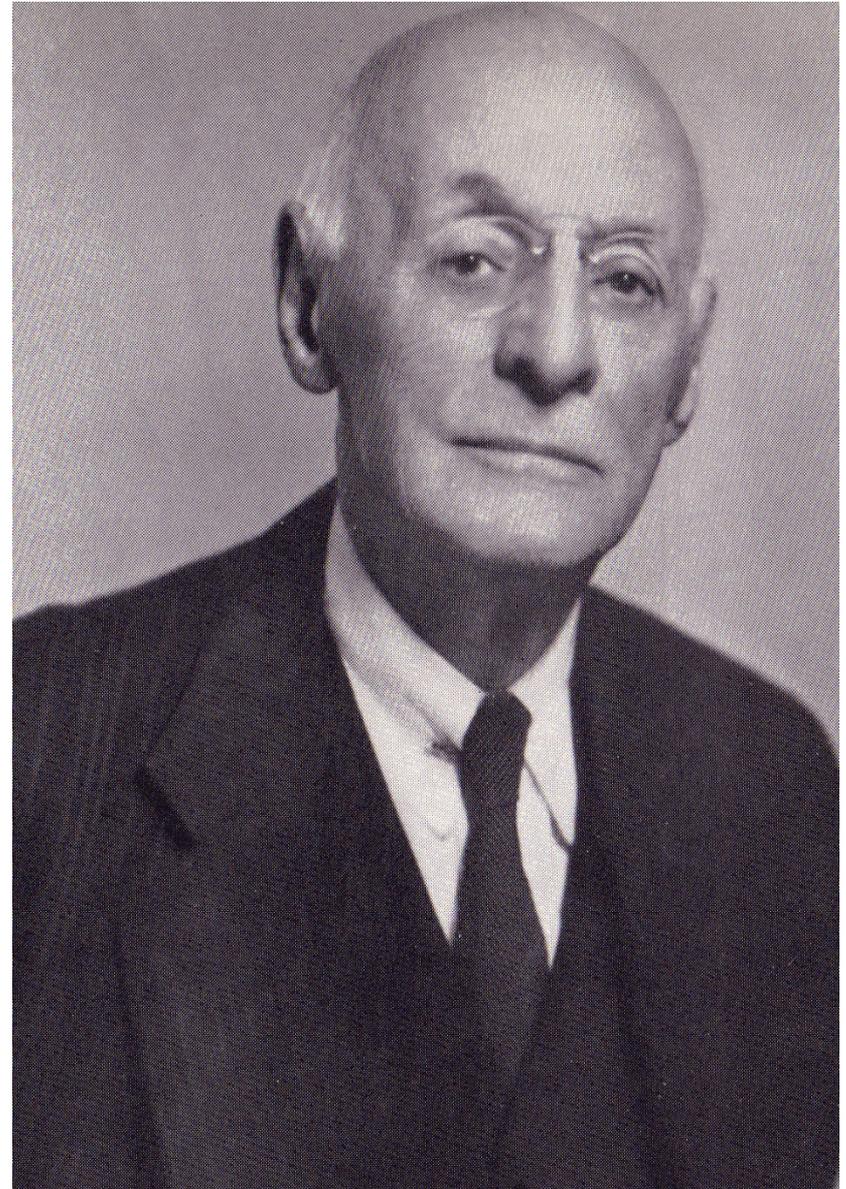
None of the four Iowa Medical Schools met minimal standards

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

9th President 1911-14



Needed a great clinician
and scientist “a magnet”

the President

The State University of Iowa
Iowa City

October 6, 1913.

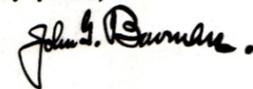
My dear Dr. Steindler,-

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.

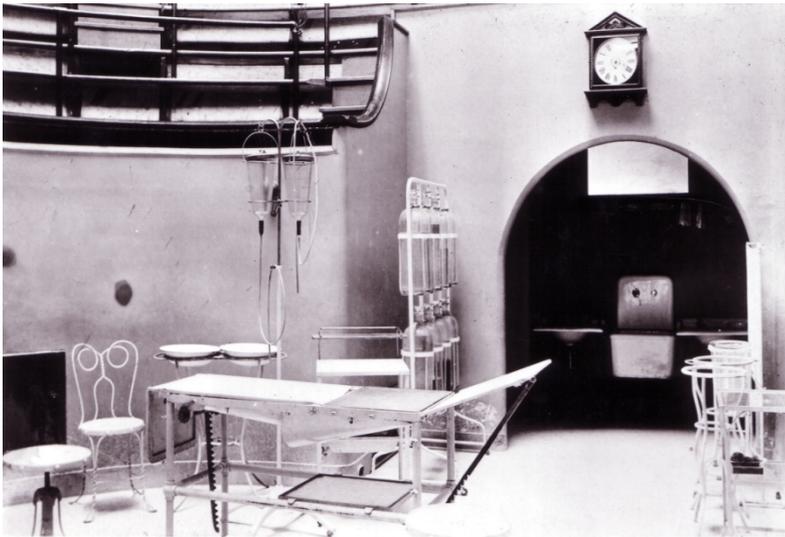
I am

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.

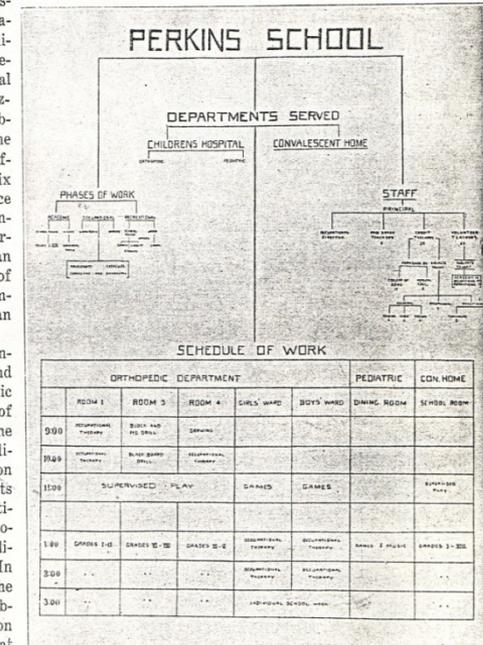
The organization of an orthopedic center from its very nature is a matter of considerable complexity. The two great and fundamental divisions of the service are the physical and the mental, the restoration of normal physical conditions; and the development of desirable social and educational conditions. 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.

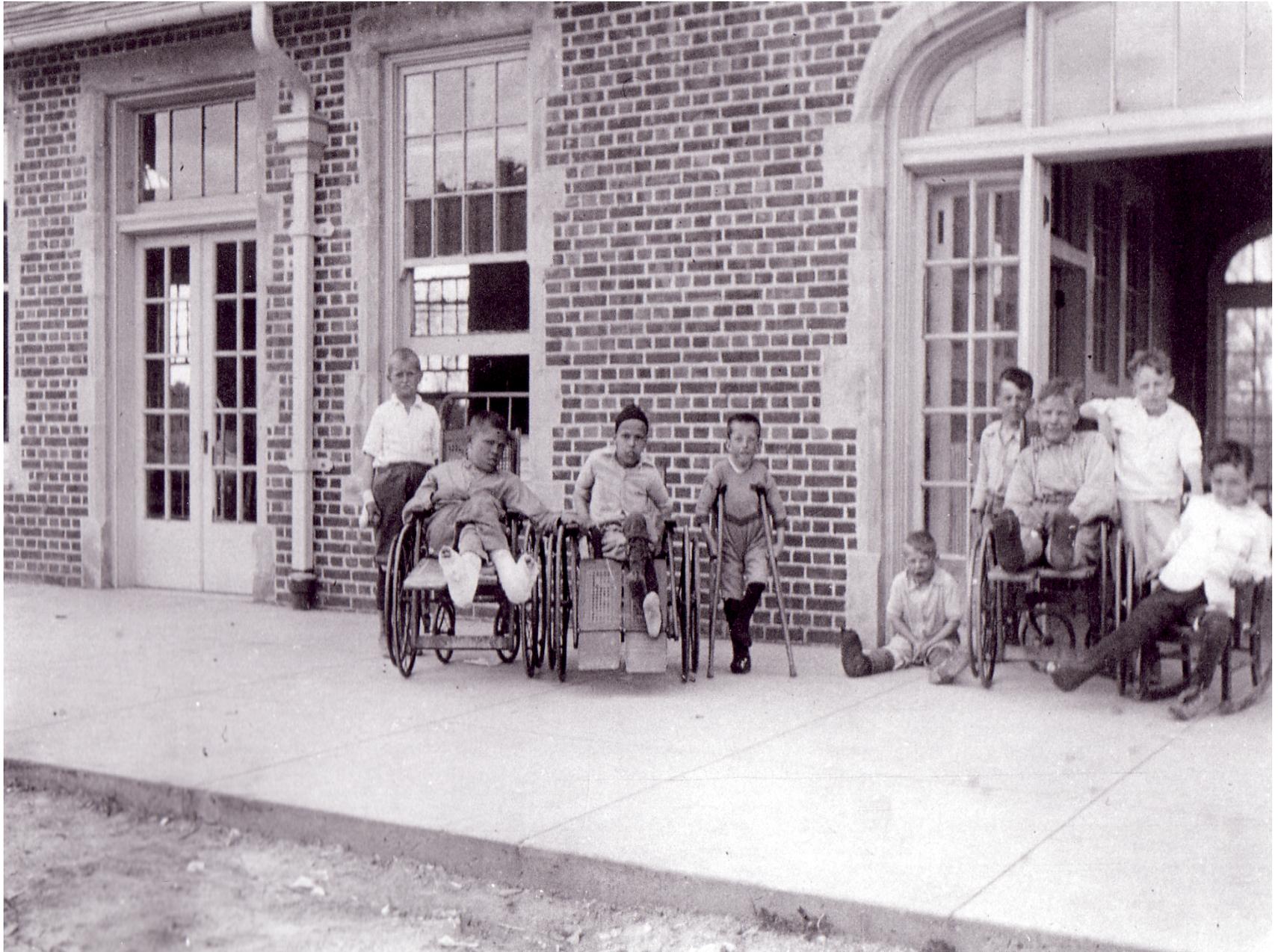
The physical aspect of the work at the University Hospital is provided for by the surgical staff and the nursing staff with their attendant orderlies, helpers, and nurse maids. Under the supervision of the surgical staff are the departments of mechano-therapy and occupational therapy, and the orthopedic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

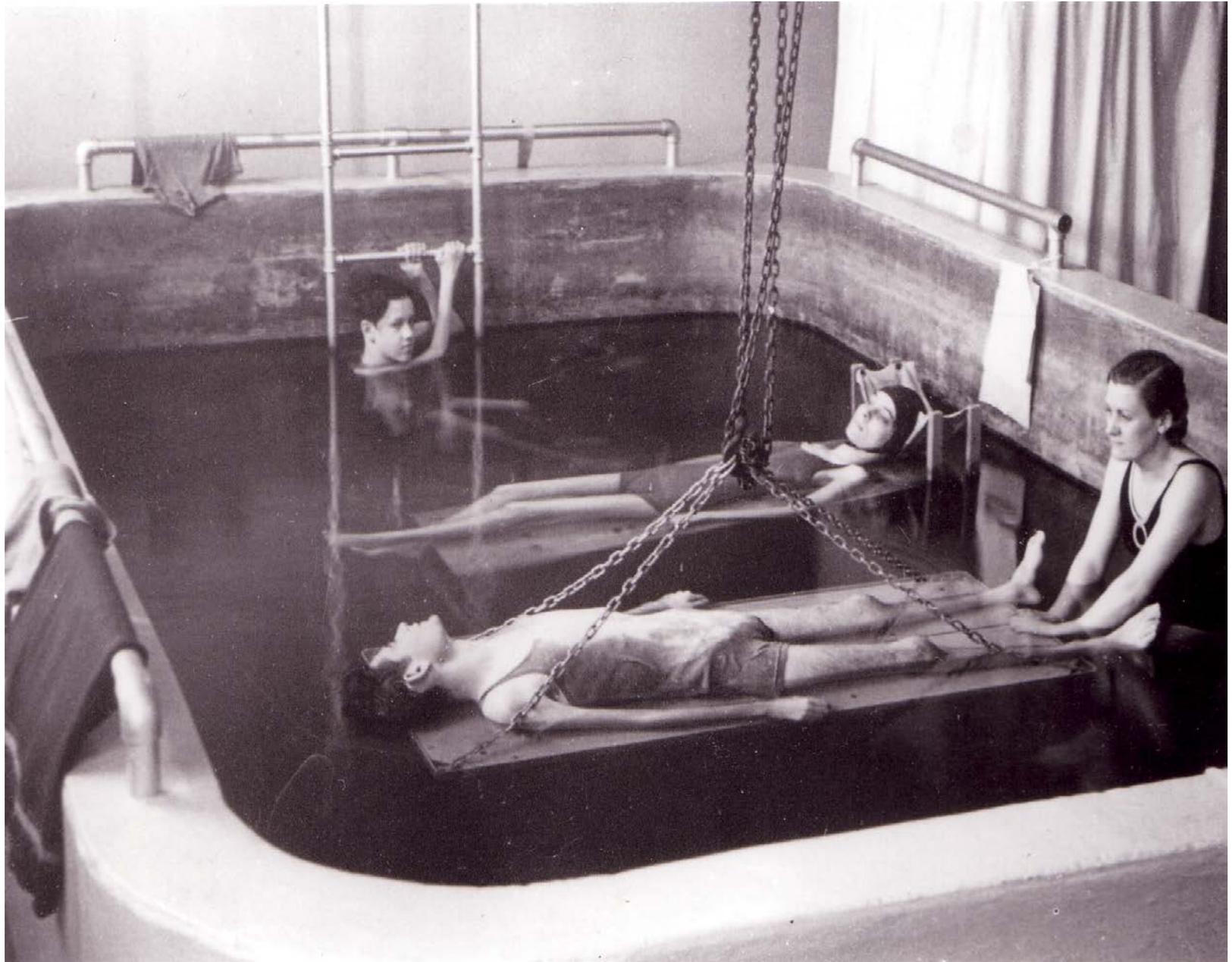


Boys' Ward Christmas





Hydrotherapy

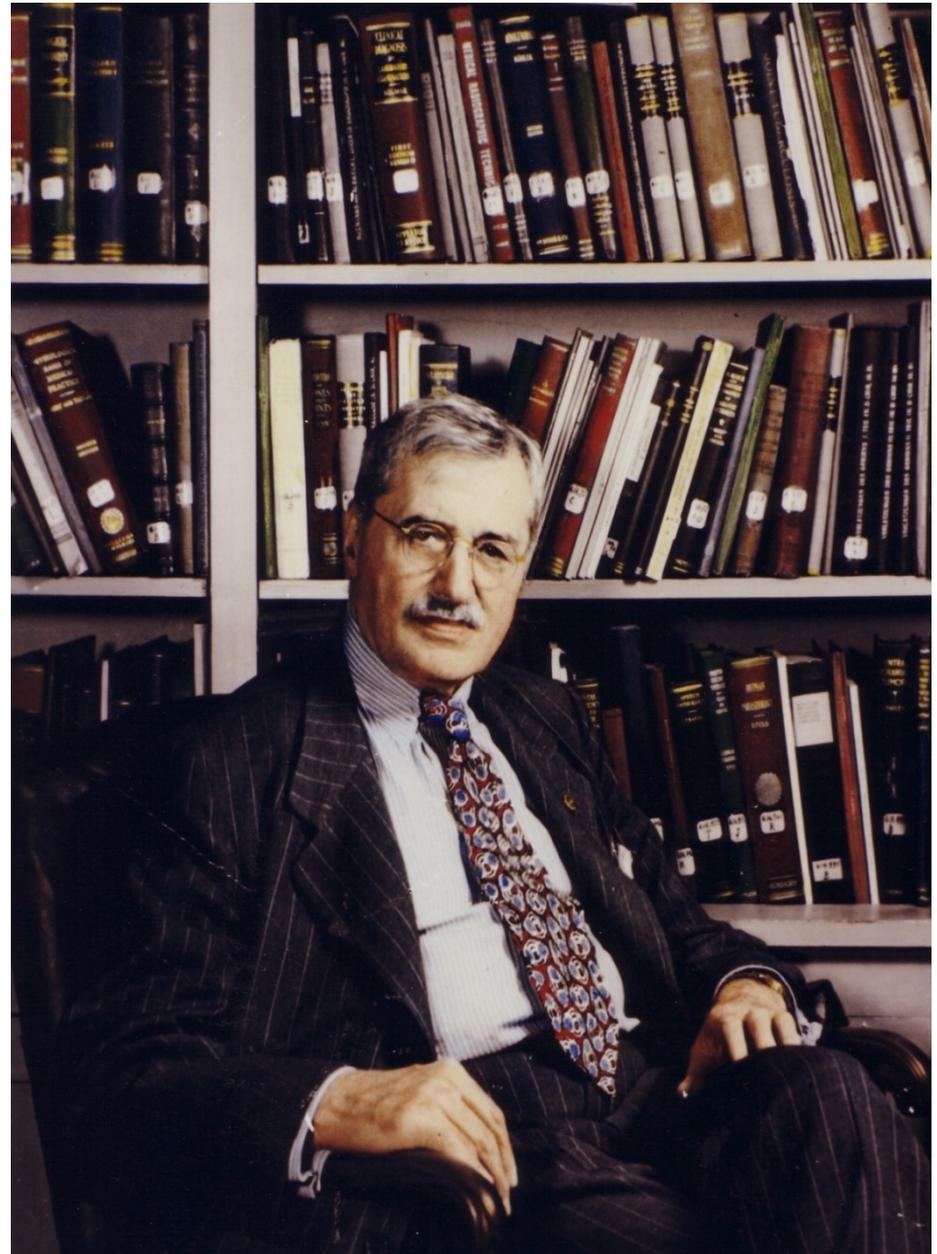


Shoulder Arthrodesis

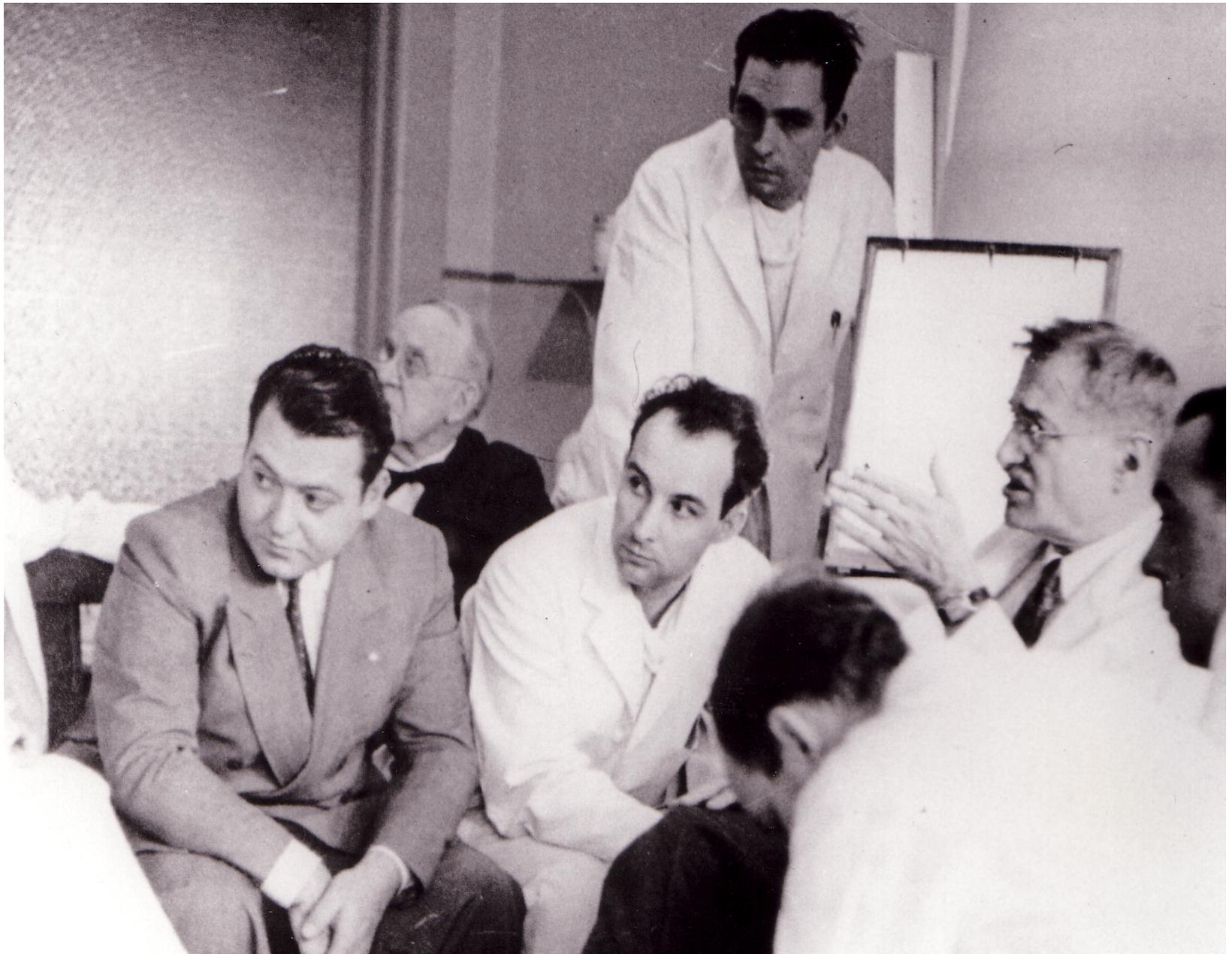


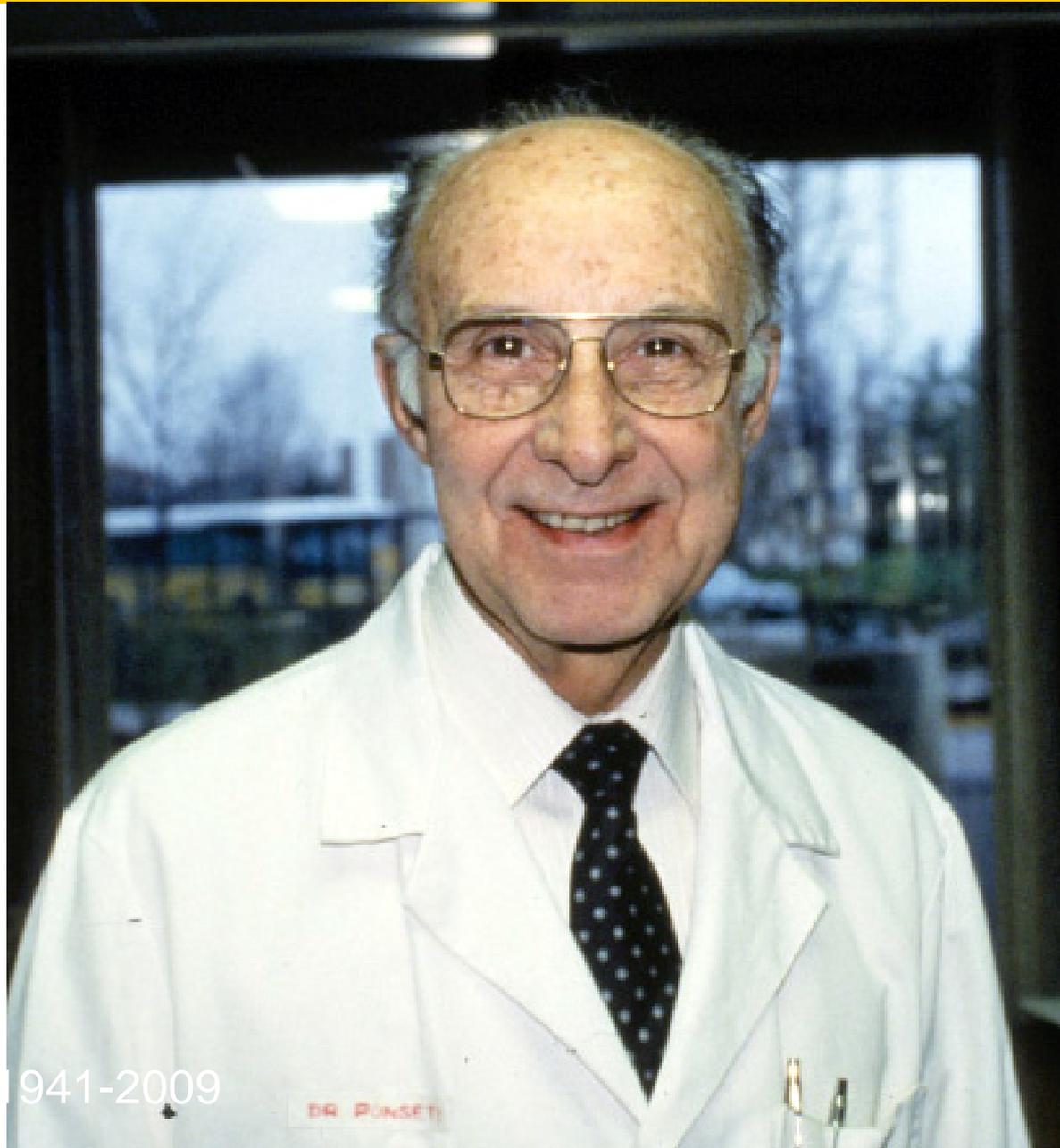
Ruth Jackson - 1929

Ignacio Ponseti – 1941

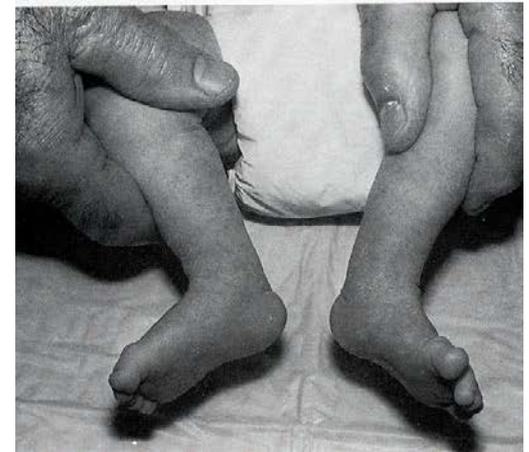
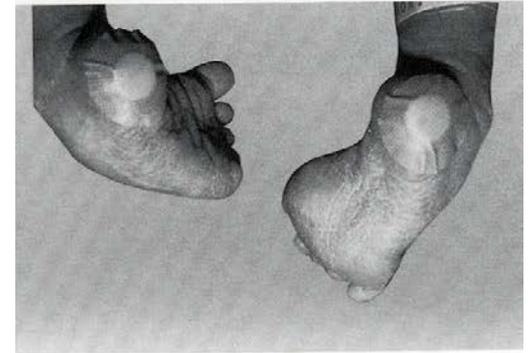


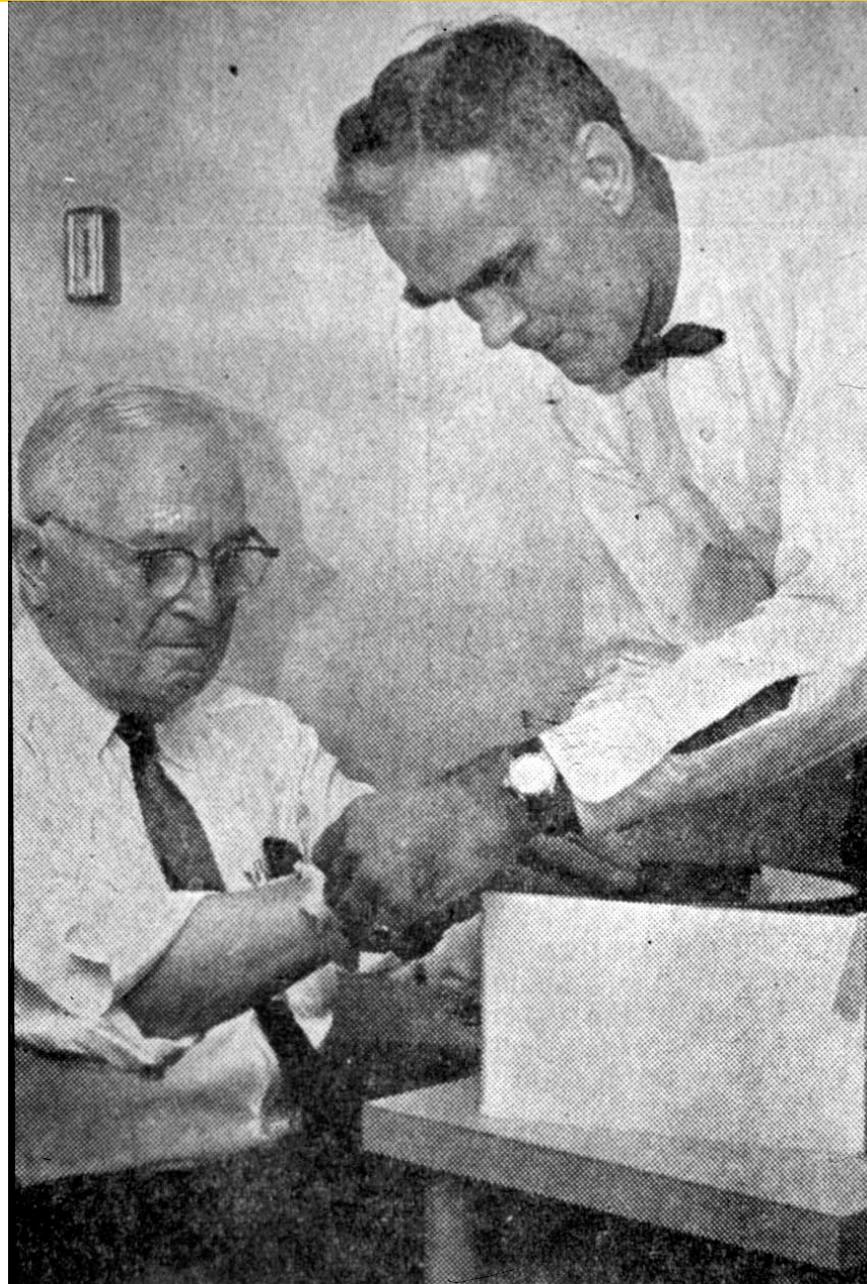






1941-2009







...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”

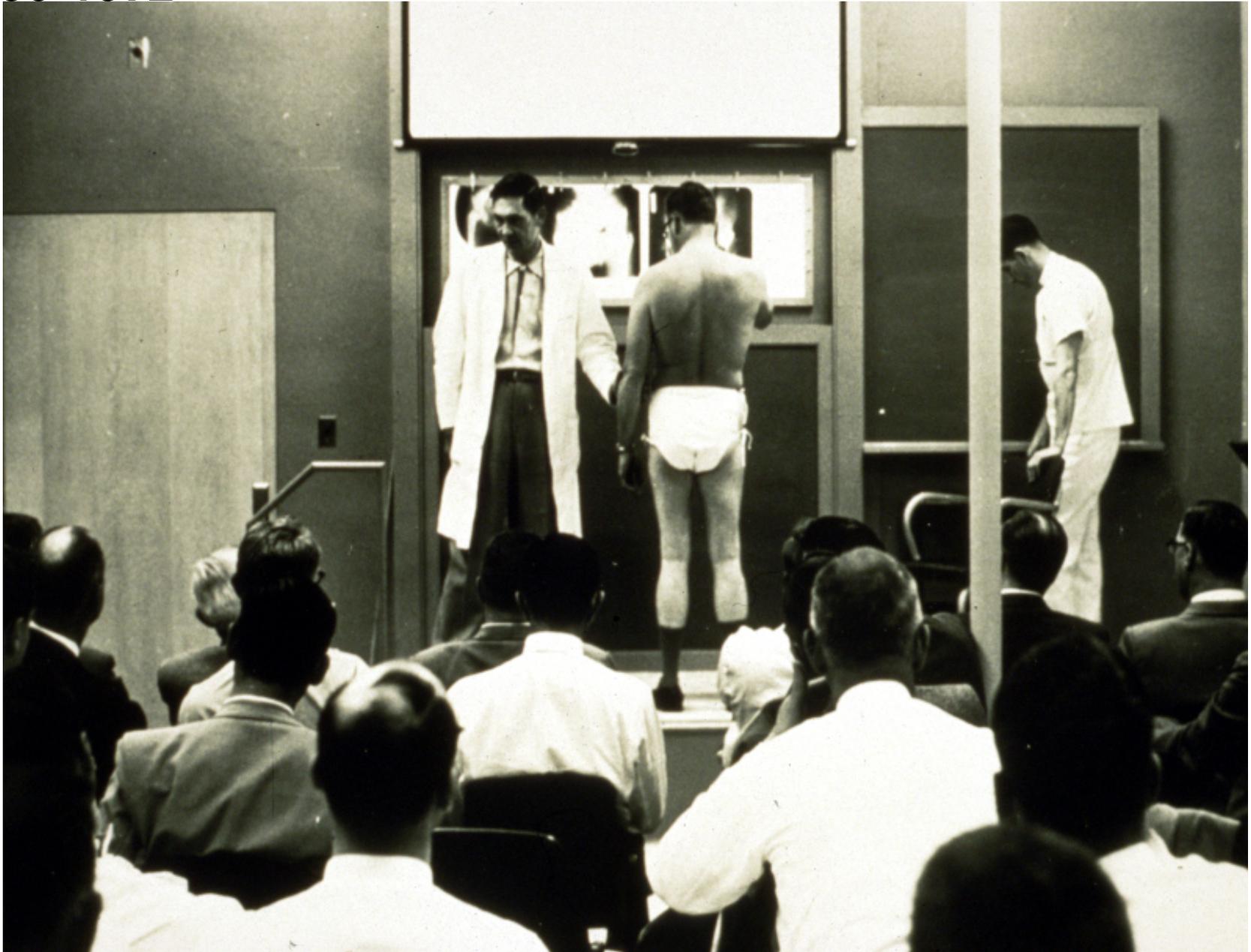
Growth of UIHC
Iowa City Press Citizen, October 2002

“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



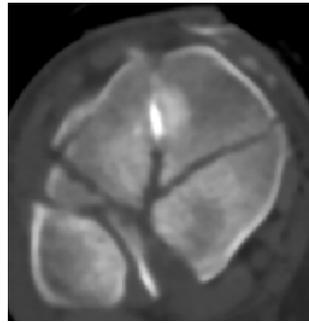
- Congenital and Developmental Deformities of the Hip, Knee & Hand
 - Clubfoot and Hip Dysplasia
 - Children’s Spinal Deformities
- Children’s & Adult’s Cancers of the Bones and Muscles
- Biologic Reconstruction of Injured Joints – Cartilage & Meniscus transplants
- Total Wrist and Ankle Replacements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

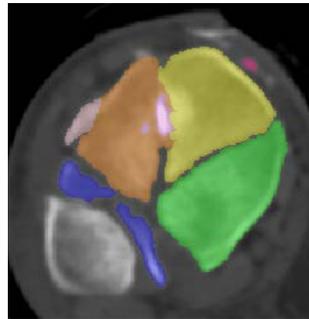
Image Analysis



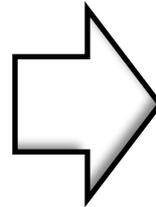
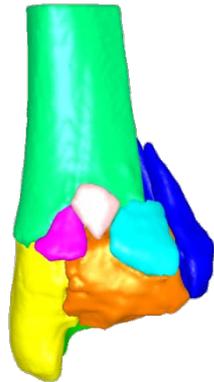
Clinical CT



Volume Rendering

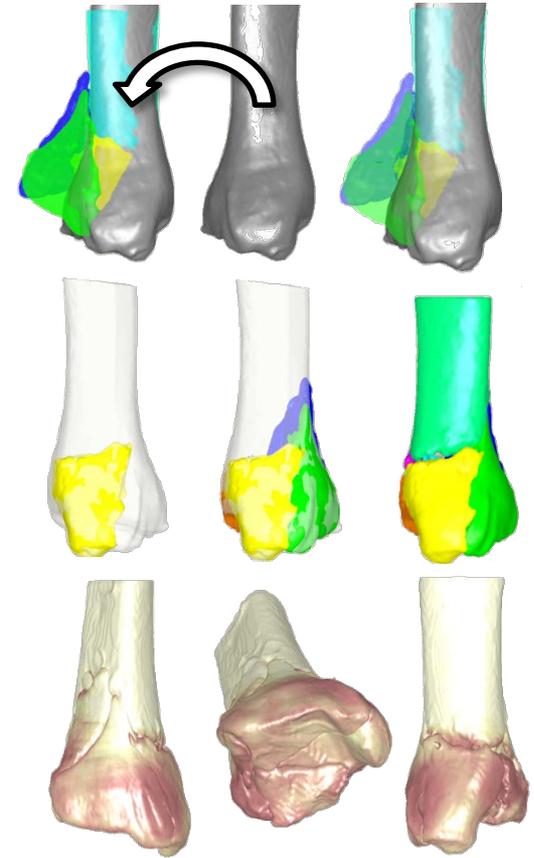


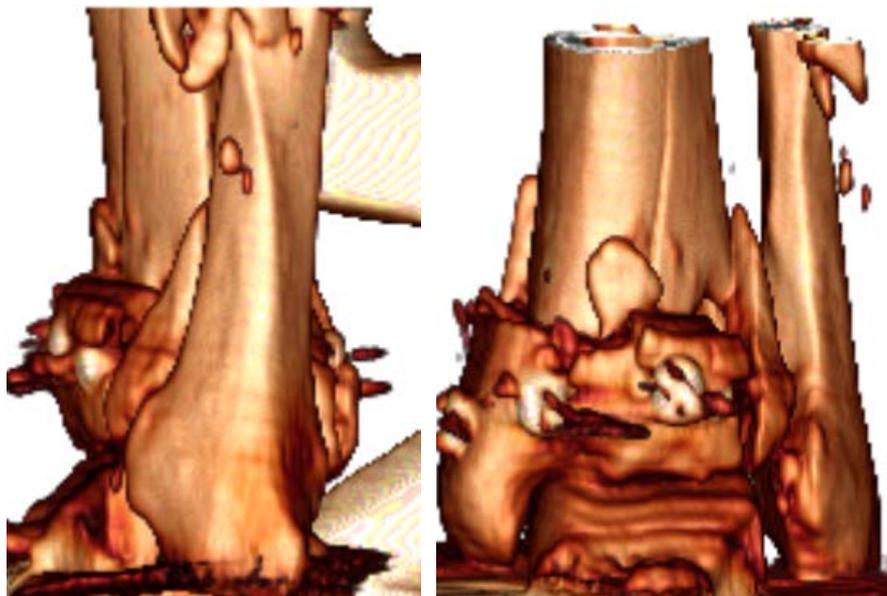
Individual Fragments Segmented



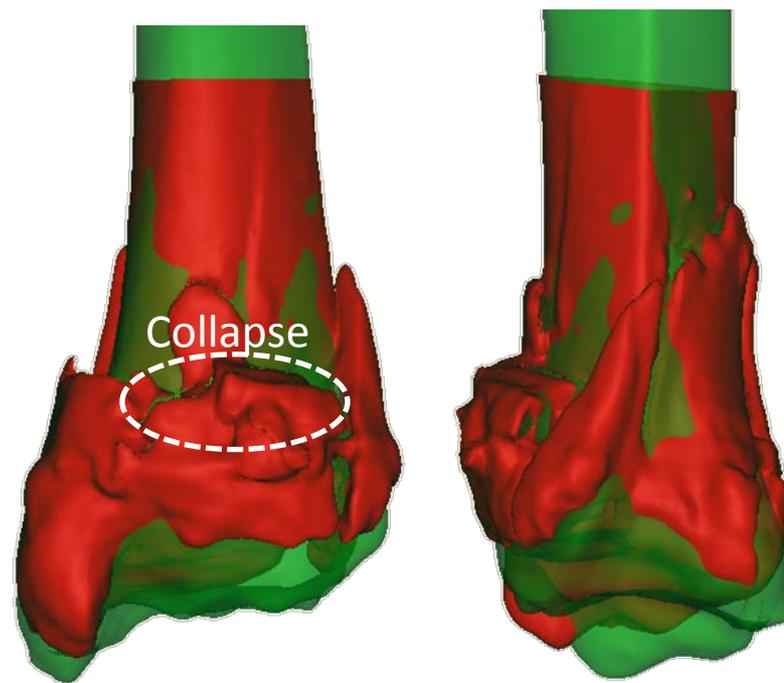
Fracture Reduction

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

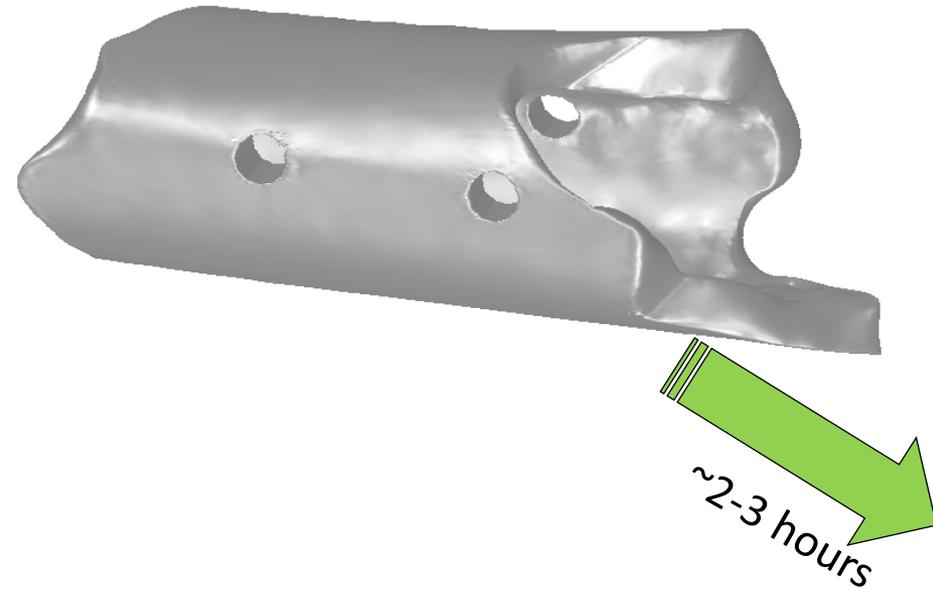




Post-Op CT Volume Renderings



Post-Op Tibia Aligned to Intact Contra-Lateral

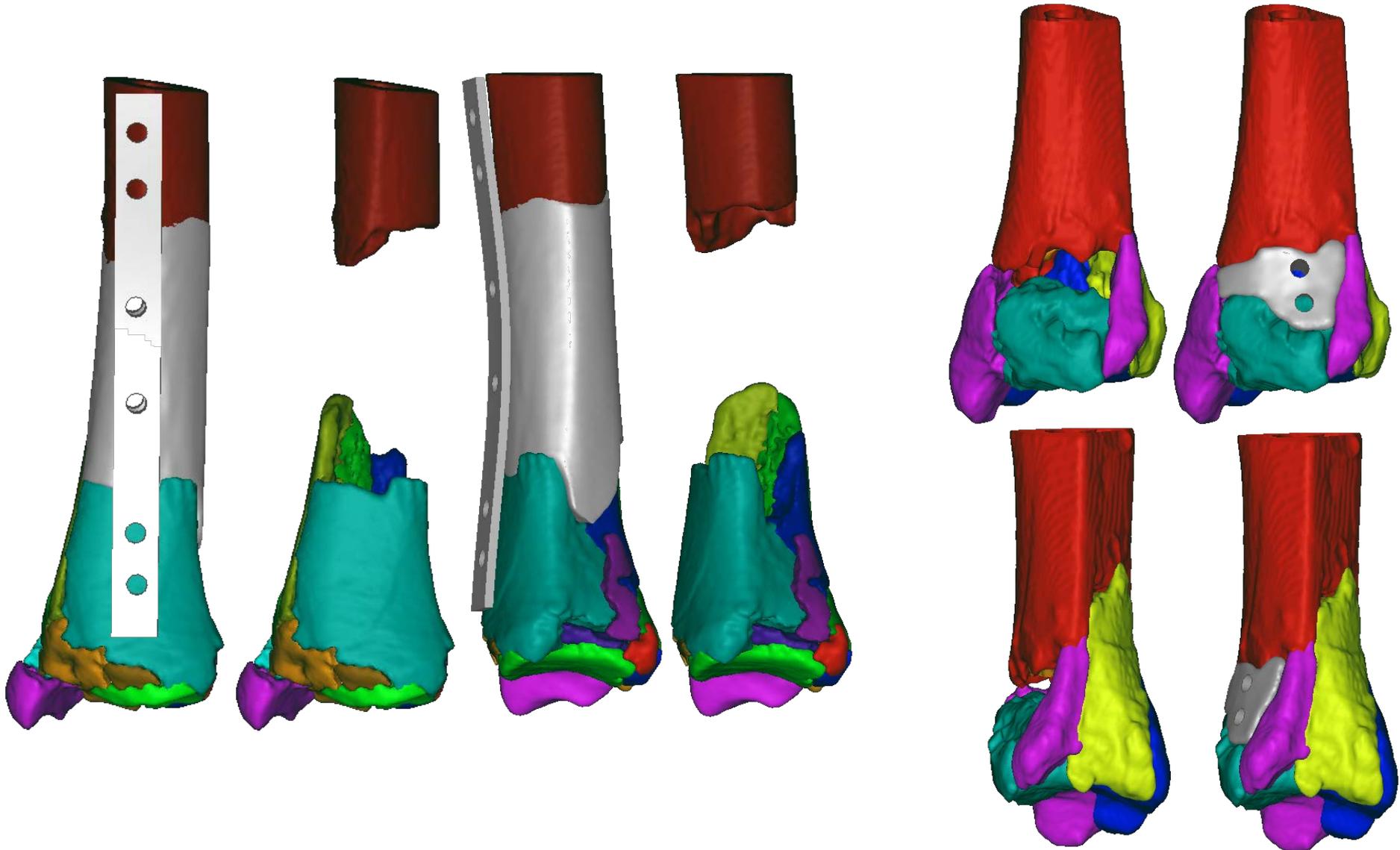


Reconstructed defect filler
from puzzle solution, with
fixation holes

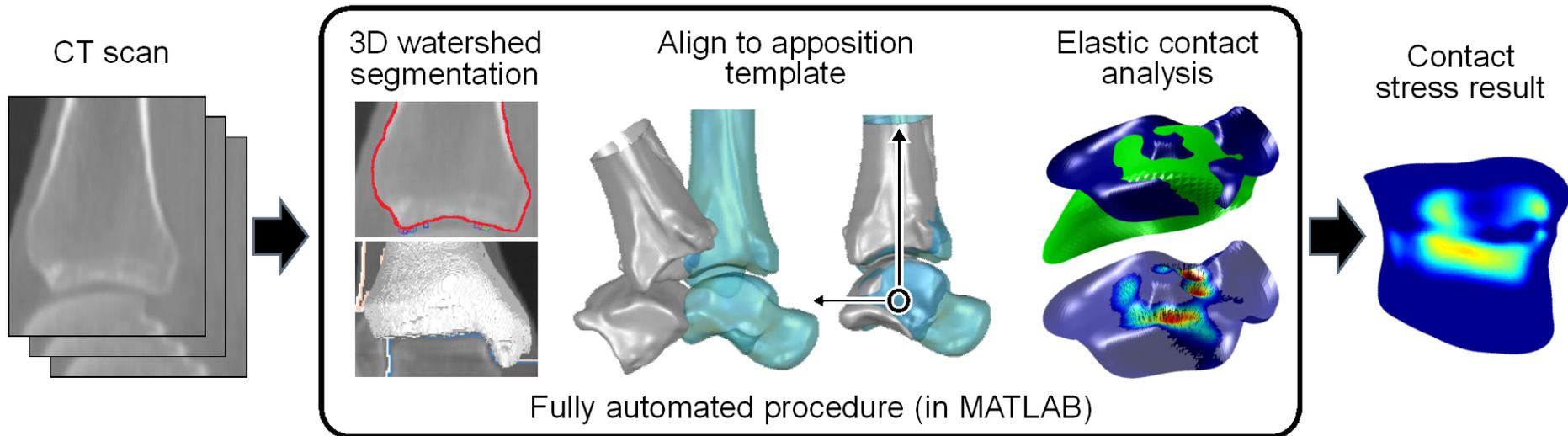


Rapid Manufactured
implant using bone
surrogate material

Custom Implants for Segmental Defects



Guide Intra-Operative Reduction of Articular Surface



Tameem Yehyaw, Thaddeous Thomas, Gary Ohrt, Lawrence Marsh, Matthew Karam, Thomas Brown, Donald Anderson
J Bone Joint Surgery July 3, 2013



Developed & validated a model to improve & evaluate fracture reduction skills

- 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

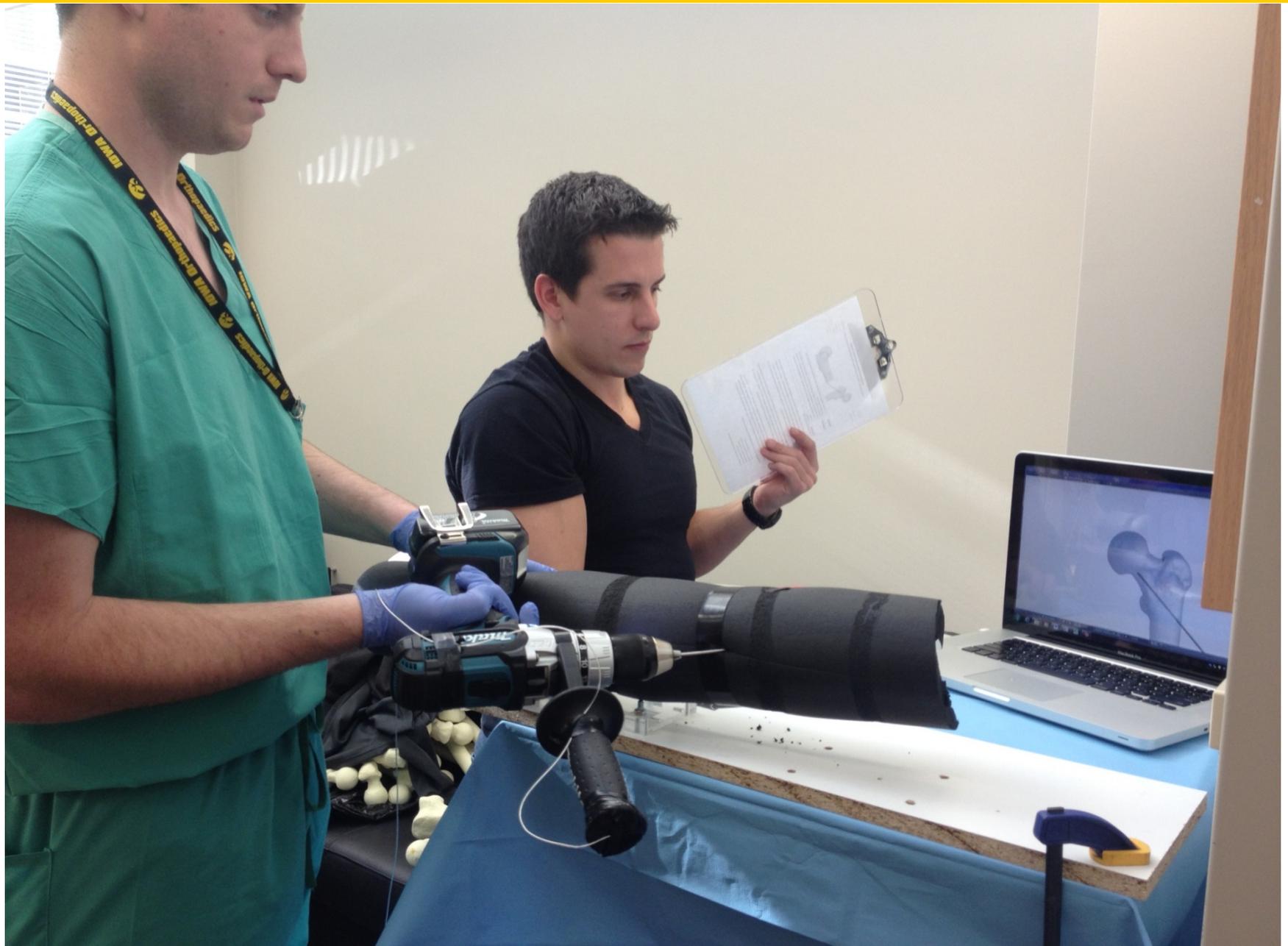
Development of an Orthopaedic Surgical Skills Curriculum for Residents – Matt Karam, Brian Weterlind, Don Anderson, Larry Marsh – IOJ 2013



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

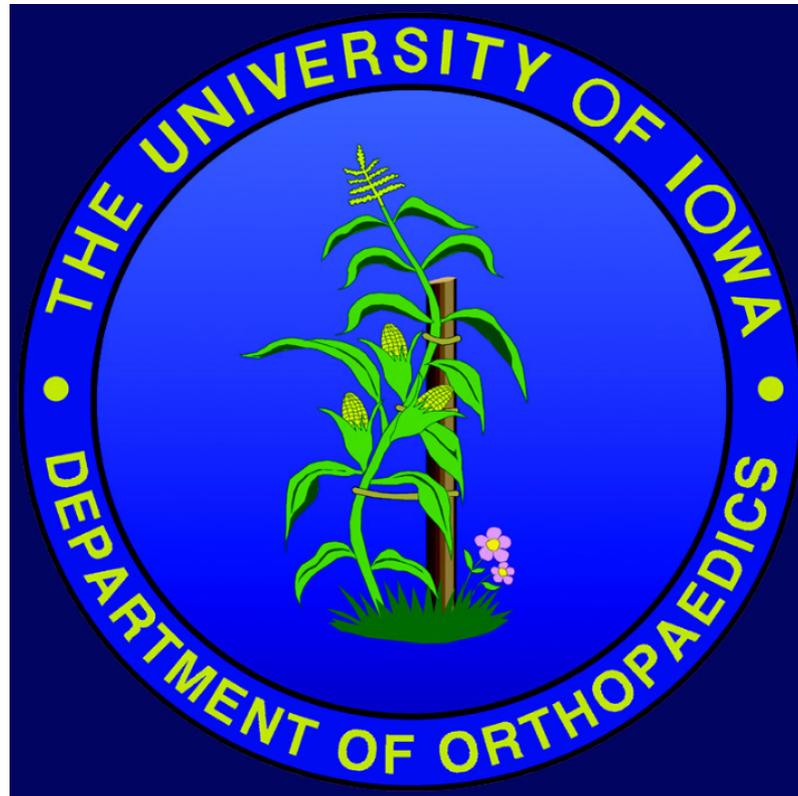
Improve the lives of people suffering from diseases, deformities and injury – maintain and regain mobility

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

2nd 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 2nd CENTURY





The Iowa Clubfoot Brace

“Iowa’s Gift to the World”



Background

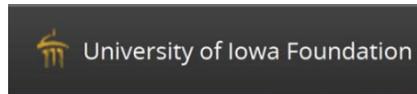


- Established by the IA Board of Regents in September, 2006.
- Vision: ***Every child born with clubfoot anywhere in the world will receive effective treatment using the Ponseti Method.***

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



- Supported entirely by private donations and grants.

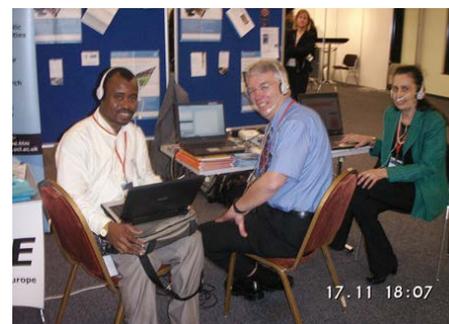


- Overseen by the Vice President for Medical Affairs with help from an External Advisory Board.





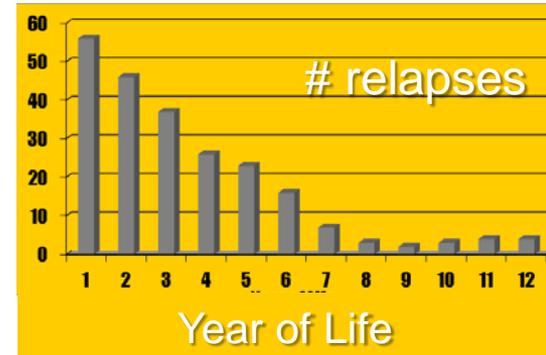
- Training health care professionals.
- Promoting Ponseti treatment to governments and healthcare administrators worldwide.
- Conducting research, conferences and international symposia.
- Maintaining an International Clubfoot Registry.
- Supporting the global clubfoot community via web-conferencing.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



Center for Bioinformatics
& Computational Biology

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

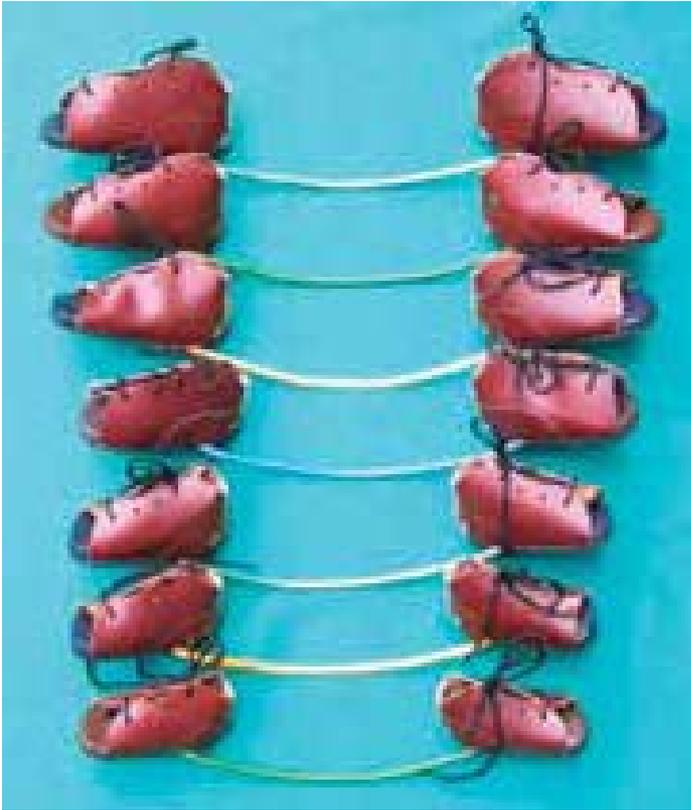
- Bracing is critical to maintain the correction.



- 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

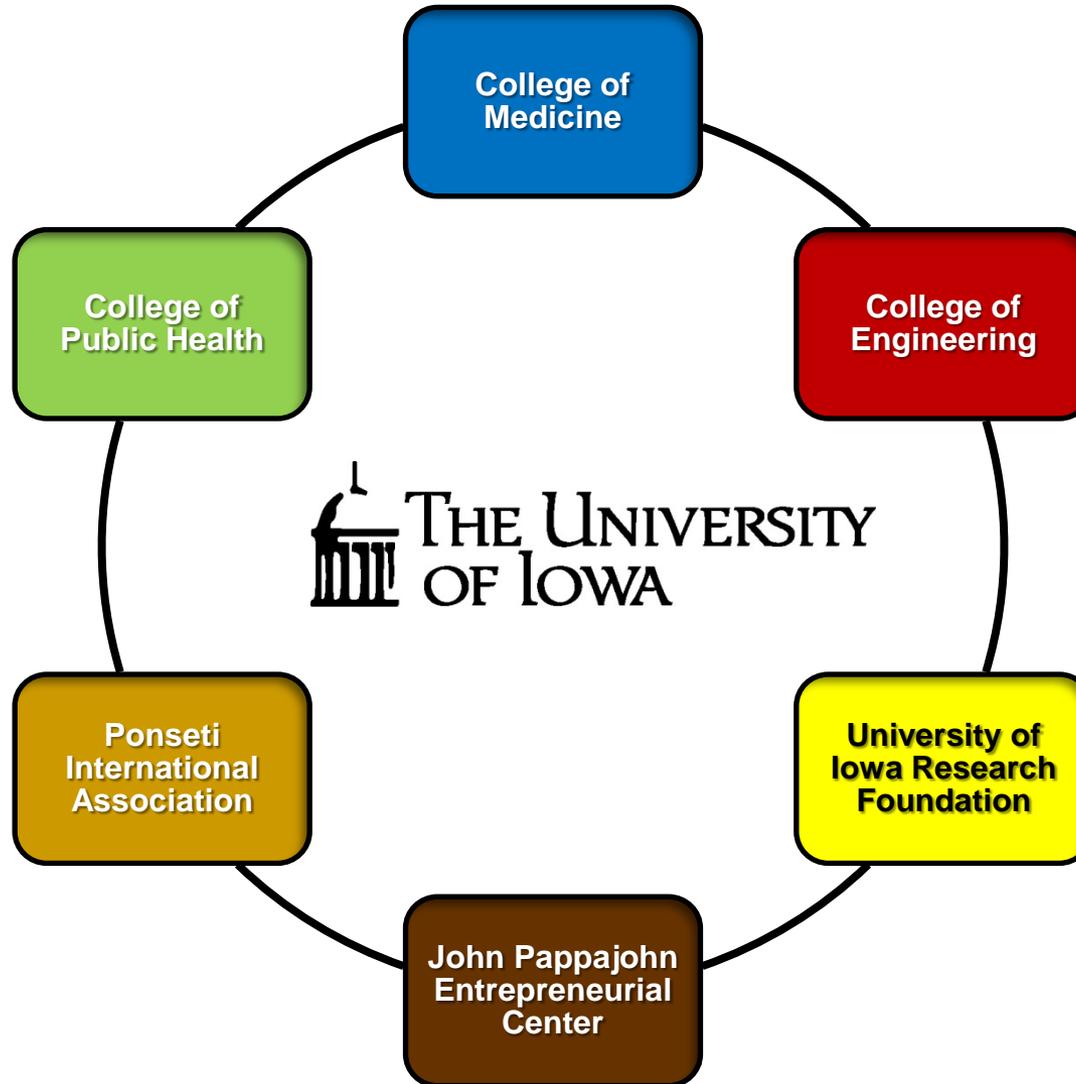


- Goal

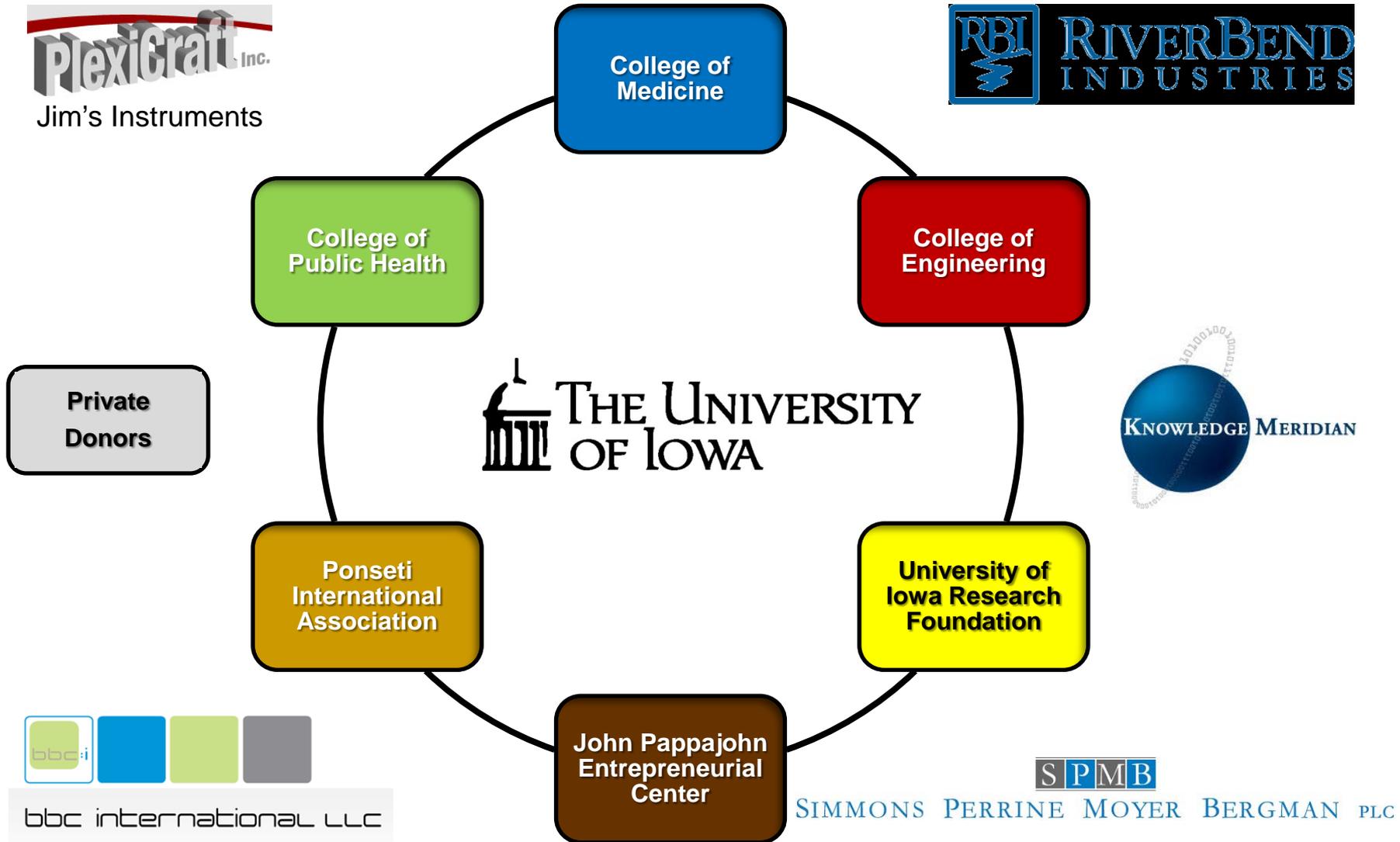
To design and globally distribute a high-quality, affordable brace for use following correction of clubfoot.

- 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.

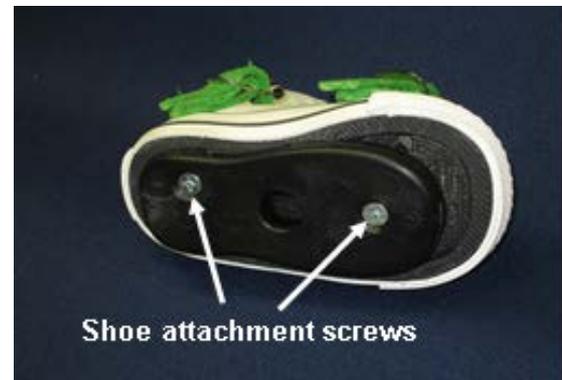


Brace Development Partners

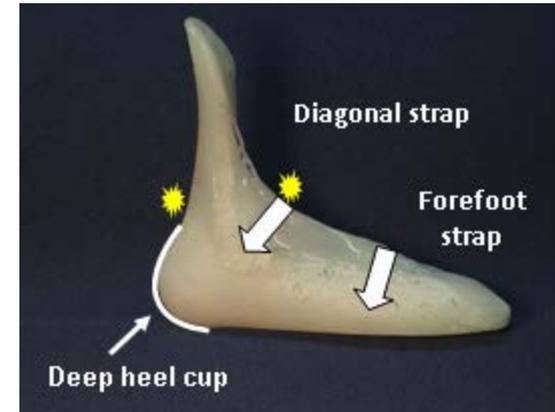


- Platforms & Bar

- 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

