OUR Upstate Strategic Plan Performance Measure Reporting Progress Report

Strategic Affairs, Office of the President

March 2018

Contents

Overview

Process for OUR Upstate Strategic Plan Performance Measurement Selection

In preparation for the reporting of the OUR Upstate Tier 1 Strategic Plan Performance Measures, the Office of Strategic Affairs (OSA) Implementation Team developed a process for evaluating and finalizing the selection of the OUR Upstate Tier 1 Performance Measures, as illustrated in Diagram 1.

Status of OUR Upstate Strategic Plan Performance Measures

The process referenced above has enabled the OSA Implementation Team to identify which of the original performance measures are still valid and which performance measures needed to be further refined or replaced with an alternate performance measure.
As of this report,

- Selected Performance Measures = 42
- Under Development Performance Measures = 4

Diagram 2 provides a visual of the status of the performance measures for the OUR Upstate Tier 1 Strategy Map.
Table 1 provides a more in-depth report of the status of the Tier 1 Performance Measures, as well as the proposed revised performance measures. For the rationale for the proposed revised measures, please refer to Appendix A.

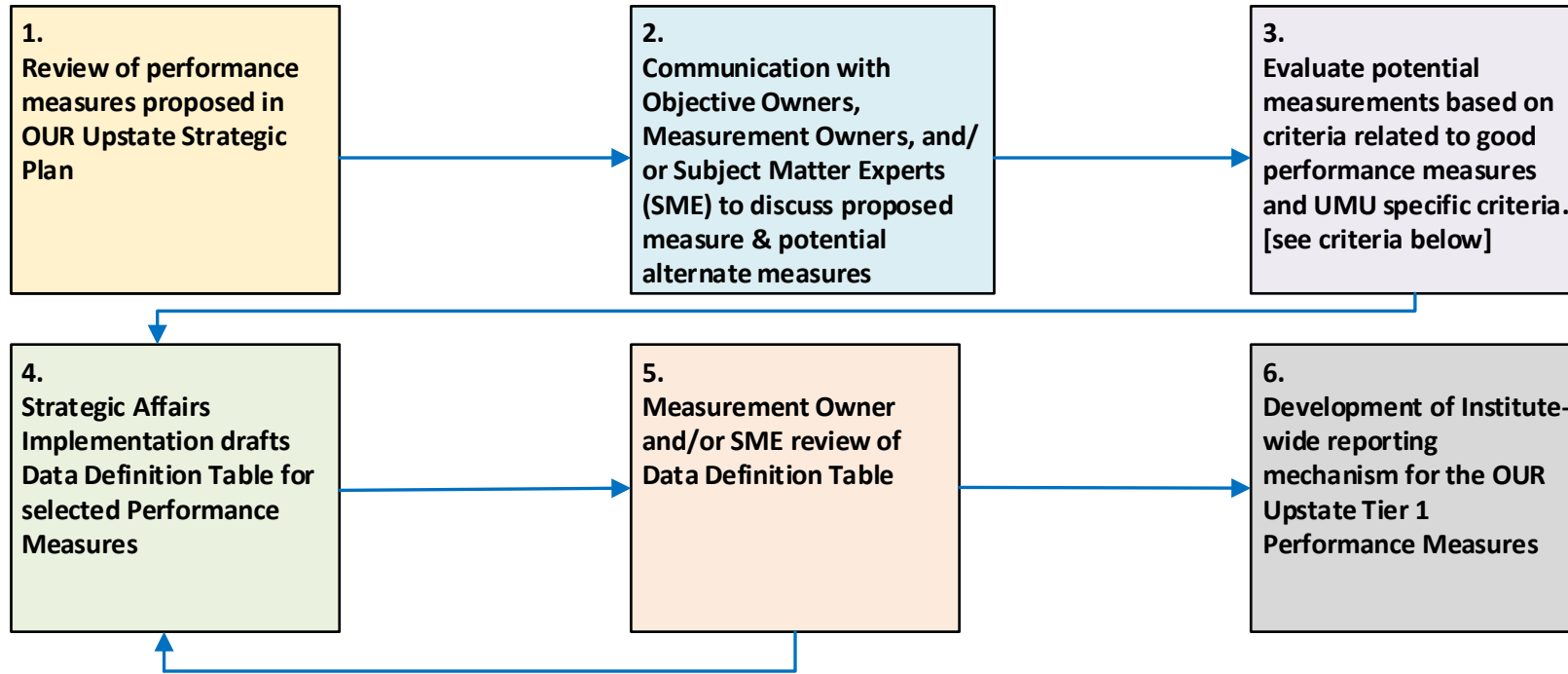## Timeline for OUR Upstate Performance Measure Reporting

A timeline of high-level milestones required for the go-live of OUR Upstate Tier 1 Performance Measure Reporting for Upstate Medical University has been created. For an overview of the timeline, please refer to Table 2.
In addition to the timeline, a detailed work plan of tasks to be completed to meet the timeline deliverables has been created. For an overview of the work plan, please refer to Appendix B.

Key Milestones for OUR Upstate Performance Measure Reporting

- **Evaluation of OUR Upstate Tier 1 Performance Measures:** In early August 2017, the newly formed OSA Implementation Team began the process to review the Tier 1 performance measures proposed in the OUR Upstate Strategic Plan to verify that they were still applicable, appropriate and feasible. This review included an analysis of the measures with respect to 45 parameters and against the criteria outlined in Appendix C. Additionally, as part of the Tier 1 Performance Measure review and evaluation process, approximately 110 measurements previously used for the Engaging Excellence Report Card were reviewed with respect to potential use as baseline measurements and/or for incorporation into the Tier 1 Performance Measures.
- **Training and Certification:** OSA Implementation Team completed Key Performance Indicator Professional (KPI-P) training and certification through the Strategy Management Group and George Washington University College of Professional Studies in November 2017.
- **OUR Upstate Performance Measurement Selection Process:** Referred to above and illustrated in Diagram 1.
- **Email Communications:** OSA Implementation Team communicated with Objective Owners, Measurement Owners, and Subject Experts (SMEs) to discuss the originally proposed measures and potential alternate OUR Upstate Tire 1 performance measures. For an overview of email communications conducted, please refer to Appendix D.
- **Meetings:** OSA Implementation has been meeting with Objective Owners, Measurement Owners, and Subject Matter Experts (SMEs) to brainstorm and finalize the performance measures for the OUR Upstate Tier 1 Strategy Map. For an overview of the meetings conducted, please refer to Appendix E.
- **Data Definition Tables:**
  - OSA Implementation Team modified the Balanced Scorecard Institute Data Definition Table format to be more coherent and streamlined. For examples of a blank template version and a draft completed version of the new Data Definition Table form, please refer to Appendix F.
  - As part of the process of finalizing the performances measures, the OSA Implementation team is working with the Objective Owners, Measurement Owners and SMEs to complete Data Definition Tables for every Tier 1 performance measure.

Diagram 1: OUR Upstate Performance Measurement Selection Process

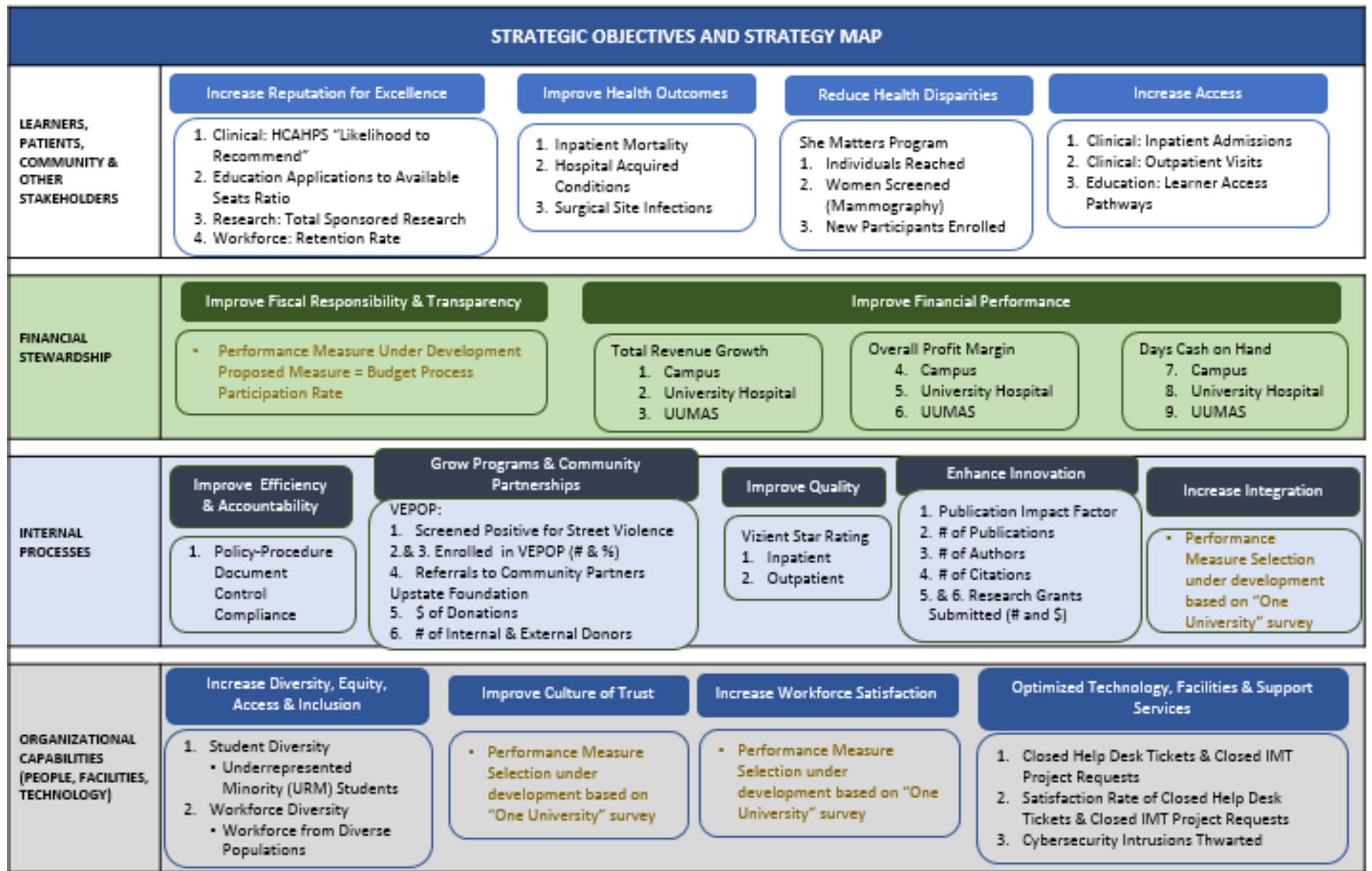| 1. Review of performance measures proposed in OUR Upstate Strategic Plan	→	2. Communication with Objective Owners, Measurement Owners, and/or Subject Matter Experts (SME) to discuss proposed measure & potential alternate measures	→	3. Evaluate potential measurements based on criteria related to good performance measures and UMU specific criteria. [see criteria below]
4. Strategic Affairs Implementation drafts Data Definition Table for selected Performance Measures	→	5. Measurement Owner and/or SME review of Data Definition Table	→	6. Development of Institute-wide reporting mechanism for the OUR Upstate Tier 1 Performance Measures

Criteria for OUR Upstate Tier 1 Performance Measures

Criteria for Good Performance Measures			
Easy to understand, valid, & reliable	Focus on strategic measures versus operational	Ability to influence measure with targeted actions	Provides meaningful information for decision-making
Sustainable (intend to measure & monitor over time)	Direct and frequent measurements when possible	Prioritize leading measures over lagging measures	Prioritize measures where baseline and benchmark data exists

Additional Upstate Medical University Criteria for OUR Upstate Performance Measures		
Connects to Intended Results of the Objective	Breadth of Measure (encompasses a high-level measurement of the Institution)	Balance across Education, Research and Clinical
Important to Institution-wide Mission and priorities	Current ability to measure (does not require a project to start capturing the measure)	Ability to drill-down and roll-up

*** End of Diagram 1 ***

Diagram 2: OUR Upstate Strategy Map with Performance Measures

STRATEGIC OBJECTIVES AND STRATEGY MAP

LEARNERS, PATIENTS, COMMUNITY & OTHER STAKEHOLDERS

Increase Reputation for Excellence
1. Clinical: HCAHPS "Likelihood to Recommend"
2. Education Applications to Available Seats Ratio
3. Research: Total Sponsored Research
4. Workforce: Retention Rate

Improve Health Outcomes
1. Inpatient Mortality
2. Hospital Acquired Conditions
3. Surgical Site Infections

Reduce Health Disparities
She Matters Program
1. Individuals Reached
2. Women Screened (Mammography)
3. New Participants Enrolled

Increase Access
1. Clinical: Inpatient Admissions
2. Clinical: Outpatient Visits
3. Education: Learner Access Pathways

FINANCIAL STEWARDSHIP

Improve Fiscal Responsibility & Transparency
- Performance Measure Under Development Proposed Measure = Budget Process Participation Rate

Improve Financial Performance

Total Revenue Growth	Overall Profit Margin	Days Cash on Hand
1. Campus	4. Campus	7. Campus
2. University Hospital	5. University Hospital	8. University Hospital
3. UUMAS	6. UUMAS	9. UUMAS

INTERNAL PROCESSES

Improve Efficiency & Accountability
1. Policy-Procedure Document Control Compliance

Grow Programs & Community Partnerships
VEPOP:
1. Screened Positive for Street Violence
2.& 3. Enrolled in VEPOP (# & %)
4. Referrals to Community Partners
Upstate Foundation
5. $ of Donations
6. # of Internal & External Donors

Improve Quality
Vizient Star Rating
1. Inpatient
2. Outpatient

Enhance Innovation
1. Publication Impact Factor
2. # of Publications
3. # of Authors
4. # of Citations
5. & 6. Research Grants Submitted (# and $)

Increase Integration
- Performance Measure Selection under development based on "One University" survey

ORGANIZATIONAL CAPABILITIES (PEOPLE, FACILITIES, TECHNOLOGY)

Increase Diversity, Equity, Access & Inclusion
1. Student Diversity
   - Underrepresented Minority (URM) Students
2. Workforce Diversity
   - Workforce from Diverse Populations

Improve Culture of Trust
- Performance Measure Selection under development based on "One University" survey

Increase Workforce Satisfaction
- Performance Measure Selection under development based on "One University" survey

Optimized Technology, Facilities & Support Services
1. Closed Help Desk Tickets & Closed IMT Project Requests
2. Satisfaction Rate of Closed Help Desk Tickets & Closed IMT Project Requests
3. Cybersecurity Intrusions Thwarted

*** End of Diagram 2 ***

Table 1: Performance Measure Selection Status

Performance Measure Status	Aligned Objective	Original Performance Measure	Refined Performance Measure	Mission Alignment			Leading vs. Lagging Measure	Reporting Frequency
				C	E	R		

Finalized	Increase Diversity, Equity, Access & Inclusion	1. Diversity Index – Workforce
		  a. % of employment applications from diverse populations
		  b. % of hires from diverse populations
		2. Diversity Index – Students
		  a. % of applications from diverse populations
		  b. % of enrollments from diverse populations
		  c. % of graduation and retention from diverse populations
			1. Workforce Diversity: Workforce from diverse populations:
			  a. Minority race & ethnicity
			  b. Female
			  c. Protected veterans
			  d. Individuals with disabilities
			[Mary Meier]
			2. Student Diversity: Underrepresented minority (URM) students *[Jennifer Martin Tse]*
				C
				
				-
					E
					
					E
						R
						
						-
							Lagging
							
							Lagging
								Quarterly
								
								Annual

Finalized	Optimize Technology, Facilities, & Support Services	1. T, F, and S Utilization Index 2. T, F, and S Adequacy and Availability Index	1. Closed Help Desk Tickets Added to Closed IMT Project Requests *[Steve DeFazio]* 2. Satisfaction Rate of Closed Help Desk Tickets and Closed IMT Project Requests *[Steve DeFazio]* 3. Cybersecurity Intrusions Thwarted *[Steve DeFazio]*	C C C	E E E	R R R	Lagging Lagging Lagging	Quarterly Quarterly Quarterly
Finalized	Improve Efficiency & Accountability	1. Meeting Efficiency Perception Score 2. Performance Review Completion Rate	1. Policy-Procedure Document Control Compliance *[Tammy Lehrer]*	C	E	R	Lagging	Quarterly

Performance Measure Status	Aligned Objective	Original Performance Measure	Refined Performance Measure	Mission Alignment			Leading vs. Lagging Measure	Reporting Frequency
				C	E	R		
Finalized	Grow Programs & Community Partnerships	1. # of programs 2. # of partnerships	VEPOP *[Jolene Kittle]* 1. # Screened Positive for Street Violence 2. # Enrolled in VEPOP 3. % Screened Positive for Street Violence that Enrolled in VEPOP 4. # of VEPOP Referrals to Community Partners Upstate Foundation *[Eileen Pezzi]* 5. Donations ($) 6. # of Internal and External Donors	C C C C C C	- - - - E E	- - - - R R	Lagging Lagging Lagging Lagging Lagging Lagging	Quarterly Quarterly Quarterly Quarterly Quarterly Annual
Finalized	Improve Quality	1. Vizient Star Rating – Inpatient *[Dr. Hans Cassagnol]* 2. Vizient Star Rating – Outpatient *[Dr. Hans Cassagnol]*		C C	- -	- -	Lagging Lagging	Annual Annual

Finalized	Improve Financial Performance	1. Financial Performance Index consisting of data for Campus, University Hospital and UUMA related to:
		   a. Total Revenue Growth
		   b. Overall Profit Margin
		   c. Days Cash on Hand
			1. Total Growth Revenue – Campus *[David Anthony]*
			 2. Total Growth Revenue – University Hospital *[Stuart Wright]*
			 3. Total Growth Revenue – UUMAS *[Bridget Flanagan]*
			 4. Overall Profit Margin - Campus *[David Anthony]*
			 5. Overall Profit Margin – University Hospital *[Stuart Wright]*
			 6. Overall Profit Margin – UUMAS *[Bridget Flanagan]*
			 7. Days Cash on Hand – Campus *[David Anthony]*
			 8. Days Cash on Hand – University Hospital *[Stuart Wright]*
			 9. Days Cash on Hand – UUMAS *[Bridget Flanagan]*
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								 Semi-Annual (March & September)
								
								 Semi-Annual (March & September)

Performance Measure Status	Aligned Objective	Original Performance Measure	Refined Performance Measure	Mission Alignment			Leading vs. Lagging Measure	Reporting Frequency
				C	E	R		
Finalized	Increase Reputation for Excellence	Reputation Index – Three composite indices to capture "Choose Us," "Say Good Things," and "Support & Want to Engage"	1. Clinical: HCAHPS "Likelihood to Recommend" *[James Legault]*	C	-	-	Lagging	Quarterly
			2. Education: Applications to Available Seats Ratio *[Jennifer Welch]*	-	E	-	Lagging	Annual
			3. Research: Total Sponsored Research *[Stephen Rusinko]*	-	-	R	Lagging	Annual
			4. Workforce: Retention Rate *[Christine Spiddle]*	C	E	R	Lagging	Quarterly
Finalized	Improve Health Outcomes	1. Community Health Education Elements 2. Onondaga County Health Department Data 3. Local and Regional Health Index	1. Inpatient Mortality *[Dr. Hans Cassagnol]*	C	-	-	Lagging	Quarterly
			2. Hospital Acquired Conditions *[Dr. Hans Cassagnol]*	C	-	-	Lagging	Quarterly
			3. Surgical Site Infections *[Dr. Hans Cassagnol]*	C	-	-	Lagging	Quarterly
Finalized	Reduce Health Disparities	No Specific Measure Identified	She Matters program *[Linda Veit]* 1. Individuals Reached through Strategic Outreach	C	-	-	Lagging	Annual
			2. Women Screened (Mammography)	C	-	-	Lagging	Annual
			3. New Participants Enrolled in the Program	C	-	-	Lagging	Annual
Finalized	Increase Access	Clinical 1. Time to Third Available New Appointment Education 2. Learner Access Score: # of New Programs	Clinical 1. Inpatient Admissions *[Stuart Wright]*	C	-	-	Lagging	Quarterly
			2. Outpatient Visits *[Stuart Wright]*	C	-	-	Lagging	Quarterly
			Education 3. Learner Access Pathways *[Jennifer Welch]*	-	E	-	Lagging	Annual
To Be Finalized	Enhance Innovation	1. Innovation Index a. Research Expenditure b. # of patients enrolled in clinical trials c. Students involved in scholarly activities d. # of intellectual property disclosures	1. Publication Impact Factor *[Virginia Young]*	C	E	R	Lagging	Annual
			2. # of Publications *[Virginia Young]*	C	E	R	Lagging	Quarterly
			3. # of Authors *[Virginia Young]*	C	E	R	Lagging	Quarterly
			4. # of Citations *[Virginia Young]*	C	E	R	Lagging	Quarterly
			5. # of Research Grants Submitted *[Jennifer Rudes]*	-	-	R	Leading	Semi-Annually
			6. $ Amount of Research Grants Requested *[Jennifer Rudes]*	-	-	R	Leading	Semi-Annually

Performance Measure Status	Aligned Objective	Original Performance Measure	Refined Performance Measure	Mission Alignment			Leading vs. Lagging Measure	Reporting Frequency
				C	E	R		
To Be Finalized	Improve Fiscal Responsibility & Transparency	1. Budget Process Participation (Key Financial Indicator) *[Eric Smith]*	⨯	C	E	R	Lagging	Annual

Under Development	Improve Culture of Trust	1. Pulse Survey	Under Development for Culture of Trust Objective
			Proposed Alternate Measures:
			• Press Ganey Response Rate
			• Possible Press Ganey Survey Questions:
			  o "There is a climate of trust within my work unit"
			  o "I have confidence in senior management's leadership"
			  o "The organization conducts business in an ethical manner"
			  o "I am involved in decisions that affect my work"
			  o "When appropriate, I can act on my own without asking for approval"
			  o "I get the training I need to do a good job"
			  o "Employees' actions support this organization's mission and values"
				?	?	?	TBD	TBD

Under Development	Increase Workforce Satisfaction	1. Workforce Satisfaction Indicator
		2. Quality of Life Indicator
			Under Development for Workforce Satisfaction
			Proposed Alternate Measures:
			• Possible Press Ganey Survey Questions:
			  o "Overall I am a satisfied employee"
			  o "I like the work I do"
			  o "The organization supports me in balancing my work life and personal life"
			  o "The organization provides career development opportunities"
				?	?	?	TBD	TBD

Performance Measure Status	Aligned Objective	Original Performance Measure	Refined Performance Measure	Mission Alignment			Leading vs. Lagging Measure	Reporting Frequency
				C	E	R		

Under Development	Increase Integration	1. Leadership Integration Survey	Under Development for Increase Integration
			Proposed Alternate Measures:
			• Possible Press Ganey Survey Questions:
			   o "Different units work well together in this organization"
			   o "I am involved in decisions that affect my work"
			   o "Different levels of this organization communication effectively with each other"
				?	?	?	TBD	TBD

			Totals	C 34	E 19	R 19		

*** End of Table 1 ***

Table 2: Timeline for OUR Upstate Performance Measure Reporting

Proposed Timeline for OUR Upstate Tier 1 Performance Measure Reporting	
Task	**Target dates**
1. Finalize OUR Upstate Performance Measure Selection	March 2018
2. Evaluation of Reporting Software and Dashboard Options	March – April 2018
3. OUR Upstate Performance Measure Reporting	Starting in May 2018

*** End of Table 2 ***

Appendix

Appendix A: Rationale for Revised Performance Measures

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure

Organizational Capabilities (People, Facilities, & Technology)	**Increase Diversity, Equity, Access & Inclusion**	1. Diversity Index – Workforce
		  a. % of employment applications from diverse populations
		  b. % of hires from diverse populations
		2. Diversity Index – Students
		  a. % of applications from diverse populations
		  b. % of enrollments from diverse populations
		  c. % of graduation and retention from diverse populations
			1. Workforce Diversity:
			Workforce from diverse populations:
			  o Minority Race & Ethnicity
			  o Female
			  o Protected Veterans
			  o Individuals with Disabilities
			2. Student Diversity:
			  o Underrepresented minority (URM) students
				• OSA Implementation team recommends simplifying the performance measure from a composite index to a few individual metrics
				• These revised performance measures were developed with the assistance of the SMEs from each category (Workforce Diversity = Gloria Lopez, Dawn Norcross and Mary Meier; Student Diversity = Jennifer Martin Tse)
				• These measures meet the following UMU specific performance measure criteria:
				  o Connects to Intended Results
				  o Current ability to measure
				  o Important to Institute-wide priorities
				  o Connects to Intended Results
				  o **Workforce Diversity:** Breadth of measure
				  o **Workforce Diversity:** Balance across Education, Research and Clinical

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure

Organizational Capabilities (People, Facilities, & Technology)	Improve Culture of Trust	1. Pulse Survey	Under Development for Culture of Trust Objective
			Proposed Alternate Measures:
			• Press Ganey Response Rate
			• Possible Press Ganey Survey Questions:
			   o "There is a climate of trust within my work unit"
			   o "I have confidence in senior management's leadership"
			   o "The organization conducts business in an ethical manner"
			   o "I am involved in decisions that affect my work"
			   o "When appropriate, I can act on my own without asking for approval"
			   o "I get the training I need to do a good job"
			   o "Employees' actions support this organization's mission and values"
				• OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective
				• OSA Implementation Team recommends selecting an alternate performance measure based on the Institute-wide "One University" Press Ganey survey conducted in December 2017
				• The 2017 Press Ganey survey will provide the baseline data for the chosen performance measure(s)
				• These measures meet the following UMU specific performance measure criteria:
				   o Connects to Intended Results
				   o Current ability to measure
				   o Important to Institute-wide priorities

	Increase Workforce Satisfaction	1. Workforce Satisfaction Indicator
		2. Quality of Life Indicator
			Under Development for Workforce Satisfaction Objective
			Proposed Alternate Measures:
			• Possible Press Ganey Survey Questions:
			   o "Overall I am a satisfied employee"
			   o "I like the work I do"
			   o "The organization supports me in balancing my work life and personal life"
				• OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective
				• OSA Implementation Team recommends selecting an alternate performance

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure
Organizational Capabilities (People, Facilities, & Technology)	**Increase Workforce Satisfaction** (cont'd)	*See Above*	o "The organization provides career development opportunities"	• measure based on the Institute-wide "One University" Press Ganey survey conducted in December 2017 • The 2017 Press Ganey survey will provide the baseline data for the chosen performance measure(s) • These measures meet the following UMU specific performance measure criteria: o Connects to Intended Results o Current ability to measure • Important to Institute-wide priorities
	Optimize Technology, Facilities, & Support Services	1. T, F, and S Utilization Index 2. T, F, and S Adequacy and Availability Index	1. Closed Help Desk Tickets Added to Closed IMT Project Requests 2. Satisfaction Rate of Closed Help Desk Tickets and Closed IMT Project Requests 3. Cybersecurity Intrusions Thwarted	• OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective • These revised performance measures were developed with the assistance from SMEs from IMT (Mark Zeman and Steve DeFazio) • These measures meet the following UMU specific performance measure criteria: o Connects to Intended Results o Current ability to measure o Breadth of measure o Balance across Education, Research and Clinical

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure

Internal Processes	**Improve Efficiency & Accountability**	1. Meeting Efficiency Perception Score
		2. Performance Review Completion Rate
			1. Policy-Procedure Document Control Compliance	• OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective
				• Following discussion with Tammy Lehrer, it was decided that the Policy-Procedure Compliance report would provide the best performance measure available at this time that would speak to an aspect of accountability across Upstate Medical University
				• These measures meet the following UMU specific performance measure criteria:
				  o Connects to Intended Results
				  o Current ability to measure
				  o Breadth of measure
				  o Education, Research and Clinical
				  o Ability to drill-down and roll-up
				  o Important to Institute-wide priorities (i.e. increase emphasis on University-wide policies and procedures to align with "One University")

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure

Internal Processes	**Grow Programs & Community Partnerships**	1. # of programs
		2. # of partnerships
			VEPOP
			1. # Screened Positive for Street Violence
			2. # Enrolled in VEPOP
			3. % Screened Positive for Street Violence that Enrolled in VEPOP
			4. # of VEPOP Referrals to Community Partners
			Upstate Foundation
			5. Donations ($)
			6. # of Internal and External Donors
				• OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective
				• These revised performance measures were developed with the assistance of the SMEs from each category (VEPOP = Jolene Kittle and Kim Nasby; Upstate Foundation = Eileen Pezzi)
				• These measures meet the following UMU specific performance measure criteria:
				    o Current ability to measure
				    o Important to Institute-wide Mission and priorities
				    o **VEPOP:** Connects to Intended Results (i.e. program & partnerships to address community need)
				    o **VEPOP:** Unique program at UMU to showcase
				    o **Upstate Foundation:** Connects to Intended Results (i.e. internal and external philanthropic partnerships)
				    o **Upstate Foundation:** Funding supports Mission and Vision driven programs and activities

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure
Internal Processes	**Improve Quality**	1. Vizient Star Rating – Inpatient 2. Vizient Star Rating – Outpatient		No new measure proposed at this time.

	Enhance Innovation	1. Innovation Index
		  a. Research Expenditure
		  b. # of patients enrolled in clinical trials
		  c. Students involved in scholarly activities
		  d. # of intellectual property disclosures
			1. Publication Impact Factor
			2. # of Publications
			3. # of Authors
			4. # of Citations
			5. # of Research Grants Submitted
			6. $ Amount of Research Grants Requested
				• Based on discussion with the Objective Owner, it was decided to simplify the performance measure from a composite index to a few individual metrics
				• These revised performance measures were developed with the assistance of the SMEs from each category (Publications metrics = Virginia Young; Research Grants metric = Jennifer Rudes)
				• These measures meet the following UMU specific performance measure criteria:
				  o Connect to Intended Results
				  o Current ability to measure
				  o Important to Institute-wide priorities (i.e. scholarly activity)
				  o **Publication Measures:** Balance across Education, Research and Clinical

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure

Internal Processes	**Increase Integration**	1. Leadership Integration Survey	Under Development for Increase Integration Objective
			Proposed Alternate Measures:
			• Possible "One University" Press Ganey Survey Questions:
			  o "Different units work well together in this organization"
			  o "I am involved in decisions that affect my work"
			  o "Different levels of this organization communication effectively with each other"
				• OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective
				• OSA Implementation Team recommends selecting an alternate performance measure based on the Institute-wide "One University" Press Ganey survey conducted in December 2017
				• The 2017 Press Ganey survey will provide the baseline data for the chosen performance measure(s)
				• These measures meet the following UMU specific performance measure criteria:
				  o Connects to Intended Results
				  o Current ability to measure
				  o Important to Institute-wide priorities

Financial Stewardship	**Improve Fiscal Responsibility & Transparency**	Budget Process Participation (Key Financial Indicator)		• No new measure proposed at this time. • Waiting confirmation from Objective Owner that this is still the best performance measure for the Objective

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure

Financial Stewardship	**Improve Fiscal Performance**	1. Financial Performance Index consisting of data for Campus, University Hospital and UUMA related to:
		   a. Total Revenue Growth
		   b. Overall Profit Margin
		   c. Days Cash on Hand
			1. Total Growth Revenue – Campus
			2. Total Growth Revenue – University Hospital
			3. Total Growth Revenue – UUMAS
			4. Overall Profit Margin - Campus
			5. Overall Profit Margin – University Hospital
			6. Overall Profit Margin – UUMAS
			7. Days Cash on Hand – Campus
			8. Days Cash on Hand – University Hospital
			9. Days Cash on Hand - UUMAS
				• Based on discussions with Bridget Flanagan, it was decided to report all nine measures individually and not consolidate them into composite indices.
				• These measures meet the following UMU specific performance measure criteria:
				   o Connects to Intended Results
				   o Current ability to measure
				   o Breadth of measure
				   o Important to Institute-wide priorities
				   o Balance across Education, Research and Clinical

Learners, Patients, Community & Other Stakeholders	**Increase Reputation for Excellence**	1. Reputation Index - Three composite indices to capture "Choose Us," "Say Good Things," and "Support & Want to Engage"	1. Clinical: HCAHPS "Likelihood to Recommend"
			2. Education: Applications to Available Seats Ratio
			3. Research: Total Sponsored Research
			4. Workforce: Retention
				• OSA Implementation Team recommends simplifying the composite index and proposes specific measures that would gauge excellence across the University's mission plus its workforce:
				   a. Clinical
				   b. Education
				   c. Research
				   d. Workforce
				• These revised performance measures were developed with the assistance of the SMEs from each category
				• These measures meet the following UMU specific performance measure criteria:
				   o Connects to Intended Results
				   o Current ability to measure
				   o Balance across Education, Research and Clinical

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure

Learners, Patients, Community & Other Stakeholders	**Improve Health Outcomes**	1. Community Health Education Elements
		2. Onondaga County Health Department Data
		3. Local and Regional Health Index
			1. Inpatient Mortality
			2. Hospital Acquired Conditions
			3. Surgical Site Infections
				• OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective
				• As clinical quality is a current priority for UMU, it is recommended that the performance measure(s) for this objective focus on clinical quality
				• Based on discussions with Dr. Hans Cassagnol, the three proposed clinical quality measures were selected
				• These measures meet the following UMU specific performance measure criteria:
				    o Connects to Intended Results
				    o Current ability to measure
				    o Important to Institute-wide priorities

	Reduce Health Disparities	No Specific Measure Identified	She Matters program 1. Individuals Reached through Strategic Outreach 2. Women Screened (Mammography) 3. New Participants Enrolled in Program	• OSA Implementation Team recommends selecting a performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective • Based on discussions with Linda Veit, the three proposed She Matters program measures were selected

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure

Learners, Patients, Community & Other Stakeholders	**Reduce Health Disparities** (Cont'd)	*See Above*	*See Above*	• These measures meet the following UMU specific performance measure criteria:
				  o Connects to Intended Results
				  o Current ability to measure
				  o Important to Institute-wide Mission and priorities
				  o Unique program at UMU to showcase

	Increase Access	1. Patient Access: Time to Third Available New Appointment
		2. Learner Access Score: # of new programs
			Clinical
			1. Inpatient Admissions
			2. Outpatient Visits
			
			Education
			3. Learner Access Pathways
				Clinical Measures
				• To measure increased access from a clinical perspective, the OSA Implementation Team recommends selecting performance measures that capture a more robust picture of patient access as it relates to ambulatory, inpatient and ED patients
				• Based on discussions with Stuart Wright, the proposed clinical measures were selected for data that is currently available for:
				  o Inpatient Volume
				  o Outpatient Volume
				    ▪ UUMAS private practice visits will be incorporated into this measure as well
				• These measures meet the following UMU specific performance measure criteria:
				  o Connects to Intended Results
				  o Current ability to measure

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Rationale for Revised Performance Measure
Learners, Patients, Community & Other Stakeholders	**Increase Access** (cont'd)	*See Above*	*See Above*	- Important to Institute-wide priorities - Breadth of Measure (i.e. represents measurement of patient care across the health system for inpatients & outpatients) **Education Measure** - OSA Implementation Team recommends selecting an alternate performance measure that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measure for this Objective - These revised performance measures were developed with the assistance from the SMEs from Student Affairs (Jen Welch and Barbara-Ann Mitchell) - These measures meet the following UMU specific performance measure criteria: - Connects to Intended Results - Current ability to measure - Important to Institute-wide priorities Ability to drill-down and roll-up

*** End of Appendix A ***

Appendix B: Work Plan Tasks to Be Completed

Objective	Performance Measures	Tasks

Increase Diversity, Equity, Access & Inclusion	1. Workforce Diversity
	   • Workforce from diverse populations:
	     o Minority Race & Ethnicity
	     o Female
	     o Protected Veterans
	     o Individuals with Disabilities
	2. Student Diversity
	   • Underrepresented minority (URM) students
		Workforce Diversity
		☐ Follow up with Sergio Garcia for approval of the selected workforce diversity performance measure
		☐ Develop data collection process and reporting process for this measure
		Student Diversity
		☐ Follow up with Dr. Julie White for approval of the selected student diversity performance measure
		☐ Develop data collection process and reporting process for this measure

Improve Culture of Trust	*Original: Pulse Survey* **Proposed Alternate Measure:** TBD based on "One University" Press Ganey survey content	☐ Confirm performance measures with the Co-Leaders of the One University survey Sergio Garcia and Steven Scott ☐ Follow up with Objective Owner Dr. Schmitt to discuss an alternate performance measure ☐ Complete Data Definition Table(s) for this measure ☐ Develop data collection process and reporting process for this measure
Increase Workforce Satisfaction	*Original:* *1. Workforce Satisfaction Indicator* *2. Quality of Life Indicator* **Proposed Alternate Measure:** TBD based on "One University" Press Ganey survey content	☐ Confirm Objective Owner ☐ Confirm performance measures with the Co-Leaders of the One University survey Sergio Garcia and Steven Scott ☐ Follow up with Objective Owner to discuss an alternate performance measure ☐ Complete Data Definition Table(s) for this measure ☐ Develop data collection process and reporting process for this measure
Optimize Technology, Facilities & Support Services	*Original:* *1. T, F, & S Utilization Index* *2. T, F, & S Adequacy & Availability Index* **Revised Measures:** 1. Closed Help Desk Tickets Added to Closed IMT Project Requests 2. Satisfaction Rate of Closed Help Desk Tickets and Closed IMT Project Requests 3. Cybersecurity Intrusions Thwarted	☐ Confirm Objective Owner (Originally: Tom Pelis) ☐ Develop data collection process and reporting process for this measure

Objective	Performance Measures	Tasks
Improve Efficiency and Accountability	*Original:* 1. *Meeting Efficiency Perception Score* 2. *Performance Review Completion Rate* **Revised Measure:** 1. Policy-Procedure Document Control Compliance	☐ Follow up with Dr. Cleary and Sergio Garcia about the potential revised performance measure ☐ Follow up with Objective Owner Dr. Corona to discuss the revised performance measure ☐ Develop data collection process and reporting process for this measure
Grow Programs and Community Partnerships	*Original:* 1. *# of Strategic Partners* 2. *# of New Programs* **Revised Measures:** VEPOP 1. # Screened Positive for Street Violence 2. # Enrolled in VEPOP 3. % Screened Positive for Street Violence that Enrolled in VEPOP 4. # of VEPOP Referrals to Community Partners Upstate Foundation 5. Donations ($) 6. # of Internal and External Donors	☐ Finalize Data Definition Table(s) for this measure ☐ Develop data collection process and reporting process for this measure
Improve Quality	1. Inpatient Vizient Star Rating 2. Outpatient Vizient Star Rating	☐ Develop data collection process and reporting process for this measure
Enhance Innovation	*Original: Innovation Index* **Revised Measures:** 1. Publication Impact Factor 2. # of Publications 3. # of Authors 4. # of Citations 5. # of Research Grants Submitted 6. $ Amount of Research Grants Requested	☐ Review potential performance measures with Dr. Amberg for final approval ☐ Finalize Data Definition Table(s) for this measure ☐ Develop data collection process and reporting process for this measure

Objective	Performance Measures	Tasks
Increase Integration	*Original: Leadership Integration Survey* **Proposed Alternate Measure:** TBD based on "One University" Press Ganey survey content	☐ Confirm performance measures with the Co-Leaders of the One University survey Sergio Garcia and Steven Scott ☐ Follow up with Objective Owner Dr. Corona to discuss the alternate performance measure ☐ Complete Data Definition Table(s) for this measure ☐ Develop data collection process and reporting process for this measure

Improve Financial Performance	A. Total Revenue Growth
	  1. Campus
	  2. University Hospital
	  3. UUMAS
	B. Overall Profit Margin
	  4. Campus
	  5. University Hospital
	  6. UUMAS
	C. Days Cash on Hand
	  7. Campus
	  8. University Hospital
	  9. UUMAS
		☐ Finalize Data Definition Table(s) for this measure
		☐ Develop data collection process and reporting process for this measure

Improve Fiscal Responsibility and Transparency	Budget Process Participation	☐ Waiting on confirmation regarding the status of the Budget Submissions as the performance measure for this objective ☐ Complete Data Definition Table(s) for this measure ☐ Develop data collection process and reporting process for this measure
Increase Reputation for Excellence	*Original:* *Three composite indices to capture "Choose Us," "Say Good Things," and "Support & Want to Engage"* **Revised Measures** 1. Clinical: HCAHPS "Likelihood to Recommend" 2. Education: Applications to Available Seat Ratio 3. Research: Total Sponsored Research 4. Workforce: Retention Rate	☐ Follow up with Objective Owner Leah Caldwell to discuss the proposed revised measure ☐ Finalize Data Definition Table(s) for this measure ☐ Develop data collection process and reporting process for this measure

Objective	Performance Measures	Tasks
Improve Health Outcomes	*Original:* 1. *Community Health Education Elements* 2. *Onondaga County Health Department Data* 3. *Local and Regional Health Index* **Proposed Alternate Measure:** 1. Inpatient Mortality 2. Hospital Acquired Conditions 3. Surgical Site infections	☐ Develop data collection process and reporting process for this measure
Reduce Health Disparities	*Original:* **No specific measure identified** **Proposed Alternate Measure:** She Matters program: 1. Individuals Reached through Strategic Outreach 2. Women Screened (Mammography) 3. New Participants Enrolled in the Program	☐ Follow up with Objective Owner Dr. Brangman to discuss the proposed alternate measure ☐ Finalize Data Definition Table(s) for this measure ☐ Develop data collection process and reporting process for this measure
Increase Access	*Original:* 1. *Learner Access Score (# of new programs)* 2. *# of days to third available new appointment* **Revised Measures** Education 1. Learner Access Pathways Clinical 2. Inpatient Admissions 3. Outpatient Visits	**Education** ☐ Follow up with Objective Owner Dr. Bratslavsky to discuss the proposed alternate measure ☐ Finalize Data Definition Table(s) for this measure ☐ Develop data collection process and reporting process for this measure **Clinical** ☐ Develop data collection process and reporting process for this measure ☐ Follow up with Objective Owner Dr. Bratslavsky to discuss the proposed alternate measure

*** End of Appendix B***

Appendix C: OUR Upstate Tier 1 Performance Measures

Criteria for Good Performance Measures			
Easy to understand, valid, & reliable	Focus on **strategic measures** versus operational	**Ability to influence measure** with targeted actions	Provides **meaningful information for decision-making**
Sustainable (intent is to measure and monitor over time)	**Direct and frequent measurements** when possible	Prioritize **leading measures** over lagging measures	Prioritize measures where **baseline and benchmark data** exists

Additional Upstate Medical University Criteria for OUR Upstate Performance Measures		
Connects to **Intended Results** of the Objective	**Breadth of Measure** (encompasses a high-level Institution-wide measurement)	Balance across **Education, Research and Clinical**
Important to Institution-wide Mission and priorities	**Current ability to measure** (does not require a project to start capturing the measure)	Ability to **drill-down** and **roll-up**

*** End of Appendix C ***

Appendix D: Email Communications with Objective Owners, Measurement Owners, and SMEs

In total there were 350+ email communications with the Office of Strategic Affairs that resulted from the initial email exchanges listed below, scheduling meetings, completing the data definition tables and follow-up communications with the Objective Owners, Measurement Owners and Subject Matter Experts as part of the OUR Upstate Strategic Plan performance measure selection process.

#	Name of Contact	Topic of Discussion
1	**Sergio Garcia** (Office of the President)	Recommendation for correct contact person related to workforce diversity data for the Diversity Index performance measure for the objective "Increase Diversity, Equity, Access & Inclusion"
2	**Mary Meier** (Diversity & Inclusion) **Jill Darling** (Human Resources)	Workforce diversity data for the Diversity Index performance measure for the objective "Increase Diversity, Equity, Access & Inclusion"
3	**Dr. Julie White** (Student Affairs)	• Recommendation for performance measure(s) and/or correct contact person related to student diversity data for the Diversity Index performance measure for the objective "Increase Diversity, Equity, Access & Inclusion" • Recommendation for performance measure(s) and/or correct contact person related to student data for the Reputation Index performance measure for the objective "Increase Reputation for Excellence"
4	**Jennifer Martin Tse** (Student Affairs - Registrar)	Student diversity data for the Diversity Index performance measure for the objective "Increase Diversity, Equity, Access & Inclusion"
5	**Terry Wagner** (IMT - Administration)	Recommendation for performance measure(s) and/or correct contact person related to performance measures for the objective "Optimize Technology, Facilities & Support Services"
6	**Dr. Lynn Cleary** (Academic Affairs) **Sergio Garcia** (Office of the President)	Recommendation for correct contact person to discuss the 'Policy-Procedure Document Control Audit' as a possible performance measure for the objective "Improve Efficiency & Accountability"
7	**Jill Darling & Patty Brecht** (Human Resources)	Data for the originally proposed performance measure of Performance Review Completions for the objective "Improve Efficiency & Accountability"
8	**Dr. Jeffrey Bogart** (UUMAS)	Request for confirmation of whether the originally proposed performance measure of Leadership Integration Survey is still the best performance measure for the objective "Increase Integration." If so, request to discuss the status of the survey and the next steps for its implementation.
9	**Eric Smith** (Finance & Management)	Request for confirmation of whether the originally proposed performance measure of Budget Submissions is still the best performance measure for the objective "Improve Fiscal Responsibility and Transparency." If so, request to discuss the status of the survey and the next steps for its implementation.
10	**Patty Brecht** (Human Resources)	Workforce turnover data for the Reputation Index for the objective "Increase Reputation for Excellence"
11	**Dr. Ramesh Sachdeva** (Strategic Affairs)	• Possibility of a metric related to Decision Quality as performance measure for the objective "Improve Efficiency and Accountability" or "Increase Integration" • Possibility of "She Matters" and/or "We Matter" program metrics for the objective of "Reduce Health Disparities"

#	Name of Contact	Topic of Discussion
12	**Dr. Bob Corona** (UUMAS)	Request for confirmation of whether the originally proposed performance measure of Leadership Integration Survey is still the best performance measure for the objective "Increase Integration."
13	**Sergio Garcia** (Office of the President) **Steven Scott** (University Hospital)	Possibility of performance measures from the One University Survey for the objectives "Improve Culture of Trust," "Increase Workforce Satisfaction," and "Increase Integration"
14	**Sharon Brangman** (Geriatrics Medicine)	Recommendation for performance measure(s) for the objective "Reduce Health Disparities"

*** End of Appendix D ***

Appendix E: Meetings with Objective Owners, Measurement Owners, and SMEs

#	Name	Discussion Topic(s)	Status	Meeting Date
1	**Dr. Christopher Morley** (Dept. of Public Health & Preventive Medicine	• Potential performance measures for: ○ Improve Health Outcomes ○ Increase Health Disparities	Completed	11/29/17
2	**Linda Veit** (Community Relations)	• Potential performance measures for "Grow Programs and Community Partnerships"	Completed	11/29/17
3	**Bridget Flanagan** (UUMAS)	• Performance measures for "Improve Financial Performance": ○ Total Revenue Growth ▪ Campus ▪ University Hospital ▪ UUMAS ○ Overall Profit Margin ▪ Campus ▪ University Hospital ▪ UUMAS ○ Days Cash on Hand ▪ Campus ▪ University Hospital ▪ UUMAS	Completed	12/01/17
4	**Dr. Lauren Germain** (Curriculum Office)	• Potential performance measures for: ○ Increase Reputation for Excellence – Student data ○ Increase Access – student data	Completed	12/04/17
5	**Liz Clarke** (Human Resources)	• Feasibility of Performance Review Completion Rate as the originally proposed performance measure for "Improve Efficiency & Accountability" • As the performance review completion rate is not measured across all employment affiliations, this measure was eliminated as a possible measure for the objective	Completed	12/04/17
6	**Jolene Kittle** (Nursing – Surgical Svcs Admin)	• Potential performance measures related to VEPOP for: ○ Grow Programs and Community Partnerships ○ Improve Health Outcomes ○ Increase Health Disparities	Completed	12/06/17

#	Name	Discussion Topic(s)	Status	Meeting Date
7	**Stuart Wright** (Financial Services Administration)	• Performance measures for "Increase Access": ○ Inpatient Admissions ○ Outpatient Visits	Completed	12/07/17
8	**Dr. Hans Cassagnol** (Quality)	• Vizient data for "Improve Quality" • Potential performance measures for: ○ Improve Health Outcomes ○ Increase Health Disparities	Completed	12/11/17
9	**Dr. Leslie Kohman** (Cancer Center) **Linda Veit** (Community Relations)	• Potential performance measures for "Grow Programs and Community Partnerships"	Completed	12/12/17
10	**Bob Lotkowictz** (Physical Plant) **Susan Murphy** (Environmental Services)	• Potential performance measures for "Optimize Technology, Facilities & Support Services"	Completed	12/13/17
11	**Tammy Lehrer** (Hospital Administration)	• Policy-Procedure Document Control Audit as an alternate performance measure for "Improve Efficiency and Accountability"	Completed	12/18/17
12	**Erin Bolsei** (Financial Services) **Laura Carroll** (Financial Services)	• Action OI metrics as potential performance measures for "Improve Efficiency & Accountability" or "Optimize Technology, Facilities, & Support Services"	Completed	12/27/17
13	**Mark Zeman** (IMT) **Steve DeFazio** (IMT)	• Potential performance measures for "Optimize Technology, Facilities & Support Services"	Completed	01/03/18
14	**Jennifer Martin Tse** (Student Affairs - Registrar)	• Student diversity data for "Increase Diversity, Equity, Access and Inclusion"	Completed	01/04/18
15	**Eileen Pezzi** (Upstate Foundation)	• Potential performance measures for "Grow Programs and Community Partnerships"	Completed	01/04/18
16	**Dr. David Amberg** (Research Administration)	• Request for confirmation of whether the originally proposed performance measure of the Innovation Index is still the best performance measure for the objective "Enhance Innovation." If so, confirmation of data sources and collection process. • Request for recommendation for a grants or research metric for the Reputation Index for the objective	Completed	01/04/18

#	Name	Discussion Topic(s)	Status	Meeting Date
		"Increase Reputation for Excellence"		
17	**David Anthony** (Accounting and Budgeting)	• Potential performance measures for "Improve Efficiency & Accountability" or "Optimize Technology, Facilities, & Support Services"	Completed	01/11/18
18	**Jennifer Welch** (Student Affairs – Admissions) **Barbara-Ann Mitchell** (Student Affairs – Admissions)	• Potential performance measures for: o Increase Reputation for Excellence – Student data o Increase Access – student data	Completed	01/11/18
19	**Simone Seward** (Center for Civic Engagement)	• Potential performance measures for "Grow Programs and Community Partnerships"	Completed	01/12/18
20	**Sandra Delaney** (Shared Business and Admin Svcs)	• Potential performance measures for "Improve Efficiency & Accountability"	Completed	01/25/18
21	**Linda Veit** (Community Relations)	• Potential performance measures for "Grow Programs and Community Partnerships"	Completed	01/29/18
22	**Bridget Flanagan** (UUMAS) **Stuart Wright** (Financial Services Administration)	• Performance measures for "Improve Financial Performance": o Total Revenue Growth ▪ Campus ▪ University Hospital ▪ UUMAS o Overall Profit Margin ▪ Campus ▪ University Hospital ▪ UUMAS o Days Cash on Hand ▪ Campus ▪ University Hospital ▪ UUMAS • Performance measures for "Increase Access": o Inpatient Admissions ▪ Outpatient Visits	Completed	01/29/18
23	**Dr. David Amberg** (Research Administration)	• Discussion of performance measure for the objective "Enhance Innovation." • Discussion of a grants or research metric for the Reputation Index for the objective "Increase Reputation for Excellence"	Completed	02/02/18

#	Name	Discussion Topic(s)	Status	Meeting Date
24	**Jennifer Rudes** (Research Administration) **Stephen Rusinko** (Accounting & Budgeting)	• Discussion of performance measure for the objective "Enhance Innovation." • Discussion of a grants or research metric for the Reputation Index for the objective "Increase Reputation for Excellence"	Completed	02/13/18
25	**Jennifer Welch** (Student Affairs – Admissions) **Barbara-Ann Mitchell** (Student Affairs – Admissions)	• Potential performance measures for: o Increase Reputation for Excellence – Student data o Increase Access – student data	Completed	02/19/18
26	**Virginia Young** (Library)	• Discussion of performance measure 'Publication H-Factor' for the objective "Enhance Innovation."	Completed	03/05/18
27	**Jennifer Rudes** (Research Administration)	• Discussion of 'Research Grants Submitted' performance measure for objective "Enhance Innovation"	Completed	03/07/18
28	**Gloria Lopez** (Diversity & Inclusion) **Dawn Norcross** (Diversity & Inclusion) **Mary Meier** (Diversity & Inclusion)	• Teleconference discussion of workforce diversity performance measure for the objective "Increase Diversity, Equity, Access & Inclusion"	Completed	03/08/18
29	**Jolene Kittle** (Nursing – Surgical Svcs Admin) **Kimberly Nasby** (Nursing – Trauma Care Service)	• Potential performance measures related to VEPOP for: o Grow Programs and Community Partnerships	Completed	03/08/18
30	**Dr. David Amberg** (Research Administration) **Jennifer Rudes** (Research Administration)	• Discussion of performance measure for the objective "Enhance Innovation." • Discussion of a grants or research metric for the Reputation Index for the objective "Increase Reputation for Excellence"	Completed	03/0818

*** End of Appendix E ***

Appendix F: Data Definition Table

Template Data Definition Table

Upstate Medical University
Performance Measure Data Definition Table for
_____

General	
1. Measurement Name/Identification	
2. Measurement Description	
3. Objective	
4. Intended Result	
5. Previous Measurement *(if applicable)*	
Measurement Properties	
6. Measure Owner	
7. Measure Location *(functional area/dept.)*	
8. Formula *(include unit of measurement)*	
9. Type of Measurement *(input, process, output, intermediate outcome, end outcome)*	
10. Lead or Lag Measurement	
11. Mission Balance – *Clinical, Education, and Research (C/E/R)*	
Measurement Collection and Reporting	
12. Data Source	
13. Data Collection Process	
14. Frequency of Collection	
15. Frequency of Reporting	
Performance Analysis Information	
16. Targets and Thresholds	

Target	
Threshold of Meeting Target ("green" zone)	TBD
Intermediate Zone ("yellow zone")	TBD
Threshold of Not Meeting Target ("red" zone)	TBD

17. Desired trend *(increasing or decreasing)*	
18. Upstate Baseline Data	
19. National Benchmark Data	
20. Additional Comments	

Example Data Definition Table

Upstate Medical University
Performance Measure Data Definition Table for
<u>Policy and Procedure Review % Compliant</u>

General	
21. Measurement Name/Identification	**Policy and Procedure Review % Compliant**
22. Measurement Description	• The percentage of policies and procedures that have been reviewed in accordance with required review date • The policies and procedures include all those included in the MCN Policy System, which include university-wide, campus, hospital policies and procedures, and Medical Staff By-Laws. (Faculty Practice Plans are excluded)
23. Objective	**Improve Efficiency & Accountability**
24. Intended Result	• Continuously improve operational and administrative efficiencies resulting in improved cost management and delivery of services • Improved efficiencies and accountability for results will create new resources, contribute to the improvement of financial results of the University, and ultimately increase value for our learners, patients, community, and other stakeholders Success will result in: • Identify and reduce duplicative and overlapping processes • Improve accountability throughout the University
25. Previous Measurement *(if applicable)*	N/A
Measurement Properties	
26. Measure Owner	Tammy Lehrer
27. Measure Location *(functional area/dept)*	Hospital Administration, Regulatory & Accreditation
28. Formula *(include unit of measurement)*	% Compliant = (100%-(Total number of past due policies and procedures/Total number of policies and procedures))
29. Type of Measurement *(input, process, output, intermediate outcome, end outcome)*	Intermediate outcome
30. Lead or Lag Measurement	Lag
31. Mission Balance – *Clinical, Education, and Research (C/E/R)*	Clinical, Education, Research
Measurement Collection and Reporting	
32. Data Source	MCN Policy Manager System Active Documents Rpt
33. Data Collection Process	Report is created with a run date of the last day of the month.
34. Frequency of Collection	Monthly
35. Frequency of Reporting	Monthly (will likely report Quarterly for Tier 1)

Performance Analysis Information	
36. Targets and Thresholds	<table><tr><td>Target</td><td>95%</td></tr><tr><td>Threshold of Meeting Target ("green" zone)</td><td>90%</td></tr><tr><td>Intermediate Zone ("yellow zone")</td><td>85%</td></tr><tr><td>Threshold of Not Meeting Target ("red" zone)</td><td>79%</td></tr></table>
37. Desired trend *(increasing or decreasing)*	Increasing
38. Upstate Baseline Data	Available
39. National Benchmark Data	Not available
40. Additional Comments	

*** End of Appendix F ***

Appendix G: Proposed Future Performance Measures

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Proposed Alternate and Potential Future Measures

Organizational Capabilities (People, Facilities, & Technology)	**Increase Diversity, Equity, Access & Inclusion**	1. Diversity Index – Workforce
		  a. % of employment applications from diverse populations
		  b. % of hires from diverse populations
		2. Diversity Index – Students
		  a. % of applications from diverse populations
		  b. % of enrollments from diverse populations
		  c. % of graduation and retention from diverse populations
			1. **Workforce Diversity:** Workforce from diverse populations:
			  o Minority Race & Ethnicity
			  o Female
			  o Protected Veterans
			  o Individuals with Disabilities
			
			2. **Student Diversity:** Underrepresented minority (URM) students
				<u>Workforce Diversity</u>
				• applicants from diverse populations
				
				<u>Student Diversity</u>
				• Expand reporting of diversity beyond underrepresented (URM) race and ethnicity
				• % of applicants from diverse populations
				• % of graduation from diverse populations

	Improve Culture of Trust	1. Pulse Survey	Under Development for Culture of Trust Objective
			<u>Proposed Alternate Measures:</u>
			• Press Ganey Response Rate
			• Possible Press Ganey Survey Questions:
			  o "There is a climate of trust within my work unit"
			  o "I have confidence in senior management's leadership"
				None identified at this time

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Proposed Alternate and Potential Future Measures
Organizational Capabilities (People, Facilities, & Technology) (cont'd)	**Improve Culture of Trust** (cont'd)	*See Above*	o "The organization conducts business in an ethical manner" o "I am involved in decisions that affect my work" o "When appropriate, I can act on my own without asking for approval" o "I get the training I need to do a good job" o "Employees' actions support this organization's mission and values"	*See Above*

	Increase Workforce Satisfaction	1. Workforce Satisfaction Indicator
		2. Quality of Life Indicator
			Under Development for Workforce Satisfaction
			Proposed Alternate Measures:
			• Possible Press Ganey Survey Questions:
			  o "Overall I am a satisfied employee"
			  o "I like the work I do"
			  o "The organization supports me in balancing my work life and personal life"
			  o "The organization provides career development opportunities"
				None identified at this time

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Proposed Alternate and Potential Future Measures
Organizational Capabilities (People, Facilities, & Technology) (cont'd)	**Optimize Technology, Facilities, & Support Services**	1. T, F, and S Utilization Index 2. T, F, and S Adequacy and Availability Index	• Closed Help Desk Tickets Added to Closed IMT Project Requests • Satisfaction Rate of Closed Help Desk Tickets and Closed IMT Project Requests • Cybersecurity Intrusions Thwarted	• Action OI metrics for UH and Campus
Internal Processes	**Improve Efficiency & Accountability**	1. Meeting Efficiency Perception Score 2. Performance Review Completion Rate	1. Policy-Procedure Document Control Compliance	• Action OI metrics for UH and Campus

	Grow Programs & Community Partnerships	1. # of programs
		2. # of partnerships
			VEPOP
			1. # Screened Positive for Street Violence
			2. # Enrolled in VEPOP
			3. % Screened Positive for Street Violence that Enrolled in VEPOP
			4. # of VEPOP Referrals to Community Partners
			Upstate Foundation
			5. Donations ($)
			6. # of Internal and External Donors
				• Community Grants: # and/or $
				  o Grant Funded Projects
				• # of Community Partners
				• Community Partners Inventory
				• "She Matters" and/or "We Matter" metrics
				• # of Donors
				• Philanthropic Measures
				  o Total Assets Managed by Upstate Foundation
				  o Total Endowments Raised
				  o Annual Income Raised
				• Project Echo Metric
				• Academic Pipeline Programs
				  o # of students from pipeline programs
				  o # of pipeline programs
				• Metric related to Center for Civic Engagement activities

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Proposed Alternate and Potential Future Measures
Internal Processes	**Improve Quality**	1. Vizient Star Rating – Inpatient 2. Vizient Star Rating – Outpatient		*None identified at this time*

	Enhance Innovation	1. Innovation Index
		  a. Research Expenditure
		  b. # of patients enrolled in clinical trials
		  c. Students involved in scholarly activities
		  d. # of intellectual property disclosures
			1. Publication Impact Factor
			2. # of Publications
			3. # of Authors
			4. # of Citations
			5. # of Research Grants Submitted
			6. $ Amount of Research Grants Requested
				• Research Mission Index
				  a. # of Faculty involved in Clinical Trials
				  b. Total Research Expenditures
				  c. Grant Dollars: Awarded and Committed per year
				  d. Publications – H Factor or Impact Measure; or # of Publications
				  e. # of Clinical Trials or # of Patients in Clinical Trials
				• Entrepreneurship Index
				  a. Intellectual Property Disclosures
				  b. Patents
				  c. License Agreements
				  d. Start-Up Companies
				  e. Collaborations – industry agreements, with other universities
				• Ideas Project

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Proposed Alternate and Potential Future Measures

Internal Processes	**Increase Integration**	1. Leadership Integration Survey	Proposed Alternate Measures:
			• Possible Press Ganey Survey Questions:
			   o "Different units work well together in this organization"
			   o "I am involved in decisions that affect my work"
			   o "Different levels of this organization communication effectively with each other"
				• # of Tier 2 and Tier 2 Strategic Plans created
				• # of people participating in the Strategic Planning process

Financial Stewardship	**Improve Fiscal Responsibility & Transparency**	1. Budget Process Participation (Key Financial Indicator)		*None identified at this time*

	Improve Fiscal Performance	1. Financial Performance Index consisting of data for Campus, University Hospital and UUMA related to:
		   a. Total Revenue Growth
		   b. Overall Profit Margin
		   c. Days Cash on Hand
			1. Total Growth Revenue – Campus
			2. Total Growth Revenue – University Hospital
			3. Total Growth Revenue – UUMAS
			4. Overall Profit Margin - Campus
			5. Overall Profit Margin – University Hospital
			6. Overall Profit Margin – UUMAS
			7. Days Cash on Hand – Campus
			8. Days Cash on Hand – University Hospital
			9. Days Cash on Hand - UUMAS
				None identified at this time

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Proposed Alternate and Potential Future Measures
Learners, Patients, Community & Other Stakeholders	**Increase Reputation for Excellence**	1. Reputation Index - Three composite indices to capture "Choose Us," "Say Good Things," and "Support & Want to Engage"	1. **Clinical:** HCAHPS "Likelihood to Recommend" 2. **Education:** Applications to Available Seats Ratio 3. **Research:** Total Sponsored Research 4. **Workforce:** Retention	**Education** • Matriculation metrics • Retention metrics • % of students employed approximately 1 year out post-graduation • Student and/or alumni satisfaction metric **Research** • Citation metric • Grants Success Rate = Total Dollars Awarded / Total Dollars Requested
	Improve Health Outcomes	1. Community Health Education Elements 2. Onondaga County Health Department Data 3. Local and Regional Health Index	1. Inpatient Mortality 2. Hospital Acquired Conditions 3. Surgical Site Infections	*None identified at this time*
	Reduce Health Disparities	No Specific Measure Identified	She Matters program: 1. Individuals Reached through Strategic Outreach 2. Women Screened (Mammography) 3. New Participants Enrolled in the Program	• VEPOP metrics • Stop the Bleed metric AIDS Institute • Immune Health Clinics • Telehealth for Stroke • Mobile Mammography Van

Perspective	Objective	Original Performance Measure	Revised Performance Measure	Proposed Alternate and Potential Future Measures

Learners, Patients, Community & Other Stakeholders	**Increase Access**	1. Patient Access: Time to Third Available New Appointment
		2. Learner Access Score: # of new programs
			Clinical
			1. Inpatient Admissions
			2. Outpatient Visits
			Education
			3. Learner Access Pathways
				Clinical
				• Time to first available appointment
				• Time to third available appointment
				Education
				• Graduation metric
				• Retention metric
				• % of Programs meeting graduation benchmarks
				• % Access (as defined for a specific group):
				   o students from NYS
				   o students from CNY community/region
				   o Number of pipeline programs
				   o % admitted from pipeline programs
				• Recruitment Metric
				• Acceptance Metric
				• Matriculation Metric

*** End of Appendix G ***