

Oregon Health & Science University Annual Performance Progress Report (APPR) for 2009-2011

2011-13 Budget Form 107BF04c

Agency Mission

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service.... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3].

Table of Contents

	Page
ABOUT THIS REPORT.....	1
TABLE OF MEASURES	2
PART I: EXECUTIVE SUMMARY	3
PART II: USING PERFORMANCE DATA.....	8
PART III: KEY MEASURE ANALYSIS	10

ABOUT THIS REPORT

Purpose of Report

The purpose of this report is to summarize OHSU's performance for the reporting period, how performance data are used and to analyze agency performance for each key performance measure legislatively approved for the 2009-2011 biennium. The intended audience includes OHSU managers, legislators, fiscal and budget analysts and interested citizens.

1. PART I: EXECUTIVE SUMMARY defines the scope of work addressed by this report and summarizes agency progress, challenges and resources used.
2. PART II: USING PERFORMANCE DATA identifies who was included in OHSU's performance measure development process and how OHSU is managing for results, training staff and communicating performance data.
3. PART III: KEY MEASURE ANALYSIS analyzes OHSU's progress in achieving each performance measure target and any corrective action that will be taken. This section, the bulk of the report, shows performance data in table and chart form.

KPM = Key Performance Measure

The acronym "KPM" is used throughout to indicate **Key Performance Measures. Key performance measures are those highest-level, most outcome-oriented performance measures that are used to report externally to the legislature and interested citizens. Key performance measures communicate in quantitative terms how well OHSU is achieving its mission and goals. OHSU has additional, more detailed measures for internal management.**

Consistency of Measures and Methods

Unless noted otherwise, performance measures and their method of measurement are consistent for all time periods reported. There are a few measures for which OHSU is developing baseline data.

2007-09 KPM#	2007-09 Key Performance Measures (KPMs)	Page #
1	DMD ACCESS – Percent of entering cohort who are in-state DMD students	10
2	MD ACCESS – Percent of entering cohort who are in-state MD students	11
3	NURSING ACCESS – Percent of entering nursing cohort who are in-state students	12
4	NURSING COMPLETION – Percent of nursing student cohorts completing bachelor's degrees	13
5	DEGREES – Total number of degrees and certificates awarded	14
6	DENTAL WORKFORCE – Total number of DMD degrees awarded	15
7	PHYSICIAN WORKFORCE – Total number of MD degrees awarded	16
8	NURSING WORKFORCE – Total bachelor's degrees awarded in nursing.	17
9	NURSING FACULTY – Total graduate degrees and certificates awarded in nursing.	18
10	PROFESSIONAL COMPETENCE – Percent of DMD students passing senior-level credentialing examinations on their first attempt	19
11	PROFESSIONAL COMPETENCE – Percent of MD students passing senior-level credentialing examinations on their first attempt	20
12	PROFESSIONAL COMPETENCE – Percent of bachelor's level nursing students passing senior-level credentialing examinations on their first attempt	21
13	RESEARCH PRODUCTIVITY – Research dollars per faculty	22
14	ADULT INPATIENT EXPERIENCE – Overall Rating of Experience with OHSU Hospital	23
15	PEDIATRIC INPATIENT EXPERIENCE – Overall Rating of Experience with OHSU Doernbecher Children's Hospital	24
16	OREGON POISON CENTER – Percent of calls to the Oregon Poison Center managed without requiring referrals to community emergency services	25
17	CDRC SERVICES – Total clinical, surgical and/or diagnostic services provided to patients	26
18	HOSPITAL MORTALITY – Ratio of observed mortality over expected mortality for OHSU inpatients	27
19	BOTTOM LINE – Consolidated unrestricted net income from total operations	28
20	MD CLINICAL ROTATIONS – Total number of medical student weeks served in rural and urban, underserved communities	29
21	RURAL PRECEPTORS – Total number of physicians supervising medical students in rural communities	30
22	RURAL PIPELINE – Total number of rural K-12 students enrolled in science and healthcare education pipeline programs	31
23	RURAL HEALTH – Federal funds generated per state dollar invested in the Office of Rural Health	32

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

Contact: David W. Robinson, PhD, Interim Provost	Phone: 503-494-4460
Alternate: Nancy P. Goldschmidt, PhD, Associate Vice Provost	Phone: 503-494-1445

1. SCOPE OF REPORT

- OHSU programs/services addressed by the key performance measures**

OHSU's services fall into four categories: education, research, clinical care, and public service. The current key performance measures address aspects of each category, but with most emphasis on the education component because that is primarily what is funded by the state general fund appropriation. Within the broad category of education are measures related to access to the professional programs for in-state residents, degrees and certificates produced in critical workforce shortage areas (health professions, nursing faculty and science researchers), and student learning outcomes as measured by student pass-rates on professional licensure exams. Under research, we address our competitiveness in the current shrinking environment for federal funds to support research. Within the broad category of clinical care are measures related to the effectiveness and efficiency of health care services provided by OHSU Hospital and Clinics.

Within the broad category of community service and public outreach, we address the effectiveness of the Oregon Poison Center, participation of MD students in clinical rotations in underserved communities in Oregon so students experience physician life in areas beyond Portland, where the OHSU School of Medicine is located. In addition, meeting Oregon's statewide workforce needs addresses the public service component of OHSU. OHSU is dedicated to improving the distribution of health care providers and services in rural and urban underserved areas in Oregon and to the development of an adequate K-16 science and health career pipeline. In addition to these measures, OHSU tracks its financial health and resource stewardship by tracking its annual net income against a rolling five-year financial plan.

- Agency programs/services, if any, not addressed by key performance measures**

OHSU Vision 2020 now maps our course toward greater efficiency, collaboration and overall excellence in fulfilling our mission of healing, teaching, discovery and community service. *Vision 2020* was adopted by the OHSU Board of Directors on October 30, 2007. It builds on recent achievements and identifies new priorities. It guides our decision-making when faced with serious challenges, such as the loss of the cap on tort liability in December 2007, and focuses our efforts to help meet Oregon's healthcare workforce needs and improve the health and well-being of all Oregonians. *Vision 2020* reflects and reinforces our commitment to transparency, service excellence, diversity and quality.

An effective strategic plan does not sit on a shelf. It is used daily, guiding the hundreds of decisions made by leaders and managers throughout this institution. To be of continuing value, it also must evolve—getting updated as the conditions and challenges that influence our work change. We began an update to *Vision 2020* in fall 2009. More than two dozen focus groups made up of representatives from our work units and other stakeholders met. We expect to have an approved, updated plan by fall 2010. This update is necessary because our external landscape continues to evolve—with changing partnership possibilities, new opportunities with the Oregon Health Policy Board, evolving educational models, federal funding availability for research and impacts of health care reform. In addition, the worldwide financial crisis and the continuing issues surrounding the tort cap delayed some of our anticipated timetables and strategies.

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

But even though our strategies will change, our vision stays the same: OHSU will partner to make Oregon a national leader in health and science innovation to improve the health and well-being of all Oregonians. Our six near-term goals also remain unchanged: (1) **diversity** in people and ideas; (2) **faculty excellence**; (3) **health care reform** and (4) **workforce development**; (5) **sustainable innovation** and (6) long-term **financial wherewithal** to advance all our missions.

2. THE OREGON CONTEXT

The Oregon Health & Science University has a direct impact on Oregon Benchmark 26 (college completion) and OMB 7b (R&D in academia) and an indirect impact on OBM 39-46 (clinical excellence and healthy Oregonians), OBM 4 (net job growth), OBM 11 (per capita income) and OBM1 (employment in rural Oregon). OHSU addresses the societal need for healthy Oregonians in every region of this state. Oregon Health & Science University is a statewide institution with a 98,000 square mile campus. As part of a strategic planning initiative noted above, OHSU spent a year gathering input from all areas of OHSU and from stakeholders throughout Oregon.

In pursuing activities and initiatives toward these Oregon benchmarks, OHSU has worked with our education partners in the state. OHSU partners with other public, postsecondary institutions in Oregon to provide access to high quality educational programs through the State Board of Higher Education, the Office of Community Colleges and Workforce Development and the various schools and school districts throughout the state. These collaborations have resulted in, among other partnerships and joint programs, a collaborative capital proposal from the Oregon University System for a life sciences building on the South Waterfront that would include both education and research programs as well as incubator space for startup companies in the biosciences. Participants include OHSU, Portland State University, Oregon State University, the University of Oregon, and the Oregon Institute of Technology.

Connections to the business community are maintained through connections to various businesses organizations, either as participants or serving on advisory boards. In addition, OHSU works with civic and business leaders in the City of Portland in the redevelopment of the South Waterfront District and expansion beyond the campus borders on Marquam Hill to meet the needs of the Portland metropolitan area and the entire state.

OHSU is working more closely with Oregon bioscience companies to collaborate on projects, either through basic research or testing, in furthering the development of potential commercial products. OHSU's Office of Technology & Research Collaborations manages industry collaborations and research commercialization for the purpose of developing new medical therapies, diagnostics or devices that benefit the general public.

In December 2009, OHSU contracted with financial research firm ECONorthwest to assess the University's local and broader economic impacts. Study results estimate that at the statewide level, OHSU's *net impact* amounts to \$2.35 billion in economic output, including \$1.07 billion in personal income, and 20,625 jobs (*net impacts* count only the economic activity that is new or additive to the economic region).

OREGON HEALTH & SCIENCE UNIVERSITY

I. EXECUTIVE SUMMARY

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

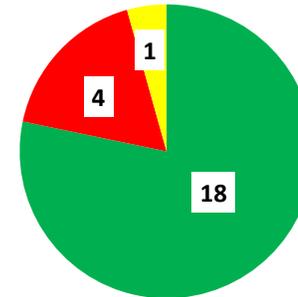
3. PERFORMANCE SUMMARY

We rate results as MAKING PROGRESS for 18 of 23 KPMs:

- KPM # 2: MD ACCESS
- KPM # 3: NURSING ACCCESS
- KPM # 4: NURSING COMPLETION
- KPM # 6: DENTAL WORKFORCE
- KPM # 7: PHYSICIAN WORKFORCE
- KPM # 9: NURSING FACULTY
- KPM # 10: DENTAL PROFESSIONAL COMPETENCE
- KPM # 11: PHYSICIAN PROFESSIONAL COMPETENCE
- KPM # 12: NURSING PROFESSIONAL COMPETENCE
- KPM # 13: RESEARCH PRODUCTIVITY
- KPM # 14: ADULT INPATIENT EXPERIENCE
- KPM # 15: PEDIATRIC INPATIENT EXPERIENCE
- KPM # 16: OREGON POISON CENTER
- KPM # 17: CDRC SERVICES
- KPM # 18: HOSPITAL MORTALITY
- KPM # 19: BOTTOM LINE
- KPM # 20: MD CLINICAL ROTATIONS
- KPM # 23: RURAL HEALTH FUNDS

OHSU Performance Summary 2010

■ Making Progress ■ Not Making Progress ■ Unclear



We rate results as NOT MAKING PROGRESS for 4 of 23 KPMs:

- KPM # 1: DENTAL EDUCATION ACCESS
- KPM # 5: TOTAL DEGREES & CERTIFICATES AWARDED
- KPM # 8: NURSING WORKFORCE
- KPM # 9: RURAL PIPELINE

For KPM #1, KPM #5 and KPM#9, the LFO agreed to reset targets for 2011 and beyond given changed conditions. These include the reduction in state funding for the dental program leading to the DMD degree that will impact access for Oregon residents; the redistribution of several advanced degree programs in engineering to Portland State University; and the downturn in enrollment of international students after 911 that impacted enrollment in engineering and computer science fields. For KPM #8, OHSU expects to meet the target within the next couple of years given the state investment in baccalaureate level education for nurses in the 2007 legislative session. This is a lag indicator, and program enrollments are on target to produce the degrees projected.

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

We rate results UNCLEAR for KPM # 21: Rural Preceptors. Total rural preceptors available to supervise MD students exceeds student enrollment. Expansion of the MD enrollment, which is needed to meet shortages of physicians related to retirements, changing demographics and healthcare reform, would be possible through a regionalization strategy supported by new state revenue and student tuition.

4. CHALLENGES

In a state whose population has increased by 42% or over 1 million persons since 1980, there is an increasing need for health care professionals. The Oregon Health & Sciences University plays a vital role, training the next generation of Oregon's physicians, scientists, dentists, and nurses in nationally ranked higher education programs. OHSU provides the only graduate health education within 300 miles of its major urban area, Portland. OHSU is Oregon's premier biomedical research university.

Projections predict severe shortages of health care professionals and faculty. There are several reasons for this—mainly demographic: 1) as the Oregon population ages there will be increased demand for health care services, 2) the healthcare workforce is also aging and thus retiring at the same time, 3) new technologies can provide better diagnostic and treatment techniques, 4) the production of healthcare graduates has been flat over several decades, a phenomenon further exacerbated by the fact that Oregon graduates approximately half the number of physicians and dentists per capita than the national average, and several of the states surrounding Oregon do not have Medical or Dental Schools.

Oregon's quality of life and economic vitality require access to a quality physician workforce. Oregon does not have the physician workforce necessary to support sustainable health care reform and equitable access, and without intervention, Oregon's health care access crisis will worsen dramatically. Oregon does not have the capacity to produce enough health care providers for its population; therefore, we are an importer of physicians, dentists and other health care professionals. We must also work to retain them, and this is particularly true in rural Oregon. This presents a challenge as medical, nursing and dental students tend to practice in the states in which they either earned their degrees, or received their residency training. The capacity for both components of physician training is severely constrained.

With the pending shortages of health care providers in Oregon, our neighboring states and many countries, Oregonians are already experiencing reduced access to health care providers and services, but this is merely the tip of the iceberg relative to the shortage anticipated as the demographic wave of population over 65 begins to arrive with their sharply increased utilization of both inpatient and outpatient health care systems. For Oregon, health care workforce discussions require focusing on two related, but different issues of workforce size and workforce distribution. Oregon's population is distributed densely along the I-5 corridor and Bend/Redmond corridor, but sparsely throughout the rest of the state. OHSU's Policy Option Package supports an innovative approach increasing the number of physicians being trained in the State and at the same time helping to address the workforce distribution issue.

As competition continues to escalate among research universities, OHSU must foster a culture that facilitates innovative thinking and interdisciplinary collaboration to hold onto its talented researchers. Competition for research faculty is worldwide. OHSU will strengthen existing, and explore new, strategic alliances with Oregon State University, University of Oregon and Portland State University as well as government and the private sector so the state of Oregon operates from a competitive position in the global knowledge economy. Continued investment is needed to build capacity to produce a talented workforce that matches the growing needs of the state (health care professionals, scientists and researchers, and leaders of research institutions). The longer-term disinvestment in the academic programs and the lack of state funding increases to keep pace with Oregon's growing need for nurses, physicians, dentists, physician assistants and other health-related occupations means OHSU is holding production constant or even modestly increasing it when demand is escalating much more rapidly.

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

5. RESOURCES USED AND EFFICIENCY

Financially, OHSU divides its operations into two parts -- the hospital, or clinical operations, and the university, which includes research and medical school operations. In recent years, the hospital has generated a positive net income; however, the university or academic programs operate at a significant deficit.

OHSU's annual unrestricted operating budget is \$1.5 billion. With this money each year the university funds more than 13,000 jobs, educates over 3,500 students and trainees, and generates more than \$2.3 billion in annual regional economic activity. In an average year, OHSU treats more than 175,000 patients at its hospitals and clinics and subsidizes hundreds of community outreach services. The majority of OHSU's revenue relates to patient care, however, the university receives approximately 2.5% of its operating budget from the State of Oregon General Fund. State appropriations primarily are used to help support the educational programs in the schools and hospitals. The General Fund appropriations also provides some assistance for the programs of CDRC (Children's Development and Rehabilitation Center), which provides statewide clinical services for children with special health care needs. As a leader in biomedical research, OHSU earned \$324 million in research funding in fiscal year 2010. Additionally, OHSU serves as a catalyst for the region's bioscience industry and as an incubator for discovery. OHSU averages one new breakthrough or innovation every three days, and OHSU disclosed 130 inventions in 2009, many of which open new markets, spin-off new businesses and create new opportunities.

Facing Financial Challenges

The university historically has been the largest provider in the state of unfunded but needed services to low-income, vulnerable and underserved populations. These public services add costs that greatly exceed the reimbursement the institution receives, and their future will rely on multiple sources of support and a shared statewide commitment. Likewise OHSU's continued subsidization of its education programs is also at risk in a constrained funding environment.

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

Contact: David Robinson, PhD, Provost and Vice President for Academic Affairs	Phone: 503-494-4460
Alternate: Nancy P. Goldschmidt, PhD, Associate Vice Provost	Phone: 503-494-1445

The following questions indicate how performance measures and data are used for management and accountability purposes.

<p>1 INCLUSIVITY Describe the involvement of the following groups in the development of OHSU's performance measures.</p>	<ul style="list-style-type: none"> • Staff: President Robertson and the Executive Leadership Team (ELT) focus on metrics for tracking performance over time and benchmarks against comparison groups as a basis for overall strategic planning and developing improvement plans against resources available. The use of performance indicators for setting direction and evaluating results is an integral part of the Vision 2020 Strategic Plan. The plan, approved by the Board in late 2007, is currently under review as a part of the annual update process, which will result in an assessment of progress made to date and any changes that will be recommended to the Board. • The ELT reviews the results and targets of the various enterprises to provide feedback to enterprise heads. The KPMs aligned with the state budgeting process are one of many quality improvement and accountability systems designed to be responsive to state and federal government requirements, requirements of accrediting agencies and professional standards. The KPMs are housed in the different enterprise groups including Interim Provost David Robinson, Executive Vice President Peter Rapp, OHSU Hospitals and Clinics, Pitt Calkins, Interim VP and Chief Financial Officer of OHSU; and Norwood Knight-Richardson, Vice President for Administration and Chief Diversity Officer. • Elected Officials: Legislators and legislative staff have been highly involved in the process of selecting performance measures that communicate the outputs, outcomes and efficiency of OHSU services purchased by the state. The current set of Key Performance Measures was approved by the 2009 Legislature as a part of the OHSU budget bill. • Stakeholders: Customer groups have the opportunity to provide feedback and evaluate OHSU's performance. Several KPMs and other key performance indicators are based on surveys of patients. Student surveys are also a key component of the ongoing assessment of educational programs.
<p>2 MANAGING FOR RESULTS How are performance measures used for management of OHSU? What changes have been made in the past year?</p>	<ul style="list-style-type: none"> • Each of the three mission areas as well as the units in centralized services have been developing performance metrics to manage day-to-day programs and work processes as part of the development of five-year fiscal plans and other planning efforts. Each of the major units is developing appropriate systems for collecting and analyzing data. Some are using simple spreadsheets, but other units, such as research and human resources, require more sophisticated information technology. There is some overlap in the KPMs and the unit-level performance metrics.
<p>3 STAFF TRAINING What training has staff had in the past year on the practical value and use of performance measures?</p>	<ul style="list-style-type: none"> • The President, vice presidents, deans and other administrative staff participated in training sessions about the Oregon Benchmarks, key performance measures and the recommendations of the Governmental Accounting Standards Board for service efforts and accountability reporting. • For other performance metrics, as reflected in the quality effort in the Hospital, physicians and other health care providers are being trained regarding developing surveys, determining statistical and practical significance of the results, interpreting the meaning of results, prioritizing areas for improvement, designing improvement plans and evaluating results. This ongoing cycle is characteristic of the majority of operations at OHSU, with the goal of having it be characteristic of all.

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

4 COMMUNICATING RESULTS
How does OHSU communicate performance results to each of the following audiences and for what purpose?

- **Staff:** We have published a biennial report for the last 12 years and will continue to share performance information through this publication. In addition, during interim periods, the metrics are collected and shared with the ELT and the appropriate units within the institution. The OHSU Board has directed the development of a dashboard set of metrics that would be available on a continuous basis as early warning indicators of performance. There is considerable overlap between the two efforts, although the Board metrics are more comprehensive on both the patient care and fiscal market aspects of the institution.
- We have also launched OHSU's first Academic Fact Book to provide current year data and 10-year data trends related to programs, enrollment degrees, research, operating budget and philanthropy. This Fact Book is available as hard copy and on-line at: www.ohsu.edu/factbook
- **Elected Officials:** The OHSU Report to the Legislature produced every two years is the primary vehicle through which OHSU's accomplishments have been communicated. KPMS are used to support the development of policy.
- **Stakeholders:** The OHSU Board of Trustees discussed the performance results. Several publications are prepared to share results and accomplishments with stakeholders. They are updated every two years.
- **Citizens:** Several publications are prepared to share results and accomplishments with stakeholders. They are updated every two years.

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM # 1	DMD ACCESS Percent of first-year dental school positions filled by Oregon residents.	Measure since: 2007
Goal	ACCESS – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Based on the annual Institutional Enrollment Reports, OHSU Registrar’s Office	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Manage tuition policy to ensure an appropriate balance of cost, quality and access for Oregonians to OHSU’s nationally-ranked School of Dentistry.

2. **ABOUT THE TARGETS**

The targets are set based on the base capacity of the DMD program of 75 first-year dental school positions (cohort). Targets in 2010 and 2011 were approved by LFO and reflect the anticipated reductions in state funding and the importance of attracting non-resident students to maintain program quality.

3. **HOW WE ARE DOING**

In 2009, Oregonians comprised 11% of the applicant pool reflecting that dental education might have become unaffordable for some state residents. Oregon residents comprised 63% of the entering dental cohort.

4. **HOW WE COMPARE**

OHSU admits a smaller proportion of resident students compared to other public dental schools in the west. For the 2010-11 entering class, UCSF admitted 78% residents and the University of Washington admitted 82% residents. The entering dental cohort is 80 at UCSF, 55 at UW, 144 at the University of Southern California (private), and 140 at University of Pacific (private). OHSU’s SOD provides the only portal in the state for training Dentists, many of whom stay in the state to practice. More than 75% of Oregon’s dentists trained at OHSU.

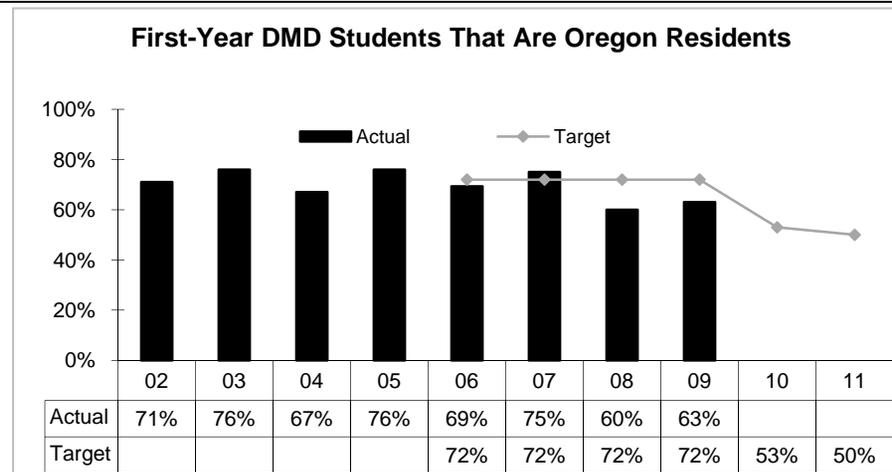
5. **FACTORS AFFECTING RESULTS**

The size of the entering class and proportion of residents are constrained by state funding per student among the lowest in the country. Declining state support has resulted in higher tuition for dental students and restricts OHSU ability to contribute to reducing Oregon’s dental workforce shortage.

6. **WHAT NEEDS TO BE DONE**

A healthy state depends on an adequate supply of well-educated and well-trained health professionals, including dental faculty. The declining ratio of dentists to Oregon’s population, which mirrors U.S. trends, places at risk the overall health of Oregonians. The national dental faculty shortage is due to several factors: annual 10% turnover rate among faculty, unfilled vacancies, budget/ salary limitations and impending retirements in the next 10 years – the mean and median ages of dental faculty are 52. Dental faculty recruitment and retention are critical to sustaining Oregon’s high quality program.

7. **ABOUT THE DATA** The data are based on fall headcount enrollment.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #2	MD ACCESS Percent of first-year medical school positions filled by Oregon residents.	Measure since: 2007
Goal	ACCESSS – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Based on the annual Institutional Enrollment Reports, OHSU Registrar’s Office	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Manage tuition policy to provide access to Oregonians and maintain program quality. Increase access to Oregon’s only medical school by making the program affordable for Oregon residents.

2. **ABOUT THE TARGETS**

The targets are set based on the base capacity of the MD program of 120 first-year medical school positions (cohort). Ideal performance is to maintain 70% of enrollment by Oregon residents as a steady state.

3. **HOW WE ARE DOING**

For the last three out of four years, the School of Medicine hit its target of 70% Oregon residents in its first-year medical school class. The drop in 2008 was due to a change in the applicant pool and a emphasis being placed on diversity and joint MD/PhD and MD/MPH applicants. In fall 2009, Oregonians filled 73% of the positons.

4. **HOW WE COMPARE**

The national average of first-year students enrolled in public medical schools was 86% in 2004-05 (range 31% to 100%).

5. **FACTORS AFFECTING RESULTS**

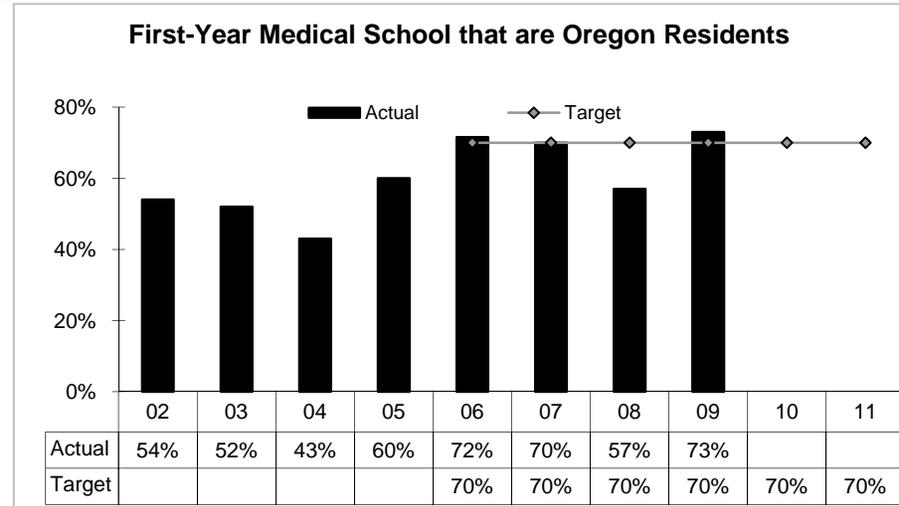
In 2010-11, Oregon residents enrolled in the first-year MD program will pay \$33,284 in tuition, compared to \$22,470 at the University of Washington, \$30,781 at UC San Francisco, \$6,550 at the University of Texas, \$25,571 at the University of Colorado, \$46,410 at the University of Southern California, \$45,050 at Harvard Medical School, and \$46,593 at Stanford University. Oregon’s resident students will pay nearly 50% more than Washington’s resident students and 10% more than California’s residents to go to medical school in their home states. The average debt load of a graduating medical student is more than \$170,000. This figure is daunting even for those earning the estimated mean physician income of \$216,000, as it can take years for younger doctors to reach that income level. Many primary care physicians or rural physicians earn one third less than this average. The price prevents students from lower-incomes and underrepresented minority groups from attending medical school at a time when physician diversity is necessary to address the needs of heterogeneous, multicultural patient populations.

6. **WHAT NEEDS TO BE DONE**

The high cost of medical education is a national issue. Initiatives in the U.S. include loan forgiveness programs for physicians who practice in underserved areas as well as state scholarships based on merit for students.

7. **ABOUT THE DATA**

The data are based on fall headcount enrollment.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #3	NURSING ACCESS Percent of first-year nursing positions filled by Oregon residents.	Measure since: 2007
Goal	ACCESS – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Based on the annual Institutional Enrollment Reports, OHSU Registrar’s Office	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Manage tuition policy to ensure an appropriate balance of cost, quality and access to nursing education for Oregonians by providing several pathways to complete a B.S. in Nursing throughout the state.

2. **ABOUT THE TARGETS**

Ideal performance on this measure is a steady state of a high proportion of Oregon resident enrollment. This proportion must remain in balance with university resources to maintain quality.

3. **HOW WE ARE DOING**

In 2009, 92% of the first-year nursing students in OHSU bachelor-level nursing program are Oregon residents. This high proportion of residents is related to the regional strategy, state investments in the nursing program, and increases in federal and state need-based aid.

4. **HOW WE COMPARE**

Nursing students, somewhat similar to teachers and social workers, tend to seek education and subsequent jobs close to home. This is typical of nearly all baccalaureate-level nursing programs in the United States and is true of Oregon’s neighboring states.

5. **FACTORS AFFECTING RESULTS**

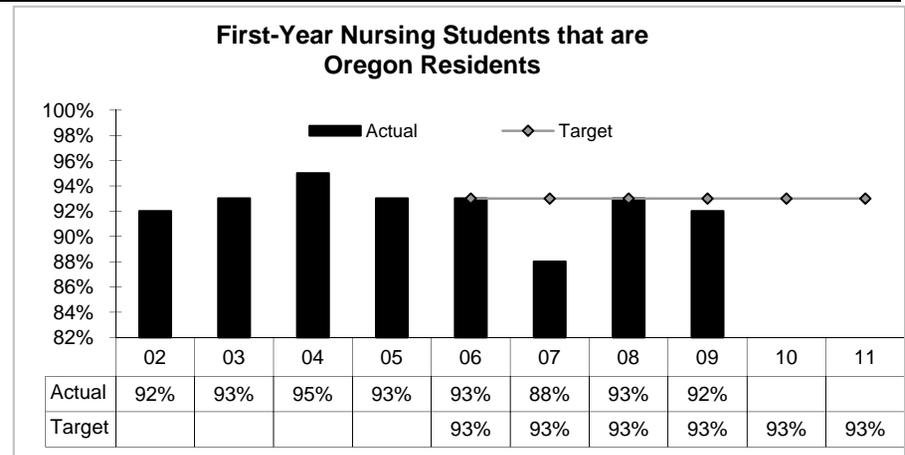
Students are selected for the nursing program based on rigorous admission criteria, with high overall GPAs and mathematics and science GPAs. The quality of the K-12 pipeline and quality of partner programs affects the proportion of in-state residents. Other factors include tuition and fees increases and the lack of scholarships available to support nursing students. Tuition for bachelor-level students increased 50% between 2006-07 and 2008-09. Given the state investment, tuition did not increase for 2009-10, providing much needed relief to OHSU’s nursing students. The high public tuition can prevent students from underrepresented minority groups or those with other financial responsibilities from advancing in the career pipeline at a time when nursing diversity is necessary to address the needs of heterogeneous, multicultural patient populations.

6. **WHAT NEEDS TO BE DONE**

In order to attract Oregon residents we need to examine the tuition and fees for resident students, increase our efforts to secure student scholarships, and strengthen relationships with health systems to support Oregon student success.

7. **ABOUT THE DATA**

The data are based on fall headcount enrollment.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #4	NURSING COMPLETION Percent of nursing student cohorts completing baccalaureates.	Measure since: 2007
Goal	QUALITY – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs.	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	OHSU Completion Reports	
Owner	Cherie Honnell, Director, Student Financial Aid and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Maintain and strengthen programs, policies and community partnerships to support timely academic progress for all nursing students to meet Oregon’s workforce needs.

2. **ABOUT THE TARGETS**

Targets for baccalaureate completion rate beginning in 2010-11 are based on (1) students entering as sophomores and completing within 5 years (150% time) and (b) students that earned baccalaureates in another field completing a baccalaureate within a significantly reduced timeframe.

(Note: Targets set prior to 2009-10 are based on students entering as juniors and completing baccalaureate within 4 years or 150% time).

3. **HOW WE ARE DOING**

Since 2002-03 through 2008-09, about 9 in 10 students entering the nursing program complete a baccalaureate within four years.

4. **HOW WE COMPARE**

There are no national norms for this measure. OHSU students have higher completion rates than comparable students in sciences and health sciences at OUS institutions (around 70%).

5. **FACTORS AFFECTING RESULTS**

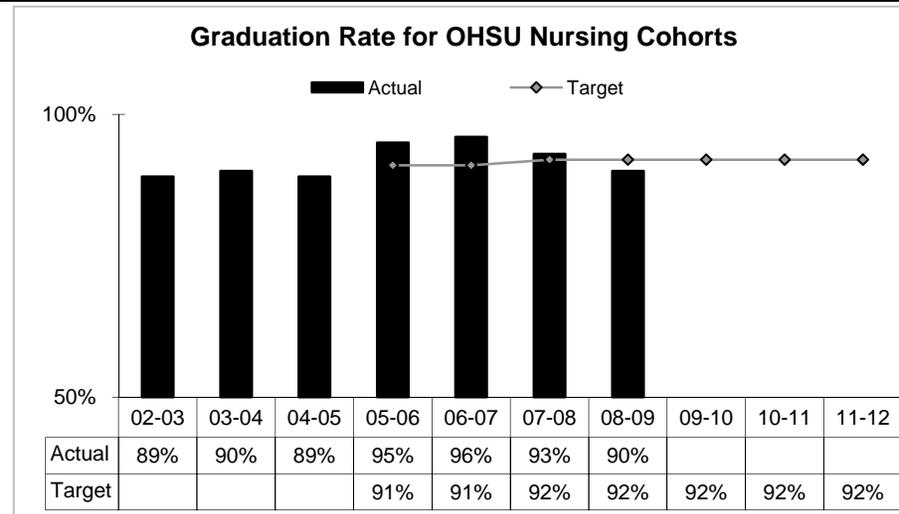
Student completion is influenced by several factors including: (1) rigorous admission criteria (high average GPAs and high mathematics and science GPAs), (2) students entering after completing first year of college, (3) students entering with baccalaureates in other fields, (4) academic progression standards based on competences attained in a rigorous academic program and (5) state-of-the-art clinical simulation labs to augment on-site clinical training.

6. **WHAT NEEDS TO BE DONE**

OHSU has created new models for students to become highly trained nurses in collaboration with Oregon universities and community colleges. Staff will analyze program effectiveness including how support programs meet the unique needs of diverse student populations.

7. **ABOUT THE DATA**

Graduation rates for years beginning in 2010-11 reflect progress of students entering OHSU as sophomore students or accelerated baccalaureate students at one of the OHSU sites. Excludes part-time students enrolled through distance education/ on-line completion programs. The reporting cycle is the academic year. Disaggregated data by regional site are available.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #5	DEGREES AND CERTIFICATES Total degrees and certificates awarded.	Measure since: 2005
Goal	DEGREES AND CERTIFICATES – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth.	
Data source	Degrees and certificates awarded during years ended June 30. BANNER Student Information System	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Sustain the number of undergraduate and graduate students entering and completing degrees in healthcare professions and biomedical sciences through internationally respected programs and faculty, facility development, and strong support for students. Expand program opportunities by partnering with other Oregon institutions to deliver highly specialized degrees without adding additional faculty.

2. **ABOUT THE TARGETS**

Ideal performance on this measure is an increase in the number of graduate students earning advanced degrees in the biomedical sciences and engineering and health care providers. Targets for 2010-11 and 2011-12 changed with LFO approval from those submitted to Ways & Means to correct errors identified after submission.

3. **HOW WE ARE DOING**

In 2008-09, OHSU awarded 888 degrees and certificates, of which two-thirds are advanced degrees. The number of degrees and certificates awarded fluctuates annually due to student progression rates. Several new master’s programs in the School of Medicine respond to the changing environment of health and health care and will result in small increases in total degrees over current levels.

4. **HOW WE COMPARE**

For the majority of PhD programs and the professional programs (MD, DMD and PharmD which is a joint degree with OSU), OHSU is Oregon’s only educational provider. For the bachelor’s nursing program, OHSU offers Oregon’s only public option.

5. **FACTORS AFFECTING RESULTS**

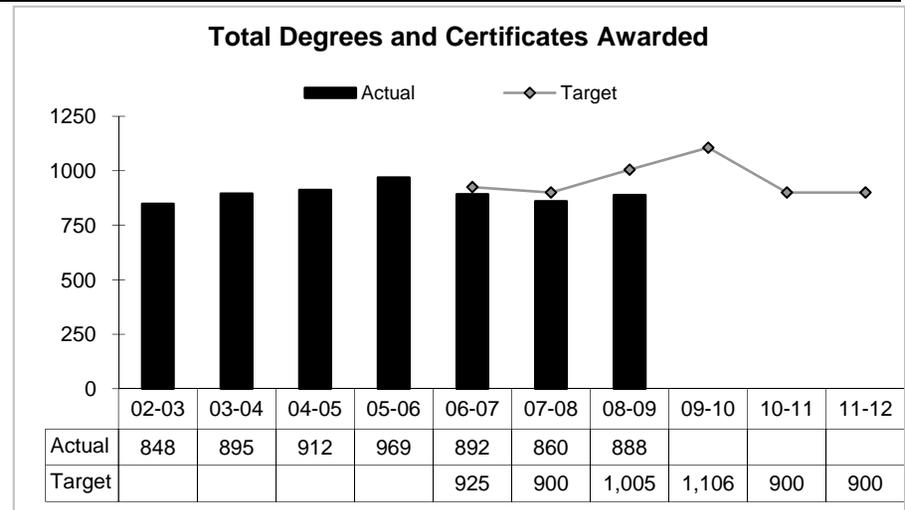
The quality of entering students is very high and is a good predictor of student success in completing degrees.

6. **WHAT NEEDS TO BE DONE**

For Oregon’s economy to grow, researchers and scientists are needed in industrial and academic environments. Today’s health care workforce is insufficient to meet existing demands; this includes physicians, nurses and allied health professionals. This leaves in question OHSU’s ability to train a sufficient number of physicians professional practice master’s degrees for the future. Increased production of degrees and certificates could be achieved with new resources to increase enrollment in targeted workforce shortage areas.

7. **ABOUT THE DATA**

The reporting cycle is the academic year. Data are available disaggregated by gender, race/ethnicity and residency and by school and level of study upon request. Includes joint degrees awarded with Oregon Institute of Technology and Oregon State University.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #6	DENTIST WORKFORCE Total D.M.D. degrees awarded.	Measure since: 2005
Goal	DENTIST WORKFORCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared for health professions.	
Data source	Degrees awarded during years ended June 30. BANNER Student Information System.	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. OUR STRATEGY

Provide a quality program that prepares graduates for successful dental practice.

2. ABOUT THE TARGETS

The targets are based on the assumption that most of the admitted students will complete degree requirements on schedule.

3. HOW WE ARE DOING

In 2008-09, we awarded 78 DMD degrees, which includes students from the 2003 cohort that finished in fall 2008. Students completing a term or two late do so in order to complete clinical requirements, often related to the availability of patients.

4. HOW WE COMPARE

Undergraduate GPAs of matriculated students rank in the top ten of all US dental schools. With a high pass rate on the dental licensure exam, OHSU has a reputation of training superb clinical dental practitioners.

5. FACTORS AFFECTING RESULTS

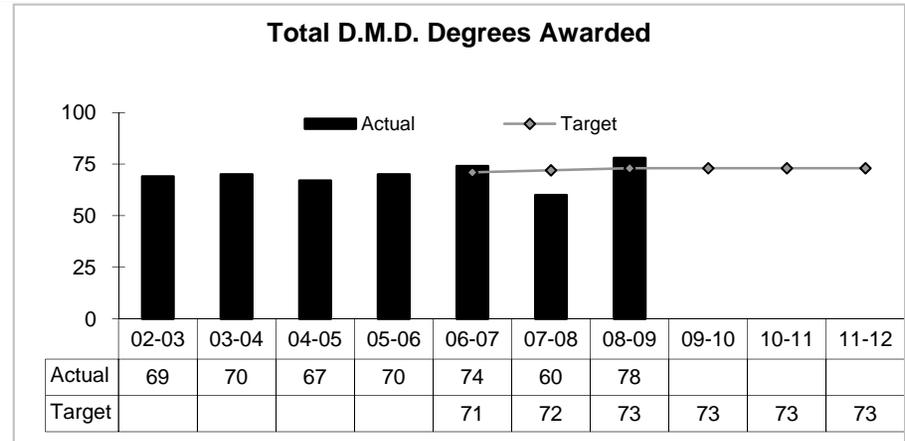
Enrollment and degree production are constrained by the number of laboratory and clinical stations in the School of Dentistry building. With a 2002 remodel of the pre-clinical stations in the current facility, we increased first-year enrollment from 70 to 75 students.

6. WHAT NEEDS TO BE DONE

With nearly a third of dentists aged 55 years and older, many will retire in the next several years, creating a dental workforce shortage in Oregon. To encourage students to select rural and urban, underserved communities for their practices, we are initiating a clinical experience in established dental practices throughout Oregon beginning 2008-09. Research compiled over the last five years suggests that gum disease – especially if the condition has persisted for a long time without treatment – can contribute to diabetes, cardiovascular disease and stroke, pregnancy complications, osteoporosis and some types of cancers.

7. ABOUT THE DATA

The reporting cycle is the academic year.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #7	PHYSICIAN WORKFORCE Total MDs awarded.	Measure since: 2005
Goal	PHYSICIAN WORKFORCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Degrees awarded during years ended June 30. BANNER Student Information System.	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Graduate physicians to meet workforce needs by increasing capacity as state funds allow. Meaningful health care reform depends on a robust and geographically well-distributed physician supply.

2. **ABOUT THE TARGETS**

The targets were set in 2006 based on an expanded MD class size of 120, and reduced to 115 due to the tort cap loss. Targets for 2010-11 and 2011-12 changed from those submitted to Ways & Means to correct errors identified after submission.

3. **HOW WE ARE DOING**

MD production corresponds to the funding levels and meets target. The entering class has increased from 96 in 2000 to 121 in 2009. The spike in degrees awarded in 2004 relates to students who received approved academic leaves in 2002 and 2003 and returned to complete in 2004.

4. **HOW WE COMPARE**

OHSU SOM ranked near or at the bottom in state funding in 2007 for publicly-assisted medical schools and 13 publicly-assisted medical schools in the western states. The state allocation per MD student in FY 2007 included \$229,922 at UC-San Francisco, \$103,750 at the University of Washington, and \$25,681 at OHSU. The size of the entering cohort in 2008-09 is 115 at OHSU compared with 168 at University of California, San Francisco and 216 at the University of Washington. Oregon is more similar to Washington as each state has only one medical school, public or private.

5. **FACTORS AFFECTING RESULTS**

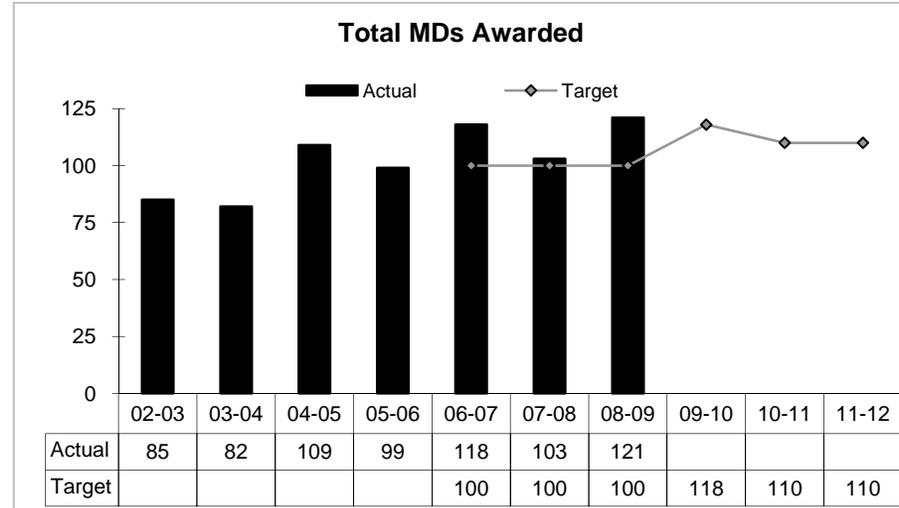
OHSU is working to increase diversity in medical education and advance health care equity in Oregon through a number of initiatives and fundraising efforts.

6. **WHAT NEEDS TO BE DONE**

To address the workforce shortage OHSU will need to increase its medical school class size. At present, the size of the medical school class is constrained by the capacity of its facilities, however, when the OHSU/OUS Collaborative Life Sciences Building comes on line, the intention is to increase the incoming class from 120 to 160 students. Another important approach to addressing the workforce shortage is to increase the number of MD Resident training spots in Oregon. OHSU’s Policy Option Package for the 2011/12 biennium is designed to increase MD Resident training sites around the State.

7. **ABOUT THE DATA**

The reporting cycle is the academic year.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #8	NURSING WORKFORCE Total bachelor's degrees awarded in nursing.	Measure since: 2005
Goal	QUALITY – Educate tomorrow's health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Degrees awarded during years ended June 30. BANNER Student Information System	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Promote partnerships and programs that increase student access, facilitate student progress, and ensure academic quality at the undergraduate level.

2. **ABOUT THE TARGETS**

OHSU set targets based on all fund sources (state, federal and private). Federal and private training grant funds of limited duration discontinued in 2004-05 (causing sharp drop in degrees awarded in 2006-07 and 2007-08 well below the intended target). Revised future targets assume sustained state investment in base capacity plus the supplements provided in 2007 legislative session at Ashland, Klamath Falls, La Grande, and Portland plus addition of a fifth site in Monmouth.

3. **HOW WE ARE DOING**

OHSU awarded 211 bachelor's degrees in nursing in 2008-09. With the added state investments in 2005-2007 and 2007-2009, a target of 322 bachelor's degrees is achieved in 2013-14, the plateau at current funding level.

4. **HOW WE COMPARE**

The statewide shortage of nurses mirrors regional and national conditions. Recent program expansion aims to address this shortage.

5. **FACTORS AFFECTING RESULTS**

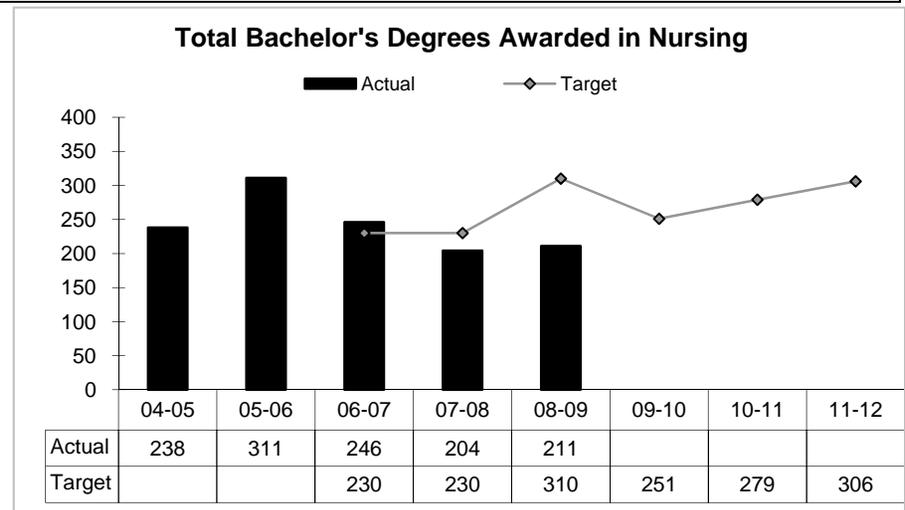
Bachelor's degree production in nursing is affected by enrollment in earlier years and timely student progress, as demonstrated in OHSU's nursing completion rates (KPM #4).

6. **WHAT NEEDS TO BE DONE**

Degree production depends on qualified students entering OHSU's nursing programs (from universities and Oregon community colleges), obtaining the classes they need to complete their degrees, and successfully progressing through their academic programs. OHSU must monitor access and affordability of the nursing program, persistence and completion rates to achieve bachelor's degree production targets. The overall health and well-being of Oregon citizens depends on having a viable public option to attain nursing education throughout the state.

7. **ABOUT THE DATA**

The reporting cycle is the academic year. Data include all baccalaureate nursing degrees awarded by OHSU.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #9	NURSING FACULTY Total graduate degrees and certificates awarded in nursing.	Measure since: 2005
Goal	HEALTH CARE WORKFORCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Degrees and certificates awarded during years ended June 30. BANNER Student Information System.	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Increase graduate-level nursing capacity to ameliorate statewide faculty shortages and to increase Oregon’s workforce of highly educated nurses.

2. **ABOUT THE TARGETS**

Targets, beginning in 2010-11 are based on sustained state funding for the Nursing Faculty POP (2007 legislative session). Targets for 2010-11 and 2011-12 were increased with LFO approval from those submitted to Ways & Means to reflect more accurate projections.

3. **HOW WE ARE DOING**

In 2008-09, we awarded 87 advanced degrees and certificates in nursing. The average annual number awarded in the last seven years is 72. The increase in the last two years is attributed to a one-time federal training grant in 2003-04 through 2005-06. Given the additional state funding, OHSU will be able to sustain production levels in the 70s.

4. **HOW WE COMPARE**

There are no national norms. We operate programs at capacity based on available resources.

5. **FACTORS AFFECTING RESULTS**

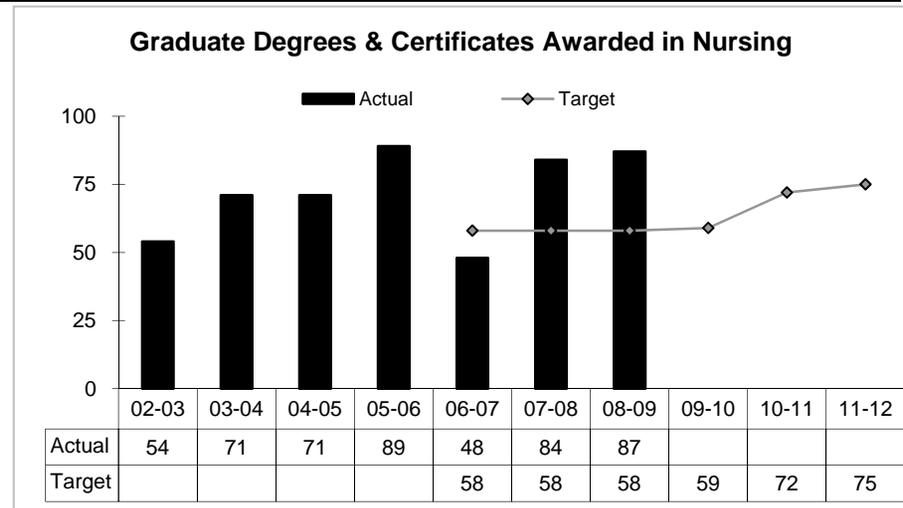
Whether these nurses take faculty positions in universities and community colleges depends on the competition for these advanced degree nurses. Positions for master’s and doctoral- level nurses are found in a wide range of industries that are able to offer more competitive compensation packages than postsecondary institutions.

6. **WHAT NEEDS TO BE DONE**

Continue to increase the enrollment of graduate- level nursing students to develop faculty required to implement the nursing workforce initiatives and address nursing faculty workforce shortages. Additionally, the SON is working to expand the delivery of graduate education across the state, using distance learning as appropriate.

7. **ABOUT THE DATA**

The reporting cycle is the academic year.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #10	PROFESSIONAL COMPETENCE Percent of DMD student cohort passing senior-level credentialing examinations on the first attempt.	Measure since: 2005
Goal	PROFESSIONAL COMPETENCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion; graduates prepared to work in health professions.	
Data source	Based on annual report from American Dental Association Joint Commission on National Dental Exams.	
Owner	Dr. Phyllis Beemsterboer, Academic Associate Dean, School of Dentistry, 503-494-8515	

1. **OUR STRATEGY**

Ensure highest quality of practicing dentists by providing dental curriculum and clinical experiences that are continually improved and meet external accreditation standards.

2. **ABOUT THE TARGETS**

The target is to meet or exceed the national pass rate on the national dental boards.

3. **HOW WE ARE DOING**

Dental students have done exceptionally well and making progress against targets.

4. **HOW WE COMPARE**

Dental students have a very high first-time pass rate on the national dental boards examination compared to the national average.

5. **FACTORS AFFECTING RESULTS**

Given the small number of OHSU dental students, a failure of one student on this exam can have a big impact on the OHSU pass rate.

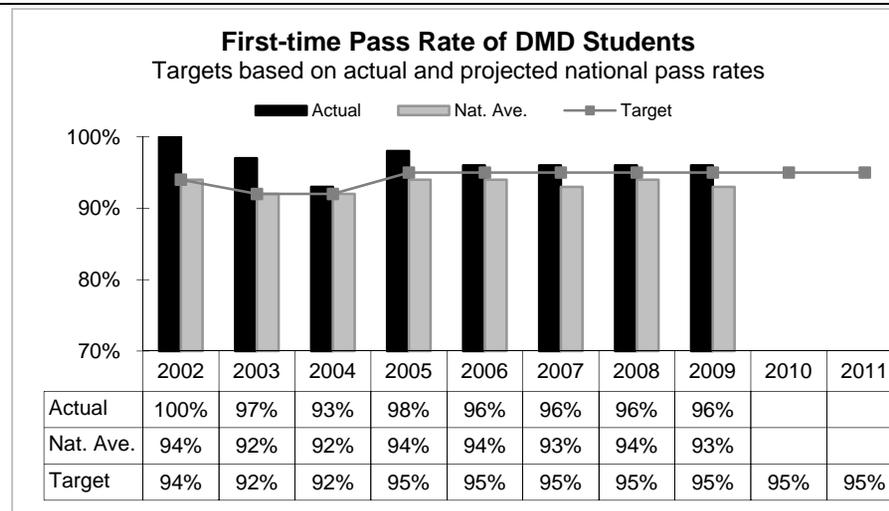
The reasons for students not passing on the first attempt are frequently related to experiences beyond the control of the program (e.g., student illness, birth of a child). These students that fail on the first attempt, retake the exam and pass.

6. **WHAT NEEDS TO BE DONE**

The School of Dentistry closely monitors these pass rates and uses this information as feedback to improve the program. These pass rates are among the factors students consider in choosing a dental school and reflect both admissions standards and program quality.

7. **ABOUT THE DATA**

The reporting cycle is based on an academic year. Because of state and federal laws regarding educational rights and privacy combined with the small cohort size, these data are available only in aggregation. One person failing the exam has greater than a 1 percentage point impact, and should not be interpreted as having statistical significance.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #11	PROFESSIONAL COMPETENCE Percent of MD student cohort passing senior-level credentialing examinations on the first attempt.	Measure since: 2005
Goal	PROFESSIONAL COMPETENCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion; graduates prepared to work in health professions.	
Data source	Based on annual reports prepared by the National Board of Medical Examiners on pass rates on USMLE Step 2.	
Owner	Dr. Tana Grady-Weliky, Associate Dean for Medical Education, OHSU, 503-494-5216	

1. **OUR STRATEGY**

Ensure highest quality of physicians by providing curriculum and clinical experiences that are continuously improved to meet external accreditation standards.

2. **ABOUT THE TARGETS**

The target is to meet or exceed the national pass rate on the national boards (USMLE Step 2). The targets reported in 2000 through 2005 are actual national pass rates. The 95% targets for 2006 through 2011 are based on the projected national pass rates.

3. **HOW WE ARE DOING**

This measure has been at target in all years and above target in the last two years. OHSU is trending in the right direction.

4. **HOW WE COMPARE**

OHSU’s MD graduates are prepared to advance to the next stage of training which is corroborated by the MD graduates that get their first preference for a medical residency.

5. **FACTORS AFFECTING RESULTS**

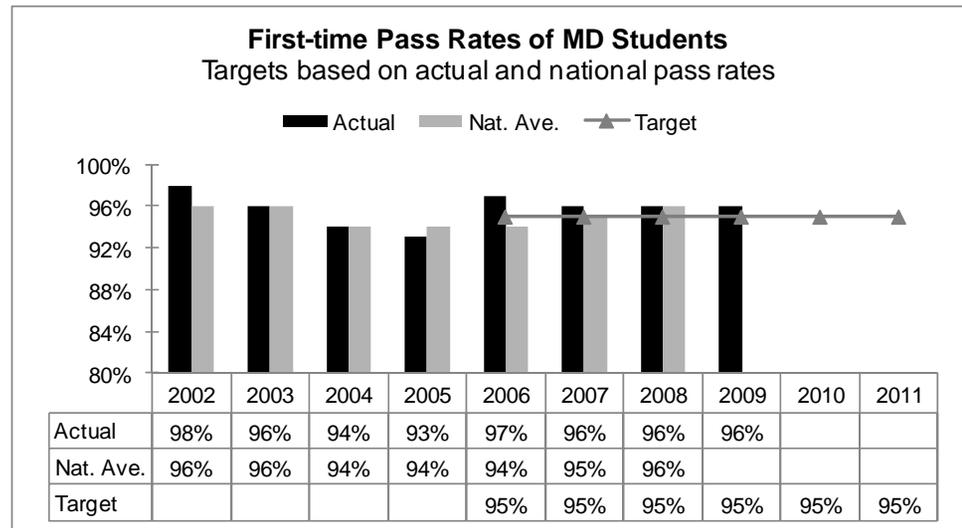
OHSU performance mirrors the national trend of incremental decline between 2000 and 2005. During these years, the exam and performance standards were revised. Licensure has several purposes that serve the public interest. Chief among them is reasonable assurance that a licensee has fulfilled requirements set forth by experts that are considered essential for safe practice in the medical profession. The reasons for students not passing tend to be related to experiences beyond the control of the program (e.g., student illness, birth of a child, USMLE established cut off of 5% fail rate). OHSU students retake the exam and pass on the second attempt.

6. **WHAT NEEDS TO BE DONE**

The School of Medicine closely monitors these pass rates and uses this information as feedback to improve the MD program. These pass rates are among the factors students consider in choosing a medical school.

7. **ABOUT THE DATA**

The reporting cycle is based on an academic year and reflects the year the exam was taken, not the reporting cycle.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #12	PROFESSIONAL COMPETENCE Percent of BS nursing cohort passing credentialing examination after graduation on the first attempt.	Measure since: 2005
Goal	PROFESSIONAL COMPETENCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion; graduates prepared to work in health professions.	
Data source	Annual reports prepared by the National Council of State Boards of Nursing.	
Owner	Paula Gubrud-Howe, Associate Dean for Academic Partnerships, Technology and Simulation, School of Nursing, 503-494-3490	

1. **OUR STRATEGY**

Ensure quality of highly trained nurses by providing nursing curriculum and clinical experiences that reflect criteria for excellence.

2. **ABOUT THE TARGETS**

The target is to exceed the national pass rate on the national board examination (NCLEX). Targets for 2009 through 2011 are projected national pass rates.

3. **HOW WE ARE DOING**

Between 2007 and 2008 OHSU adopted new initiatives to meet the target. As a result OHSU exceeded its target in 2008 and 2009.

4. **HOW WE COMPARE**

Between 2000 and 2005, first-time test takers in OHSU’s nursing program have bettered the national pass rate for the NCLEX. In more recent years, performance is at the bubble or below.

5. **FACTORS AFFECTING RESULTS**

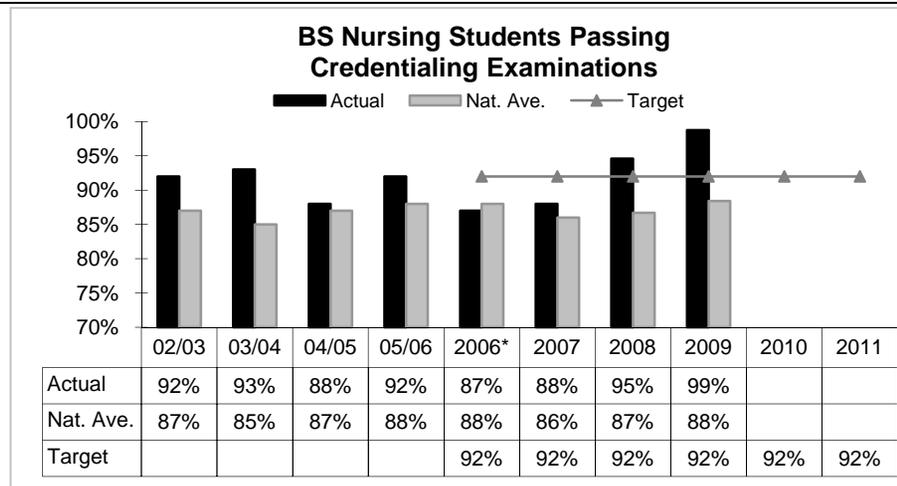
Students decide when they are eligible to sit for the NCLEX based on seat time, rather than readiness.

6. **WHAT NEEDS TO BE DONE**

In spring 2008, we implemented a strategy to ensure student success by focusing on exam preparation and performance-based feedback from faculty about student readiness to pass the NCLEX examination. The School of Nursing faculty annually reviews these performance data against the professional accreditation requirements reflected in the examinations as a basis for providing the highest quality program and ensuring student success. We anticipate that these changes will translate into OHSU achieving the targets.

7. **ABOUT THE DATA**

*The reporting cycle moved from an academic year to calendar year reporting in 2006. Aggregate pass rate based on junior and senior students enrolled at the Portland campus as well as Ashland, Klamath Falls and La Grande on OUS campuses as well as students in our pre-licensure programs. With the implementation of the new three-year curriculum beginning fall 2006 with community college partners, students will be tracked as separate cohorts until the last graduate of the two-year curriculum.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #13	RESEARCH PRODUCTIVITY Research Dollars Per Faculty	Measure since: 2010
Goal	RESEARCH PRODUCTIVITY - Explore new basic, clinical and applied research in health, biomedical, environmental, & information sciences.	
Oregon Context	ECONOMIC CAPACITY OBM #7; Research and Development.	
Data source	OHSU Office of Research Development and Administration.	
Owner	Dr. Daniel Dorsa, VP Research, 503-494-1085	

1. **OUR STRATEGY**

Sustain productivity as federal and non-federal funding levels fluctuate as a result of the global economic crisis. Attract and retain productive faculty and develop university capacity for successful pursuit of research funding.

2. **ABOUT THE TARGETS**

The targets are based on the total revenue generated from research in a fiscal year divided by the number of faculty with PI status

3. **HOW WE ARE DOING**

In FY10, OHSU reached \$321.6 M in total sponsored projects, \$ 206 M from NIH. The average per eligible faculty was \$198,877 in FY 2010, 17% higher than the target of \$170,000. Total sponsored awards received in 2008 and 2009 were \$299 M and \$303 M, respectively.

4. **HOW WE COMPARE**

As a result of the Oregon Opportunity and related strategic initiatives, OHSU changed nine positions within one year from 32 in 2003 to 23 in 2004. SOM target for 2009 of "Top 20". In 2006 OHSU formed the Oregon Clinical and Translational Research Institute, which was competitively awarded. Out of 128 medical schools, OHSU is ranked 20 in NIH funding and ranked 2 in NIH funding for neuroscience research.

5. **FACTORS AFFECTING RESULTS**

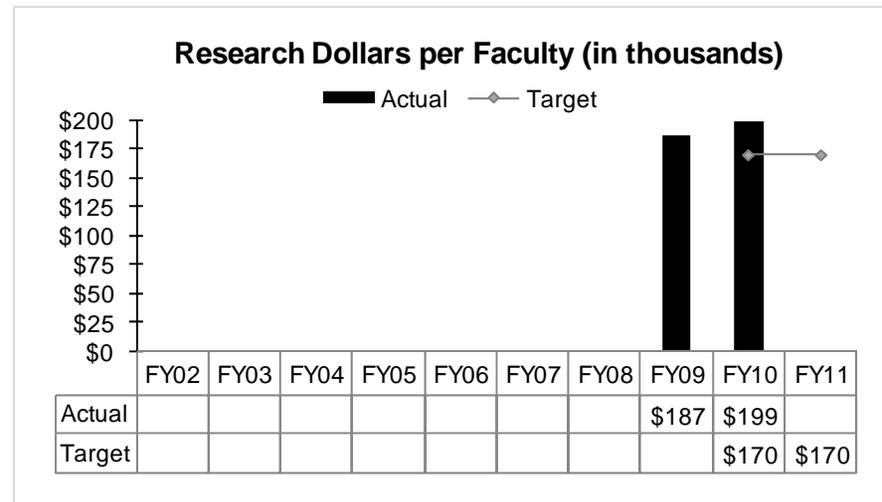
This measure is affected by changes in external funding for sponsored research and by growth (or decline) in the number of faculty. Despite increased competition for NIH grants due to the flattening of federal appropriations, OHSU was successful.

6. **WHAT NEEDS TO BE DONE**

OHSU must recruit and retain the highest quality of faculty and researchers with proven track records. Most OHSU faculty must bring in the majority of the support for their own faculty position and all of the support for the people in their research groups. This selects for a highly responsive faculty and provides flexibility and incentive to respond to emerging research directions. The executive leadership team and the OHSU Foundation conducted a faculty needs assessment to direct fundraising and investment priorities for retaining top faculty.

7. **ABOUT THE DATA:**

The reporting cycle is the OHSU fiscal year. Only Faculty with Principal Investigator status are permitted to submit grants at OHSU. Faculty numbers include all full-time academic employees at OHSU that have Principal Investigator status. Positions at OHSU not eligible include faculty appointments in hospitals and clinics, adjunct faculty, and program/unit directors. Revised methodology for reporting this KPM is the reason no data appear in years prior to FY 2008.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #14	PATIENT EXPERIENCE – OHSU Adult Inpatient Overall Mean Score Performance	Measure since: 2008
Goal	SERVICE EXCELLENCE – Deliver outstanding service to all patients.	
Oregon Context	SOCIAL SUPPORT OBM HEALTH #39-46; Clinical Excellence and Healthy Oregonians.	
Data source	Press Ganey (Effective 7/1/2008)	
Owner	Peter Rapp, Executive Vice President and Executive Director OHSU Healthcare, 503-494-4036	

1. **OUR STRATEGY**
Implement service excellence standards; provide convenient, coordinated patient- and family-centered care.

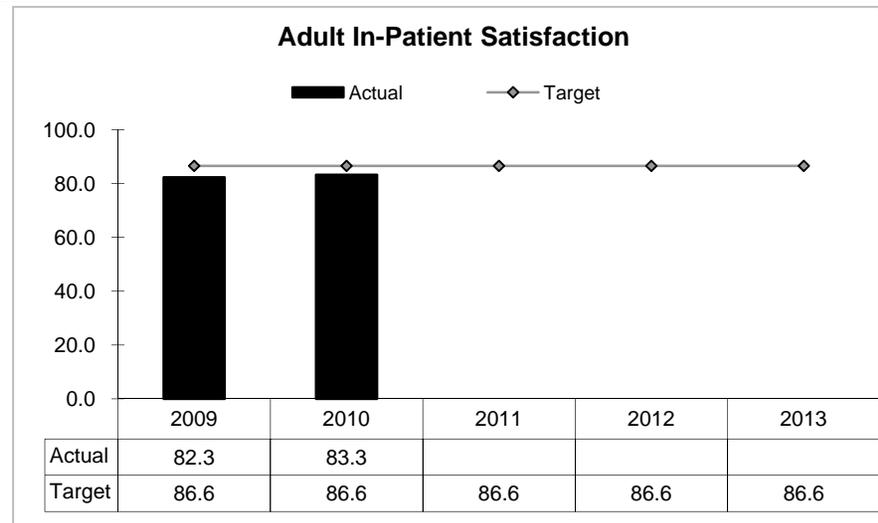
2. **ABOUT THE TARGETS**
OHSU strives to perform in the top quartile for inpatient overall mean score rating in relation to the 1,750 other hospitals in the comparative data base. In order to reach the target percentile ranking, OHSU would need an overall mean score of 86.6

3. **HOW WE ARE DOING**
Since beginning data collection in July, 2008, OHSU adult inpatient overall composite mean score = 82.8.

4. **HOW WE COMPARE**
OHSU’s patient experience overall composite mean score of 83.3 for adult inpatients puts OHSU in the 12th percentile when compared to the 1,750 other hospitals in the database. The mean score for all 1,750 hospitals in the national database is 86.0.

5. **WHAT NEEDS TO BE DONE**
OHSU has imbedded the required patient experience questions in the overall inpatient survey tool which is used to get better comparisons for benchmarking opportunities, patient ease of using the survey, and solution strategies. OHSU has trained patient care staff and physicians on the meaning and interpretation of the survey data and improvement strategies.

6. **ABOUT THE DATA**
OHSU switched contracted providers from NRC Picker to Press-Ganey, effective 7/1/08 to provide for a more robust comparator group (1,750 hospitals nationally). Patient experience data is collected and aggregated based on random selection of all discharged inpatients within one week of discharge. The approximate survey return rate of 28% is above industry standard. Data is reported based on OHSU’s fiscal year July 1 – June 30. Effective 7/1/08, the measurement of survey results have changed. A weighted average of all patient responses is now used. The rating and scoring are as follows: (1) Very Poor = 0 points, (2) Poor = 25 points, (3) Fair = 50 points, (4) Good = 75 points, and (5) Very Good = 100 points. Once all responses to every question on the survey are totaled, a “mean score” is calculated for OVERALL RATING. Before July 2008, OHSU had replaced the original “rating of OHSU by Portland consumers and consumer choice awards” with a new hospital survey developed by the National Research Corporation, the same vendor. The process of awarding annual, “Consumer Choice Awards” does not provide customer satisfaction data that can be used to improve service and care quality as it does not focus on those who receive OHSU clinical services, the primary customer/consumer of the Hospitals. OHSU has transitioned from patient satisfaction question methodology to a combination of patient satisfaction and experience question methodology, now a national standard in patient survey tools. OHSU has integrated the CMS patient experience questions in the overall inpatient survey tool. OHSU’s publicly reported data can be found on hospitalcompare.hhs.gov.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #15	PATIENT EXPERIENCE- OHSU Pediatric Inpatient Overall Mean Score Performance	Measure since: 2005
Goal	CLINICAL CARE QUALITY – Deliver excellence in health care services to all patients. Improve clinical performance.	
Oregon Context	SOCIAL SUPPORT OBM HEALTH #39-46; Clinical Excellence and Healthy Oregonians.	
Data source	Press Ganey (Effective 7/1/2008)	
Owner	Peter Rapp, Executive Vice President and Executive Director OHSU Healthcare, 503-494-4036	

1. **OUR STRATEGY**

Implement service excellence standards; provide convenient, coordinated patient- and family-centered care.

2. **ABOUT THE TARGETS**

The data and targets are based on those respondents who indicated “definitely yes” or “probably yes” when asked if they would recommend OHSU Doernbecher Children’s Hospital. In July 2008, the percentage based system was changed to one of Mean Scores; this change required a revision of targets beginning in 2008.

3. **HOW WE ARE DOING**

In 2009, the satisfaction mean rating of pediatric in-patients at Doernbecher Children’s Hospital was 84.2. This represents constant performance compared to the prior year but 3 points lower than the target.

4. **HOW WE COMPARE**

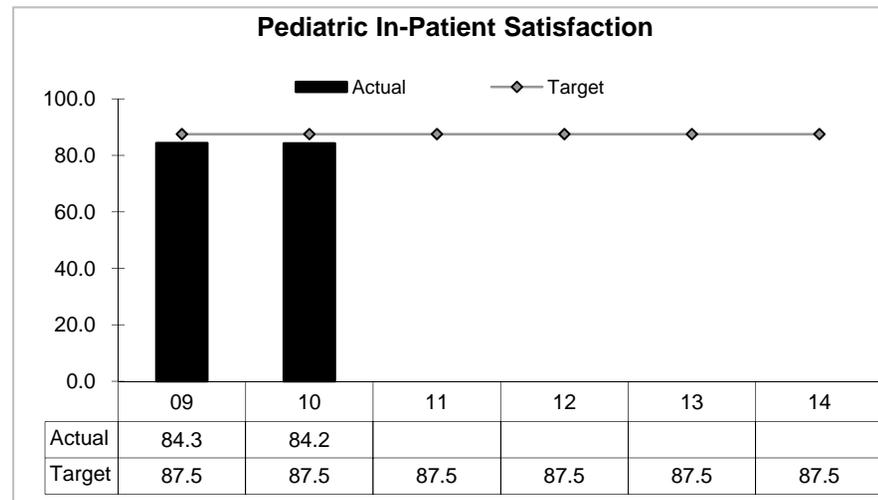
There are no national data for this KPM.

5. **WHAT NEEDS TO BE DONE**

OHSU has imbedded the required patient experience questions in the overall in-patient survey tool which is used to get better comparisons for benchmarking opportunities, patient ease of using the survey, and solution strategies. OHSU is training physicians on the meaning and interpretation of the survey data.

6. **ABOUT THE DATA**

OHSU switched contracted providers to provide for a more robust comparator group (1,750 hospitals nationally). Patient experience data is collected and aggregated based on random selection of all discharged inpatients within one week of discharge. The approximate survey return rate of 28% is above industry standard. Data are reported based on OHSU’s fiscal year July 1 – June 30. Effective 7/1/08, the measurement of survey results have changed. A weighted average of all patient responses is now used. The rating and scoring are as follows: (1) Very Poor = 0 points, (2) Poor = 25 points, (3) Fair = 50 points, (4) Good = 75 points, and (5) Very Good = 100 points. Once all responses to every question on the survey are totaled, a “mean score” is calculated for OVERALL RATING.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #16	POISON CENTER EFFECTIVENESS Percent of poisoning or toxic exposure cases managed at home.	Measure since: 2005
Goal	POISON CENTER EFFECTIVENESS –Reduce mortality from poisonings and toxic exposures..	
Oregon Context	HEALTH OBM# 45: Preventable Death; PROTECTION OBM #50: Child Abuse or Neglect.	
Data source	Annual Report of the American Association of Poison Control Centers Toxic Exposure Surveillance System (TESS).	
Owner	Sandy Giffin, RN, MS, Department Director, Oregon Poison Center, 503-494-8600	

1. **OUR STRATEGY**

Provide rapid statewide triage services to reduce mortality from poisonings and toxic exposures.

2. **ABOUT THE TARGETS**

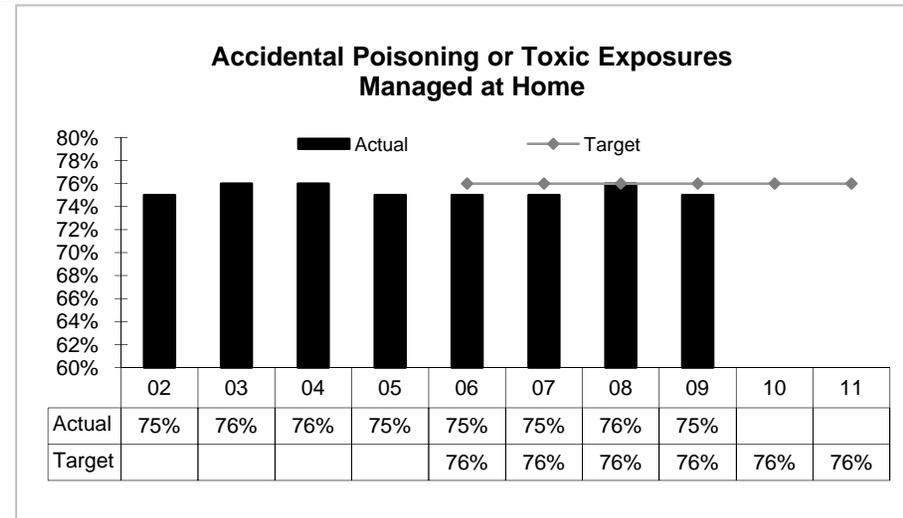
The appropriate management of poison exposed victims is essential.

3. **HOW WE ARE DOING**

For 2009 the Poison Center managed 75.03% of cases at home. Alternative health care costs for these patients if poison center home management was not available would be \$16,944,635 based on recent studies.

4. **HOW WE COMPARE**

CDC has estimated mortality due to unintentional poisoning has increased nationally by 62.5% between 1999 and 2004, with 68.3% increase in drug-poisoning deaths. While poison centers are well utilized for pediatric accidental poisoning cases, adolescent/adult drug overdoses are representing an increasing health care concern. Calls from health care providers seeking consultation in management of patients already in health care facilities are increasing from 14% of total calls in 2006, to 15% in 2007.



5. **FACTORS AFFECTING RESULTS**

Nationwide reduction in morbidity and mortality from childhood poisonings children may be related to a number of factors: development in widespread use of child-resistant packaging, reduction of the number of children’s pain reliever in bottles, the use of non-aspirin products for treatment of fever during childhood, the development of poison control centers, the use of Ipecac to induce vomiting, and better medical care for treatment of ingestions. Increased incidence of overall unintentional morbidity and mortality rates is impacted by increased drug related poisonings in teens and adults.

6. **WHAT NEEDS TO BE DONE**

Poison centers need to partner with other drug awareness programs to increase visibility as a resource for poisoning and drug overdose incidents among teens and adults. OPC needs to continue to continue and expand educational services to physicians and parents, plus dispenses “Yuk” and emergency telephone number stickers as simple devices to help reduce accidental poisonings.

7. **ABOUT THE DATA**

The reporting cycle is Oregon fiscal year.

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #17	CDRC SERVICES Total clinical, surgical and/or diagnostic services provided to patients	Measure since: 2007
Goal	CDRC SERVICES – Improve lives of individuals with disabilities or special health needs.	
Oregon Context	SOCIAL SUPPORT OBM #39-46: Health Factors	
Data source	CDRC Report for State Performance Measures	
Owner	Brian Rogers, MD, Director, CDRC, 503-494-8362	

1. **OUR STRATEGY**

Provide convenient, coordinated patient- and family-centered care/purchased services to families throughout Oregon.

2. **ABOUT THE TARGETS**

In the CDRC services example at right, a larger number of total services reflect the complexity and acuteness of care required by the patients served by CDRC.

3. **HOW WE ARE DOING**

Current performance is on target.

4. **HOW WE COMPARE**

CDRC bundles services in one visit to reduce the inconvenience and cost to patients, many of whom travel long distances to receive health care services not available in their local communities. There are no national comparison data.

5. **FACTORS AFFECTING RESULTS**

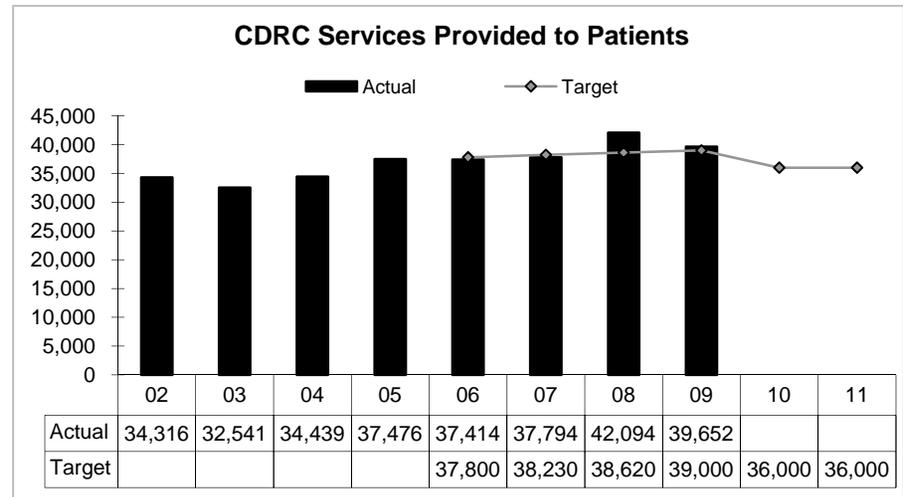
The acuity of care and proportion of patients that are uninsured affects total CDRC capacity. CDRC fulfills a statewide mission in that many of our patients come from underserved communities in Oregon and require very specialized treatment.

6. **WHAT NEEDS TO BE DONE**

The CDRC patients are medically fragile and continue to need a wide array of clinical, surgical and diagnostic services beyond childhood.

7. **ABOUT THE DATA**

The data reporting cycle is Oregon Fiscal Year.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #18	HOSPITAL MORTALITY Ratio of observed mortality over expected mortality for OHSU inpatients	Measure since: 2007
Goal	HOSPITAL MORTALITY – Improve clinical performance; maintain OHSU's top standing among leading hospitals nationally.	
Oregon Context	HEALTH OBM #45: Preventable Death; deliver excellence in health care services.	
Data source	University Health System Consortium, <i>Clinical Outcomes Report: Product Line Mortality</i> (quarterly and annual reports)	
Owner	Peter Rapp, Executive Director, Hosp. & Clinics, 503-494-4036	

1. **OUR STRATEGY**

Rapidly correct issues related to quality of care to keep observed mortality below expected mortality, a statistic generated by the University HealthSystem Consortium (UHC).

2. **ABOUT THE TARGETS**

A ratio of “observed mortality” over “expected mortality” is an indicator of relative performance and hospital quality. “Expected mortality” is an industry standard based on the clinical outcomes for historical cases of similar complexity. **Better performance is reflected in a lower number. The target is to perform better than the national median.**

3. **HOW WE ARE DOING**

OHSU continues to perform better than the national median. Using an aggregate score that measures the observed to expected mortality for 29 clinical service product lines, OHSU's recent year ranking in this metric is 31 of 101 UHC hospitals. OHSU's overall post surgical mortality in the recent year is 6 of 101 of all UHC hospitals.

4. **HOW WE COMPARE**

In the recent year OHSU is ranked number 1 of all UHC hospitals in Cardiothoracic Surgery; Gynecology; Gynecology/Oncology; Kidney/Pancreas Transplant; and Liver Transplant.

5. **FACTORS AFFECTING RESULTS**

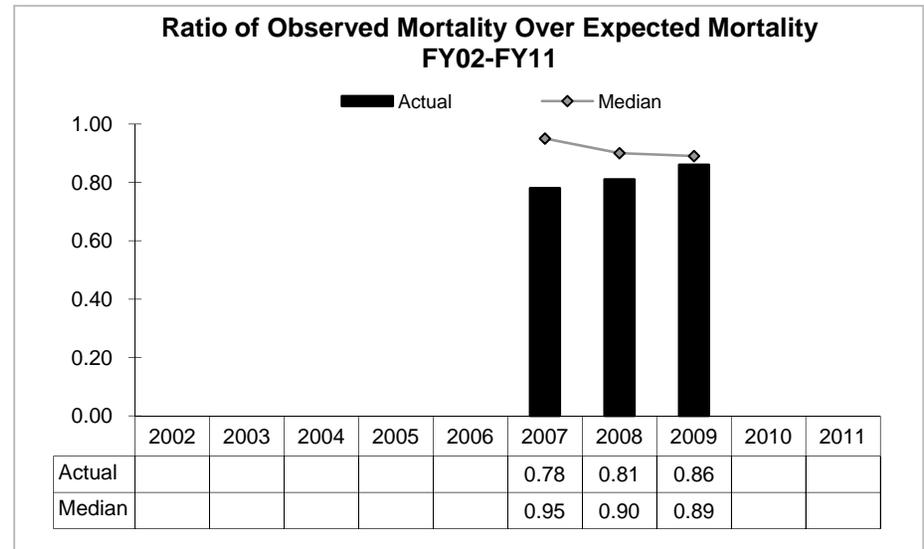
Excellent care provided by physicians, nurses and other health care staff members are critical to maintaining a low mortality rate.

6. **WHAT NEEDS TO BE DONE**

Since these data are reported quarterly, they are monitored closely and improvement measures are taken when warranted.

7. **ABOUT THE DATA**

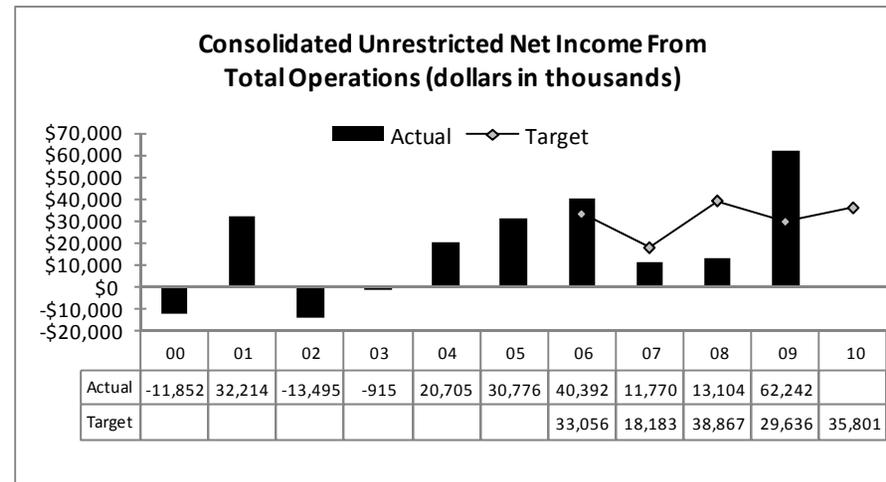
The mission of the UHC is to achieve clinical, operational, and financial performance excellence in university hospitals. It is comprised of 103 full hospital members and 217 associate members in the United States. A ratio of 1.0 means the number of patients who died is what would be expected given the patients' conditions. A ratio lower than 1.0 means the patients are getting quality care while they are alive despite what would be expected given the medical diagnosis. A ratio greater than 1.0 means the number of patients who died is greater than would be expected. Revised methodology for reporting this KPM is the reason no data appear prior to 2007.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #19	OHSU BOTTOM LINE Consolidated unrestricted net income from total operations (dollars in thousands).	Measure since: 2005
Goal	OHSU BOTTOM LINE – Lead and advocate for programs that improve health for all Oregonians and extend missions through community service, partnerships and outreach.	
Oregon Context	PUBLIC SECTOR PERFORMANCE OBM #36: S&P Bond Rating	
Data source	OHSU Corporate Financial Services; includes hospital and university operations.	
Owner	OHSU Chief Financial Officer, 503-494-4585	

- OUR STRATEGY**
Provide highest level of fiduciary responsibility for institutional operations while sustaining the education mission.
- ABOUT THE TARGETS**
Targets based on the financial resources needed for future OHSU operations and recognizing the competition and opening of new clinical and research facilities. Beginning in 2010, OHSU changed the target to reflect budgeted rather than projected income for future years.
- HOW WE ARE DOING**
A review of the last three years measured by this KPM reveal two years that offset each other being above or below the target by approximately the same amount. The last year shows OHSU not meeting the KPM reflecting the financial challenges OHSU has seen in the past few years.
- HOW WE COMPARE**
OHSU is Oregon's only academic health center.
- FACTORS AFFECTING RESULTS**
While OHSU has been successful in managing its operating expenses and attracting a greater number of paying patients, one-time land sales have not occurred as planned due to market conditions.
- WHAT NEEDS TO BE DONE**
OHSU must continue to generate adequate financial resources to meet future needs.
- ABOUT THE DATA**
Reports net income from audited financial statements for prior years, and does not include Foundation consolidation.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #20	MD CLINICAL ROTATIONS Number of MD student-weeks served in rural communities.	Measure since: 2005
Goal	MD CLINICAL ROTATIONS – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs.	
Oregon Context	ECONOMY OBM#1: Employment in Rural Oregon.	
Data source	Annual institutional reports prepared to meet federal reporting requirements.	
Owner	Lisa G. Dodson, MD, Director, AHEC; Associate Professor Family Medicine, (503) 494-4896	

1. **OUR STRATEGY**

Meaningful health care reform depends on a robust and geographically well-distributed physician supply. Rural areas have remained underserved for decades. Research shows that the greatest predictors for recruiting physicians into a rural practice site are 1) rural background, 2) practice specialty and 3) rural training experiences.

2. **ABOUT THE TARGETS**

These targets are set based on a requirement that all 3rd year medical students complete a five-week clinical rotation in a rural community with a family physician. In the MD Student weeks, a larger number is better.

3. **HOW WE ARE DOING**

OHSU MD students spent at total of 677 weeks in clinical rotations in rural communities in 2009. This is above the target of 600.

4. **HOW WE COMPARE**

Medical schools with a mission to train rural physicians are more likely to graduate students who go into rural practice.

5. **FACTORS AFFECTING RESULTS**

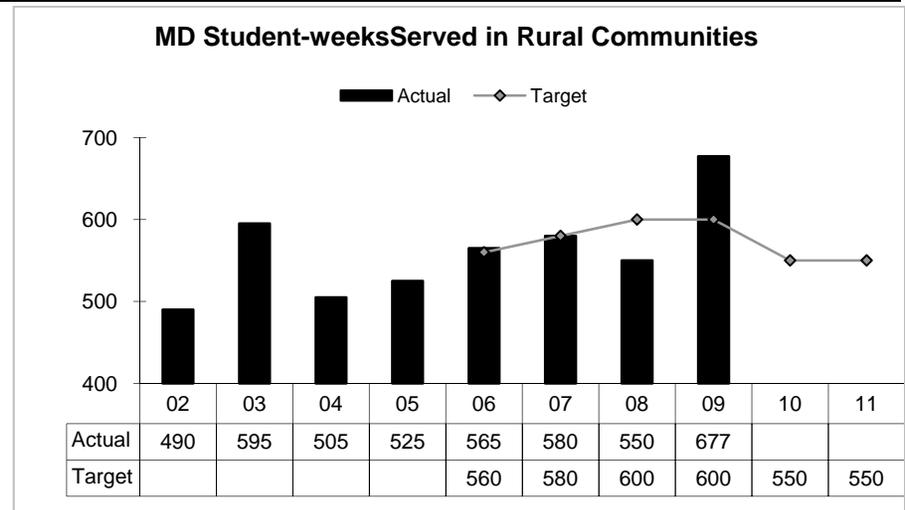
OHSU’s Area Health Education Centers (AHEC) program facilitates these clerkships. Not only does this help students consider rural practice, but it offers a professionally rewarding experience for the rural physicians and dentists who serve as clinical preceptors.

6. **WHAT NEEDS TO BE DONE**

Rural communities in Oregon need more physicians. The best way to fill this need is to increase the number of students from rural areas and other students committed to rural and family medicine who are enrolled in medical schools These experiences are critical to improving diversity and distribution of the physician workforce needed to match Oregon’s changing demographics needing medical services. The concept of a training immersion in a rural training experiences is used in the Physician Assistant program and could be extended to the School of Dentistry’s Community Dentistry.

7. **ABOUT THE DATA**

Data reported based on an academic year.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #21	RURAL PRECEPTORS Community physicians supervising medical students in rural clerkships.	Measure since: 2005
Goal	RURAL PRECEPTORS – Promote better health care in rural and under-served Oregon communities.	
Oregon Context	ECONOMY OBM #1: Employment in Rural Oregon.	
Data source	Institutional reports prepared by AHEC based on federal reporting requirements: fluctuates based on number required to supervise students.	
Owner	Lisa G. Dodson, MD, Director, AHEC; Associate Professor Family Medicine, (503) 494-4896	

1. OUR STRATEGY

The Area Health Education Centers Program is a partnership between OHSU and Oregon communities. Every third-year medical student completes a clinical rotation supervised by a primary care physician practicing in a rural or underserved community. These preceptors provide regular feedback to students on their progress and performance, consult and advise students on their community projects and clinical case study, and acquaint students with quality assurance in the practice setting.

1. ABOUT THE TARGETS

The number of preceptors depends on the availability of physicians and the number of MD students on clinical rotations. The targets are based on the increase in base capacity at OHSU in Portland.

2. HOW WE ARE DOING

In 2009, there were 72 physicians participating in the program, this is below the target of 94.

3. HOW WE COMPARE

OHSU is unique in having a mandatory clerkship in a medically-underserved area. It is therefore difficult to draw comparisons between OHSU and our peers.

4. FACTORS AFFECTING RESULTS

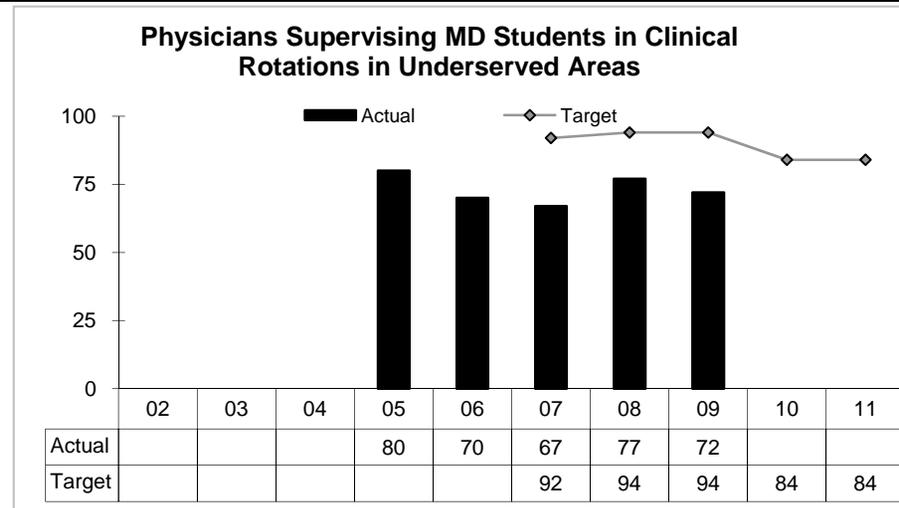
Rural areas have disproportionately fewer medical doctors and other health care practitioners, (The current ratio is 1 physician to 327 persons living in urban areas and 1 physician to 819 persons living in rural areas). Some rural communities have too few or no health care providers; in other communities there are providers, but none can afford to take additional Medicare or Medicaid patients.

5. WHAT NEEDS TO BE DONE

The lack of providers in rural Oregon is projected to worsen over the next decade as physicians retire or leave practices; and fewer physicians are available to replace them according to a recent survey conducted by the Oregon Practice-based Research Network. Critical factors in recruiting and retaining physicians in rural areas include earnings relative to student loan debt and cost of living and opportunities to remain professionally stimulated.

6. ABOUT THE DATA

The reporting cycle is the academic year.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #22	RURAL PIPELINE Rural K-12 students enrolled in healthcare education pipeline program(s).	Measure since: 2005
Goal	RURAL PIPELINE – Improve access to medical services in rural and isolated areas, where health care providers are in short supply.	
Oregon Context	EDUCATION OBM #26: College Completion; ECONOMY OBM #1: Employment in Rural Oregon.	
Data source	Annual reports prepared by Areas Health Education Center for federal reporting.	
Owner	Lisa G. Dodson, MD, Director, AHEC; Associate Professor Family Medicine, (503) 494-4896	

1. **OUR STRATEGY**

Promote health-career pathways for elementary through high school students from rural and under-served communities.

2. **ABOUT THE TARGETS**

In the student healthcare education pipeline example at right, a higher number reflects that more students are participating in programs and activities designed to stimulate their interest in career opportunities in healthcare.

3. **HOW WE ARE DOING**

Since 2007, the approach to providing educational pipeline programs has been significantly altered to improve the quality, depth and contact time for participants. The students are spending more time engaged in learning about careers in health care professions. The targets beginning in FY10 have been revised to reflect this change in approach.

4. **HOW WE COMPARE**

There are no national comparisons. But, we have adopted best practices for fostering student interest in STEM disciplines.

5. **FACTORS AFFECTING RESULTS**

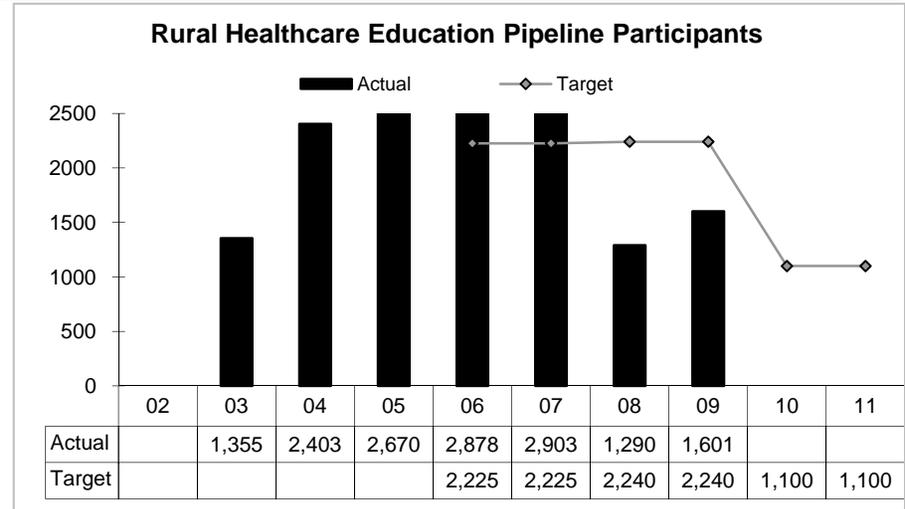
The “geographic pipeline” for medical students includes premedical education through entry to residency training. There is evidence from Minnesota that in-state practice retention is strongly associated with graduation from a state high school. These programs are pieces of a strategy to reduce health disparities and unequal access to medical care in rural and urban, underserved Oregon communities.

6. **WHAT NEEDS TO BE DONE**

Staff is continuing to monitor and evaluate effectiveness of programs. We are developing a way to capture all of the outreach and pipeline activities undertaken by OHSU and their impacts.

7. **ABOUT THE DATA**

The reporting cycle is federal fiscal year.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #23	RURAL HEALTH Ratio of federal funds received to state funds contributed to the Office of Rural Health	Measure since: 2005
Goal	RURAL HEALTH – Improve access to medical services in rural and isolated areas, where health care providers are in short supply.	
Oregon Context	ECONOMY OBM #1: Employment in Rural Oregon; SOCIAL SUPPORT OBM #39-46: Clinical Excellence and Healthy Oregonians.	
Data source	Annual reports prepared by the OHSU Office of Rural Health. Federal dollars are the denominator.	
Owner	Scott Ekblad, Director, OHSU Office of Rural Health, 503-494-4450	

1. **OUR STRATEGY**

Develop community and education partnerships to improve delivery of health care in rural Oregon.

2. **ABOUT THE TARGETS**

This ratio reflects the state funds that leverage federal funds.

3. **HOW WE ARE DOING**

Since 2000, the ORH has at least doubled the state investment.

4. **HOW WE COMPARE**

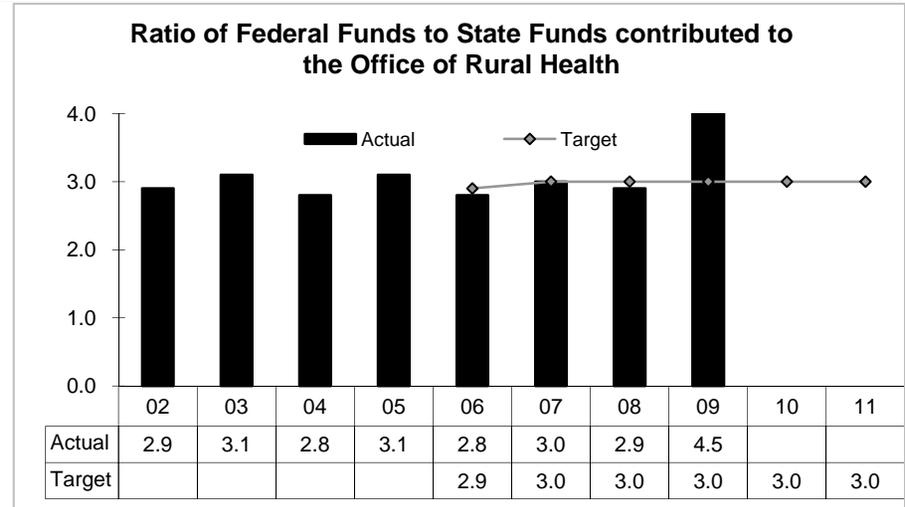
The Office depends on the federal government for 67% of its funding.

5. **FACTORS AFFECTING RESULTS**

OHSU's Oregon Office of Rural Health has a 30-year record of success in forming rural health care systems and helping them to remain viable.

Demand for the Office's services continues to grow, while their reliance on shrinking federal and state funding puts them in a precarious position.

The federal grants are allocated based on a formula outside the control of OHSU.



1. **WHAT NEEDS TO BE DONE**

The Oregon Office of Rural Health proposes to diversify and increase its resources through a variety of fundraising, grant writing and revenue generation strategies. A small investment in fundraising capacity from the state would yield significant returns. A public/private partnership would enable the Office of Rural Health to not only enhance its work with clinics, hospitals and communities in rural Oregon, but to expand them into the arenas of oral health, mental health, health care reform and emergency medical services. ORPRN is a statewide network of rural clinics dedicated to collaborative research to improve the health of rural Oregonians.

7. **ABOUT THE DATA**

The reporting cycle is the federal fiscal year.