Progress Report

Response to NWCCU
2006 Focused Evaluation Report
Recommendations 1 and 2

April 28, 2008
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Introduction


- OHSU addressed immediately Recommendations 5, 7 and 8 and eliminated the granting of graduate credit for experiential learning in the online Physician Assistant program, developed policies for the regular evaluation of the Board of Directors and the use of capital debt and its limits. NWCCU notified OHSU in August 2006 that these issues were “appropriately and adequately addressed.”

- The Commission determined that “Recommendations 2, 4, 6, 9 and 10 of the Full-Scale Evaluation Committee Report (April 2005) are areas where the University is “substantially in compliance with Commission criteria, but in need of improvement.” All of these recommendations are related to Standard Two Educational Program and Its Effectiveness. NWCCU required a focused interim report and site visit to address these recommendations in spring 2008. In the fall 2006 Focused Interim Report, OHSU reported that discussions were underway in the appropriate advisory structures to examine these issues and are in various stages of completion. OHSU submitted a report to NWCCU in early March for a site visit and evaluation completed on April 1, 2008.

- NWCCU judged OHSU to be “out of compliance” in meeting standards related to strategic planning and student outcomes assessment. NWCCU required the University to report on its progress in fall 2006. The University began addressing Recommendations 1 and 2 in October 2005 and submitted a report to NWCCU in late September 2006 for a site visit and evaluation completed on October 19, 2006.


This progress report addresses Recommendations 1 and 2 of the Focused Interim Evaluation Report (October 2006). These recommendations include:

**Recommendation 1**
The University continue to implement all remaining phases of the revised strategic planning process. Specifically, the University should demonstrate that this planning process resulted in enhanced communication to all stakeholders, and appropriate resource allocation to an infrastructure that keeps pace with programmatic initiatives.

**Recommendation 2**
The University continue to implement the recently-designed institution-wide educational program assessment process. Specifically the University should demonstrate that school and/or program level student learning outcomes assessment processes have led to program
improvements. The University should demonstrate that the institution-wide educational assessment process has been integrated into the overall University planning process.

For each recommendation, we describe the progress made since the Focused Interim Report completed in fall 2006. This report reflects the work of hundreds of OHSU administrators, faculty, and other staff, some of whom served on more than one committee. We marshaled the resources represented in the expertise of the OHSU community to focus on these important activities.
**Recommendation 1**

The Full-Scale Evaluation Committee Report (April 2005) concluded that the University “does not meet the criteria for accreditation” for strategic planning. NWCCU requested a focused interim report and site visit in fall 2006 to demonstrate the University is addressing Recommendation 1.

After the 2005 Evaluation Report, Provost Hallick began planning with the Deans’ Council in winter 2006 to develop policy option packages for the 2007 legislative session. These packages were designed to address critical workforce shortages in the health care professions. The “Oregon Healthcare Initiatives” proposed funding an increased capacity to train nurses, physicians and dentists by building innovative statewide network of partnerships with Oregon postsecondary institutions and community-based practice placements.

In September 2006, Joseph A. Robertson, M.D., M.B.A. assumed the presidency after 18 years of leadership under President Peter O. Kohler, M.D. A comprehensive strategic planning process was undertaken immediately, building upon the unit-based assessment and strategic planning processes that had been conducted during the previous year in anticipation of the retirement of President Kohler and the arrival of a new President.

**Focused Interim Evaluation Report**

The Focused Interim Evaluation Report (October 2006) found that this planning process was participatory and transparent:

> OHSU faculty and staff, including members of the OHSU Faculty Senate, have assumed visible and crucial roles in these revised planning phases. Among OHSU faculty and staff, there is widespread awareness of and involvement in these recent planning processes.

Just three weeks into Dr. Robertson’s presidency, the Focused Interim Evaluation Report concluded that:

> OHSU, under President Robertson’s leadership, began implementing Phase Six (of the Strategic Planning process) in September 2006 and this will continue through 2007 and likely beyond....OHSU has begun to identify and integrate strategic plans for the clinical, research and educational areas of the University into an institution-wide plan. It is intended that this process will culminate in integrated statements of an OHSU vision, value propositions, prioritized strategies, and five-year budget plans.

The Focused Interim Evaluation Report recommended that:

> The University continue to implement all remaining phases of the revised strategic planning process. Specifically, the University should demonstrate that this planning process resulted in enhanced communication to all stakeholders, and appropriate resource allocation to an infrastructure that keeps pace with programmatic initiatives.

OHSU has continued to implement the revised strategic planning process with particular attention to including and communicating with all of OHSU’s stakeholders and aligning program planning and infrastructure with financial planning.
Continued Implementation

The revised strategic planning process has three distinct, but ongoing and overlapping phases—input phase, development phase, and implementation phase. (*Attachment 1.1 Strategic Planning Timeline*) The overall goal in strategic planning is to establish OHSU’s roadmap for the future:

- Set out a vision for OHSU in the year 2020;
- Develop goals, action plan for next five years (2007-2011);
- Include input from internal and external stakeholders; and
- Act as an umbrella for all OHSU planning.

The strategic planning process included assessing OHSU’s internal and external environments and developing an inclusive process to enhance communication with all stakeholders.

Through these analyses, the OHSU community looked deep within itself to set a new direction. OHSU, with the help of professional consultants, “scanned the environment” in order to understand the external forces of change. This analysis created a common understanding about context and enhanced the University community’s short-term and long-term planning to develop effective responses that secure or improve OHSU’s position in the future. Two assessments articulate the local, regional and national context for OHSU:

- SWOT Analysis. An abbreviation for Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is a common strategic tool that helps OHSU define its current and future strategic positioning relative to the environment. Once major SWOT issues are identified, OHSU can identify ways to leverage its strengths, address its weaknesses, capitalize on its opportunities, and mitigate its threats. (*Please see Figure 1, next page*)

- Environmental Assessment is an analysis of current and future trends that will affect the overall market in which OHSU provides research, education, and clinical services. The environmental assessment encompasses issues relating to service demand, competition, revenue sources, staffing resources, and health care practice.
### Figure 1
OHSU SWOT Analyses

<table>
<thead>
<tr>
<th>OHSU Strengths</th>
<th>OHSU Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Oregon’s only academic health center</td>
<td>- Not enough integration among missions</td>
</tr>
<tr>
<td>- Academic reputation as a source of competitive advantage within hospital market</td>
<td>- Pressure on clinical enterprise to support research and education</td>
</tr>
<tr>
<td>- Attract patients outside of metro area</td>
<td>- Patient access, patient mix</td>
</tr>
<tr>
<td>- Patient volume growth over past three years</td>
<td>- Challenges to education funding</td>
</tr>
<tr>
<td>- Strong growth in research funding</td>
<td>- Oregon Opportunity investment now complete</td>
</tr>
<tr>
<td>- Schools: Strong national reputation</td>
<td>- Funds flow: challenges in tying resources to key strategies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OHSU Opportunities</th>
<th>OHSU Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Transparency: demonstrate quality</td>
<td>- Competitors expanding facilities, both metro area and statewide</td>
</tr>
<tr>
<td>- Translational research</td>
<td>- Pressure on referral relationships</td>
</tr>
<tr>
<td>- Service excellence</td>
<td>- Competition for faculty, high cost of recruitment</td>
</tr>
<tr>
<td>- Faculty-driven care</td>
<td>- Increasing competition for research funding</td>
</tr>
<tr>
<td>- Prospects for commercializing innovation</td>
<td>- Constant need to update technology and facilities</td>
</tr>
<tr>
<td>- Optimization of clinical/research strategies</td>
<td>-</td>
</tr>
<tr>
<td>- New facilities</td>
<td>-</td>
</tr>
</tbody>
</table>

### Stakeholder Communication

The input phase began with fact-finding meetings and tours in Portland and throughout the state. President Robertson engaged in hundreds of two-way conversations with internal and external stakeholders about OHSU’s role in Oregon’s health and well-being and the opportunities and challenges ahead.

The development phase incorporated the diverse voices of OHSU stakeholders into an evaluation of OHSU—“what it is,” “where it has been,” and “where it wants to be.” The process included board members, deans, faculty, OHSU Faculty Senate, research center directors, staff, students, Governor, legislative leaders, community healthcare providers, community leaders and philanthropists in planning OHSU’s future direction.

A communication plan ensured that each member of the OHSU Executive Leadership Team (ELT) was involved in developing understanding, ensuring transparency and providing access to the “big picture process.” (Attachment 1.2 OHSU Executive Leadership Team Members) Each ELT member met with their respective mission-related units and charged them to develop unit-level plans with their faculty and/or staff to feed into Vision 2020 planning and the five-year financial planning process. These unit-level planning processes included finding new revenue sources and administrative efficiencies to achieve and maintain sustainability as OHSU evolves in scale and scope. (Attachment 1.3 Strategic Planning Communications Timeline)
The themes that emerged out of this highly participatory process include:

- Our greatest opportunities exist at the interface between education, research and clinical care.
- Improving health for all Oregonians is a critical part of our mission and job satisfaction.
- Employee engagement in all aspects of the University is important for the ultimate success of any strategic plan.
- Employee recruitment and retention and faculty development are critical the OHSU’s future success.
- Learning is an integral part of who we are and what we do.
- How do we decide what not to do?

To continue the inclusive process used in the input and development phases into the implementation phase, a new, broad-based, multi-disciplinary and diverse leadership group was established to drive and implement the university’s strategic plan across the institution. The OHSU Leadership Team (OLT) met for the first time in September 2007. The 350 OLT members function as a communication link to their staff about the strategic planning process and Vision 2020. These leaders are asked to drive innovation, partnership, and growth in all mission areas. (Attachment 1.4 OHSU Leadership Team Charter and Members) Achieving sustainable excellence depends on creating a performance-driven culture.

**Strategic Planning Deliverables**

The three key deliverables of this strategic planning process include:

- A new vision statement
- Key goals tied to five-year Financial Plan (e.g., enhance workforce production)
- Strategies to achieve goals (e.g., develop Schnitzer Campus)

*OHSU Vision 2020* incorporates the plans of all mission areas into a single OHSU strategic plan. OHSU is dedicated to improving the health and quality of life for all Oregonians through excellence, innovation and leadership in healthcare, education and research. This strategic planning process led to greater clarification of OHSU vision and goals. The new vision statement is:

> OHSU will help make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of all Oregonians. (Vision 2020 Statement)

Although *Vision 2020* is a long-term plan for achieving sustainable excellence, the plan provides five-year goals. These goals were created to transcend the boundaries of specific units and missions. These six goals include:

1. Be a great organization, diverse in people and ideas.
2. Develop a faculty that will collaborate to drive excellence and innovation across OHSU.
3. Join others in developing policy solutions that improve access to health care for all, especially Oregonians.
4. Help meet Oregon’s workforce needs in the health and science professions through innovative strategies such as regionalization, academic partnerships, distance learning, and interdisciplinary educational approaches.
5. Align OHSU enterprises to support sustainable innovation.

6. Build financial wherewithal for the long-term advancement of all of our missions.

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**Figure 2**

**OHSU Strategic Planning Structure**

Each of these six goals has strategies and tactics for their implementation. Most strategies are multiyear activities that will guide OHSU in reaching the goals. Tactics are actions that are generally shorter-term and have identifiable resources specifically allocated to their accomplishment. A few of the tactics have been completed, many are in progress, and some are yet to be implemented. The *OHSU Vision 2020* captures both vertical (e.g., school or unit) and horizontal (e.g., university-wide) perspectives. *(See Figure 2 OHSU Strategic Planning Structure, and Attachment 1.5 OHSU Strategic Plan 2007-2011)*

Mission integration is imperative to OHSU’s goal of sustainable excellence. To achieve this excellence, OHSU is integrating financial and strategic planning. With the Board’s adoption of the *OHSU Vision 2020* in October 2007, OHSU gains an ongoing strategic planning process that will be updated annually and integrated into the five-year financial planning process, which is updated annually already.
Appropriate Resource Allocation

The integration of these two planning processes recognizes the critical interplay between setting priorities and allocating resources to improve institutional services related to the University’s mission, programs, and activities. Because these processes are iterative, adjustments are made along the way in the strategic plan and financial plan until a budget and plan for the next year is approved. The intended result is a five-year strategic plan aligned with a five-year financial plan, both of which are updated annually by dropping the current year and adding a new fifth year. These combined processes will provide for appropriate resource allocation to an infrastructure that keeps pace with our programmatic initiatives.

The Board of Directors approved the OHSU Vision 2020 on October 2007 and the Five-Year Financial Plan in December 2007. The scheduled updating of the Five-Year Financial Plan rolls out an annual version. The updating of Vision 2020 is scheduled to ensure these processes are juxtaposed chronologically and influence short- and long-term planning. The next annual update of both planning processes will begin in spring 2008. The Board will review the plans in fall 2008 for the 2009-2011 legislative budgeting process beginning in January 2009.

One of the challenges to building sustainable excellence at OHSU included the unknown resolution of pending litigation against OHSU, Clarke v. OHSU, challenging the cap on tort liability of Oregon’s public entities. OHSU expected that the Court would recommend an increase in the tort cap to reflect changing financial circumstances, but instead the court abolished the cap altogether.

OHSU had planned for an increase of the tort cap in the Five-Year Financial Plan approved in December 2007. The Oregon Supreme Court decided in favor of Clarke on December 28, 2007, and as a result, OHSU and other public entities lost the cap on tort liability. OHSU’s previous liability protection from the cap in effect represented a state subsidy to OHSU valued at $30 million annually.

With this decision, the OHSU Executive Leadership Team immediately began discussions to revise its five-year financial plan, adopted just weeks before. Due to the emergency situation, and the need to report on the impact of the decision to the Special Legislative Session in February 2008, the inclusive process established during the recent strategic planning effort was not utilized fully in formulating the University’s immediate response to the tort cap decision.

Using the recently adopted strategic plan’s Vision 2020 principles, the Executive Leadership Team made difficult decisions about program closures and organizational changes. A revised Five-year Financial Plan was shared with the Board’s Finance and Audit Committee on January 14, 2008, followed by a Town Hall meeting with the OHSU community on January 18, 2008 and a special Board meeting on January 22, 2008. Managers in the centralized services areas received FY 2009 budget targets at the end of January 2008. Leaders in these areas determined what is essential to maintaining core services and what can be reduced. Some expenses – such as insurance and legal services – will require additional, rather than reduced, funding. The recommended reductions by area include:

- $7.6 million for the academic enterprise;
- $4 million in research; and
- $18.4 million in administrative services and other programs.

These reductions impact the educational programs by delaying or reducing investments in infrastructure, decreasing the size of some academic programs, and increasing the tuition for all programs.
The loss of the tort cap resulted in an immediate budgetary impact of $600,000 a week in increased insurance costs. A revised Five-year Financial Plan incorporated an additional $30 million in program reductions, requirements for revenue generation and financial performance impacts. OHSU increased its reserves to cover potential additional costs for pending claims because OHSU self-insures the first $5 million of liability for every claim. OHSU has insurance to cover losses above that. This is consistent with other similarly sized healthcare centers. (See Attachment 1.6 Impact of Tort Cap Loss on OHSU)

In February 2008, the legislature created the Oregon Tort Claims Act Interim Task Force. The task force will make recommendations to the 2009 legislature on needed changes to the Oregon Tort Claims Act in the wake of the state Supreme Court’s decision. We expect this issue to be addressed and resolved during the 2009 Legislative Assembly.

In the meantime, the ELT has begun its annual planning processes in summer 2008 with the Deans’ Council, Research Council, and Clinical Group for the next legislative session. The 23 Key Performance Measures approved by the Oregon legislature plus other performance metrics attached to the strategies in Vision 2020 will be analyzed to propose Policy Option Packages related to OHSU’s educational programs.

Given the tort cap decision, the first annual update of the new strategic plan will be more extensive that first planned in October 2007. These financial challenges outside of OHSU’s control have accelerated changes “to build the financial wherewithal for the long-term advancement of all of our missions” (Goal 6). However, in achieving this goal, the intention is to return to the highly participatory process characteristic of the development of Vision 2020.
# Executive Leadership Team – March 2008

<table>
<thead>
<tr>
<th>NAME AND TITLE</th>
<th>ASSISTANT</th>
<th>M.C.</th>
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## Strategic Plan Communications Timeline

### Communications Timeline

**Key:** All OHSU, yellow; Education: blue; Clinical, green; Research, buff; External, gray; Central Admin., white

<table>
<thead>
<tr>
<th>Done</th>
<th>Estimated dates</th>
<th>Task</th>
<th>Mission area</th>
<th>Action</th>
<th>Lead</th>
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<tbody>
<tr>
<td></td>
<td>All of November</td>
<td>Richardson meets with clinical chairs &amp; faculty</td>
<td>Clinical</td>
<td>Mark Richardson meetings with clinical chairs &amp; faculty on Medical Group integration, other issues.</td>
<td>Cuykendall/ McFall</td>
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<tr>
<td>✓</td>
<td>11/1</td>
<td>Richardson at Faculty Council</td>
<td>Education</td>
<td>Faculty Council Update by Mark Richardson; Talking points</td>
<td>McFall</td>
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<tr>
<td>✓</td>
<td>11/1</td>
<td>JER campus walk</td>
<td>Clinical</td>
<td>Hospital walk; discussions on finances and communication.</td>
<td>Newman</td>
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<td>✓</td>
<td>11/1</td>
<td>JER E-mail</td>
<td>All OHSU</td>
<td>OHSU’s True Bottom Line, in answer to The Oregonian article</td>
<td>Kringen</td>
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<tr>
<td>✓</td>
<td>11/1-5</td>
<td>Talking Points</td>
<td>All OHSU</td>
<td>Talking points on OHSU's financial plan, etc. to ELT, Communicators Group, Foundation, govt. affairs.</td>
<td>Kringen</td>
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<tr>
<td>✓</td>
<td>11/1-5</td>
<td>Talking Points</td>
<td>External</td>
<td>Talking points on OHSU's financial plan, etc. to Foundation, govt. affairs (same as internal)</td>
<td>Kringen</td>
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<tr>
<td>✓</td>
<td>(Wk of 10/29)</td>
<td>External</td>
<td>External</td>
<td>Op-ed by JER (submitted for 11/2, published on 11/7); Letter to the community from JER to “opinion leader” mailing list (drops on 11/12). Inspiring and candid.</td>
<td>Kringen/ Langley/ Cuykendall</td>
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<td>Directline</td>
<td>Central Admin.</td>
<td>All OHSU</td>
<td>Defining Sustainable Excellence</td>
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<td>Date</td>
<td>Event</td>
<td>Category</td>
<td>Details</td>
<td>Person</td>
<td></td>
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<td>--------------------------------------------</td>
<td>-------------</td>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
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<td>11/7</td>
<td>Talking Points</td>
<td>External</td>
<td>Yale Club Keynote</td>
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<tr>
<td>11/9</td>
<td>Combined meeting: OHSU Alumni Association and Otolaryngology Academy, Governor Hotel (15 minutes) – Dean’s message on future direction of school; Talking points for Richardson</td>
<td>External</td>
<td>McFall</td>
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<td>Week of 11/12</td>
<td>Dorsa meets w/ center &amp; institute directors</td>
<td>Research</td>
<td>Dan Dorsa meets with freestanding Center &amp; Institute directors to tell them a direction has been set to evaluate what is the best model for their operation - freestanding, or within SoM?</td>
<td>Dresbeck</td>
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<td>11/13</td>
<td>JER Talking Points</td>
<td>Education</td>
<td>MRF Mentor &amp; Discovery Awards</td>
<td>Boyd</td>
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<td>11/14</td>
<td>JER w/ President's Basic Science Planning Group</td>
<td>Research</td>
<td>Joe meets with President's Basic Science Planning Group- (Mandel, Goodman, Rotwein, Druker, Nelson, Crabbl &amp; Dorsa are members)</td>
<td>Dresbeck</td>
<td></td>
</tr>
<tr>
<td>11/14</td>
<td>JER campus walk</td>
<td>Clinical</td>
<td>Hospital walk; discussions on finances and communication.</td>
<td>Newman/Lenhart</td>
<td></td>
</tr>
<tr>
<td>11/15</td>
<td>UMG discussion w/ clinical chairs</td>
<td>Clinical</td>
<td>Discussion of UMG integration with clinical chairs. Result: link with chair's own communications on this topic, pursuit of idea of series of Integration emails</td>
<td>McFall</td>
<td></td>
</tr>
<tr>
<td>11/15-11/16</td>
<td>Conversations with centers &amp; Inst. directors</td>
<td>Research</td>
<td>Mark Richardson phone calls, etc. to individual directors of centers &amp; institutes to share talking points, plan for individual center evaluations.</td>
<td>McFall</td>
<td></td>
</tr>
<tr>
<td>11/16</td>
<td>SoM Deans given approved talking points on Centers &amp; Institutes evaluation (have been asked to act as communication ambassadors to provide accurate info to faculty &amp; students; rumor control). Includes comment on NSI.</td>
<td>Research</td>
<td>McFall</td>
<td></td>
<td></td>
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<tr>
<td>Date</td>
<td>Event Description</td>
<td>Category</td>
<td>Details</td>
<td>Responsible</td>
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<tr>
<td>11/16</td>
<td>WOU event</td>
<td>External</td>
<td>JER Vision 2020 messaging at SoN event at WOU. Vision, workforce, partnership, regionalization.</td>
<td>Boyd</td>
<td></td>
</tr>
<tr>
<td>11/15</td>
<td>Meeting of SoM Dean's Group: Discussion of 2-way communications: Request for</td>
<td>Education</td>
<td>Meeting of SoM Dean's Group: Discussion of 2-way communications: Request for talking points on Centers &amp; Institutes, Kirch speech: Assoc. Deans Communicators: Allen Metzenberg; Chris Cunningham; Cynthia Morris; Dee Metaj; Donald Girard; Edward Keenan; Elizabeth Bower; Ella Booth; Jerris Hedges; Mark Richardson; Molly Osborne; Nicole Lockart; Patricia Hurn; Roy Magnusson; Thomas Flora; Tracey Parsons; Vicki Fields</td>
<td>McFall</td>
<td></td>
</tr>
<tr>
<td>11/19</td>
<td>Mark meets with Research Council</td>
<td>Research</td>
<td>Mark meets with research council on Monday, 3:30 p.m.; discusses center/institute evaluations; other issues; Rachel attends</td>
<td>Dresbeck</td>
<td></td>
</tr>
<tr>
<td>11/19</td>
<td>ID key communicators in each mission; reach out to them to gather questions/provide</td>
<td>Central Admin.</td>
<td>ID key communicators in each mission; reach out to them to gather questions/provide tools. Share list with Joe on Monday. (First partial list, from Mark Richardson, to Joe on 11/21) More to come from mission leaders.</td>
<td>Cuykendall/ Dresbeck/ McFall/ Kringen</td>
<td></td>
</tr>
<tr>
<td>11/20</td>
<td>SOM communicators Group Meeting</td>
<td>Education</td>
<td>Discuss Vision 2020 with SoM Dept Communicators; establish their role in distributing key messages and strategic articles in dept-level communications tools; distribute KIRCH speech to communicators</td>
<td>McFall</td>
<td></td>
</tr>
<tr>
<td>11/20</td>
<td>Directline with research message.</td>
<td>Research</td>
<td>Directline with research message. Jennifer to draft; send</td>
<td>Boyd</td>
<td></td>
</tr>
<tr>
<td>11/21</td>
<td>JER letter to research faculty</td>
<td>Research</td>
<td>Email letter from JER on research. (Drafted 11/15-16) To finalize Monday 11/19) Will have message line: From Joe Robertson: the status of research at OHSU. Rachel will forward to all postdocs and research personnel, with a note saying that Joe sent to all faculty. Msg sent 11/21)</td>
<td>Dresbeck</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Task Description</td>
<td>Category</td>
<td>Details</td>
<td>Responsible Person(s)</td>
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<tr>
<td>11/27-28</td>
<td>Lesley meets with deans to talk about SoN, SoD, SoSE faculty involvement in making plans for revenue/efficiencies and structures to support transprofessional education.</td>
<td>Education</td>
<td>Lesley meets with deans individually to talk about SoN, SoD, SoSE faculty involvement in making plans for revenue/efficiencies and structures to support transprofessional education.</td>
<td>Kringen</td>
<td></td>
</tr>
<tr>
<td>11/27</td>
<td>Invite to Town Hall</td>
<td>All OHSU</td>
<td>Invitation to all-OHSU Town Hall; posters go up this week.</td>
<td>Bradley, Allen, Boyd, Dresbeck</td>
<td></td>
</tr>
<tr>
<td>11/27</td>
<td>Lesley/Dan meet with SoN research leadership</td>
<td>Research</td>
<td>Dan/Lesley meet with Kathleen Knafl, others, explain evaluation process for research (11/27: mtg postponed so Lesley can meet with deans first).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/28</td>
<td>Dan message on NSI</td>
<td>Research</td>
<td>Dan to send message to all faculty regarding status of NSI and its nonrelationship to Vision 2020. Message will also be sent to OLT, postdocs, and research staff.</td>
<td>Dresbeck</td>
<td></td>
</tr>
<tr>
<td>11/27</td>
<td>Meet with govt. affairs staff</td>
<td>Central Admin.</td>
<td>Discuss Vision 2020/Financial Plan messages, communication issues.</td>
<td>Kringen &amp; Cuykendall</td>
<td></td>
</tr>
<tr>
<td>11/27-28</td>
<td>5-Year Plan messages</td>
<td>Central Admin.</td>
<td>Circulate and get approval of Vision 2020 and 5-Year plan messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/27-28</td>
<td>JER coast trip</td>
<td>External</td>
<td>Talking points on Vision 2020, workforce, regionalization, partnership</td>
<td>Kringen/ Dempsey</td>
<td></td>
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<tr>
<td></td>
<td>Week of 11/26</td>
<td>Reserve ad in The Oregonian</td>
<td>External</td>
<td>Reserve ad space in The O for Tuesday, Dec. 11. Draft copy circulated by Friday, 11/30</td>
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<tr>
<td>✓</td>
<td>Week of 11/26</td>
<td>Letters to centers staff, re evaluation process</td>
<td>Research</td>
<td>Template letter for directors of each free-standing center or institute to share with staff on reasons for evaluation process; also turn into landing page off research web site.</td>
<td>Dresbeck</td>
</tr>
</tbody>
</table>

<p>|   | Week of 12/03 | Dean Richardson letter to Medial Group | Clinical | Richardson letter to all members of Medical Group explaining rationale and process | McFall |
|   | 12/3 | SoN | Nursing | SoN Administrative Group meets 12/3 and every Monday (possible presentation by Dr. Hallick?) |
| ✓ | Week of 12/3 | Directline | All OHSU | PROPOSED: What it means to be a 'not for profit' | Boyd |
| ✓ | 12/3 | 5Year Fin Plan PP, draft ready for review | Central Admin | Tim, etc. draft of Five Year financial plan power point for use with F&amp;A committee, version also for OHSU Town Hall &amp; OHSU Board meeting. | Kringen |
| ✓ | 12/4 | ELT discussion of 5Year PP PROPOSED | Central Admin. | PROPOSED - ELT discussion of 5-Year Financial Plan PP draft | Stadum |
| ✓ | 12/4 | SoM Dept. Adminstrs | Education | School of Medicine Department Administrators Meeting – Q&amp;A on Vision 2020 with Dean Richardson | McFall |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Details</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/5</td>
<td>SoD Dentistry</td>
<td>Deans and Associate Deans</td>
<td>Meet 12/5 and every other Wednesday (possible presentation by Dr. Hallick?)</td>
<td>Boyd</td>
</tr>
<tr>
<td>12/5</td>
<td>CDRC Staff presentation CDRC</td>
<td>JER 15 min speech to CDRC staff (PDX and Eugene) + 40 min Q&amp;A</td>
<td>Boyd</td>
<td>Boyd</td>
</tr>
<tr>
<td>12/5</td>
<td>DCH Foundation Board</td>
<td>JER intro of Speaker and Vision 2020 presentation in Board Meeting</td>
<td>Boyd</td>
<td>Boyd</td>
</tr>
<tr>
<td>12/5</td>
<td>Education</td>
<td>Regular meeting involving all Deans and Dr. Hallick</td>
<td>Boyd</td>
<td>Boyd</td>
</tr>
<tr>
<td>12/6</td>
<td>Board F&amp;A Committee presentation Central Admin.</td>
<td>JER &amp; Brad King present 5-Year Financial Plan to OHSU Board Finance &amp; Audit Committee</td>
<td>Boyd</td>
<td>Boyd</td>
</tr>
<tr>
<td>12/6-12/11</td>
<td>School deans to staff, students, alumni</td>
<td>Education</td>
<td>Communication from deans to school staff, students, alumni . With message points from Tim</td>
<td>Boyd</td>
</tr>
<tr>
<td>12/6</td>
<td>Talking points approved Central Admin.</td>
<td>Have talking points approved for use with all internal OHSU audiences (including scripting, if needed, for patient questions); also with all external OHSU audiences, including govt. officials &amp; Foundation. Have ready to distribute on 12/10.</td>
<td>Boyd</td>
<td></td>
</tr>
<tr>
<td>12/7 @ 9-10 a.m.</td>
<td>Media prep for JER Central Admin.</td>
<td>Prep for JER for media interviews on Vision 2020 &amp; 5-Year Financial Plan</td>
<td>Boyd</td>
<td>Boyd</td>
</tr>
<tr>
<td>12/7 10-11 a.m.</td>
<td>Town Hall run-through Central Admin.</td>
<td>Practice run-through of Town Hall presentation</td>
<td>Boyd</td>
<td>Boyd</td>
</tr>
<tr>
<td>Date/Time</td>
<td>Event Description</td>
<td>Details</td>
<td>Responsible Party</td>
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<tr>
<td>12/10 @ 8 a.m.</td>
<td>Presentation of 5-Year Financial Plan</td>
<td>E-mail blast ELT, OLT, Foundation, Govt. Affairs, Communicators group</td>
<td>Kringen/Boyd</td>
<td></td>
</tr>
<tr>
<td>12/10 @ 11 a.m.</td>
<td>OHSU Town Hall</td>
<td>All OHSU</td>
<td>Communications team; ELT members as they choose; Stadum &amp; Dean</td>
<td></td>
</tr>
<tr>
<td>12/10</td>
<td>Directline</td>
<td>All OHSU</td>
<td>Boyd</td>
<td></td>
</tr>
<tr>
<td>12/10 @ noon</td>
<td>Public landing page on Vision 2020 &amp; Financial Plan</td>
<td>External</td>
<td>Newman</td>
<td></td>
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<tr>
<td>12/10 @ 1:30-2:30</td>
<td>Media briefing</td>
<td>External</td>
<td>Boyd</td>
<td></td>
</tr>
<tr>
<td>12/11 @ Noon-2:30 p.m.</td>
<td>JER speaks to Foundation Board</td>
<td>External</td>
<td>Boyd</td>
<td></td>
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<tr>
<td>Date</td>
<td>Event Description</td>
<td>Type</td>
<td>Description</td>
<td>Responsible Party</td>
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<tr>
<td>12/11 @ 2:30 p.m. TENTATIVE</td>
<td>JER at Oregonian Editorial Board</td>
<td>External</td>
<td>JER &amp; Brad King/Stadium? meet with Editorial Board at The Oregonian; the ask: public understanding of financial issues of AMC, OHSU in no financial danger; need for public understanding of need for public support.</td>
<td></td>
</tr>
<tr>
<td>✓ 12/12</td>
<td>The Oregonian - Paid ad, JER letter to community</td>
<td>External</td>
<td>JER letter to community. Similar as messages used for talking points, etc.</td>
<td></td>
</tr>
<tr>
<td>12/13</td>
<td>OHSU Board meets on Financial Plan</td>
<td>External</td>
<td>JER present 5-Year Financial Plan to the board.</td>
<td>Boyd/Kringen</td>
</tr>
<tr>
<td>✓ 12/13 @ 1 p.m. OHSU Board meeting</td>
<td></td>
<td>External</td>
<td>News release on board adoption of 5-Year Financial Plan</td>
<td>Newman/Kringen</td>
</tr>
<tr>
<td>✓ 12/13 @ 3 p.m. News release goes out</td>
<td></td>
<td>External</td>
<td></td>
<td></td>
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<tr>
<td>12/13</td>
<td>Submit op-ed to The Oregonian</td>
<td>External</td>
<td>Submit op-ed to The Oregonian, signed by Board member.</td>
<td>Kringen</td>
</tr>
<tr>
<td>✓ Mid Dec</td>
<td>Faculty Survey</td>
<td>Education</td>
<td>• Release of Second Annual Faculty Engagement Survey – results placed in context of Vision 2020 Goals in all-faculty message from Dean Richardson. Template article to run in all SoM departmental newsletters and outreach.</td>
<td>McFall</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• School of Medicine Home Page: features posted on home page regularly.</td>
<td></td>
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<tr>
<td>✓ 12/17</td>
<td>SoM Combined Chairs Meeting - Focus to be determined</td>
<td>Education</td>
<td></td>
<td>McFall</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Location</td>
<td>Details</td>
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<tr>
<td>12/13</td>
<td>Faculty Senate</td>
<td>Education</td>
<td>SoM, SoN, SoD, SoSE and Affiliated Units. Run by Provost, President is Carol Howe. Agenda unknown</td>
<td></td>
</tr>
<tr>
<td>12/14 or 17</td>
<td>SoM Dean's newsletter</td>
<td>Education</td>
<td>Include vision 2020 and financial plan in Dean's message, include brief article about Town Hall and key points, with link to streaming video etc. Respond, if needed, to Oregonian article.</td>
<td></td>
</tr>
<tr>
<td>1/15*</td>
<td>OHSU Leadership Team</td>
<td>Central Admin.</td>
<td>Vision 2020 - Accomplishments &amp; next steps. JER</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Kringen/Boyd</td>
<td></td>
</tr>
<tr>
<td>1/30</td>
<td>Dean Gabbe/Vdrbltt meeting</td>
<td>Clinical</td>
<td>Small group/faculty chairs meet with Dean Gabbe of Vanderbilt about their experiences; possible noontime lecture. PROPOSED</td>
<td></td>
</tr>
<tr>
<td>2/5</td>
<td>Education</td>
<td></td>
<td>Dean Richardson Q&amp;A and lunch with 3rd year medical students</td>
<td></td>
</tr>
<tr>
<td>2/25</td>
<td>Education</td>
<td></td>
<td>Dean Richardson Q&amp;A and lunch with 4th year medical students</td>
<td></td>
</tr>
<tr>
<td>Jan/March</td>
<td>Vision 2020 Updates</td>
<td>OLT, all OHSU</td>
<td>Regular updates on Vision 2020 progress to OLT &amp; to all OHSU</td>
<td></td>
</tr>
<tr>
<td>Jan/March</td>
<td></td>
<td>External</td>
<td>Second half of statewide tours. Use “pocket pal.” Local media</td>
<td></td>
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<tr>
<td>Feb/March</td>
<td></td>
<td>External</td>
<td>Illuminate’s focus will be on OHSU’s service mission. Will include two-page spread with broad strategic plan messages</td>
<td></td>
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</tbody>
</table>


OHSU Leadership Team Charter

Purpose
The OHSU Leadership Team is a new, broad-based, multi-disciplinary and diverse leadership group established to drive and implement the university’s strategic plan across the institution.

Membership
The OHSU Leadership Team is comprised of designated leaders from each of the academic, clinical and research missions as well as Central Services and the OHSU Foundation. OHSU Leadership Team members are individuals with a variety of roles at OHSU that position them to oversee and guide the pursuit of sustainable excellence throughout the institution.

Responsibilities of team members
OHSU Leadership Team members will:
1. Help to develop, promote and implement the strategic direction of OHSU.
2. Share ideas for advancing the interests of OHSU as a whole.
3. Within their areas of responsibility, drive the culture change necessary to achieve sustainable excellence.
4. Develop relationships and lines of communication across the institution that further the vision and goals outlined in OHSU Vision 2020.

The OHSU Leadership Team is not mission-based or issue-specific, or in any way duplicative of any existing governance body. The OHSU Leadership Team is an advisory group that will inform the decision-making process by promoting a dialogue between the OHSU Leadership Team and the OHSU Executive Leadership Team.

The most important function of the OHSU Leadership Team is bringing together leaders throughout the institution to help develop the roadmap for our future. The OHSU Leadership Team will be a driver of the strategic integration of units, ideas, missions and people to enhance efficiency, effectiveness and innovation – to create a model of sustainable excellence.
Oregon Health & Science University

Vision 2020

Strategic Plan
2007 — 2011

Adopted by
OHSU Board of Directors
October 30, 2007
OHSU Strategic Plan Vision 2020
2007 – 2011

CONTENTS

I. Introduction: OHSU Mission, Vision and Goals

II. Environmental Scan 2007 (including SWOT analysis)

III. Goals, Strategies and Tactics
I. INTRODUCTION

OHSU will partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of all Oregonians.

Planning strategically for OHSU excellence

Why do we plan? We plan because we wish to maximize our ability to contribute to the health and well-being of Oregonians.

We plan because it is the responsible approach to leading an academic health center. We plan because we are a large and complex organization that requires careful and consistent management.

We plan because our growth has been very rapid in the past two decades; now is the time to take stock of this growth and to ensure our sustainability.

We plan because we aspire to sustainable excellence.

Strategic planning provides us with a roadmap to our future – it helps us “get there from here” by outlining a vision, goals, strategies and tactics. A good strategic plan will provide a shared framework for decision making at all levels of our great institution.

In the end, the measure of our plan’s success will be an enhanced ability to achieve our vision of being a national leader in health and science innovation to improve the health and well-being of Oregonians. Quality and results, not profit, are the primary indicators of our success. However, financial sustainability and stability are crucial to maintaining our public mission of health care, research, education and service.

A transparent and inclusive process

Our strategic planning process is broad-based and participatory – across the institution and the state. We have sought input from hundreds of individuals and organizations. We believe that transparency is crucial to OHSU’s success and to our planning process.

Change can’t happen if we see things just one way. That’s why diversity is important to who we are. Diversity is integral to achieving Vision 2020 and is a guiding principle of our planning process.

We asked for help in identifying our strengths and weakness, along with our opportunities and threats (our “SWOT” analysis). From this foundation, we articulated a
vision for OHSU in the year 2020 – what do we want to be at that point? How can we best be organized to serve? What values will we represent?

We then developed a draft five-year plan, including five-year goals, strategies and tactics to help us take our first steps toward Vision 2020.

A dynamic strategic plan

We have not created a leather-bound, encyclopedic document intended only to gather dust on our bookshelves. Our plan lays out five-year goals, strategies to attain our goals and measurable tactics for implementation.

But we understand that the only constant is change. Over the next five years, we will inevitably change internally as we adopt elements of the plan, and we will change due to external forces too. The combination of internal and external forces will present new opportunities and unforeseen challenges.

We will evaluate our progress and listen to our employees, students, patients, friends and critics as we move forward. To be strategic, our plan must be evolving and dynamic.

Defining the elements of the plan

Below we summarize the elements of the planning process and the five-year plan. Following this summary, we present the environmental scan and SWOT analysis that served to guide our strategic thinking, and the outline of our strategies and tactics.

1. The OHSU Mission statement: our starting point

A mission statement tells why an organization exists. The OHSU mission statement is a consensus statement and existed prior to the creation of our current strategic plan. The mission statement guides all strategic planning.

As part of its multifaceted public mission, OHSU strives for excellence in education, research and scholarship, clinical practice and community service. Through its dynamic interdisciplinary environment, OHSU stimulates the spirit of inquiry, initiative and cooperation among students, faculty and staff.

Setting the example for integrity, compassion and leadership, OHSU strives to:

- Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution.
- Explore new basic, clinical and applied research frontiers in health and biomedical sciences, environmental and biomedical engineering, and information sciences, and translate these discoveries, whenever possible, into applications in the health and commercial sectors.
- Develop excellence in health care, emphasizing the creation and implementation of new knowledge and cutting-edge technologies.
- Lead and advocate for programs that improve health for all Oregonians, and extend OHSU’s education, research and health care missions through community service, partnerships and outreach.

(OHSU Mission Statement, 2005)

2. Our Vision: shaping the future

A vision statement presents the organization’s ideal for the future – a picture of what it aspires to achieve in fulfilling its mission. OHSU also has an existing institutional vision statement:

OHSU is dedicated to improving the health and quality of life for all Oregonians through excellence, innovation and leadership in health care, education and research.

(OHSU Vision Statement, 2000)

When we started planning in 2006, we built on and built out this institutional OHSU vision statement to articulate what we termed Vision 2020 of our current strategic plan. We aimed for greater specificity in Vision 2020:

OHSU will partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of all Oregonians.

We will . . .

- Be a leader in applying health and engineering science to solve the world’s major health problems.
- Leverage our multiple institutes, centers, schools, departments and individual excellence to generate unique, interdisciplinary solutions to major health issues worldwide.
- Attract and keep the best health and science faculty, and foster greater faculty diversity.
- Develop a new model for health and science education through interdisciplinary and trans-professional collaboration across schools, innovative technology, and academic and community partnership.
- Facilitate solutions to Oregon’s health care workforce needs.
- Develop and promote health care delivery models that are innovative in their pursuit of quality, efficiency, transparency and sustainability, and that improve quality of life for patients.
- Advocate for financing and delivery systems that provide fair and equitable health care access for all Oregonians.
- Build innovative partnerships to apply within Oregon and nationally the knowledge and discovery of an academic health center.
• Attract financial resources from public, private and philanthropic sources required to sustain and adequately fund our missions.

3. The Five-Year Strategic Goals: mapping the future

*Vision 2020* describes where we want to be in the year 2020. Our five-year goals identify the steps needed to put us firmly on the path toward *Vision 2020*. By accomplishing these goals, we will know that we are on track to reach our vision. Following are OHSU’s five-year strategic goals:

1. Be a great organization, diverse in people and ideas.
2. Develop a faculty that will collaborate to drive excellence and innovation across OHSU.
3. Join others in developing policy and care delivery solutions that improve access to high-quality health care for all, especially Oregonians.
4. Help meet Oregon’s workforce needs in the health and science professions through innovative strategies.
5. Align OHSU enterprises to support sustainable innovation.
6. Build financial wherewithal for the long-term advancement of all of our missions.

4. The Environmental Scan: articulating the context

Great organizations confront the brutal facts. To this end, we retained the consulting firm Kurt Salmon Associates to conduct an environmental scan that addresses the local, regional and national factors affecting OHSU and our ability to carry out our missions. We also looked internally to develop an honest analysis of our strengths, weakness, opportunities and threats (SWOT analysis). This analysis of the environment was critical in developing our strategies and tactics.

5. & 6. Our Strategies and Tactics: defining the actions

Each of our six goals has strategies and tactics for implementation. Most strategies are multiyear activities that guide us in reaching our goals. Tactics are actions that are generally shorter-term and have identifiable resources specifically allocated to their accomplishment. A few of the tactics have been completed, many are in progress, and some are yet to be implemented. *Vision 2020* incorporates the plans of all mission areas into a single OHSU strategic plan. Its goals transcend the boundaries of specific units and missions. Some of our tactics are specific to schools or units, and some support strategies impacting all areas of OHSU.
II. OHSU Environmental Assessment

Background

OHSU has grown all its missions in a relatively short time. Different growth rates suggest constant vigilance is needed to maintain balance.

National Recognition – Healing

- Only hospital in Oregon to have services listed in *U.S. News & World Report’s* list of “America’s Best Hospitals 2007.”
- In a 2006-2007 survey of more than 2,000 Oregonians by the National Research Corporation, OHSU received the highest rating in the state in all four survey categories: best image/reputation, best overall quality, best doctors and best nurses.

National Recognition – Teaching

- School of Medicine ranked third in *U.S. News & World Report’s* 2007 ranking in primary care.
- School of Dentistry students consistently rank in top 20 percent of National Dental Board Exams.
- School of Science & Engineering tied for 40th in *U.S. News & World Report* 2005 rankings for environmental/environmental-health engineering schools – only Pacific Northwest engineering school to rank in category.
- The College of Pharmacy has ranked 12th in the nation for first-time pass rates on the North American Pharmacist Licensure Examination for the past five years.

National Recognition – Discovery
- One third of OHSU School of Medicine departments are ranked in the top 10 for National Institutes of Health funding.
- More than half of these departments are ranked in the top 25.

**OHSU Markets and Competitors**
In every area of the organization, OHSU faces strong competitors.

<table>
<thead>
<tr>
<th>MARKET</th>
<th>COMPETITOR</th>
</tr>
</thead>
</table>
| Healing | Established:  
- Hospitals/Systems  
- Physician groups  
- Freestanding ambulatory facilities |
|         | Established:  
- Other academic health centers  
- Other Oregon institutions (could also be collaborators) |
| Teaching| Established:  
- Four-year/professional degree  
- Graduate  
- Ph.D. |
|         | Established:  
- Traditional universities with medical schools, research institutions, Oregon institutions  
**New:**  
Community hospitals and health systems |
| Discovery| Established:  
- Federal grant funds  
- Top tier scientists  
- State grant funds  
- Other institutional funds  
- Philanthropy |
The Clinical Environment

Primary Service Area & Market Demographics

- OHSU Primary Service Area = four counties.
- OHSU draws more than 40 percent of its patients from outside the Primary Service Area.
- Primary Service Area has a younger population and uses fewer services than the rest of Oregon.

(CAGR = Compound Annual Growth Rate)

**Multnomah (2006)**
- % OHSU Market Share .......... 12.4%
- % OHSU Patient Origin .......... 31.7%
- Population (2006) ............... 697,192
- CAGR, 2006-2011 ............... 0.8%
- % 65+ .................................. 11%
- Total Discharges .............. 64,737
- Discharges/1,000 Pop .......... 89
- OHSU Discharges ............... 8,038

**Clark (2006)**
- % OHSU Market Share .......... 4.1%
- % OHSU Patient Origin .......... 5.6%
- Population (2006) ............... 404,719
- CAGR, 2006-2011 ............... 2.4%
- % 65+ .................................. 10%
- Total Discharges .............. 34,931
- Discharges/1,000 Pop .......... 86
- OHSU Discharges ............... 1,427

**Washington (2006)**
- % OHSU Market Share .......... 7.8%
- % OHSU Patient Origin .......... 12.2%
- CAGR, 2006-2011 ............... 1.7%
- % 65+ .................................. 9%
- Total Discharges .............. 39,506
- Discharges/1,000 Pop .......... 77
- OHSU Discharges ............... 3,100

**Rest of Oregon (2006)**
- % OHSU Market Share .......... 4.4%
- % OHSU Patient Origin .......... 33.9%
- Population (2006) ............... 2,102,906
- CAGR, 2006-2011 ............... 1.0%
- % 65+ .................................. 14.8%
- Total Discharges .............. 194,971
- Discharges/1,000 Pop .......... 93
- OHSU Discharges ............... 8,614

**Clackamas (2006)**
- % OHSU Market Share .......... 8.3%
- % OHSU Patient Origin .......... 9.3%
- CAGR, 2006-2011 ............... 1.2%
- % 65+ .................................. 12%
- Total Discharges .............. 28,377
- Discharges/1,000 Pop .......... 83
- OHSU Discharges ............... 2,355
Demographic Note:
Overall primary service area population is projected to grow at 1.4 percent compound annual growth rate, compared with 1 percent for the rest of Oregon.

Primary service area median household income is $57,000 compared with $40,000 for the rest of Oregon.
Market Demographics – Trends
Similar to the rest of the United States, Oregon’s population is aging, which will drive higher utilization of health services.

2006-2011 Oregon Population Growth Rates and Current Discharge Rate

Market Utilization – Current & Growth
Driven by aging, utilization of services such as cardiac, oncology and orthopedics will grow fastest.

<table>
<thead>
<tr>
<th>Service Line</th>
<th>2006 Discharges</th>
<th>Compound Annual Growth Rate (2006-2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary Service Area</td>
<td>Other Oregon</td>
</tr>
<tr>
<td>Cardiac surgery</td>
<td>2,033</td>
<td>3,384</td>
</tr>
<tr>
<td>Cardiology</td>
<td>16,912</td>
<td>21,624</td>
</tr>
<tr>
<td>Oncology</td>
<td>3,671</td>
<td>4,139</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>10,869</td>
<td>15,511</td>
</tr>
<tr>
<td>GI/Digestive</td>
<td>12,798</td>
<td>16,420</td>
</tr>
<tr>
<td>Neurology</td>
<td>5,913</td>
<td>7,027</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>1,934</td>
<td>2,091</td>
</tr>
<tr>
<td>Spine</td>
<td>5,675</td>
<td>7,509</td>
</tr>
<tr>
<td>Other adult</td>
<td>57,013</td>
<td>68,027</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>16,437</td>
<td>15,800</td>
</tr>
<tr>
<td>Women's</td>
<td>34,292</td>
<td>34,140</td>
</tr>
</tbody>
</table>

Demographic note:
Overall PSA population will grow at 1.4% CAGR,* compared with 0.9% for the rest of Oregon.
PSA median HH income is ~$57,000 compared to ~$40,000 for the rest of Ore.

*CAGR = Compound Annual Growth Rate
OHSU’s Clinical Competition

OHSU’s Primary Service Area is intensely competitive, with a very strong “system” presence.

Hospitals by system:

**OHSU**

**Providence**
- St. Vincent
- Portland
- Milwaukie

**Legacy**
- Emanuel
- Good Samaritan
- Meridian Park
- Mount Hood
- Salmon Creek

**Kaiser Sunnyside**

**Other Primary Service Area hospitals**
- Adventist
- Physicians’
- SW Washington
- Tuality
- Willamette Falls

Competitors continue to invest in capacity:

Providence St. Vincent opened 72 new beds in October 2006.
- Includes cardiac, neurosciences and med/surg
- $42 million
- 72,000 square feet

Providence Portland is constructing a 12-story building, scheduled to open in 2008.
- Expanded cancer center
- Surgical services suite
- 94 patient rooms

Providence Newberg Hospital opened in 2006.
- Licensed for 40 beds

Kaiser will build a new 138-bed hospital near Hillsboro.
- Serves 75,000 health plan members

Legacy Salmon Creek Hospital opened in 2005.
- 161 beds

Southwest Washington Hospital expansion to open in December 2006.
- 82 beds
- $146 million
OHSU is a market leader, or strong competitor in pediatrics, neurosurgery and oncology, both in the Primary Service Area and from outside.

*Markets share note:* OHSU’s overall Primary Service Area market share for all services is 9.5 percent; OHSU’s market share for the rest of Oregon is 4.5 percent.

OHSU has opportunities to capture a higher share of the more complex care, as would be expected of an academic health center.

**Demonstration of Value**

**Consumer-Driven Issues**

Definition of health care consumerism: a grassroots movement driven by the desires of individual customers.

- Manifestations include:
  - Growth of PPO vs. HMO products
  - Concierge and VIP care
  - Provider rating organizations (e.g., Leapfrog Group, HealthGrades)
  - Provider tiering by insurance companies
  - Direct-to-consumer advertisement of pharmaceuticals
  - Medical Savings Accounts, Flexible Spending Accounts
  - Oregon PricePoint System and Insurance Commission initiatives

- Drivers of consumerism:
  - Aging population
  - Increasing expense of health care
  - Cost-shifting by employers, policy-makers
  - Internet information explosion

- Implications for providers:
  - Need to differentiate and communicate products and services (cost, outcomes, service)
  - New marketing channels, messages
The Research Environment

National Institutes of Health Funding

In 2005, NIH awarded $11.6 billion in extramural funds to U.S. medical schools. Thirty percent of these awards were concentrated among 10 schools.

The following chart shows NIH awards (in millions) to U.S. medical schools in FY 2005:

- OHSU departmental NIH awards increased by $89.3 million from FY01-FY05, driven by new department awards and market share gain in existing departments.
- In FY 2007, OHSU slightly increased its percentage of NIH-sponsored research from $200 million to more than $201 million, in a time of NIH budget cuts. Total sponsored projects rose to nearly $307 million, with almost 66 percent funded by the NIH.
- Competition for NIH funding will increase as overall funding flattens (est. 0 percent growth in FY05-07) while grant applications escalate (est. 7 percent growth during FY05-07). However, the Clinical Translational Science Award and being an integrated academic health center position OHSU well.
National Institutes of Health Roadmap for Medical Research

In 2002, NIH consulted extensively with its stakeholders – scientists, health care providers and the public – to identify and prioritize the most pressing problems facing medical research today that can be uniquely addressed by the NIH as a whole. The NIH Roadmap for Medical Research was formulated after those initial consultations. Three broad themes emerged during the planning of the Roadmap:

1) New Pathways to Discovery, which invests in emerging and needed areas of research, such as biological pathways (including metabolism) and networks, structural biology, molecular libraries and imaging, nanotechnology, bioinformatics and computational biology.

2) Research Teams of the Future, which supports both individual creativity and collaborative team efforts by supporting interdisciplinary research, high-risk research and public-private partnerships.

3) Re-engineering the Clinical Research Enterprise, which strengthens clinical research by creating a systematic and transformative infrastructure that nurtures multi- and interdisciplinary investigators and research teams, creates innovative research tools and information technologies, and catalyzes the application of new discoveries and techniques to clinical practice at the front lines of patient care.

Through these efforts, NIH will boost the resources and technologies needed for 21st century biomedical science.
Workforce Shortages

Physician, dentist and pharmacist shortages in Oregon:
- Oregon’s population is growing faster than its number of physicians, dentists and pharmacists.
- Rural areas less well-served than metropolitan areas.
- Future shortage predicted due to growth and aging of state population and of health care providers.
- Oregon graduates half of the national average of physicians/capita.
- Prescription drug use is expanding exponentially, fueled by an aging population, newer more effective medications and the addition of a prescription drug benefit to Medicare coverage. At the same time, it is estimated that 30 percent to 50 percent of the pharmacist workforce will retire in the next 10 years.

Nationwide nursing faculty shortage: 2004 AACN survey showed insufficient faculty cited at nearly half of nursing schools (47.8%) as the major reason for not accepting all qualified applicants. Faculty aging and retirement is a major factor contributing to the shortage. Oregon nursing workforce analysis in 2000 indicated that doubling all nursing educational capacity across the state would meet half of the need by 2010.

Shortages of scientists and bioengineers in Oregon: The number of science and engineering doctorate degrees conferred decreased by 12% in Oregon from 1997 to 2003, mirroring a larger trend nationwide. The aging of science and engineering doctorate holders in the workforce suggests an increase in retirements over the next 20 years that may outpace the number of new degrees.
OHSU Sources of Revenue

Nearly 90 percent of OHSU revenue currently comes from patient care and gifts, grants and contracts.

OHSU Consolidated Restricted and Unrestricted Operating Revenue Sources
Fiscal Year 2008 Budget ($000’s)

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>$813,189</td>
</tr>
<tr>
<td>Gifts, Grants &amp; Contracts</td>
<td>$428,760</td>
</tr>
<tr>
<td>Sales &amp; Services</td>
<td>$37,877</td>
</tr>
<tr>
<td>Tuition</td>
<td>$42,018</td>
</tr>
<tr>
<td>Other</td>
<td>$49,304</td>
</tr>
<tr>
<td>State Appropriation</td>
<td>$43,280</td>
</tr>
<tr>
<td>Other</td>
<td>$1,414,428</td>
</tr>
</tbody>
</table>

OHSU Financial Considerations

- The flow of funds through OHSU involves complex interdependencies across missions.
- Broad variation exists in the level and sources of funding captured by clinical departments.
- Health expenditure per capita growth has outpaced Medicare reimbursement per enrollee for the past 15 years.
- Annual growth in overall Medicaid spending has experienced an increasing rate of decline over the past 15 years.
- OHSU has the opportunity to grow research revenue through increased industry and private awards, and increased collaboration with external parties.
• Following a doubling of NIH funding from 1999 to 2003, funding is forecasted to hold constant in 2007 at $28.6 billion. Applying inflation-adjusted dollars, the flattening represents a decrease in purchasing power of 11 percent from 2003-2007.

• Industrial R&D support to U.S. universities and colleges in current dollars reached a high of $2.2 billion in 2001 and has declined every year since to $2.1 billion in 2004.

• While future increases in state funding cannot be ruled out, they will not likely represent as great a proportion of revenue as in the past. OHSU’s state funding is 3.1 percent in FY 08.

• Total resident costs for OHSU first-year medical students are among the highest of the nation’s public medical schools; non-resident costs are comparable to average private school costs of $40,000.

• A potentially strong relationship exists between research funding and clinical areas – roughly 40 percent of awards in FY 2006 involved clinical research, and when translational research awards are considered, this percentage becomes much greater.

Oregon Opportunity Funds

• $200 million public investment
  - $103 million for Marquam Hill Biomedical Research Building/renovations
  - $12 million for Bronson Creek Building/OGI School of Science & Engineering renovations
  - $10 million for statewide research network
  - $75 million for recruitment and research infrastructure

• More than $60 million per year in private donations over past 6 years through OHSU Foundation

• Ongoing operational costs to support investments
  - Facilities
  - Researchers
SWOT Analysis

OHSU Strengths

- Oregon’s only health sciences university and academic health center
- National recognition in specific clinical, educational and research rankings
- Academic reputation within hospital market
- Position as a statewide resource in providing health care and education
- Clinical enterprise’s historic ability to generate profit to support education and research missions
- Competitive market position
- Collegial, entrepreneurial and intellectually diverse faculty
- Portland “quality of life” creates attractive environment for recruiting faculty relative to many other high cost-of-living areas
- Strong translational science capability

OHSU Weaknesses

- Lack of integration among mission entities – missions are interdependent, but no established guiding principles to prioritize activity
- Funds-flow mechanisms not widely understood
- No mechanism exists for prioritizing investment among programs and departments
- Clinical enterprise’s financial capacity to support research and education is under pressure
- Significant deferred maintenance in facilities and information technology infrastructure
- Uncertain impact of potential health care reform
- Compared to peer institutions, support from the state is among the lowest on a per student basis
- Minimal endowment levels
- Inadequate gender and ethnic diversity among faculty, students and employees

OHSU Opportunities

- Transparency – promotion of value through demonstration of quality
- Innovation through development of new health delivery and educational models
- Strengthening of translational and interdisciplinary research
- Pursuit of complex cases better suited for an academic health center
- Service excellence development within the clinical enterprise
  - Integrative, multidisciplinary care
  - Community-level customer service
• Portfolio analysis to better optimize capital investment and resources
• Productivity improvements – unused capacity throughout organization
• “Window of opportunity” with leadership change
• Build upon the 2007 increase in state funding for health care workforce initiatives with an enhanced articulation of public mission
• Development of performance-based culture and outcomes assessment
• Expanding presence from Marquam Hill to South Waterfront campus

Threats to OHSU

• Increasing future competition
  - Non-academic research competition, e.g., community hospitals
  - Other Oregon institutions offering professional health education
  - Intensifying hospital competition within the Primary Service Area and regionally
  - Extremely competitive and consolidated clinical environment in the state and region (COM, moved from “OHSU weakness”)
• Dependence of governmental funding sources and potential future declines: NIH, support from the state, Medicare, Medicaid, etc.
• Competition for the best physicians/faculty
• Health care professional workforce shortages
• A lack of mutual support between clinical and research environments may hamper future integration efforts
• Lack of internal OHSU track record of implementing change
• Declining affordability of Portland in recruitment context
• Historic levels of capital inadequate to meet anticipated needs
• Loss of Medicaid payments for Graduate Medical Education, due to potential withdrawal of federal participation
• Substantial additional malpractice insurance expense due to possible loss of state tort cap
FIVE-YEAR STRATEGIC GOALS, STRATEGIES AND TACTICS

GOAL 1: BE A GREAT ORGANIZATION, DIVERSE IN PEOPLE AND IDEAS

STRATEGY 1.1

Create a campus-wide culture that demands excellence in performance, driven and supported by transparency and mutual accountability.

1.1 TACTICS

1. Ensure that all units, departments and area leaders establish annual goals linked directly to OHSU’s goals and strategies, and develop metrics to measure progress toward achieving goals.

2. Develop and regularly publish campus-wide performance reports.

3. Establish a trans-professional and interdisciplinary leadership group (i.e., the OHSU Leadership Team) to further engage OHSU’s leaders in the strategic planning process, to enhance multidirectional communication and to facilitate implementation of Vision 2020.

4. Define service excellence and implement a service excellence program in all mission areas that establishes standards and addresses the needs of both internal and external customers.

STRATEGY 1.2

Transform OHSU from an organization that values diversity to one that lives it.

1.2 TACTICS

1. Develop and communicate both an organization-specific definition of diversity and a compelling business case statement.

2. Identify opportunities for and barriers to inclusion and diversity.

3. Develop an OHSU-wide strategy for recruitment, retention, development and graduation of a diverse student body.

4. Develop a strategy for recruitment and retention of diverse faculty and develop metrics to track progress toward achieving goals. Double annual support to recruitment fund for recruiting underrepresented faculty.
5. Establish a Diversity Advisory Council to advise OHSU leadership.

6. Explore creative employee benefits and incentives (e.g., child care, telecommuting, online learning, flextime/schedules, job sharing).

---

**STRATEGY 1.3**

*Recruit, develop and retain the best employees.*

**1.3 TACTICS**

1. Improve employee recruitment strategies and processes that position OHSU as an employer of choice.

2. Recruit, engage and retain diverse employees qualified and positioned to drive OHSU strategies and goals.

3. Develop an efficient and effective employee recruitment process that yields excellent, diverse, highly qualified employees.

4. Develop and enhance career path, mentorship opportunities, employee training, including diversity training and leadership development programs.

5. Implement succession planning throughout the organization.

6. Implement comprehensive learning management system and career tracking tools.

7. Align total rewards program with OHSU strategies and goals.

8. Extend incentive compensation plan to equivalent management levels throughout OHSU.

9. Develop OHSU’s planning capability to anticipate workforce shortages, changing demographics and other factors that impact OHSU as an employer.

---

**STRATEGY 1.4**

*Improve employees’ physical and technological environments, and leverage technological resources.*

**1.4 TACTICS:**

1. Improve physical and technological access to OHSU facilities and information systems for employees, students, patients, volunteers and visitors with disabilities and with limited English proficiency.
2. Develop and fund a plan to reduce the level of deferred maintenance of OHSU buildings and equipment.

3. Develop and fund maintenance and upgrades to match information technology capabilities with users’ needs.

4. Improve transportation access to and from OHSU facilities and encourage flexible alternatives for accomplishing work.

5. Develop OHSU accessibility standards.

6. Create and sustain a tobacco-free environment at OHSU.

7. Ensure a safe and healthy workplace.

---

**STRATEGY 1.5**

Enhance the efficient, sustainable use of energy and resources in OHSU facilities.

**1.5 TACTICS:**

1. Integrate energy- and waste-savings lifecycle analysis into campus planning, facility development and purchasing decisions.

2. Develop performance metrics and tools for standardized financial analysis of energy and resource use.

3. Appoint an executive liaison to OHSU Green Team and develop and implement a Green Team communication plan.

4. Support environmental programs throughout OHSU and the community.

---

**STRATEGY 1.6**

Strengthen internal communications throughout OHSU.

**1.6 TACTICS:**

1. Establish strong internal Web site for communications about strategic planning, financial reports and operating performance.

2. Establish and use OHSU Leadership Team to ensure effective and all-encompassing information flow.

3. Link centralized department of Internal Communications with unit-level communicators to break down information silos.
4. Develop and improve internal communication policies and protocols to improve processes and flow of information.

5. Identify and implement accessible Web-based tools and strengthen collaboration among Internal Communications, Web Strategies and Information Technology Group.

STRATEGY 1.7

Enhance and support institution-wide emergency preparedness plan and infrastructure.

1.7 TACTICS:

1. Develop an overarching Emergency Management Plan that addresses OHSU-wide needs and links to and ensures compatibility among mission-level plans.

2. Link more strongly OHSU emergency preparedness plans with emergency plans of others in the community.

3. Hire emergency planning leader to coordinate and improve emergency preparedness for OHSU.

STRATEGY 1.8

Develop and implement long-term plans for key support areas linked to OHSU strategies and goals.

1.8 TACTICS:

1. Develop and implement a long-term plan for campus facilities.

2. Develop and implement a long-term plan for each department or unit within central services.

STRATEGY 1.9

In addition to our role as a health and science knowledge leader, OHSU is a major employer and, as such, will participate in community improvement efforts that align with OHSU’s strategic direction.

1.9 TACTICS:

1. Collaborate with others to develop a business and community climate that encourages and respects diversity.
2. Participate in programs for sustainable practices, including community-oriented urban and transportation design, “green” building strategies, natural resources and habitat protection, and recycling.

3. Participate in partnerships for workforce development in health care, biosciences, engineering and other science careers, and in construction and other trades as appropriate for a major employer and building owner.

4. Participate in local and regional economic development activities that contribute to economic growth and the well-being of Oregon citizens.
Goal 2: Develop and retain a faculty that will collaborate to drive excellence and innovation across OHSU.

STRATEGY 2.1

Engage, develop and retain faculty aligned with OHSU strategies and goals.

2.1 TACTICS:

1. Develop a strategically targeted, proactive retention plan.
2. Align faculty recruitment with the strategic plan priorities.
3. Orient and develop faculty to maximize their contribution to OHSU’s strategic direction.
4. Develop specific initiatives to break down perceived barriers between administration and faculty to facilitate and maximize faculty’s contribution to OHSU.

STRATEGY 2.2

Change faculty leadership compensation packages to align incentives as a first step to alignment of all faculty compensation with OHSU strategies and goals.

2.2 TACTICS

1. Achieve market competitiveness.
2. Link compensation to performance that advances OHSU’s strategic objectives.
3. Achieve internal equity.

STRATEGY 2.3

Align the research, clinical and educational enterprises.

2.3 TACTICS

1. Pursue research that has broad clinical and educational applications, is sustainable, or leverages the combined strengths of clinical and research excellence.
2. Seek opportunities for investments in the clinical enterprise to align with research and educational focus areas.

3. Develop an environment that integrates basic and clinical graduate education and aligns investment in education with key research and clinical cores.

4. Develop diverse teams of faculty leaders to promote horizontal integration and collaboration across the university.

5. Encourage and support inter-mission relationships that result in systems to capture research and clinical data that may lead to improvements in health care treatments and delivery.

6. Promote and provide more opportunities for interaction between basic research and clinical areas (e.g., dedicated collaboration space, protected time for collaborative discussions, cross-functional program development and technology solutions).

7. Engage industry as early partners in research, clinical and educational program development.

8. Deploy Oregon Clinical and Translational Research Institute (OCTRI) resources to optimize the interface among the research, clinical and academic enterprises.
Goal 3: Join others in developing policy and care delivery solutions that improve access to high-quality health care for all, especially Oregonians.

STRATEGY 3.1

*Develop coordinated OHSU positions on important health policies.*

3.1 TACTICS:

1. Participate actively in policy development through the Oregon Health Fund Board.
2. Develop a health policy advocacy strategy to coordinate and align OHSU’s health policy positions.
3. Manage Oregon Tort Claims Act issues to retain Oregonians’ access to health care services.

STRATEGY 3.2

*Collaborate with others to address public health needs.*

3.2 TACTICS:

1. Collaborate with health care providers, consumers, policy-makers and other appropriate organizations to develop approaches to better meet the needs of underserved, uninsured and diverse communities throughout the state.
2. Work with public health organizations, the Oregon Department of Health and Human Services, and state and federal policy-makers to develop education and outreach programs that address key public health issues.
3. Reinforce effective primary care objectives and models, including support of existing OHSU programs and community-based partnerships.
4. Apply telemedicine technology and experience to advance statewide quality care and to serve local providers effectively.
STRATEGY 3.3

*Be a national leader in quality patient care, service and transparency.*

**3.3 TACTICS:**

1. Continue to focus on improving the open reporting of quality parameters in the public domain to ensure OHSU remains a trusted source of information to the public.

2. Engage OHSU Board and faculty in university-wide annual commitment to quality patient care strategic objectives, investments and results review.

3. Develop sustainable, quality-care models that anticipate a changing economic climate and an expanding diverse population.

4. Advocate for appropriate health policy outcomes that support high-quality and evidenced-based care.

5. Use information technology such as EPIC to enhance provider and patient service.

---

STRATEGY 3.4

*Broaden access to services for Oregonians by expanding capacity of clinical enterprise.*

**3.4 TACTICS:**


2. Analyze need and capability for building or acquiring additional inpatient capacity, including a financing stream to cover increased costs.

3. Consider other clinical service growth opportunities and implement as appropriate.

4. Explore community partnerships with the potential to expand the impact of our clinical mission.
Goal 4: Help meet Oregon’s workforce needs in the health and science professions through innovative strategies such as regionalization, academic partnerships, distance learning and interdisciplinary approaches.

STRATEGY 4.1

*Develop Schnitzer Campus as an academic model of the future of interdisciplinary health care education.*

**4.1 TACTICS:**

1. Determine programs and functions to be located at Schnitzer Campus, including a model for culturally competent, interdisciplinary teaching, learning and discovery.

2. Develop and obtain approval of Master Plan that locates streets, greenway, light-rail and streetcar tracks, and building locations and design parameters.

3. Incorporate Schnitzer Campus plans and financial needs into institutional fundraising feasibility study.

4. Develop financial strategies for Schnitzer Campus development and operations linked to overall OHSU long-range Financial Plan.

STRATEGY 4.2

*Enhance education delivery model.*

**4.2 TACTICS:**

1. Assess teaching support services and technical infrastructure in both academic support areas and in the schools; identify consolidation and decentralization opportunities to achieve greater quality and efficiency.

2. Assess the feasibility of and establish interdisciplinary core curriculum for areas including ethics, global health, core basic sciences and public health, anatomy and physiology, professionalism, clinical decision making (evidence-based practice), biostatistics and informatics, emergency preparedness, complementary and alternative medicine, and nutrition, prevention and wellness.
3. Develop the plan for academic infrastructure needed to deliver interdisciplinary learning and to leverage facility capacity on all sites, including simulation, and online and distant delivery.

STRATEGY 4.3

Develop and deepen community partnerships to deliver the educational mission.

4.3 TACTICS:

1. Pursue inter-institutional collaborations in graduate science programs.

2. Develop community arrangements for Graduate Medical Education programs.

3. Create new models of articulation for students (including specific pre-admission pipelines and allied health collaborations) in collaboration with undergraduate colleges, universities and community colleges.

4. Align and develop pipeline programs, including those which articulate directly with program admissions processes, to address workforce goals and to enhance student diversity.

5. Advocate for state and federal policies that encourage distribution of health care providers to best meet the state’s needs.

6. Develop and implement a plan to educate civic, business and other community groups about health care workforce issues and to engage them in efforts to develop solutions.
Goal 5: Align OHSU enterprises to support sustainable innovation.

---

**STRATEGY 5.1**

*Pursue integration opportunities to increase quality and efficiency*

**5.1 TACTICS:**

1. Develop a Basic Science plan that fosters excellence, scientific synergies, greater effectiveness and efficiency, and sustainability.

2. Develop strategies to coordinate, reorganize and invest in specific programs and related infrastructure to align and enhance the education, research and clinical missions (e.g., cancer, neurosciences, infectious disease).

3. Support and develop sustainable research cores via the Core Oversight Committee.

4. Integrate programmatic, administrative and business functions of Child Development & Rehabilitation Center (CDRC), Doernbecher Children’s Hospital and Department of Pediatrics as appropriate.

5. Integrate outreach mission activities to bolster identified strategic priorities.

6. As part of the OGI School of Science & Engineering business plan, assess potential integration of programmatic and support functions with other units.

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**STRATEGY 5.2**

*Streamline various functions or units to minimize support costs, create efficiencies and improve customer service.*

**5.2 TACTICS:**

1. Consolidate departments, divisions and functions as appropriate within and across each school and across OHSU to reduce duplicated services and create greater efficiency and service.

2. Integrate OHSU Medical Group and OHSU School of Medicine.

3. Improve business plan for graduate programs.

4. Reorganize School of Medicine department- and division-level support infrastructure.
5. Implement integrated data warehousing, extraction and reporting tools.

6. Streamline Research Development & Administration and unit research support and invest appropriately to provide seamless service, guided by a comprehensive workflow analysis and the Research Development & Administration long-range plan.

7. Modify systems and processes to produce a unified patient billing system for hospital and physician services.

STRATEGY 5.3

*Improve service and achieve efficiencies through greater consistency in and ease of access to policies and practices.*

5.3 TACTICS:

1. Develop a more standardized set of student policies across the university (e.g., tuition and fees, leave, discipline, academic calendar).

2. Standardize locally delivered information technology functions.


4. Standardize decentralized procurement functions.

5. Optimize integration and coordination of support functions for centers and institutes.

6. Implement robust project management system to support all university components.

STRATEGY 5.4

*Identify infrastructure and culture change needed to improve performance through multidisciplinary and interdisciplinary collaboration.*

5.4 TACTICS

1. Define baseline department and program requirements to sustain operations; conduct a university-wide gap analysis to identify areas in need of basic infrastructure investment.

2. Develop student, faculty and staff placements/rotations throughout and across the institution to promote a broader understanding of other disciplines.

STRATEGY 5.5

Direct investment to strategic programs that advance Vision 2020, build OHSU strength, focus on opportunity areas, foster collaboration and address the most compelling needs.

5.5 TACTICS:

1. Develop and implement guidelines for unit- and institutional-level investments in new and existing programs.

2. Develop an investment policy that ensures growth of a portfolio of programs and services that advance interdisciplinary models; reinforce the unique role of OHSU in the region; encourage successful programmatic development in both large and smaller departments; and support the sustainability of the clinical enterprise.
Goal 6: Build financial wherewithal for the long-term advancement of all of our missions.

STRATEGY 6.1

*Develop sustainable five-year business plans for all organizations and business units.*

**6.1 TACTICS:**

1. Develop and implement process and format for five-year business plans for units and departments.
2. Implement a single budgeting system and process across all of OHSU and its affiliated organizations.
3. Update long-term business plans for ongoing significant programmatic investments.
5. Develop and implement sustainable business plans for all OCP-defined financially challenged School of Medicine departments.
6. Develop and implement sustainable business plan for the School of Nursing’s march wellness program.
7. Review programs and services for outsourcing.

STRATEGY 6.2

*Stabilize and grow public revenues.*

**6.2 TACTICS:**

1. Develop and implement strategy for enhanced state support.
2. Join in national advocacy effort against negative Medicaid payment changes (Graduate Medical Education and intergovernmental transfers) and in favor of improved treatment of West Coast providers in Medicare system.
3. Develop and implement federal strategies for targeted financial support.
4. Develop and implement systems to improve coordination and communication of OHSU financial issues at local, state and federal levels.
STRATEGY 6.3

Review Total Rewards programs and restructure certain elements to align with Vision 2020, five-year strategic plan and five-year financial plan. Elements to be reviewed include:

1. Review retirement and investment plans.
2. Review paid time-off plans.
3. Review pay-for-performance programs.
4. Review recruitment practices and hiring packages.
5. Review merit increase process.
6. Review benefits and compensation plans.

STRATEGY 6.4

Implement other compensation and benefits-related cost-saving opportunities

6.4 TACTICS:

1. Substantially improve third-party administrator terms.
2. Change benefit funding to pay-as-you-go.

STRATEGY 6.5

Increase strategic focus and productivity of all components of the research enterprise.

6.5 TACTICS:

1. Develop and implement a consensus-based definition of return on investment to drive appropriate investment in the research enterprise.
2. Develop and monitor research productivity metrics.
3. Identify new sources of revenue to support research infrastructure (e.g., partnership with other Oregon University System institutions).
4. Maximize the federal Facilities and Administrative (F & A) Cost Rate.
5. Develop and implement policies and internal controls to assure a minimum baseline indirect cost recovery rate for all research grants.
6. Require department-level financial accountability for internal support to investigators, including a standard model for supporting non-sponsored research projects and tracking their outcomes and return on investment.

7. Prioritize internal support for areas that reinforce Vision 2020 or provide reasonable return on investment.

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**STRATEGY 6.6**

*Enhance technology commercialization and industry collaborations.*

**6.6 TACTICS:**

1. Focus appropriate departments (such as Technology and Research Collaborations, Clinical Trials Office and others) on maximizing revenue.

2. Incentivize intellectual property activities by including in guidelines for Promotion & Tenure or other compensation mechanisms.

3. Cultivate and facilitate faculty involvement in research, commercialization opportunities and entrepreneurship activities.

4. Hire a VP for Commercialization Strategies and develop a long-term plan for industry collaborations and commercialization of OHSU’s intellectual property.

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**STRATEGY 6.7**

*Align scope of educational programs and academic support infrastructure to match available resources and meet institutional objectives.*

**6.7 TACTICS:**

1. Review and adjust overall size and scope of education programs in the context of OHSU’s strategic plan and existing resources supporting each program.

2. Benchmark and right-size academic infrastructure to support the educational mission.

3. Seek state, federal, private grants and other funding sources to support diversity pipeline, recruitment, retention and workforce development.
**STRATEGY 6.8**

*Ensure effective economic performance of the clinical enterprise.*

**6.8 TACTICS:**

1. Adjust operations and care models to serve the value proposition required by employers and payers in an evolving marketplace.

2. Optimize business models to maximize available revenue capture to the entire organization and ensure effective economic performance of the clinical enterprise.

3. Examine nontraditional sites of care that may offer lower cost and more convenient choices for patients.

4. Improve managed care contracts to fairly meet OHSU financial needs while respecting appropriate payer interests.

5. Develop and execute business plans for the program portfolio components, including growth areas and those requiring support to achieve more sustainable positions.

6. Maximize utilization of current capacity, such as through weekend surgeries and extended service hours.

7. Identify and stimulate growth in profitable outpatient service.

8. Develop value proposition for payers that builds on OHSU’s unique ability in the region to provide high-quality, cutting-edge procedures, treatments and therapies at a reasonable cost.

9. Enhance service and access to improve competitive position for referrals throughout the state.

10. Evaluate and implement additional business relationships and delivery models, including urgent care and others.

**STRATEGY 6.9**

*Develop space management tools and processes that support strategic goals.*

**6.9 TACTICS:**

1. Review and revise space management policies and procedures to maximize space use and to minimize costs associated with moves and remodeling.
2. Catalog existing space resources and needs, calibrated to strategic plan goals, to generate a gap analysis.

3. Reduce space costs for support services costs through construction of a cost-effective consolidated support services building funded by third-party resources.

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**STRATEGY 6.10**

*Enhance value of central services through cost control, service excellence and innovative service delivery.*

6.10 TACTICS:

1. Establish performance metrics.

2. Benchmark internally and externally to establish cost and service expectations leading to “top quartile” performance.

3. Maintain or reduce central services costs as a percentage of overall costs.

4. Educate departments and units regarding financial management, OCA, space costs and related concepts.

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**STRATEGY 6.11**

*Optimize distribution of administrative support along central/decentralized spectrum.*

1. Perform university-wide review of administrative services delivery effectiveness and efficiency.

2. Identify “best practices,” whether centralized or decentralized.

3. Implement best practices in areas where less effective or efficient practices are currently being followed.

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**STRATEGY 6.12**

*Align Foundation strategic plan with OHSU strategic plan.*

6.12 TACTICS:

1. Conduct campuswide philanthropic needs assessment.

2. Conduct philanthropic feasibility study for the university campaign.
3. Focus fundraising on institutional priorities and maximize philanthropic opportunities.

4. Maximize endowment for faculty, students and programs, including developing mechanisms to ensure that endowment support addresses operating needs.

5. Increase internal and external advocacy for the OHSU research agenda.

6. Increase presidential discretionary funds.

7. Increase scholarships in support of strategic goals.
Impact of tort cap loss on Oregon Health & Science University

Annual additional cost of higher insurance bills and claims reserves: $30 million

How big is this impact?
Some comparisons...
- State General Fund support to OHSU FY07: $43.2 million
- Annual debt service on Oregon Opportunity Bonds: $16 million
- Money earned by OHSU health services that directly support OHSU education and research missions: $28 million
- Estimated annual new cost to OHSU caused by loss of tort cap: $30 million

These program impacts are caused by loss of the tort cap:*

Estimated job impact: 200-300 positions through attrition, voluntary departures, transfers and program reduction.

Education: $7.6 million impact (est.)
Research: $4 million impact (est.)
Additional impacts and lost economic stimulus: $18.4 million (est.)

Cuts caused by loss of the tort cap reduce healthcare outreach to rural and vulnerable populations; reduce workforce initiatives aimed at creating more healthcare professionals so Oregonians can find care when they need it; delay or diminish activities that improve university facilities and create jobs and economic benefits for the state and communities. Loss of the tort cap also forces OHSU physicians to reassess which innovative medical procedures they can continue to perform, advance and teach as Oregon’s only academic health center.

School of Nursing:
- Optimize graduate and baccalaureate capacity across OHSU and OSU campuses.
- Discontinue services to Health Network for Rural Schools and Union County Corrections Program (La Grande)
- Close or transfer rural clinic in Union

School of Medicine:
- Drop class size from 120 to 115
- Reduce clinical rotations in Bend and Eugene (in FY09)
- Reorganize centers and institutes

School of Dentistry:
- Restructure or close Russell Street Dental Clinic
- Basic sciences integrated with School of Medicine

OGI School of Science & Engineering:
- Reduce scale and incorporate self-sustaining engineering program into School of Medicine

Tuition increases:
- Raise tuition 10 to 25 percent in the Schools of Dentistry, Medicine and Nursing

Other education changes:
- Reduce unfunded pipeline K-12 programs
- Consolidate academic administration

Research:
- Significantly reduce unfunded research in schools of Medicine, Dentistry and Nursing**
- Reorganize centers
- Reorganize and substantially reduce university subsidy to Center for Research on Occupational and Environmental Toxicology (CROET)
- Reorganize Oregon Rural Practice Research Network (ORPRRN) and consider closure after FY09 as Oregon Opportunity money runs out
- Reorganize research information services

Additional impacts and lost economic stimulus:
- These impacts don’t include any multiplier effect on the local economy.
- Accelerate move from West Campus (except for the Primate Center and Vaccine & Gene Therapy Institute [VGTI])
- Delay planned upgrades on older university buildings
- Delay investments in IT infrastructure
- Outsource or close Marquam Hill Wellness Center
- Reorganize and substantially reduce university subsidy to Center for Research on Occupational and Environmental Toxicology (CROET)
- Reorganize Oregon Rural Practice Research Network (ORPRRN) and consider closure after FY09 as Oregon Opportunity money runs out
- Reorganize research information services

OHSU followed these principles in making program reductions:

✓ Preserve OHSU Hospital’s ability to help fund university public missions.
✓ Preserve programs key to sustaining OHSU and uniquely provided by OHSU.
✓ Reduce based on strategic priorities; don’t “thin the soup” across the board.
✓ Retain faculty/staff essential for OHSU to remain a top-tier institution.
✓ Work with partners where possible to transition services that OHSU must end.

* Cuts awaiting recommendations by faculty senate and approval by OHSU board.
** Unfunded research is research not supported by external grants.

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Highlights of OHSU’s Five Year Financial Plan

In 2007, OHSU completed a comprehensive and inclusive strategic planning process which culminated in the adoption of a long-term strategic and financial plan. The financial plan called for an aggressive program of consolidations, efficiencies and management improvements, along with increased revenue, in order to provide for investments in OHSU’s faculty, staff and infrastructure to help Oregon become a national leader in health and science innovation during a challenging external financial environment.

The plan was adopted before the Oregon Supreme Court’s decision in the Clarke case, which effectively removed the tort liability cap from OHSU, as well as all other public entities. Because of the loss of the tort cap, OHSU now will not be able to make many of those planned investments. In addition, OHSU will be forced to cut programs. The details of those cuts appear on the opposite side of this sheet.

The loss of the tort cap will cost OHSU an estimated $1.50 million over the next five years. This is in addition to the $114 million of efficiencies and consolidations that are detailed below. During the next five years, the clinical enterprise will have to continue to generate a six percent net income in order to subsidize the university’s education and research programs.

$26.8 million Infrastructure & Support Services Restructuring:
Streamline research support and central administration services.

$22 million Rebalancing Research Revenues & Costs:
Enhanced stewardship of departmental investments in research and increased efforts to assure an appropriate indirect cost recovery rate from research grants.

$8 million Unit Consolidation:
Existing centers and institutes will be analyzed to determine whether they should be consolidated with other units, reorganized in some other fashion or closed. The Neurological Sciences Institute (NSI) has been slated for closure. Discussions are underway about consolidating the support functions of the Child Development and Rehabilitation Center (CDRC), the Pediatrics Department, and Doernbecher Children’s Hospital.

$6.3 million Targeted Program Management Improvement:
Establish multi-year business plans and improved performance for departments.

$13.3 million Human Resources:
Changes in hiring processes and benefits packages.

$37.1 million Hospital Performance:
Incremental addition to net margin through efficiency improvements and capacity growth.
Recommendation 2

The 2005 Full-scale Evaluation Committee Report concluded that the University “does not meet the criteria for accreditation” for student learning outcomes assessment. And Recommendation 3 stated the following:

The Committee recommends that OHSU develop a more systematic and regular institution-wide educational assessment program that identifies a series of outcomes measures that lead to program improvements. These evaluative processes should be consistent with an institutional assessment plan and be integrated into the overall educational planning for the University. (Standards 2.B.1; 2.B.2; Policy 2.2).

NWCCU requested a focused interim report and site visit in fall 2006 to demonstrate the University is addressing Recommendation 3.

In fall 2005, the University created an ad hoc group, the Assessment Council, to design an institution-wide assessment plan described fully in the fall 2006 Focused Interim Report. Based on review of the report and site visit on October 19, 2006, Dr. Kathleen Lukken concluded in the 2006 Focused Interim Evaluation Report that:

Since April 2005, the (Assessment) Council has made significant progress in standardizing and formalizing outcomes assessment across the four schools. There now exists an institution-level assessment framework, and each major program has an outcomes assessment plan consistent with the framework.

Further, Recommendation 2 of the 2006 Focused Interim Evaluation Report stated the following:

“The University continue to implement the recently-designed institution-wide educational program assessment process. Specifically the University should demonstrate that school and/or program level student learning outcomes assessment processes have led to program improvements. The University should demonstrate that the institution-wide educational assessment process has been integrated into the overall University planning process.” (Standard 2.B.1; 2.B.2; Policy 2.2)

NWCCU found the University “substantially in compliance, but needs improvement” and required a progress report in spring 2008 in a letter dated February 1, 2007 and by April 18, 2008 in a second letter dated October 30, 2007. As noted in the Introduction, NWCCU granted OHSU an extension of this deadline to April 28, 2008.

It should be noted that all of OHSU’s professional programs are accredited and assessment has long been an integral part of their quality improvement process. The principal change in the assessment practices at OHSU has been this collection and analysis centrally, which allows the cross-fertilization of best practices and provides greater emphasis and focus on the incorporation of assessment outcomes into ongoing curricular improvement.

In this report, OHSU reports continued improvements in educational program assessment by:

1. Continuing to implement the recently designed process,
2. Demonstrating student learning outcomes assessment processes have led to program improvements, and

3. Demonstrating the institution-wide educational assessment process has been integrated into the overall University educational planning process.

Each component is addressed separately in this report. Supplemental description regarding the link between assessment and educational planning is provided in this Progress Report under Recommendation 1. The educational planning process is also discussed in the 2008 Focused Interim Report (Recommendation 3 of the 2005 Full-Scale Evaluation Committee Report).

**Continue to Implement the Institution-wide Educational Assessment Process**

OHSU provides degree and certificate programs at the undergraduate and graduate levels in health professions and biomedical and engineering disciplines. The major program areas have well-defined assessments at four transition points in the student career. These include application and admission, mid-program, end-of-program and graduate/alumni assessments. The University described this assessment framework in the 2006 Focused Interim Report.

The continued implementation of the recently designed process is reflected in

- Approving a charter for the Assessment Council,
- Developing a plan for communicating expected learning outcomes by degree and certificate program to enrolled and prospective students,
- Increasing the transparency of the end-to-end approval processes for new academic programs,
- Assessing student needs and the effectiveness of student services, and
- Developing a university-wide, web-based repository of assessment information.

**Assessment Council Charter**

In October 2006, the Provost acknowledged the importance of the work of the Assessment Council by approving its charter as a standing committee. This charter formalizes the role and responsibilities of the Assessment Council in providing oversight in the implementation of the institution-wide assessment planning process. The Assessment Council charter specifies the (1) composition of the council and representation of the various schools and major programs, (2) responsibilities of the Assessment Council, and (3) link between the institution-wide assessment process and the institution-wide strategic planning process. (*Attachment 2.1 Assessment Council Charter*)

The Assessment Council, which is comprised of academic associate deans and directors from each of the major programs, continues to meet at least every other month and keeps a record of its deliberations and recommendations. (*Attachment 2.2 Minutes of the Assessment Council*)

The Assessment Council added one new member from Pharmacy in winter 2008. The Assessment Council replaced two members who left their positions, the representative for the OHSU Faculty Senate in fall 2007 and the representative for the Graduate Medicine programs
in spring 2008 to ensure its ongoing and effective operation. (*Attachment 2.3 Assessment Council Members*)

The responsibilities of the Assessment Council include:

- Develop mechanisms by which academic units and programs can engage in program-level assessment and use such findings for the continuous improvement of their program offerings and student outcomes;
- Develop standards for evaluating educational programs and student outcomes assessment at the institutional level;
- Ensure that educational programs have articulated student learning objectives that are measurable and are begin achieved;
- Monitor educational assessment process and performance outcomes data from a university-wide perspective forwarding analysis to the Deans’ Council and Provost for consideration and integration into the overall University strategic planning process;
- Ensure transparency, clarity, specificity, functionality and alignment of the programmatic evaluation and student assessment practices with OHSU’s mission and strategic goals;
- Contribute to the self-study process needed to maintain the university’s regional accreditation by the Northwest Commission on Colleges and Universities (NWCCU).

As needed, the Assessment Council recommends improvements in instruction, staffing, curriculum, and student and academic services, and support of these activities, to the Deans’ Council and Vice President of Academic Affairs and Provost for their consideration and integration into the University-wide strategic planning process.
Expected Learning Outcomes for Degree and Certificate Programs

The Assessment Council discussed the importance of communicating the expected learning outcomes for each of its degree and certificate programs to meet NWCCU Standard 2.B.2, Standard 2.C – Undergraduate Program and Standard 2.D – Graduate Program. The Assessment Council’s ensuing discussion highlighted the differences between two major groups of programs at OHSU, programs that develop individuals for professional practice and those that develop researcher and scholars for the academy, business/industry, and governmental agencies.

In the case of health care professionals, specialized accreditors set standards for professional programs. These standards are well defined, have specified learner outcomes and use assessment to determine whether students are achieving knowledge and competences required for professional practice. The programs in dentistry, medicine, nursing, pharmacy and allied health fields share assessment data in their school-level committee structures to improve the content of courses and programs and sequencing of experiences. These evaluations combined with faculty expertise are the basis for making program changes, whether it reflect minor tinkering or major program redesign, such as Oregon Consortium for Nursing Education (OCNE) that changes the delivery of baccalaureate-level nursing program by providing the last three years on community college campuses using OHSU faculty. This allows nurses to remain in their home communities, which are often underserved rural areas in Oregon, to meet the shortages of highly trained nurses in Oregon’s workforce.

Other than regional institutional accreditation, graduate science programs do not have accreditors that set explicit standards for discipline content knowledge, methods and other skills needed by scholars, researchers and leaders in universities, business/industry and public agencies. The teaching and learning model followed in the research programs is a mentorship model in which individual faculty work with students through a variety of research experiences increasing in independence and culminating with the dissertation experience. These programs tend to be very individualized after the core experiences. And, the work on the dissertation and its defense are the basis for an assessment of student learning at this advanced level of study.

The Assessment Council drafted an institution-wide policy to meet the intent of the NWCCU standards on learning objectives and student outcomes. The Assessment Council believed that the statement of learning objective and student outcomes with assessments of student progress is critical to faithful implementation of the institution-wide assessment framework as well as using assessment data to improve the design or content of the curriculum.

The proposed policy requires all degree and certificate programs to state learning goals/objectives in specific and measurable terms and to make these available to enrolled and prospective students in fall 2008. The draft policy will be forwarded to the Provost and Deans’ Council for review and determination if further review is required. (Attachment 2.4 Learning Objectives for Degree and Certificate Programs)
Review Process for Proposing New Academic Programs

The issues surrounding the program approval process centered on making the process more visible to faculty. The OHSU Faculty Senate and Assessment Council concurred that it would be beneficial to make the proposal of new academic programs more transparent to faculty as well as academic administrators.

The Provost supported the development of a web-based communication tool to facilitate the proposal of new academic programs by faculty. To that end, the Assessment Council reviewed school-, institution- and state-level processes for the approval of new academic programs. This work required schools/programs to formalize existing processes for proposing new academic programs and evaluating existing programs to ensure alignment with external requirements. A template of a flow chart was used by each school or major program to document the various school-level processes. (Attachment 2.5 Process Flow Charts)

Through this review, it became apparent that the list of OHSU programs maintained by the Oregon University System was not current. So, each member of the Assessment Council as well as the Academic & Students Affairs Council reviewed the OUS Academic Program Database to develop an accurate inventory of the academic programs for which the University has approval to offer degree and certificate programs. As a result, the university developed two lists (1) active, approved programs and (2) inactive, approved programs. Each member also reviewed the active program list to ensure that the name of the program matched the OUS academic program database. These lists were submitted to OUS to update the system database in fall 2008. (Attachment 2.6 OHSU Inventory of Approved Academic Programs)

Assessing Student Satisfaction

As part of the institution-wide assessment of students, Vice Provost Robert Vieira, Ed.D introduced the idea that the University should explore developing a systematic university-wide assessment of student perceptions of student services to determine, and be responsive to, the changing needs of students.

The purpose of assessing student perceptions of student support services and the overall learning climate of the University was discussed with several advisory groups. These groups included: Student Affairs Directors, Assessment Council, OHSU Student Council Executive Committee and Academic and Student Affairs Council.

Following these meetings, we drafted an on-line survey to reflect their suggestions and the typical format and questions of this genre of surveys. The groups reviewed the draft instrument. After pilot-testing the survey with Student Council volunteers, we learned that our biggest mistake was assuming students knew what “centralized student support services” meant. The students suggested conducting focus group interviews to learn more about student perceptions. (Attachment 2.7 Plan for Institution-wide Assessment of Student Perceptions)

We proceeded to draft an interview schedule of open-ended questions and responded to their questions about “what do student support services include” and “who is in charge of what” by sharing a list of academic and student support services provided centrally and an OHSU organizational chart at each interview session. (Attachment 2.8 Focus Group Interview Schedule) On the advice of the All-Hill Student Council Executive Committee in April 2007, we scheduled one focus group with members of the Executive Committee returning to OHSU in 2007-08 and other focus groups by major program area. Each interview lasted at least 60 minutes, each group
varied between six to twenty students, and more than 100 students participated. The University scheduled these meetings at noon and provided lunch for the participants.

A written report summarizing the findings and proposing next steps to implement a systematic process will be completed to share first with the All-Hill Executive Committee in fall 2008 before review by the Assessment Council. The information gleaned from the Focus Groups will be used to determine the best way to gather information about student satisfaction on an ongoing basis.

University-wide, Web-based Repository of Assessment Information

The 2006 Focused Interim Evaluation report also notes,

> As the Council continues its work, it will enable OHSU to demonstrate outcomes assessment strategies lead to program improvement by creating and maintaining a university-wide, web-based repository of student assessment information.

The Assessment Council advised the Associate Vice Provost on the development of a web-based communication tool to share information about how to propose new academic programs, conduct quality reviews of existing programs, share accreditation reports and maintain data for Key Performance Measures and student assessment information.

The new website “Academic Programs and Assessment” communicates the work of the Assessment Council, provides information on the program approval process, shares self-study reports and evaluative reports related to institutional and program accreditation, and posts data and improvement targets on the Key Performance Measures developed for the legislative budget process. The website can be accessed from the Academic and Student Affairs homepage:

http://euston.ohsu.edu/academic/

A key to developing this process is the development of a peer group of comparable academic health centers (e.g., University of California-San Francisco, University of Texas Health Science Center San Antonio). The comparison group will be used to identify staff FTE and budget for similar academic and student support services and identify promising practices at other similar universities designed to enhance student life.

Demonstrate Processes Lead to Program Improvements

The 2006 Focused Interim Evaluation Report recommended that the University continue to implement the institution-wide educational program assessment process and in so doing, it noted as follows.

> Specifically the University should demonstrate that school and/or program-level student learning outcomes assessment processes have led to program improvements.

The OHSU institution-wide assessment framework is used in the formative and summative evaluation of educational program quality. The regular and continuous assessment and improvement of programs in light of the needs of the disciplines, fields or occupations is demonstrated by annual program-level reports. The 2008 program-level reports are summarized as follows:
**Dentistry (DMD)**

The School of Dentistry continues to monitor its established outcomes assessment process. The SoD operationalizes the Outcomes Assessment Plan through nine goals designed to assure effectiveness and meet specialized accreditation standards. These goals were developed and approved by the faculty and are carried out by each goal committee. Each goal corresponds with a committee of faculty by an administrator or faculty member and includes an annual review and report to the general faculty members.

These goals address the missions of the institution to provide excellence in education, research, service and patient care. At the most recent visit from the Commission on Dental Accreditation, the SoD received a commendation on its outcomes assessment process.

One recent example of this ongoing process, the review of “Goal A - Education” by faculty in the School of Dentistry in 2007, several assessment feedback tools indicated that students wanted “more content and experiences” in periodontal surgery skills and exposure to practice management. The SoD Curriculum Committee and department faculty reviewed these two curricular areas and worked with the respective faculty to enhance practice management materials and opportunities for practice in periodontal skills. Periodontal patients that need surgical intervention are directed to the predoctoral clinics. In so doing, the program exposes developing general dentist to minor surgical cases before entering practice. The result of these changes will be evaluated in fall 2008.

**Medicine (MD)**

The School of Medicine routinely monitors the outcome performance of students using both external and internal measures of outcomes and quality. The external assessments required by the specialized accreditation and the medical profession are high stakes examinations distributed at critical transition points in the curriculum. These include five as follows:

- United States Medical Licensing Examination – Step 1
- United States Medical Licensing Examination – Step 2 Clinical Knowledge
- United States Medical Licensing Examination – Step 2 Clinical Skills
- United States Medical Licensing Examination – Step 3
- Residency Program Director & Post Graduate Year One Survey

In addition, SoM faculty have developed three additional assessments as follows:

- Student Clinical Clerkship Performance Objectives Monitoring Survey (3rd year)
- Student Clinical Performance Examination (4th year)
- Post-Graduate – Year One Survey of OHSU Medical Graduates

The monitoring of these outcome data is conducted by the faculty from the Basic Science Curriculum Directors Subcommittee, the Clinical Clerkship Director Subcommittee, the Curriculum Committee, and the Associate Dean for Medical Education.
Performance on the United States Medical Licensing Examinations is evaluated based on the proportion of first-time pass rates that “meet or surpass” the national performance level. We have been monitoring this for the past 10 years. This assessment is also a Key Performance Measure approved by the legislature to address the quality of students graduating from the MD program.

Surveys of the Residency Program Directors for our graduates as well as the surveys of our graduates at the conclusion of their first postgraduate year of training note no inadequacies regarding clinical skills and knowledge of our graduates during the past ten years.

Acquisition of clinical skills as measured by performance-based assessment of fourth year students during the past four years has compared favorably to external the evaluation of clinical skills acquisition as assessed through the United States Medical Licensing Examination Step 2 Clinical Skills.

If SoM notes unsatisfactory performance outcomes, then a formal process is initiated to respond to the circumstance. SoM developed two new assessments related to the third-year clinical curriculum to monitor the number and kinds of patients students encounter and the direct observation of students’ clinical performance. (Attachment 2.9 MD Program Review & Improvement Report)

**Graduate Medicine (PhD and Master’s)**

SoM Graduate Council By-Laws (article V; section D) requires a biennial curriculum review of each degree-granting program. The Graduate Council completed its last review in June 2007. The two-year ongoing review cycle begins anew in April 2008 and will be completed in summer 2009. (Attachment 2.10 Graduate Medicine Program Review & Improvement Report).

The comprehensive review process requires that each SOM degree-granting program conduct its own review of its current curriculum every two years. The programs use student feedback (gathered through a variety of mechanisms including surveys, interviews and written evaluations) as well as program-based committees, and in some cases faculty peer review.

The program then prepares a written summary report that is presented to the full Graduate Council at one of our monthly meetings (usually one or two programs report at each meeting). These reports include information on the perceived strengths and weaknesses of each course, recommendations to improve each course and a summary of changes made in response to previous recommendations. The biennial review also includes a report on our conjoint (CONJ) courses, presented by the chair of the Conjoint Curriculum Committee.

In addition, the SoM Graduate Council routinely reviews proposals for new courses, significant changes in the content of existing courses and changes in the leadership of conjoint courses. These changes are all recorded in Graduate Council minutes.
Nursing

The School of Nursing (SoN) monitors student outcomes based on the assessment identified for the nursing degree programs following the specifications of the OHSU Assessment Framework. The framework reflects entry-level, interim, end-of-program, and alumni assessments. These program-specific assessment frameworks are monitored through the School of Nursing Fact Book and by the School of Nursing Faculty Governance committees that have the respective responsibilities (e.g., Baccalaureate Admission & Progression is responsible for undergraduate entry assessments).

Processes are in place to monitor the interim assessments related to enrollment, leave of absence (LOA), course and teacher effectiveness evaluations, progression, and time to degree. During the Fall and Winter of this academic year, the School of Nursing has worked to develop a Master Enrollment & Progression Reports Calendar (that specifies the type of data each curriculum committee and the School of Nursing Academic Council will receive and the frequency in which that data is provided from units within the School of Nursing Office of Academic Affairs.

In addition to providing a structure around the collection and review of progression and course evaluation data, this document indicates that each of the four Admission & Progression Committees review the data with their respective groups and report back to the SON Academic Council the results of the their respective committee review. (Attachment 2.11.1 Program Review & Improvement Report Academic Reports Calendar)

We have begun to implement the feedback cycle that is outlined in the Master Calendar as course evaluation and teaching effectiveness results were provided to each Admission & Progression committee for review at the end of the first week of this term. Reviews of the course evaluation results are currently in progress. Additionally, at the end of the fifth week of this term each Admission & Progression Committee will receive data to review student progression by program. This term, we are treating this process as a trial period as we work to determine the feasibility and utility of the plan.

Prior to this development of the Academic Reports Calendar and associated process, the review of this type of data was not systematic. While not systematic, it did occur. For example, February 19, 2009 the PhD Curriculum Committee discussed an on-going process in which they are reviewing their curriculum to identify gaps or deficiencies in the curriculum compared to program goals. At this time, some courses have made changes to curriculum in an effort to better prepare students for the comprehensive exams, but no changes have been implemented by the faculty as a whole.

Another example of the type of progression reviews that occurred include the Baccalaureate Admission & Progression Committee’s review of data pertaining to student withdrawal and leave of absence. Review of the data indicated that for the Portland campus a higher than expected numbers of students who withdrew or are on an approved leave of absence were minority students. This was a concern to the committee, and the primary response was to ensure that students were aware of the resources available to students, specifically mental health resources on campus and language assistance programs on other campuses. (Attachment 2.11.2 Program Review & Improvement Report: Baccalaureate Admission & Progression)

In response to this, the SoN Office of Academic Affairs has worked with the different resource offices within OHSU to ensure that they are included in the SoN Catalog/Student Handbook. This document is updated annually and provided to entering students at Orientation. Additionally,
copies of the Catalog/Student Handbook are always available to students on the School of Nursing website http://www.ohsu.edu/son/academic/catalog.shtml

The first attempt NCLEX pass rates are closely monitored by all campus Associate Deans, SON Interim Dean, and the Oregon State Board of Nursing and the OHSU key performance measures which are legislatively required. The School of Nursing continues to monitor these performance measures. One outcome of this monitoring is that at the undergraduate level, a standardized NCLEX readiness test is now required prior to graduation to ensure a high percentage of students pass the NCLEX test on the first attempt. This requirement was added in spring 2007 when NCLEX pass rates showed a slight decline from 91 percent to 88 percent. We will see the results of the spring 2008 NCLEX testing later in fall 2008.

Additionally, at the February 28, 2008, Advanced Practice Curriculum Committee reviewed graduating student data about skill preparation from the Master’s Exit survey which has been conducted for the past two years just prior to graduation. The Analysis of the results, when compared to other benchmark institutions, indicated that while the some of the School of Nursing rating were lower than expected, when we examined the results by specialty it became clear that the response pattern made sense. For example, students in the Psychiatric Mental Health Nurse Practitioner program scored their program low on suturing and x-ray; given the content of that program those responses are expected. Only one item, to what degree did you didactic and clinical courses prepare you in business aspects of practice, was flagged as a concern; however, the committee identified it as a low concern and forwarded the data to the faculty who teach NURS 522: Advanced Practice Nursing Roles and Issues. (Attachment 2.11.3 Program Review & Improvement Report: Advanced practice Curriculum Committee)

OGI School of Science & Engineering

The School solicits course/instructor evaluations from all registered students in each class. Fall 2007 there was a 70 percent return rate for course evaluations. The Assistant Dean for Education and the relevant Department Head read all evaluations. In addition to the departments acting on problems and concerns, anything I see of concern I contact the department and they must report on their solution of the problem. One example, a new adjunct faculty got poor reviews, he will not be teaching again for us.

Each term the School analyzes student statistics to identify trends. These statistics include matriculation numbers, graduation numbers and registration numbers by both program and class. Over the years, these statistics showed the early indications of SoSE's decline in student numbers, as well as an indication that decline was leveling out in fall 2007. When numbers change (up or down) programs are prompted to explore why, often leading to changes to keep the curriculum competitive.

Starting on 2006 and again in 2007 the SoSE Student Council sponsored a student satisfaction survey. This survey went to all matriculated students and explored topics such as quality of classes/instructors, quality of research, quality of advisors, competitiveness of programs, diversity of classes, relevance of required curriculum, collaboration opportunities, working environment, student life, etc. The results of this survey are compiled for the school as a whole as well as for each program, then the results are presented to the SoSE leadership team (Dean, Associate Dean, Assistant Dean, Department Heads). The SoSE leadership team discusses the results and identifies areas on which to work throughout the year. With the last survey (2007) the Dean and Assistant Dean for Education met with each program to go over that program's specific responses
and required the programs to commit to making improvements. Some of the actions identified from this survey include: BME program evaluating each and every class for quality and content improvements; BME program's curriculum committee reviewing degree requirements for relevance; MST department reviewing a year's worth of course evaluations to identify classes and faculty for improvement; CSE/EE program developing a year-long course schedule to ensure adequate and diverse class offering; increased social events across all programs to improve student/faculty interaction; centralizing communication to students to ensure messages and announcements reach all students; additional training opportunities in scientific paper writing and grant writing; remodel public space for enhanced social interaction and team meetings; and all programs communicating alternate course options to students. A four-page response was written jointly by SoSE leadership and delivered to the SoSE Student Council.

All graduating students are required to complete the Outcomes Assessment Survey prior to receiving their diploma. Once a year these feedback data are analyzed and presented to SoSE leadership, with similar follow-up outlined above. The 2007 results have not yet been compiled.

Each program looks carefully at their curriculum for areas of improvement as the "catalog" is updated annually. Decisions are based on feedback gathered throughout the year from student comments, past year's student performances, market influences, industry needs in graduates, recruiting and retention challenges, faculty expertise, annual surveys, and market research. In 2007, 50 percent of the SoSE programs adjusted the curriculum based on numerous sources of feedback. In 2008 three additional programs are considering changes.

Integration of Assessment Process into the University Planning Process

The OHSU strategic planning process was described fully under Recommendation 1 of this Progress Report. As noted this process began in September 2006 with the inauguration of Joseph A. Robertson, M.D., M.B.A. as President. The planning process involved hundreds of hours of conversation with internal and external constituents throughout the state. OHSU’s Vision 2020 documents the goals, strategies, and tactics approved by the Board of Directors in October 2007. As noted above, the elimination of the cap on tort liability by the Oregon Supreme Court in late December 2007.

The Assessment Council’s charter reflects the need to feedback assessment information for the continuous improvement of programs and the institution. The sources of information about the quality of educational program and outcomes include:

- Assuring the implementation of the institution-wide assessment framework and feedback processes at the program-level,
- Reviewing accreditation self-studies and evaluation reports from specialized accreditors and NWCCU, and
- Tracking the key performance measures related to student performance approved by the Oregon legislature.

The Assessment Council review and analyzes information from these sources to determine how well the University is performing, identify common themes of strengths and weakness, implications for programmatic and financial planning. The Assessment Council reports its findings to the Provost and Vice President for Academic Affairs, Deans’ Council and Research Council for integration into the overall University planning process. These data are available on the web-based repository of assessment information.
In addition, the state legislature requires OHSU to submit an annual report on its progress toward targets on 23 key performance measures. These performance measures track high-level objectives related to the education, research and health care missions. As noted in the 2006 Focused Interim Report, these KPMs are tracked and monitored by the schools and integrated into their school-level planning processes. (*See Attachment 2.12 2007-2009 Key performance Measure Report.*)
Conclusion

The 2006 Focused Interim Evaluation Report made two recommendations and requested a Progress Report in spring 2008. These recommendations counseled the University to continue its implementation of both the revised strategic planning process and institution-wide educational program assessment process. The University proceeded accordingly and has worked tirelessly to meet the standards associated with these recommendations. In addition to adding to the scope and depth of these processes, the University has made significant progress in the institutionalization of these new processes.

With respect to Recommendation 1, we have completed one full cycle of the strategic planning process and have incorporated the co-evolution of the annual updating of the Five-year Financial Plan with an annual updating for the Five-year Strategic Plan. These processes occur at the unit-level and fold into institution-wide plans with programs and services linked to the budget and resources. The goal is to ensure the appropriate resource allocation with new and existing program initiatives. OHSU had an unexpected opportunity to test the viability of the guidelines and principles of OHSU Vision 2020 when the cap of the tort liability for state entities was eliminated. This threat to financial sustainability was met with a rationalized process to guide decision making and prioritization. We did not drop the Vision, but we altered timelines and priorities. The planning has moved out of a small committee into the entire university community and other stakeholders. The OHSU Leadership team of 300 employees represents all missions and provides the forum in which to share information more broadly and get feedback on the OHSU Roadmap. From the very start of President Robertson’s tenure, the lines of communication between University administration and all stakeholders have been emphasized through a variety of modes (e.g., Town Hall meetings, on-line communication through “Ask Joe” and President’s Message) and alignment of human resource policies to create a new culture.

With respect to recommendation 2, the Assessment Council, Deans’ Council and Provost have played key roles in the continued implementation and institutionalization of the institution-wide educational program assessment process. We have used the OHSU assessment framework to propose new assessments that are institution wide (e.g., student and alumni satisfaction), reported on how assessment of student learning outcomes has led to program improvements using school-level processes, and created a web-based communication tool to locate assessment-related performance information in a one-stop location, enabling programs to access data and information for specialized accreditation reports and other studies. The institution-wide educational assessment process has been integrated into the overall University planning process in at least two ways: (1) using student and program performance metrics in the development of unit-level plans and budgets and (2) developing assessments of student services to determine service quality levels from the view of the customers and to develop department-level improvement plans.
Assessment Council Charter

Charge
The OHSU Assessment Council is a standing committee to advise the Provost/Vice President for Academic Affairs on matters concerning institution-wide evaluation of educational programs, student outcomes, and the resources needed to support such assessments. The Assessment Council ensures that academic assessment and accountability are institutional priorities and supports OHSU’s mission to educate health professionals, scientists, engineers and managers in top-tier positions.

Schedule and Composition of the Assessment Council
The Assessment Council will meet at least quarterly, and more frequently as needed, to meet its charge. The composition of the Assessment Council will include:

- One representative appointed by the Dean of the School of Dentistry
- Three representatives appointed by the Dean of the School of Medicine (one each from medical education, graduate science education, and allied health)
- Two representatives appointed by the Dean of the School of Nursing
- One representative appointed by the Dean of the OGI School of Science and Engineering
- One faculty representative appointed by the OHSU Faculty Senate
- Two representatives of the Office of Academic and Student Affairs

The Provost/Vice President for Academic Affairs may appoint other members to the Assessment Council as needed to complete its work.

Responsibilities
The responsibilities of the OHSU Assessment Council shall be to:
- Develop mechanisms by which academic units and programs can engage in program-level assessment and use such findings for the continuous improvement of their program offerings and student outcomes;
- Develop standards for evaluating educational programs and student outcomes assessment at the institutional level;
- Ensure that educational programs have articulated student learning objectives that are measurable and are being achieved;
- Monitor educational assessment process and performance outcomes data from a university-wide perspective forwarding analysis to the Deans’ Council and Provost for consideration and integration into the overall University strategic planning process;
- Ensure transparency, clarity, specificity, functionality and alignment of the programmatic evaluation and student assessment practices with OHSU’s mission and strategic goals;
- Contribute to the self-study process needed to maintain the university’s regional accreditation by the Northwest Commission on Colleges and Universities (NWCCU).

As needed, the Assessment Council will recommend improvements in instruction, staffing, curriculum, and student and academic services to the OHSU Provost and Vice President of Academic Affairs.
## OHSU Assessment Council Meeting Minutes and Action Items


<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Members Present</th>
<th>Minutes Summary</th>
<th>Action Items</th>
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<tbody>
<tr>
<td>Nov 10, 2005</td>
<td>Kathie Lasater (for Judith Baggs) Phyllis Beemsterboer Sam Connell Chris Cunningham Amy Johnson Ed Keenan Bob Vieira Cherie Honnell Nancy Goldschmidt</td>
<td>The charge and overview of the committee was presented and discussed. The assumption is that this group will become a permanent council since the members are the assessment experts within their respective units. Goals for assessment and requirement of NWCCU were reviewed and the role of specialized accreditation affirmed. All members present agreed that a seamless assessment database for the campus would be an excellent outcome for this process. A conceptual framework was presented and discussed and there was agreement that individual as well as programmatic aspects need to be addressed. Due to restricted resources, Nancy Goldschmidt asked the members for possible sources that might fund this type of activity or research. Copies of slides and additional materials were distributed to each member present.</td>
<td>Each member will provide to Nancy Goldschmidt: 1. Comment on the draft framework and how it fits with the individual school assessment plan. Titles, categories, boxes etc. 2. Comment on on-line inventory as to appropriateness. (Attachment 6). Are there additions or deletions? 3. Complete &quot;assessment requirements of specialized accreditation agencies&quot; table.</td>
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<tr>
<td>Dec 1, 2005</td>
<td>Judith Baggs Phyllis Beemsterboer Dorothy Hagan (for Sam Connell) Chris Cunningham Amy Johnson Ed Keenan Bob Vieira Nancy Goldschmidt</td>
<td>A great deal of discussion centered on trying to gain an understanding of the scope of the NWCCU recommendation and our response to it. Clarification of what are outcomes and what are commonalities among the units led to the acceptance of a goal to create a simple, sustainable, systematic structure. The inventory of specialized accreditation items will be the first step and foundation of a structure.</td>
<td>Each member will provide to Nancy Goldschmidt by Dec 16, 2005 a list of program and/or student outcomes required by their respective (if any) specialized accrediting agency. Nancy will then reorganize the inventory of items.</td>
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<td>Jan 17, 2006</td>
<td>Kathie Lasater (for Judith Baggs) Phyllis Beemsterboer Sam Connell Chris Cunningham Amy Johnson Ed Keenan Bob Vieira Nancy Goldschmidt</td>
<td>Nancy G. distributed a four window assessment framework for each discipline to complete. Discussion then centered on each window and what items would populate the framework. We need national benchmarks to make the data meaningful and comparative. The group again agreed that a simple, sustainable, systematic structure is the goal for meeting the needs of specialized and regional accreditation.</td>
<td>Each member will provide an electronic copy of the four window assessment framework to Nancy Goldschmidt by Feb. 8, 2006.</td>
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<td>Feb 15, 2006</td>
<td>Judith Baggs Phyllis Beemsterboer Sam Connell Chris Cunningham Amy Johnson Ed Keenan Kathie Lasater Tanya Ostrogorsky Bob Vieira Nancy Goldschmidt</td>
<td>A completed assessment framework for all units was distributed and discussed. The commonalities were agreed upon as all or mostly all have the following: - Entry – undergrad or prior GPA, national standardized test score and matriculated student profile data (age, gender, ethnicity, resident) - Interim – grades, attrition rate, student eval of instruction and standardized test scores - End – GPA, standardized test score, exit survey, completion rate, time to degree rate. - Alumni – graduate or employment survey. Ed Keenan shared a copy of the SoM resident survey (both director and resident).</td>
<td>Each member to send to Nancy Goldschmidt by Mar. 10, 2006 a description of the unit assessment structure including the feedback loop.</td>
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<tr>
<td>Mar. 15, 2006</td>
<td>Judith Baggs Phyllis Beemsterboer Sam Connell</td>
<td>The SoM alumni relations officer, Allison Dillon gave a demonstration of the online program, &quot;imodule&quot;. This tool is for alumni and the SoM has a 3 year contract</td>
<td>Nancy Goldschmidt will review survey with Chris Cunningham and send it</td>
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<td>Date</td>
<td>Participants</td>
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<tr>
<td>PM</td>
<td>Amy Johnson, Ed Keenan, Tanya</td>
<td>with this vendor. Cost up front and monthly is dependent on number of alumni. The SoM is very happy with the product so far.</td>
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<td>Ostrogorsky, Nancy Goldschmidt</td>
<td>• The group reviewed the draft outcomes assessment survey that will be completed by all program directors across all schools. Numerous changes were made. The goal is to have information in a central location to meet NWCCU.</td>
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<td>to all members for approval. The next step will be to ask us to have our program directors complete the survey.</td>
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<td>May 16,</td>
<td>Judith Baggs, Phyllis Beemsterboer,</td>
<td>• The program survey was approved for distribution. Nancy will send to each unit for addition of an explanation e-mail and distribution to program directors. Due date will be June 1st. Nancy will summarize results.</td>
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<td>2006</td>
<td>Sam Connell, Chris Cunningham, Amy</td>
<td>• Two documents will be developed from the current materials into the NWCCU report and another document which will be called a charge/compact/charter etc.</td>
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<td>Johnson, Kathie Lasater, Bob Vieira,</td>
<td>• The matrix on Student Learning Outcomes was approved after changes and enhancements, including a discussion on the relationship of specialized and regional accrediting bodies.</td>
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<td></td>
<td>Nancy Goldschmidt</td>
<td>• The OHSU Assessment Framework was approved.</td>
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<td>• Recommendations to the Provost/Dean’s:</td>
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<td>1. Approval of the assessment framework we developed.</td>
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<td>2. Identification of resources for integrated, institutional data reporting and managing.</td>
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<td>3. Direction for assessment governance structure, perhaps with the Assoc. Dean’s group or a subcommittee of.</td>
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<td>• Consult regarding the need or requirement for a student member.</td>
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<td>No meetings will be held this summer. The group will wait for approval and/or direction from the Provost/Dean’s.</td>
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<tr>
<td>August,</td>
<td>Nancy Goldschmidt</td>
<td>Email draft recommendations and report to Assessment Council for approval</td>
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<td>2006</td>
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<td>Sept.,</td>
<td>Nancy Goldschmidt</td>
<td>Make changes to documents to reflect input from Assessment Council</td>
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<td>2006</td>
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<td>Submit to Provost for consideration of Dean’s Council</td>
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<td>Jan 9,</td>
<td>Amy Johnson, Chris Cunningham, Ed</td>
<td>Nancy thanks group for contributions/work on the Interim Report to NWCCU. Distributes Dr. Lukken’s response to Interim Report.</td>
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<td>2007</td>
<td>Keenan, Judith Baggs, Matthew</td>
<td>Assessment council is official per Lesley at Exit meeting during Interim report site visit.</td>
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<td>Sachs, Nancy Goldschmidt, Phyllis</td>
<td>Bob Vieira wants the Assessment Council to being thinking about the 5-year Interim Self-Study report to the NWCCU.</td>
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<td>Beemsterboer, Sam Connell, Ryan</td>
<td>Assessing Alumni Outcomes. Work towards developing common questions among the various schools.</td>
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<td>Gillespie</td>
<td>Assessment Website. Will contain KPM’s other official reports (like NWCCU reports). Contact info for Assessment Council members.</td>
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<td>New Educational Program Review. A need to document existing processes identified. Current process mirrors OUS process, however not documented. Only university-wide review for new programs is at the Faculty Senate. Currently it is difficult to tract Program Start and review dates, which are needed for Institutional Reviews.</td>
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<td>Jan 9 (</td>
<td>Nancy G. to draft letter for Lesley’s</td>
<td>• Nancy G. to clarify the scope of the 5-year report to NWCCU and report back to Assessment Council.</td>
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<td>cont’d)</td>
<td>approval re: Appointment to Assessment Council</td>
<td>• Each school representative to send copies of Alumni Survey’s to Ryan G.</td>
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<td>• Nancy G. to begin drafting Best Practice documentation on approval process for new educational programs at OHSU.</td>
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<td>Mar 6, 2007</td>
<td>Nancy Goldschmidt, Amy Johnson, Bob Vieira, David Robinson, Sam Connell, Ed Keenan, Tanya Ostrogorsky, Matthew Sachs, Phyllis Beemsterboer</td>
<td>- How do we define Capstone-style projects? across OHSU. OUS Board starting to ask questions. Currently 4 SOM and 1 SOSE program have Capstone projects in graduate education. SOM already beginning to think about these programs, should plug in other schools to this process. - Assessment Council Charge. Address make-up of committee. Responsibilities of committee. - Analysis of Alumni Assessments by Major Program.</td>
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<td>Jan 8, 2008</td>
<td>Judith Baggs, Tanya Ostrogorsky, Sam Connell, Nancy Goldschmidt, Phyllis Beemsterboer, Edward Keenan, Amy Johnson</td>
<td>- Reviewed final centralized student services matrix - Review of Student Learning Outcomes graphics and description - Status of implementation of institutional-level assessment process - Discussion of Survey of Earned Doctorates - Discussion of student satisfaction focus groups</td>
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<tr>
<td>Feb 12, 2008</td>
<td>Edward Keenan, Tanya Ostrogorsky, Sam Connell, Nancy Goldschmidt, Bob Vieira, Phyllis Beemsterboer, Amy Johnson, Ryan Bushek, Judith Baggs, Alex Stephens</td>
<td>- Review of Recommendation #2 for NWCCU Spring 2008 report. - Discussion of wording, merits, and objectives of priorities 1-8 within Recommendation 2. - Discussion of student focus groups initial results and long-term goals and strategies for monitoring student satisfaction. - Deletion of references to students as “customers”</td>
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<tr>
<td>April 8, 2008</td>
<td>Tanya Ostrogorsky, Sam Connell, Nancy Goldschmidt, Phyllis Beemsterboer, Amy Johnson, Judith Baggs, Alex Stephens</td>
<td>- Review program-level reports - Use question rubric to improve content - Discussion of feasibility of providing alumni with permanent OHSU email addresses to facilitate post-graduation contact. - Discussion of general need for resources and IR capacity at OHSU.</td>
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<td>NPG to look at program survey data to find non-thesis programs - NPG to request info on capstone style projects from programs requiring them - NPG to update draft Assessment Council charge/charter.</td>
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<td>School review &amp; edit of assessment framework documents - Review of website with comments submitted by December 7. - Next meeting set for January 8, 2008, 1-2:30pm</td>
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<td>Explore possibility of acquiring permanent student/alumni OHSU email addresses.</td>
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<td>Degree and certificate-level learning outcomes and objectives due September 2008. - Explore possibility of acquiring permanent student/alumni OHSU email addresses.</td>
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<td></td>
<td>Final edits and suggestions for Recommendation 2 due to Goldschmidt by April 15, 2008</td>
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OHSU Assessment Council Members, 2007-08

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EX-OFFICIO
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Learning Objectives for Degree and Certificate Programs
(Draft OHSU Policy March 2008)

Faculty are responsible for designing the curriculum for degree and certificate programs, including the academic courses, clinical components, activities and other formal experiences designed for students to achieve the stated learning objectives and goals.

The University ensures that measurable learning objectives are identified for each approved degree and certificate programs. These learning objectives will be published in an accessible format for current and prospective students.

The University demonstrates that students who complete their programs have achieved the stated outcomes through regular and systematic assessment. Faculty and academic administrators will consider the assessment evidence within the appropriate school or program-level committees and use the information as feedback to improve teaching and learning.

OHSU recommends that course instructors identify and publish expected learning outcomes or objectives for each course in the course syllabus and specify learning standards and assessments appropriate to the discipline.
Process Flowcharts for Proposing New Academic Programs

School-level review processes:

Dentistry (Attachment 2.5.a)

Medicine – MD (Attachment 2.5.b)

Graduate Medicine (Attachment 2.5.c)

Allied Health (Attachment 2.5.d)

Nursing (Attachment 2.5.e)

Science & Engineering (Attachment 2.5.f)

OHSU Institution-level Review Process (Attachment 2.5.g)

State-level (OUS) and NWCCU Process (Attachment 2.5.h)
School of Dentistry
Academic Program Review and Approval Process

New Program Idea ( Abbreviated Proposal)

Dean Review & “Go Ahead”

Yes

Curriculum Committee Review & Approval

No

Predoctoral

Advanced Education

Dean’s Office Review & Approval

No

Yes

Associate Dean Prepares Proposal on OUS Forms

SOD Dean Review & Approval

No

Yes

Proceed to OHSU Institutional Process

End Process
School of Medicine
Changes to MD Program Curriculum Review & Approval Process

Curriculum Change Proposed

MD Curriculum Committee Review

Yes

SOM Graduate Council Review & Approval

Yes

End Process

No

SOM Faculty Council Review & Approval

Yes

Proceed to OHSU Institutional Process

No
School of Medicine
Academic Program Review and Approval Process

New Program Idea

Budget, Faculty Requirements, Library, Need for Program, Employment Opportunities, Competitors, Collaborations
Using OUS Forms

Dept. Chair/Provost Review & Provost "Go Ahead"

Yes

SOM Graduate Council Review & Approval

Revise

End Process

No

SOM Faculty Council Review & Approval

Yes

SOM Dean Approval

Yes

Proceed to OHSU Institutional Process

No
Oregon University System
Academic Program Review and Approval Process

New Program Proposal Approved by OHSU

Provost Announces New Proposal to OUS Provosts’ Council

OUS Provosts’ Council Review

Undergraduate Program

Graduate Program

External Review

Office of Degree Authorization Notification

OUS Provost’s Council Approval

Yes

OSBHE Approval

Yes

NWCCU Approval

Provost Notifies Units of Approval

Registrar’s Office

Dean/School/Department

End Process
## OHSU ACADEMIC PROGRAM INVENTORY

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89
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Focus Group Interview Plan

Student Perceptions of Academic and Student Support Services

Office of Academic & Student Affairs
Dr. Nancy P. Goldschmidt, Associate Vice Provost, 503-494-1445, goldschtm@ohsu.edu
Mr. Ryan Bushek, Performance Analyst, 503-494-4030, bushekr@ohsu.edu

Evaluation Purpose: The main purpose of the evaluation is to promote institutional learning and program and service improvement, develop assessment data to feedback into program and service improvements, and align process with requirements for specialized accreditation.

Evaluation Scope:
- Evaluate the effectiveness of (a) different components of student support services and programs and (b) the entire set of student support services and (c) other services contributing to the campus climate (safety, library, parking, housing)
- Understand which types of people benefit most from a set of services
- Understand the effectiveness of our communication strategies about services
- Conduct initial focus group interviews with students and use information gleaned to develop an on-line survey.

Phase One Timeline

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<th>Date</th>
<th>Activity</th>
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<td>October 2007</td>
<td>Review proposal, matrix of points of contact, and timeline with Directors, Student Affairs units and Assessment Council</td>
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<tr>
<td>November 2007</td>
<td>Student Council recruits members for Institution-wide Focus Group</td>
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<tr>
<td>December 1, 2007</td>
<td>Institution-wide Focus Group holds first meeting</td>
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<tr>
<td>February 1, 2008</td>
<td>Institution-wide Focus Group holds second meeting</td>
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<tr>
<td>February 2008</td>
<td>Organize Program Focus Groups and coordinate calendar and meeting arrangements with Office of Academic &amp; Student Affairs</td>
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<tr>
<td>April 15, 2008</td>
<td>Complete Program Focus Groups by May 15, 2008</td>
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<tr>
<td>May 15, 2008</td>
<td>Debrief Institution-wide Focus Group</td>
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<tr>
<td>September 2008</td>
<td>Plan Phase Two Directors, Assessment Council, Institution-wide Focus Group and OHSU Student Council.</td>
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Student Advisory Group and Focus Group Interviews

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<td>OGI (CHH)</td>
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Responsibilities of Student Council Representatives
- Identify date that works for students
- Recruit 6-15 students per group (8-10 groups)
- Inform administration of number of volunteers for room selection and lunch order

Responsibilities of Administration
- Arrange meeting room to meet specifications (warm and friendly environment, minimal distractions, tape recorded)
- Order lunch for volunteers
- Review Research Purpose, anonymity guarantee and purpose of tape recording
- Dr. Goldschmidt will develop an interview schedule emphasizing openness of the question-answer process. Given the exploratory nature of the research, the objectives of information gathering are general and the boundaries of relevance ill-defined and shifting.
- Dr Goldschmidt will conduct the interviews to generate valid information, relevant to the research problem, specificity and clarity, and coverage of the full range of information sought.

Analysis and Reporting
- Preserve anonymity of individual students
- Find the big ideas that cross-cut programs
- Distinguish between consensus and outlier concerns
- Prepare summary report by July 2008 to inform Phase 2
- Develop Phase 2 during summer 2008 for implementation in fall 2008.

Targeted Student Support Services for Focus Group Interviews
Student Health Services
Financial Aid Services
Registrar
Center for Educational Diversity and Multicultural Affairs
Bookstore
Fitness/Workout Services
Health Insurance
Library/Information Technology
OHSU Website
Housing
Parking and Transportation
Food Services
Student Life/Social Life
International Student Services
Accessibility and Accommodation Services
Focus Group Interview Schedule

Research Purpose:

The Vice Provost for Academic and Student Affairs, Robert Vieira, asked us to help get some information from current students about your perception of student support services, the learning environment and quality of educational programs at OHSU. They want to know what you like, what you do not like, and how the programs could be improved. We are having discussions like this with several student groups within the University.

There are no wrong answers, only differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we’re just as interested in negative comments as positive comments. At times, knowing our weaknesses is the most helpful.

Questions:

1. If you could sum up your experience at OHSU, what would you say?
2. What is your opinion of the overall climate of the University?
3. What contributes to that climate?
4. How do your first impressions with the University compare to your current impressions?
5. What attracted you to OHSU? What are the main factors in your decision making?
6. Are you satisfied with your relationship with the support services available to students? (cover all of the support services)
7. When have you been most satisfied with your relationship with student support services?
8. What in your relationship with student support services do you find most satisfying?
9. Why might it be that your relationship has had its ups and downs?
10. How can we best manage student support services?
11. What can we do to help shift this situation?
12. What can we learn from what has happened and what possibilities do we now see?
13. What things/services that are not provided would delight you to have provided?
14. Does OHSU demonstrate an interest in the student as customer? Do you think your voice is heard?
School of Medicine Program Review and Improvement Report

MD Program

The monitoring of these outcome data is conducted by the faculty from the Basic Science Curriculum Directors Subcommittee, the Clinical Clerkship Director Subcommittee, the Curriculum Committee, and the Associate Dean for Medical Education.

Performance on the United States Medical Licensing examinations is evaluated based on the proportion of first-time pass rates that “meet or surpass” the national performance level. We have been monitoring this for the past 10 years. This assessment is also a Key Performance Measure approved by the legislature to address the quality of students graduating from the MD program.

Surveys of the Residency Program Directors for our graduates as well as the surveys of our graduates at the conclusion of their first postgraduate year of training note no inadequacies regarding clinical skills and knowledge of our graduates during the past ten years.

Acquisition of clinical skills as measured by performance-based assessment of fourth year students during the past four years has compared favorably to external the evaluation of clinical skills acquisition as assessed through the United States Medical Licensing Examination Step 2 Clinical Skills.

If SoM notes unsatisfactory performance outcomes, then a formal process is initiated to respond to the circumstance. SoM developed two new assessments related to the third-year clinical curriculum to monitor the number and kinds of patients students encounter and the direct observation of students’ clinical performance.

Monitoring Patient Encounters. The Clerkship Directors established an electronic logging system and database of patient encounters linked to specific clerkship educational objectives in 2006-07. Students must complete the number of patient encounters required to meet these objectives. Third year students submit the patient encounter log at the conclusion of each clerkship. Students are not permitted to sit for the final examination in the clerkship without prior submission of the patient encounter log.

There are two levels of compliance monitoring in regard to encounter log submission. The initial monitoring is conducted by the Clerkship Coordinator. Secondly, every ten weeks the SOM Dean’s Office confirms compliance by each student. Compliance by students is now 100 percent (Table 1). All cases of submission non-compliance in the 2006-2007 academic year occurred during summer term 2006 when the transition to the new policy requiring students to submit patient encounter logs was occurring. Over the past two years, this system has evolved into a successful process, which can be relied upon for assessing achievement of clerkship objectives at each clerkship site.
TABLE 1

Patient Encounter Log Submission Compliance
Clerkships Completed in 2006-07

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*All cases of non compliance occurred in 2006 Summer Quarter during transition to new policy requiring submission of patient encounter logs by all third year students.

The Clerkship Directors, as a group, review semi-annually the collective patient encounter log data to determine if the specific clerkship objectives are being met. If less than 60 percent of students are meeting a clerkship objective, then the group charges the Clerkship Director with determining the basis for this outcome. To date in most of these cases, the students were unclear regarding the objective, which has subsequently required additional explanation at the clerkship orientation and/or rephrasing of the objective. In a few cases, we provided training to the Clerkship Director regarding the clerkship objectives. A patient encounter log with the specific educational objectives for the Surgery Clerkship shows the achievement level for the objectives at all sites. *(See Attachment SoM 1)*

Planning is currently underway to acquire a new database system that will permit generation of individual student reports regarding achievement of clinical education objectives for each of the four curricular years. It is anticipated that an agreement with the vendor for this database system will be reached in 2008-09 academic year.

**Direct Observation of Clinical Performance.** The Clerkship Director for Child Health 1 and OB/GYN developed a checklist that each student must submit at the conclusion of the clerkship. Each student identifies the physician faculty that (1) observed the student taking patient history and conducting the physical examination, (2) provided written feedback on patient chart notes and (3) provided midterm feedback. At the completion of the clerkship, the checklist is submitted to the Clerkship Director. Based on the AAMC
Graduation Questionnaire data for 2004-2007 approximately 76 percent of students in the Child Health 1 clerkship and 65 percent of the students in the OB/GYN clerkship are reporting direct observation by a faculty member of clinical performance in taking a history and/or conducting a physical exam. These results are comparable to the data reported for all schools in the 2007 AAMC Graduation Questionnaire. (Table 2)

TABLE 2
Observation by Physician Faculty
OB/GYN and Child Health Clerkships

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<th>Year</th>
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<th>OB/GYN</th>
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<td>2004 AAMC GQ: OHSU*</td>
<td>82%</td>
<td>65%</td>
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<td>2005 AAMC GQ : OHSU*</td>
<td>72%</td>
<td>65%</td>
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<td>76%</td>
<td>70%</td>
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<td>2007 AAMC GQ: OHSU*</td>
<td>76%</td>
<td>60%</td>
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<td>2007 AAMC GQ: All Schools*</td>
<td>80%</td>
<td>72%</td>
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*Graduation Questionnaire (GQ) Survey Question: “A faculty member personally observed me taking a history and/or performing a physical exam.”

Mid-clerkship Feedback. Data derived from the 2003-04 LCME Accreditation Self Study Student Survey revealed that only 27 percent of third-year students reported receiving “consistent feedback” while 49 percent reported receiving “inconsistent feedback” during their third year core clinical clerkships. These data suggested we needed to look closer at the important process of faculty physician providing feedback to students.

The basis for this discrepancy in midclerkship feedback reporting is being examined. It is the perspective of the Clerkship Directors that a small percentage of students are not fully recognizing that they are receiving midclerkship feedback or evaluation when it is occurring and/or they are not recalling that midclerkship feedback occurred when completing the internal student clerkship questionnaire at the conclusion of the clerkship.

To that end, the Clerkship Directors are making greater efforts in clarifying the requirement for and nature of midclerkship feedback so that students are more cognizant of this process. After careful consideration, we decided to develop a system for faculty physicians and students to document giving and receiving feedback as a first step. Each student and faculty member personally providing mid-clerkship feedback must now document the feedback provided, which is submitted to the Dean’s Office with the final written narrative evaluation and clerkship grade.
Substantial progress has been achieved across all third year clerkships in increasing the proportion of students reporting they received midclerkship feedback. The proportion of students reporting receiving formal feedback in OB/GYN has increased from 57% in 2004-05 to 86 percent in 2007-08 (for two terms). Similarly the proportion of students reporting receiving formal feedback in Surgery has increased from 63% to 88% in the same time frame. (Table 3)

Accordingly, internal student survey data for the current 2007-08 summer and fall terms demonstrate that 86 percent of students in an OB/GYN clerkship and 88 percent of the students in the Surgery Clerkship report receiving midclerkship feedback. (Table 3) Feedback on student performance in these rotations is critical to developing the professional competences.

TABLE 3

Midclerkship Feedback in OB/GYN and Surgery Clerkships

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<th>Surgery</th>
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<td>2004-05</td>
<td>57%</td>
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<td>73%</td>
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<tr>
<td>2007-08</td>
<td>86%</td>
<td>88%</td>
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*Question posed on 2006-07 and 2007-08 Internal Clerkship Student Questionnaire: “I received a formal review midway through the clerkship.”

Summary

To improve programs, SoM has developed program-level assessments to supplement the national assessments. These assessments focus on providing students with feedback to they can self-correct or seek assistance in clarifying requirements before the student moves on to the clerkship. These experiences are critical to preparing students for their upcoming residency experiences.
School of Medicine Program Review and Improvement Report

Graduate Medicine Programs

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<tbody>
<tr>
<td>Data/Evidence:</td>
<td>Course evaluations are collected from students, faculty &amp; one-on-one interviews with the program coordinator and are filed with minutes from Graduate Council.</td>
<td></td>
</tr>
<tr>
<td>Strengths/Weaknesses:</td>
<td>Strengths include course descriptions and availability of material and expertise of lecturers. Weaknesses were minor and primarily centered on a few faculty.</td>
<td></td>
</tr>
<tr>
<td>Recommendations:</td>
<td>Faculty identified as problematic each presented individual solutions to specific issues.</td>
<td></td>
</tr>
<tr>
<td>Changes Made:</td>
<td>There were no changes made in any courses.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program:</th>
<th>Medical Informatics &amp; Clinical Epidemiology</th>
<th>5/9/2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data/Evidence:</td>
<td>Course evaluations are collected from students at the completion of each term, shared with faculty and are filed with minutes from Graduate Council.</td>
<td></td>
</tr>
<tr>
<td>Strengths/Weaknesses:</td>
<td>Overall, our courses are well received, with almost all ratings a 4 on a 5 point scale.</td>
<td></td>
</tr>
<tr>
<td>Recommendations:</td>
<td>Some changes were recommended for the way in which statistics was taught in addition program needs to strengthen bioinformatics instruction particularly aimed at Masters degree students.</td>
<td></td>
</tr>
<tr>
<td>Changes Made:</td>
<td>Dr. Holly Jimison presented a proposed curriculum revision to strengthen the program's instruction in bioinformatics and computational biology and in doing so, develop two partially complementary tracks in their existing Master's and PhD programs.</td>
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</thead>
<tbody>
<tr>
<td>Data/Evidence:</td>
<td>Course evaluations are collected from students at the completion of each term, shared with faculty and are filed with minutes from Graduate Council. Because of the relatively small class sizes, numerical evaluations of the course and lectures are not generally solicited.</td>
<td></td>
</tr>
<tr>
<td>Strengths/Weaknesses:</td>
<td>In general, the students were extremely positive about the course. The most common complaints concerned the amount of information (and reading) that was covered in the course.</td>
<td></td>
</tr>
</tbody>
</table>
Recommendations: Several CDB courses were judged to be redundant.

Changes Made: Several CDB courses were judged to be redundant and removed from the departmental course offerings, including Cell 610 (“Tools for a Career in Cell and Molecular Biology”) and Cell 618 (“Mechanisms of Development”). In addition, Cell 611 (“Histology: Structure and Function of Cells and Tissues”) is being offered every other year (most recently taught in Winter, 2006). A new course (Cell 620; “Model Systems Biology”) is being offered this year.

Program: Molecular & Medical Genetics 10/10/2006

Data/Evidence: Course Evaluations are filed with minutes from Graduate Council.

Strengths/Weaknesses: Overall comments were positive. Weaknesses were minor and concerned with test design, expectations and availability of notes online.

Recommendations: Notes will be posted and lecturers discussed changing test formats.

Changes Made: Academic expectations were made clear for each course. Adjustments have been made to accommodate the PMCB curriculum and eliminate redundancies.

Program: Conjoint Series 11/14/2006

Data/Evidence: Course Evaluations are filed with minutes from Graduate Council.

Strengths/Weaknesses: Strengths include the breadth of topics covered. Weaknesses, the speed at which it is covered.

Recommendations: It may be possible to revise this curriculum and meetings with students are planned to address this issue.

Changes Made: Major changes were made to this curriculum in 2004. The Curriculum Committee now includes students and will be meeting in 2008 to address additional changes.
<table>
<thead>
<tr>
<th>Program: Physiology &amp; Pharmacology</th>
<th>12/12/2006</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data/Evidence:</strong></td>
<td>The Graduate Program in Physiology and Pharmacology has undergone significant transition since it joined in with the PMCB graduate program. There were no classes offered in the program in the 2003-04 academic year since this was a restructuring year. The curriculum for the program in Physiology and Pharmacology was undergoing substantial change as a participating member in the Program in Molecular and Cellular Biosciences. As a result, the program in Physiology and Pharmacology does not have any formal course evaluations to submit to Graduate Council for last year.</td>
</tr>
<tr>
<td><strong>Strengths/Weaknesses:</strong></td>
<td>The previous graduate program isolated Phys Pharm from other departments of Basic Science and so they decided to join the PMCB program.</td>
</tr>
<tr>
<td><strong>Changes Made:</strong></td>
<td>Major changes made joining PMCB creating entirely new curriculum that will fit with the Conjoined series of classes.</td>
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<tbody>
<tr>
<td><strong>Data/Evidence:</strong></td>
<td>Evaluations are provided by anonymous student evaluations, peer reviews and exit interviews. Course evaluators are filed with minutes from Graduate Council.</td>
</tr>
<tr>
<td><strong>Strengths/Weaknesses:</strong></td>
<td>37 courses were reviewed, and most were very well received averaging a score of 4.35 out of a 5-point scale. The peer review process has been accepted by faculty and they have found that they are able to benefit from new ideas generated by the reviewers. Students indicated that having more time at the beginning of each lecture (or at end) to integrate some of the material from the various speakers (how did today’s lecture related to last week’s lecture and the week before, for example) might be useful. The major complaint last year was that sessions were over-presented - which meant that there was insufficient time for discussion. This year the presenters were encouraged to use a much more interactive discussion-format. Web based courses were well received but content was criticized as being out of date.</td>
</tr>
</tbody>
</table>
**Recommendations:** Allocate sufficient resources to address recommendations made last year and update the course content and video presentations. The Division of Biostatistics plans to switch to STATA from SPSS, so it is recommended that new presentations will accompany STATA tutorials and presentations.

**Changes Made:** Another possible options that are under consideration is the development of a Biostatistics track and a Maternal and Child Health track for the Oregon MPH program.

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<tbody>
<tr>
<td>Data/Evidence:</td>
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<tr>
<td><strong>Strengths/Weaknesses:</strong></td>
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<tr>
<td><strong>Recommendations:</strong></td>
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<tr>
<td><strong>Changes Made:</strong></td>
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<table>
<thead>
<tr>
<th>Program:</th>
<th>Physician Assistant Program</th>
<th>2/13/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data/Evidence:</td>
<td></td>
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<tr>
<td><strong>Strengths/Weaknesses:</strong></td>
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<td></td>
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<tr>
<td><strong>Recommendations:</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Changes Made:</strong></td>
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</table>

**Strengths/Weaknesses:** Many learned well through the problem-based learning model in a group setting. Students appreciated lectures that were interactive. Using the board while teaching (and not using power point), was effective. Weaknesses include that it would be helpful to have a clearer statement of expectations for assignments and tutorial sessions; along with that, students were not always aware of the agenda for the tutorial sessions as well as challenges with Sakai, an online based application for notes and course information.
Recommendations: Provide students with an agenda for each session and consider a different approach to the researching of clinical questions—perhaps the whole group researches two of the questions and then each person chooses an individual question to research and present to the group for discussion; or perhaps the facilitator chooses which questions should be researched so students aren’t researching irrelevant topics.

Changes Made: A different approach to the choosing of clinical questions for research is currently under review. A consideration is that a whole group researches two research questions and then each person chooses an individual question to research and present to the group for discussion; to help eliminate students from researching irrelevant topics.

Program: Dietetic & Nutrition Program

Data/Evidence: Course Evaluations are filed with minutes from Graduate Council.

Strengths/Weaknesses: Though they performed adequately in the course, it was determined by the students, the Medical School faculty and by Dietetics and Nutrition faculty to be a greater challenge in depth of content and time required than was appropriate for the MS Nutrition students.

Recommendations: Course descriptions for Dietetics and Nutrition courses have not been readily available on our web pages. This is being addressed and course descriptions are now online.

Changes Made: In Winter 2005, the first class of masters students in the newly approved MS in Clinical Nutrition program completed "Systems Processes and Homeostasis” with the first year medical students in the School of Medicine. There have been major revisions in the schedule and logistics for NUTN 517 based student and faculty experiences since it was first offered.

Program: Neuroscience Graduate Program

Data/Evidence: At the end of the academic year, the first year students meet with the Program Director and the Curriculum Committee Chair to get input about the courses from the NGP students. Course evaluations are filed with minutes from Graduate Council.

Strengths/Weaknesses: Students were very positive about the courses but felt they could be significantly changed to accommodate the Conjoint courses. In addition, students requested more practical laboratory experience in the introductory classes.

Recommendations: Many of these recommendations have been implemented, see below.
Changes Made: Cellular and Molecular Neuroscience course was reformatted. Introduction to Neuroanatomy course was dropped. New Introduction to Neuroscience course was added instead that gives a shorter overview of the anatomy and basic neuroscience principles, as well as some neuroscience methods. The increased load of core classes (added NOD) required a reduced elective course load. Therefore, we reduced the number of required electives to 4 courses, including the CON classes.

<table>
<thead>
<tr>
<th>Program: Molecular Microbiology &amp; Immunology</th>
<th>5/8/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data/Evidence: A departmental curriculum committee, consisting of the course coordinators, the departmental graduate program director, and the graduate council representative meet with students to discuss course evaluations. Course evaluations are filed with minutes from Graduate Council.</td>
<td></td>
</tr>
<tr>
<td>Strengths/Weaknesses: Although courses are well received, a major criticism is that they are hard to schedule around the PMCB curriculum leading to declining student enrollment. Courses were too detailed and extensive reading list was too time consuming.</td>
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<tr>
<td>Recommendations: Decrease required readings by focusing on few but, salient, papers. Some chapters in the text books were not covered in enough detail and we recommend spending more time on these topics in class.</td>
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<tr>
<td>Changes Made: Recommendations are to change emphasis in specific courses. We are still testing scheduling classes so that they are more available to graduate students.</td>
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<table>
<thead>
<tr>
<th>Program: Clinical Research Program</th>
<th>6/12/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data/Evidence: Written evaluations of each course module occur at the last class session. In addition to the course evaluation forms, the program coordinator or directors attend all classes. Course evaluations are filed with minutes from Graduate Council.</td>
<td></td>
</tr>
<tr>
<td>Strengths/Weaknesses: Strengths include expanding curriculum to meet the needs of clinical and translational scientists, continuing to expand enrollment in the HIP and MCR cohorts, and continued excellence in didactic and mentored clinical and translational research training. Weaknesses include some guest lecturers who did not cover their topics well.</td>
<td></td>
</tr>
<tr>
<td>Recommendations: Recommendations: replace guest lecturers with course directors.</td>
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</table>
Changes Made: Expansion of programs to include PhD/MCR, DMD/MCR, and MD/MCR degrees, Implementing the T32 OSLER program and selecting 4 long-term and 6 short-term trainees from a strong, diverse applicant pool, Implementing the K12 OSCR program. We have re-organized our course offerings into cognate areas and now offer 16 courses created specifically for the HIP/MCR program.
School of Nursing Program Review and Improvement Report

Academic Reports Calendar

REPORTS:
The following calendar identifies the reports to be generated by the Office of Academic Affairs (OAA), Office of Recruitment, Admission, and Progression (ORAP), and academic programs. When appropriate, student-level data will include their campus and program. If you have recurring requests for academic or enrollment data, please contact Tanya Ostrogorsky at ostrogor@ohsu.edu to have a report added to this list.

All reports will be distributed to the members of the SON Academic Council, appropriate Program Directors, and campus Associate Deans. It will be the responsibility of the chairs of Admission & Progression Committees to review the data with their respective groups and report back to the SON Academic Council the results of their respective committee review.

Quarterly Report Distributed by the 1st Week of the Term (Curriculum Committees Only):
- Previous term Course Evaluation summary (OAA)

Quarterly Reports Distributed the End of the 5th Week of the Term (Admission & Progression Committees Only):
- Official enrollment count by program
- LOA summary with start and return dates
- Low GPA (2.0 or below)
- Incompletes: Student Name, Course, Faculty or Record, and term Incomplete received
- In Progresses: Student Name, Course, Faculty or Record, and term Incomplete received
- Probations & Dismissal: only name and program
- Appeals: only name and program

Yearly Reports (All members of SON Academic Council):
- October: AACN Annual Survey and Oregon State Board of Nursing Annual Survey
- November: Undergraduate- and Master-level results of Spring/Summer graduating student and alumni surveys
- December: Summary of data related to HRSA data requests
- December: Review of Director Annual Report (see SON Initiation, Continuation, & Closure of Curriculum, Program, or Graduate Specialty policy 20-06.20)
- December: Review of selected pages of SON Fact Book
**School of Nursing Program Review and Improvement Report**  
**Baccalaureate Admission and Progression Committee**

**Date and Time:** January 10, 2007, 1-3pm  
**Members Present:** Kim DeRienzo, Linda Luce, Carol Craig, Frances Lee-Lin, Sheila Kodadek, Lory Graham, Carol Christlieb, Natalya Hasan, Jennifer Anderson  
**Members Absent:** Liz Sullivan  
**Guests:** Carol Ledbetter

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<thead>
<tr>
<th>Topic</th>
<th>Key Points / Decision</th>
<th>Action</th>
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</table>
| OSBN evaluation of OHSU campuses | La Grande was concerned about their NCLEX scores. The La Grande campus made changes to improve pass rates:  
- Incorporate the HESI exam in NURS 488 (“HESI intervention”).  
- Began review for the NCLEX  
- Students not passing the NCLEX in spring will receive supervision and remediation from faculty; students will have four opportunities to pass the exam; students not availing themselves of remediation will not be allowed to retake test.  
**Discussion:**  
- Making grading scale and minimum standards consistent on all campuses (raising the minimum passing grade to 75% for OCNE and programs on OUS sites.  
- Grading at 75% not correlated with a higher pass rate, but the HESI Intervention is.  
- GPA does not correlate with pass rate.  
- Baccalaureate Committed has worked on NCLEX pass rate for the past 3 years. | Pursue standardization of outcomes and incorporate interventions in classes to improve student success. |
| Student Progression Issues | Reviewed data on student withdrawals and requested leave of absence (sophomores, juniors and seniors) for summer term. The February report will include fall term.  
**Discussion:**  
- Suspected reasons for leaving include (1) family or economic reasons (2) extremely low OHSU GPAs. When admit across age groups, the students have lots of demands.  
- The committee requested same information for RN/BS students.  
- Some international students do not have adequate English-language skills (speaking and writing) to be successful.  
- OHSU does not have ESL resources; Notified ESL students on Portland campus about resources at PSU. There are language and other resources at the regional campuses.  
- Other schools require international students to take a writing/English language test as part of the application process.  
- There was discussion about ESL students entering into the | Add column to collect reasons for student withdrew or LOA.  
Quarterly reports will continue. The committee would like to pursue Frances idea for helping students by adding services. |
program.  
- How do we increase diversity, but not set people up for failure. Where could OHSU turn for resources for these students, Mt. Hood, or Clackamas CC? Clackamas has program grant to work with culture groups to prepare them to attend nursing school. It was also noted that the family environment plays a big role.

**Conclusion and plan:**
- Track reasons for students dropping out; encourage qualified students to re-enroll.
- Make a proposal to OCNE
- Increase diversity by offering assistance
- Identify at-risk students early and help them with resources, including mental health services.
- Develop an early detection committee to include representation from the Registrar’s Office and the Office of Admissions to meet with potential dropouts and target appropriate resources—programs or scholarship funding.

<table>
<thead>
<tr>
<th>Admission forms</th>
<th>Discussion</th>
<th>Grade essay using rubric to determine inter-rater reliability.</th>
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<tbody>
<tr>
<td>Admissions forms</td>
<td>Reviewed essay questions part of the admissions process and grading rubric. Each member will score the essay prior to the next meeting against an applicant’s essays.</td>
<td>Carol Craig will write a request to Sheila to take to the OCNE steering committee.</td>
</tr>
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<thead>
<tr>
<th>Undergraduate application paperwork review</th>
<th>Discussion</th>
<th>Develop a DRAFT form and send back to group for review and feedback at next meeting</th>
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<tbody>
<tr>
<td>Undergrad application paperwork review</td>
<td>Reviewed admission essay questions and updated rubric. Considered applicant review sheet. Admissions Office will merge prerequisites and A &amp; P GPA. Each campus will go through and look at other key points like background checks, etc and then forward to committee the campus admissions committee for review. Campus staff will enter scores in banner. Considered the Accelerated Baccalaureate review sheet and discussed minimum admissions standards program (3.0 GPA, Grade of B or higher in prerequisite courses, and Bachelor’s degree at the time of application.</td>
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| Academic notification | Discussion | |
|-----------------------|------------| |
| Academic notification | Concern for student performance that does not warrant an academic warning and proposal to add communication tool of “academic notification” for students who are not failing, but who could use some help to be more successful. | |
| Academic notification | It was suggested that we could pilot in the UG program. | |

**Next Meeting**

<table>
<thead>
<tr>
<th>Next Meeting</th>
<th>Admission Rubric- come back with scores for Inter-rater reliability Grading Scale</th>
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<tr>
<th>Strategic Framework</th>
<th>No Discussion</th>
</tr>
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</table>

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### School of Nursing Program Review and Improvement Report

**Advanced Degree Programs**

**Meeting Summary and Follow-up Worksheet (Sample)**

**Date and Time:** February 19, 2008, 1:00-2:00pm  
**Members Present:** Lisa Wood, Nancy Perrin, Anne Rosenfeld, Caroline Mackey

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<tr>
<th>Topic</th>
<th>Key Points / Decision</th>
<th>Action</th>
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</table>
| **Review of Past Issues** | - The guidelines for the oral examinations have been finalized and approved- new incoming PhD students will use the new format and current students will have the option of using the new format or old format.  
- The proposed manuscript dissertation option was presented to Academic Council; no official outcome, needs more clarification regarding specifics.  
- The issue needs to be discussed with the PhD faculty at the next meeting.  
- It was suggested that a pro/con discussion be held; faculty who have direct experience with this option (i.e. Lillian Nail, Francis Lee-Lin) be invited to speak.  
- It was decided that Chris Tanner will need to provide a sample course of study for the proposed GAANN courses- a layout of courses (what is to be taken and when), required/optional/cognate courses, etc.  
- The proposed courses need to be discussed with PhD faculty- all of the core courses will be the same, whether education courses will be substantive theory courses or will need cognates in addition, etc.  
- The committee also needs to determine if the course information needs to go to the SON catalog/handbook; if so, when are the deadlines? | Add pro/con discussion to the March agenda of the PhD Faculty meeting; invite faculty to speak on behalf of pro/con sides.  
Add GAANN courses to the PhD Faculty meeting agenda.                                                                                     |
| **Student Representative** | It was determined that it is not necessary for a student representative to attend each curriculum meeting- students can bring issues forward as needed.  
A question was raised by the Student Council regarding the organization of the BS to PhD program.  
All previous issues have been fixed- the BS-PhD program should now be identical to the MS-PhD program; the December minutes note the changes made. | Report back to the Student Council with BS-PhD program changes/dates changes made.                                                               |
| **New Goals/Plans** | The need to examine course evaluation data results with the PhD faculty was discussed.  
The data gathered via Survey Monkey will be used as a starting point for discussion to create guidelines and determine curriculum deficiencies.  
It was noted that some course have already made changes to curriculum in an effort to better prepare students for the comprehensive exams, but no changes have been implemented by the faculty as a | Nancy Perrin will re-analyze the data gathered to distinguish between the content of core courses and other courses.  
Caroline will re-send the Survey Monkey data to Nancy for analysis.                                                                      |
It was suggested that the current data be re-analyzed by core courses and other courses separately to determine the content being taught (in % amounts). This would be done by weighing core courses, seminars, substantive theory courses, etc. separately on writing assignments, etc.

The original intent was to discuss the course evaluation results at the upcoming faculty retreat; if no retreat is scheduled, then the results will need to be discussed at the April PhD Faculty meeting.

The issue of course sharing between the DNP and PhD programs was discussed- course sharing could begin in 2009. It was also noted that the committee will need to determine in the future how to award students dual degrees.

| Check with Gail regarding the plans for a faculty retreat and add the course evaluation discussion to the April PhD Faculty agenda if necessary. |

**Next Meeting Date:** March 18, 2008, 1:00-2:00pm  
**Minutes Submitted By:** Caroline Mackey
# OHSU Key Performance Measures

<table>
<thead>
<tr>
<th>KPM#</th>
<th>2007-09 Key Performance Measures (KPMs)</th>
<th>Change from 2005-07</th>
<th>Page #</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>DMD ACCESS – Number and percent of entering cohort that are in-state DMD students</td>
<td>New</td>
<td>3</td>
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<tr>
<td>2</td>
<td>MD ACCESS – Number and percent of entering cohort that are in-state MD students</td>
<td>New</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>NURSING ACCESS – Number and percent of entering cohort that are in-state RN students</td>
<td>New</td>
<td>3</td>
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<tr>
<td>4</td>
<td>NURSING COMPLETION – Percent nursing students completing baccalaureate.</td>
<td>New</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>DEGREES – Total degrees and certificates awarded by OHSU.</td>
<td></td>
<td>4</td>
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<tr>
<td>6</td>
<td>DENTAL WORKFORCE – Total DMD degrees awarded.</td>
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<td>4</td>
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<tr>
<td>7</td>
<td>PHYSICIAN WORKFORCE – Total MD degrees awarded.</td>
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<td>5</td>
</tr>
<tr>
<td>8</td>
<td>NURSING WORKFORCE – Total bachelor’s degrees awarded in nursing.</td>
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<td>5</td>
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<td>9</td>
<td>NURSING FACULTY – Total graduate degrees awarded in nursing</td>
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<tr>
<td>10</td>
<td>PROFESSIONAL COMPETENCE – DMD students passing senior-level credentialing examinations on first attempt.</td>
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<tr>
<td>11</td>
<td>PROFESSIONAL COMPETENCE – MD students passing senior-level credentialing examinations on first attempt.</td>
<td></td>
<td>6</td>
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<tr>
<td>12</td>
<td>PROFESSIONAL COMPETENCE – BS in Nursing students passing credentialing examinations on first attempt.</td>
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<td>6</td>
</tr>
<tr>
<td>13</td>
<td>NIH ENVIRONMENT – Percent NIH dollars awarded to OHSU of total NIH grants awarded to all institutions.</td>
<td></td>
<td>7</td>
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<tr>
<td>14</td>
<td>CLINICAL CARE QUALITY – Percent adult inpatients that “word recommend OHSU.”</td>
<td></td>
<td>7</td>
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<tr>
<td>15</td>
<td>CLINICAL CARE QUALITY – Percent pediatric inpatients that “word recommend Doernbecher Childrens Hospital.”</td>
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<td>7</td>
</tr>
<tr>
<td>16</td>
<td>OREGON POISON CENTER – Calls managed without referrals to community emergency services.</td>
<td>New</td>
<td>8</td>
</tr>
<tr>
<td>17</td>
<td>CDRC SERVICES - Total clinical, surgical and/or diagnostic services provided to patients.</td>
<td>New</td>
<td>8</td>
</tr>
<tr>
<td>18</td>
<td>HOSPITAL MORTALITY – Ratio of observed mortality over expected mortality.</td>
<td>New</td>
<td>8</td>
</tr>
<tr>
<td>19</td>
<td>BOTTOM LINE- Consolidated unrestricted net income from total operations</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>20</td>
<td>MD CLINICAL ROTATIONS – Total medical student weeks served in rural and urban, underserved communities.</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>21</td>
<td>RURAL PRECEPTORS – Physicians supervising medical students in rural communities.</td>
<td></td>
<td>9</td>
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<tr>
<td>22</td>
<td>RURAL PIPELINE – Rural K-12 students enrolled in healthcare education pipeline programs.</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>23</td>
<td>RURAL HEALTH – Ratio of federal funds received to state funds contributed to the Office of Rural Health</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>2005-07 KPM#</td>
<td>FINAL DELETIONS of 2005-07 Key Performance Measures (KPMs)</td>
<td>Page #</td>
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<td>-------------</td>
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<tr>
<td>1</td>
<td>STUDENT QUALITY – Average GPA of students enrolling for the first time by program</td>
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<tr>
<td>3</td>
<td>APPLICANT QUALITY - Average MCAT score of applicants compared to the national average.</td>
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<tr>
<td>4</td>
<td>APPLICANT QUALITY - Average DAT score of applicants compared to the national average</td>
<td></td>
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<tr>
<td>7</td>
<td>GEOGRAPHIC DISTRIBUTION- Rural and urban medically underserved communities in clinical rotation program.</td>
<td></td>
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</tr>
<tr>
<td>16</td>
<td>R&amp;D PROJECTS – Number of sponsored projects.</td>
<td></td>
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<tr>
<td>9</td>
<td>HOSPITAL DISCHARGES – Total inpatient discharged annually without newborns.</td>
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<tr>
<td>10</td>
<td>HOSPITAL CAPACITY– Number of staffed hospital beds.</td>
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<tr>
<td>11</td>
<td>HOSPITAL OCCUPANCY – Average daily census divided by the average number of hospital beds.</td>
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<tr>
<td>13</td>
<td>NIH RANKING – Ranking in NIH funding by school.</td>
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<tr>
<td>14</td>
<td>R&amp;D AWARDS – Total sponsored project awards for research, training/teaching, and similar activities</td>
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<tr>
<td>16</td>
<td>R&amp;D PROJECTS– Number of sponsored project awards.</td>
<td></td>
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<tr>
<td>17</td>
<td>INVENTIONS – New inventions disclosed as outcome of OHSU research.</td>
<td></td>
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<tr>
<td>18</td>
<td>LICENSE AGREEMENTS – New technology transfer license agreements as outcome of OHSU research.</td>
<td></td>
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<tr>
<td>19</td>
<td>START-UP COMPANIES – New start-up companies established out of OHSU research.</td>
<td></td>
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<tr>
<td>26</td>
<td>CDRC UTILIZATION - Number of patients served by the Child Development and Rehabilitation Center.</td>
<td></td>
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<tr>
<td>28</td>
<td>UNDERSERVED CARE – Percent of total discharged inpatients covered by Medicaid or uninsured.</td>
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<tr>
<td>29</td>
<td>UNRECOVERED COST - Cost of services provided to underinsured patients compared to payments received.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#1 ACCESS – Number and Percent of first-year dental school positions filled by Oregon residents.</td>
<td>NEW</td>
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</tr>
<tr>
<td><strong>Goal(s):</strong> Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs</td>
<td>Measure since: 2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HLO(s):</strong> EDUCATION OBM #26: College Completion; ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.</td>
<td>“X” any changes:¹</td>
<td></td>
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</tr>
<tr>
<td><strong>Strategy:</strong> Provide state’s only portal for Oregon residents to gain entrance to this limited enrollment program</td>
<td>New wording</td>
<td></td>
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</tr>
<tr>
<td><strong>Source:</strong> Based on the annual Institutional Enrollment Reports, OHSU Registrar’s Office</td>
<td>New data</td>
<td></td>
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<tr>
<td><strong>Owner:</strong> Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-494-5117.</td>
<td>X New measure</td>
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</thead>
<tbody>
<tr>
<td>Actual</td>
<td>51 (73%)</td>
<td>58 (83%)</td>
<td>51 (71%)</td>
<td>56 (76%)</td>
<td>50 (67%)</td>
<td>57 (76%)</td>
<td>52 (69%)</td>
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<td>Target</td>
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<td>72%</td>
<td>72%</td>
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<table>
<thead>
<tr>
<th>#2 ACCESS – Number and Percent of first-year medical school positions filled by Oregon residents.</th>
<th>NEW</th>
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<tbody>
<tr>
<td><strong>Goal(s):</strong> Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs</td>
<td>Measure since: 2007</td>
</tr>
<tr>
<td><strong>HLO(s):</strong> EDUCATION OBM #26: College Completion; ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.</td>
<td>“X” any changes:²</td>
</tr>
<tr>
<td><strong>Strategy:</strong> Increase the number of Oregon residents admitted into the state’s only MD program (entering student cohort).</td>
<td>New wording</td>
</tr>
<tr>
<td><strong>Source:</strong> Based on the annual Institutional Enrollment Reports, OHSU Registrar’s Office expressed as:</td>
<td>New data</td>
</tr>
<tr>
<td><strong>Owner:</strong> Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-494-5117.</td>
<td>X New measure</td>
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</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>64 (67%)</td>
<td>70 (69%)</td>
<td>58 (54%)</td>
<td>56 (52%)</td>
<td>47 (43%)</td>
<td>68 (60%)</td>
<td>88 (72%)</td>
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<td>70%</td>
<td>70%</td>
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<table>
<thead>
<tr>
<th>#3 ACCESS – Number and Percent of first-year nursing positions filled by Oregon residents.</th>
<th>NEW</th>
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<tbody>
<tr>
<td><strong>Goal(s):</strong> Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs</td>
<td>Measure since: 2007</td>
</tr>
<tr>
<td><strong>HLO(s):</strong> EDUCATION OBM #26: College Completion; ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.</td>
<td>“X” any changes:³</td>
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<tr>
<td><strong>Strategy:</strong> Increase the number of Oregon residents admitted into this program. Address projected state workforce shortages.</td>
<td>New wording</td>
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<tr>
<td><strong>Source:</strong> Based on the annual Institutional Enrollment Reports, OHSU Registrar’s Office expressed as:</td>
<td>New data</td>
</tr>
<tr>
<td><strong>Owner:</strong> Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-494-5117.</td>
<td>X New measure</td>
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<tbody>
<tr>
<td>Actual</td>
<td>153 (91%)</td>
<td>190 (93%)</td>
<td>163 (92%)</td>
<td>171 (93%)</td>
<td>234 (95%)</td>
<td>172 (93%)</td>
<td>221 (93%)</td>
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<td></td>
<td></td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
</tr>
</tbody>
</table>
### NURSING COMPLETION – Percent of nursing student cohorts completing bachelor’s degrees.

**Goal(s):** Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs  
**HLO(s):** EDUCATION OBM #26: College Completion. ECONOMY OBM # 4 Net Job Growth; Graduates prepared to work in health professions.  
**Strategy:** Increase nursing BS degree production through partnerships with community colleges aimed at reducing statewide shortage of highly skilled nurses.  
**Source:** Special run of IPEDS completion data.  
**Owner:** Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-494-5117.  
**Data Cycle:** Academic Year

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<thead>
<tr>
<th>Actual</th>
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<tr>
<td>90%</td>
<td>91%</td>
<td>91%</td>
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<tr>
<td>88%</td>
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<td>89%</td>
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<td>89%</td>
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<tr>
<td>95%</td>
<td>92%</td>
<td>92%</td>
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</tbody>
</table>

### DEGREES AND CERTIFICATES – Total degrees and certificates awarded.

**Goal(s):** Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs  
**HLO(s):** EDUCATION OBM #26: College Completion; ECONOMY OBM # 4: Net Job Growth.  
**Strategy:** Size programs to meet healthcare and biomedical science workforce needs within limits of funding.  
**Source:** OHSU Registrar, Integrated Postsecondary Education Data Systems (IPEDS) Completions Survey  
**Owner:** Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-494-5117.  
**Data Cycle:** Academic Year

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<td>848</td>
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<td>925</td>
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</table>

### DENTIST WORKFORCE – Total D.M.D. degrees awarded.

**Goal(s):** Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs  
**HLO(s):** EDUCATION OBM #26: College Completion; ECONOMY OBM # 4: Net Job Growth.  
**Strategy:** Graduate 95% of students who matriculate in the limited enrollment program.  
**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, 503-494-5117.  
**Data Cycle:** Academic Year

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<tr>
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<tr>
<td>64</td>
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### PHYSICIAN WORKFORCE – Total MDs awarded.

**Goal(s):** Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs

**HLO(s):** EDUCATION OBM #26: College Completion; ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.

**Strategy:** Graduate physicians to meet workforce needs by increasing capacity as funds allow.

**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, 503-494-5117.

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<tr>
<td>Actual</td>
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<td>93</td>
<td>85</td>
<td>82</td>
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### NURSING WORKFORCE – Total bachelor’s degrees awarded in nursing.

**Goal(s):** Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs

**HLO(s):** EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.

**Strategy:** Leverage regional partnerships to increase well-educated nurses at the bachelor’s level to meet state workforce shortages.

**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, 503-494-5117.

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<tr>
<td>Actual</td>
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<td>206</td>
<td>245</td>
<td>227</td>
<td>238</td>
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### NURSING FACULTY – Total graduate degrees awarded in nursing.

**Goal(s):** Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs

**HLO(s):** EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.

**Strategy:** Increase master’s level nurses for community college faculty positions needed to increase nursing workforce.

**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, 503-494-5117.

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<tbody>
<tr>
<td>Actual</td>
<td>55</td>
<td>74</td>
<td>46</td>
<td>68</td>
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<td>58</td>
<td>58</td>
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<td>59</td>
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</table>
### #10 PROFESSIONAL COMPETENCE – Percent of DMD student cohort passing senior-level credentialing examinations on the first attempt.

| Goal(s): | Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs |
| HLO(s): | EDUCATION OBM #26: College Completion. Graduates prepared to work in health professions. |
| Strategy: | Provide dental curriculum and clinical experiences to maintain a 95% first attempt pass rate with goal of 100% pass rate. |
| Source: | Based on annual report from American Dental Association Joint Commission on National Dental Exams. National data in annual report. |
| Owner: | Dr. Phyllis Beemsterboer, Academic Associate Dean, School of Dentistry, 503-494-8515 |

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<tbody>
<tr>
<td>Actual</td>
<td>95%</td>
<td>97%</td>
<td>100%</td>
<td>987%</td>
<td>93%</td>
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<td>98%</td>
<td>98%</td>
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</table>

### #11 PROFESSIONAL COMPETENCE – Percent of MD student cohort passing senior-level credentialing examination on the first attempt.

| Goal(s): | Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs |
| HLO(s): | EDUCATION OBM #26: College Completion. Graduates prepared to work in health professions. |
| Strategy: | Provide curriculum and clinical experiences to maintain high first attempt pass rate on national boards (USMLE STEP 2) |
| Source: | Annual reports prepared by the National Board of Medical Examiners. Exam difficulty changes. National data in annual report. |
| Owner: | Dr. Edward Keenan, Associate Dean for Medical Education, OHSU, 503-494-5216 |

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<tr>
<td>Actual</td>
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<td>98%</td>
<td>98%</td>
<td>96%</td>
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<td>95%</td>
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### #12 PROFESSIONAL COMPETENCE – Percent of BS nursing cohort passing credentialing examination after graduation on the first attempt.

| Goal(s): | Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs |
| HLO(s): | EDUCATION OBM #26: College Completion. Graduates prepared to work in health professions. |
| Source: | Annual reports prepared by the National Council of State Boards of Nursing. |
| Owner: | Judith Baggs, Senior Associate Dean for Academic & Student Affairs, School of Nursing, 503-494-1043 |

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<tbody>
<tr>
<td>Actual</td>
<td>95%</td>
<td>91%</td>
<td>92%</td>
<td>93%</td>
<td>88%</td>
<td>92%</td>
<td>87%</td>
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<td>-</td>
<td>92%</td>
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</table>
### #13 NIH ENVIRONMENT – Percent NIH dollars awarded to OHSU of total NIH grants awarded to all institutions.

**Goal(s):** Explore new basic, clinical and applied research in health/biomedical sciences, environmental/ biomedical engineering/information

**HLO(s):** ECONOMIC CAPACITY- OBM #7: Research and Development.

**Strategy:** Sustain productivity as NIH research agenda expands to include translational research and NIH funding levels fluctuate.

**Source:** OHSU Sponsored Projects Administration, special data run, June 9, 2006.

**Owner:** Dr. Daniel Dorsa, VP Research, 503-494-1085

**Measure since:** 2005

**“X” any changes:**

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<td>2001</td>
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<td>0.76%</td>
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<tr>
<td>2002</td>
<td>0.79%</td>
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<tr>
<td>2003</td>
<td>0.72%</td>
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<tr>
<td>2004</td>
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<td>2008</td>
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<td>2009</td>
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</table>

**Data Cycle:** Federal Fiscal Year

### #14 CLINICAL CARE QUALITY – Percent adult in-patients saying “would recommend OHSU Hospital.”

**Goal(s):** Deliver excellence in health care services to all patients

**HLO(s):** SOCIAL SUPPORT OBM HEALTH #39-46; Clinical Excellence and Healthy Oregonians

**Strategy:** Implement service excellence standards; Provide convenient, coordinated patient- and family-centered care.

**Source:** National Research Corporation, mailed survey using stratified random sample conducted annually.

**Owner:** Roy Magnussen, MD, Chief Medical Officer, Hosp. & Clinics, 503-494-6020

**Measure since:** 2005

**“X” any changes:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
<th>Target</th>
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<tbody>
<tr>
<td>2000</td>
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<td></td>
</tr>
<tr>
<td>2001</td>
<td>Not Available</td>
<td>88.1%</td>
</tr>
<tr>
<td>2002</td>
<td>88.3%</td>
<td>88.7%</td>
</tr>
<tr>
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<td>87.3%</td>
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<td>2009</td>
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</table>

**Data Cycle:** Oregon Fiscal Year

### #15 CLINICAL CARE QUALITY – Percent pediatric in-patients saying “would recommend OHSU Doernbecher Children’s Hospital.”

**Goal(s):** Deliver excellence in health care services to all patients Improve clinical performance

**HLO(s):** SOCIAL SUPPORT OBM HEALTH #39-46; Clinical Excellence and Healthy Oregonians

**Strategy:** Implement service excellence standards; Provide convenient, coordinated patient- and family-centered care.

**Source:** National Research Corporation, mailed survey using stratified random sample conducted annually.

**Owner:** Roy Magnussen, MD, Chief Medical Officer, Hosp. & Clinics, 503-494-6020

**Measure since:** 2005

**“X” any changes:**

<table>
<thead>
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<th>Year</th>
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<tbody>
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<td>Not Available</td>
<td>91.6%</td>
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<tr>
<td>2001</td>
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<td>2009</td>
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**Data Cycle:** Oregon Fiscal Year
### #16 POISON CENTER EFFECTIVENESS – Percent of poisoning or toxic exposure cases managed at home

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>76%</td>
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</tr>
<tr>
<td>2001</td>
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<tr>
<td>2002</td>
<td>75%</td>
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<td>2003</td>
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<td>2006</td>
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<td>2007</td>
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<td>2008</td>
<td>76%</td>
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<tr>
<td>2009</td>
<td>76%</td>
<td></td>
</tr>
</tbody>
</table>

#### Goal(s):
Encourage utilization of OPC by health care providers; Reduce mortality from poisonings and toxic exposures; Reduce unnecessary costs.

#### HLO(s):
- HEALTH- OBM # 45: Preventable Death
- PROTECTION-OBM# 50: Child Abuse or Neglect

#### Strategy:
Provide rapid statewide triage services to ensure outstanding intervention and treatment at minimal cost (reducing unnecessary emergency

#### Source:

#### Owner:
Roy Magnussen, MD, Chief Medical Officer, Hosp. & Clinics, 503-494-6020

#### Measure since: 2007

#### Data Cycle:
Oregon Fiscal Year

### #17 CDRC SERVICES – Total clinical, surgical and/or diagnostic services provided to patients.

<table>
<thead>
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<th>Year</th>
<th>Actual</th>
<th>Target</th>
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<td>32,528</td>
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<td>2002</td>
<td>34,316</td>
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<td>2004</td>
<td>34,439</td>
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<td>2005</td>
<td>37,476</td>
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<td>2008</td>
<td>38,230</td>
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<tr>
<td>2009</td>
<td>38,620</td>
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#### Goal(s):
Improve lives of individuals with disabilities or special health needs

#### HLO(s):
SOCIAL SUPPORT OBM #39-46: Health Factors

#### Strategy:
Provide convenient, coordinated patient and family-centered care /purchased services

#### Source:
CDRC Report for State Performance Measures

#### Owner:
Dr. Brian Rogers, Director, CDRC, 503-494-8362

#### Measure since: 2007

#### Data Cycle:
Oregon Fiscal Year

### #18 HOSPITAL MORTALITY – Ratio of observed mortality over expected mortality for in-patients

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
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<td>2003</td>
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<td>2004</td>
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<td>.63</td>
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<td>2005</td>
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</tr>
<tr>
<td>2009</td>
<td>.60</td>
<td>.60</td>
</tr>
</tbody>
</table>

#### Goal(s):
Improve clinical performance; maintain OHSU’s top standing among leading hospitals nationally.

#### HLO(s):
HEALTH OBM #45: Preventable Death; Deliver excellence in health care services.

#### Strategy:
Rapidly correct issues related to quality of care to keep observed mortality below predicted mortality.

#### Source:
University Health System Consortium, Clinical Outcomes Report: Product Line Mortality (quarterly and annual reports).

#### Owner:
Roy Magnussen, MD, Chief Medical Officer, Hosp. & Clinics, 503-494-6020

#### Measure since: 2007

#### Data Cycle:
Calendar Year

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118
#19  **OHSU BOTTOM LINE** – Consolidated unrestricted net income from total operations (dollars in thousands).

<table>
<thead>
<tr>
<th>Year</th>
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<tbody>
<tr>
<td>2000</td>
<td>$(11,852)</td>
<td>$33,056</td>
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<tr>
<td>2001</td>
<td>$32,214</td>
<td>$18,183</td>
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<td>2002</td>
<td>$(13,495)</td>
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<tr>
<td>2003</td>
<td>$(915)</td>
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<td>2008</td>
<td>$40,392</td>
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</tr>
<tr>
<td>2009</td>
<td>$40,392</td>
<td>$29,636</td>
</tr>
</tbody>
</table>

**Goal(s):** Lead and advocate for programs that improve health for all Oregonians, and extend missions through community service, partnerships and joint ventures.

**HLO(s):** PUBLIC SECTOR PERFORMANCE - OBM #36 S&P Bond Rating

**Strategy:** Provide highest level of fiduciary responsibility for institutional operations while sustaining the education mission.

**Source:** OHSU Corporate Financial Services; includes hospital and university operations.

**Owner:** Brad King, Chief Financial Officer, OHSU, 503-494-4585

#20  **MD CLINICAL ROTATIONS** - Number of MD student-weeks served in rural and urban, underserved communities.

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
<th>Target</th>
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<tbody>
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<td>2001</td>
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<td>-</td>
<td>600</td>
</tr>
<tr>
<td>2009</td>
<td>-</td>
<td>600</td>
</tr>
</tbody>
</table>

**Goal(s):** Education. Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs.

**HLO(s):** ECONOMY OBM #1: Employment in Rural Oregon

**Strategy:** Require rural clinical rotation in rural Oregon of all third year MD students to improve diversity, training and distribution of physicians.

**Source:** Annual institutional reports prepared to meet federal reporting requirements. (based on N of 3rd year students X 5 week rotation)

**Owner:** Lisa G. Dodson, MD, Director, AHEC, Deputy Director family Medicine, 503-494-4853

#21  **RURAL PRECEPTORS** – Community physicians supervising medical students in rural clerkships.

<table>
<thead>
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<th>Year</th>
<th>Actual</th>
<th>Target</th>
</tr>
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<tbody>
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</tr>
<tr>
<td>2009</td>
<td>-</td>
<td>94</td>
</tr>
</tbody>
</table>

**Goal(s):** Promote better health care in rural and under-served Oregon communities.

**HLO(s):** ECONOMY OBM #1: Employment in Rural Oregon

**Strategy:** Link physician resources of community with OHSU MD students to encourage interest in rural and underserved community practice.

**Source:** Institutional reports prepared by AHEC based on federal reporting requirements: fluctuates based on number required to supervise students.

**Owner:** Dr. Lisa G. Dodson, Director, AHEC, Deputy Director family Medicine, 503-494-4853
### #22 RURAL PIPELINE – Rural K-12 students enrolled in healthcare education pipeline program(s).

**Goal(s):** Improve access to primary care and preventive services in rural and isolated areas, where health care providers are in short supply

**HLO(s):** EDUCATION OBM #26: College Completion; ECONOMY OBM #1: Employment in Rural Oregon;

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

**Source:** Annual reports prepared by Areas Health Education Center for federal reporting.

**Owner:** Lisa G. Dodson, MD Deputy Director, OHSU Area Health Education Center, 503-494-3986

<table>
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<td>2,225</td>
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<td>2,240</td>
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**Measure since:** 2005  
“X” any changes: xxi

**Data Cycle:** Federal Fiscal Year

### #23 RURAL HEALTH – Ratio of federal funds received to state funds contributed to the Office of Rural Health

**Goal(s):** Improve access to primary care and preventive services in rural and isolated areas, where health care providers are in short supply

**HLO(s):** ECONOMY OBM #1: Employment in Rural Oregon; SOCIAL SUPPORT OBM #39-46; Clinical Excellence and Healthy Oregonians

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

**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.

<table>
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<tr>
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<td>2.9</td>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

**Measure since:** 2005  
“X” any changes:

**Data Cycle:** Oregon Fiscal Year

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i FINAL KPM # 1 – ACCESS: Reports the number of Oregon residents enrolled in the DMD program. This excludes students admitted through WICHE and students with residency in the other 49 states. The targets assume total capacity of 75 students per cohort based on the number of pre-clinical dental chair workstations in the dental clinic of which the target is to sustain the proportion of instate students to about 7 in 10. Three proposed state dental workforce initiatives is step one in expansion in the size of the DMD cohort: adding clinical practice sites in rural and urban, medically-underserved Oregon communities (DMD Student Outreach Patient Care Experience) and reintroduction of the Hospital Dental Service Program/General Practice Residency and the proposed partnership to deliver the GPR program in Central Oregon (in conjunction with St. Charles Medical Center and the Oregon Dental Association). Step two requires a new building on the Schnitzer Campus with greater capacity.

ii FINAL KPM # 2 – ACCESS: Reports the number of Oregon residents enrolled in the Medicine MD program. This excludes students admitted through WICHE and students with residency in the other 49 states. Several OHSU workforce initiatives are designed to enhance the capacity of the Portland program as well as offer the MD program through regional partnerships with universities and healthcare systems in response to the impending physician workforce shortage in Oregon and the United States as physicians retire and the baby boomer generation consumes more healthcare services. The SOM’s applicant data show that resident and non-resident students have similar average MCAT scores and undergraduate science GPAs. In-state, rural and diverse applicants are desirable.
groups to OHSU because data consistently show such applicants are more likely to enter primary care and rural practice. Therefore, admission policy favoring instate applicants is a logical component of the medical school's effort to reduce physician workforce shortages in Oregon. Oregon is near the bottom in in-state matriculation (17.6 %) compared to the U.S. all-applicant average of 38.6% matriculating in-state and western state average of 17.8%. This does, however, pose a budget challenge and will be called out as a separate workforce initiative in OHSU’s policy option packages.

ii FINAL KPM # 3 – ACCESS: Reports the number of Oregon residents enrolled in the BS nursing program. The targets assume that the proportion of in-state residents will remain the same even as capacity increases to meet workforce demand. Students attracted into the nursing careers are more likely to remain close to home than students in either the DMD or MD programs.

iv FINAL KPM # 4 – NURSING COMPLETION: This new measure, which responds to the legislative request to add it to the performance measure portfolio, tracks the rate at which each entering nursing student cohort completes a bachelor’s degree. Consistent with national methodology for calculating bachelor’s completion rates, transfer students entering with two years of pre-nursing are given three years to complete the bachelor’s degree (or 150% of the published program length). The current program is a two-year program following completion of the pre-nursing curriculum at the OHSU sites. For example, those completing in 2000 started the 2-year program in summer 1997. The targets are for the two-year program. OHSU transitions to a three-year revised nursing curriculum “OCNE” in fall 2006 as the last cohort of the two-year program is also admitted. For the next several years, OHSU will track students completing the two-year program and the new three-year program separately until all two-year program students have transitioned out of the program (summer 2010). The current nursing completion rates are very high, especially in light of the rigorous coursework. When compared to OUS transfer students in science- and health-related disciplines, OHSU students outperform the average graduation rates for these students.

v FINAL KPM # 5 – DEGREES & CERTIFICATES AWARDED: Includes total baccalaureate, post-baccalaureate and master’s level certificates, master’s degrees, and doctoral degrees (Ph.D., M.D., and D.M.D degrees). Targets based on roll ups of degree and certificate categories. Includes degrees awarded jointly with OIT and OSU.

vi FINAL KPM # 6 – DENTIST WORKFORCE: Seventy DMD students graduated June 2006. The remodel to the dental clinical to 70 dental chairs required by HIPPA regulations was completed in October of 2002. Similarly, the new pre-clinical simulation lab has been expanded to 75 sections. The class of 2006 is the first class to graduate with all preclinical instruction in the new facility. Given dental workforce shortages in Oregon, OHSU has proposed initiatives to expand the class by expanding practice-sites through partnerships with community practices and hospitals.

vii FINAL KPM # 7 – PHYSICIAN WORKFORCE: The number of MD graduates is estimated based on 90% finishing in 4 years. The rest take longer mostly due to combined degree programs that take longer (such as the MD/MPH and the MD/PhD). In recent years, we have admitted transfer students in the third year to rapidly expand the MD program. It will not be until 2012 that the number of MD graduates rises to about 125 with the implementation of the expansion of the Portland cohort and regionalization of the MD programs with partner institutions and healthcare systems, pending state resources to do so.

viii FINAL KPM # 8 – NURSING WORKFORCE: The nursing program is a two-year program that admits students into OHSU for the junior and senior years. OHSU’s program is offered at the Portland campus as well as Ashland, Klamath Falls and La Grande on OUS campuses. The two-year curriculum will begin to transition to the new three-year curriculum called OCNE beginning in fall 2006. In fall 2006, students will be admitted into both programs, the two-year program for the last time. The OCNE partnership with community colleges will be phased in by bringing new community colleges on-line. OCNE will allow community college students to complete advanced coursework in their communities. OCNE is recognized nationally for this innovative approach to reduce shortages of highly qualified nurses in Oregon. Several proposed workforce initiatives seek funding to increase degree production by expanding capacity at the OHSU sites.
and community colleges. These increases are not reflected in the targets proposed. The first graduates of the OCNE program entering in 2006 would not show up in degrees produced and completion rates until 2009 or 2010.

9 FINAL KPM # 9 – NURSING FACULTY: Nurses trained at the graduate level, most are nurse practitioners, are very much in demand for teaching positions at the community colleges as well as private practice, hospital, and in-home health care. The targets are set based on the current capacity to provide advanced training which was reduced in the budget reduction in 2001-2003. One of the proposed state workforce initiatives requests state support to increase the number of graduate-level prepared nurses produced annually by 10 amounting to a 20% increase over the 58 targeted for 2008-09.

x FINAL KPM # 10 – PROFESSIONAL COMPETENCE (Dental DMD): Dental students have a very high first-time pass rate on the dental licensure examination. However, due to the small numbers (70 graduates per year), one or two people who do not pass dramatically affects the percentage. The reasons a student does not pass on the first-attempt are related to illness, lifecycle events and the like. The goal is for our graduates to perform at or above the national average first-time pass rate.

xi FINAL KPM # 11- PROFESSIONAL COMPETENCE (Medicine MD): Licensure for doctors has been national in scope and function since the National Board of Medical Examiners was established in 1915 (in contrast to the licensure for lawyers, for example, which is state based). The uniform examination consists of three parts and is prepared by examination committees composed of prominent medical educators and clinicians. The licensure mechanism for doctors is long standing, intricately designed and high stakes. The control of licensure by the profession and the close linkage between accreditation and licensure is unequalled by other professions. Quality is both defined and measured by the medical profession itself. 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 USMLE -2 pass rates nationally have declined between 2000 and 2005, as the exam has been revised. OHSU students have been at or above the national pass rates during these years. We have set our internal targets as the national pass rate. The change in pass rates is related to the National Board of Medical Examiners process for setting the passing performance level.

xii FINAL KPM # 12 – PROFESSIONAL COMPETENCE (Nursing BS) In nursing, licensing and certification are not used synonymously. In nursing, a license is required to practice. Certification is not a precondition for practice and is, in fact, usually granted after several years of practice. Certification is given in several levels and types – such as, nurse generalist, nurse practitioner, and clinical specialist. Licensure in nursing is the responsibility of the National Council of State Boards of Nursing (NCSBN), a national standards board comprised of executives of the respective state boards. This council recommends standards for licensure and sets standards for the national licensure examination, although licensure itself is awarded by the state agencies. The exam also identifies and publishes the knowledge and skills deemed necessary for the successful practice. The NCLEX pass rate for SoN students is consistently above the national average. Additionally, given the difficulty of the exam coupled with the fact that the SoN has a cadre of English as a second language and otherwise disadvantaged (often minority) students, the 92% pass rate is appropriate and a rate that is sustainable. National data over decades of collection show that the top schools in the country consistently range from 88% to 94% pass rate for NCLEX. Consistently being higher than that usually means the school teaches to a test and does not provide the educational experience for professional life.

xiii FINAL KPM # 13 – NIH ENVIRONMENT: This new measure, which responds to the legislative request to add it to the performance measure portfolio, compares the change in NIH funding awarded to OHSU with the total funds awarded by NIH to all institutions in the same federal fiscal year. The decline in 2003 and gradual increase in 2004 and the targets thereafter is due to the addition of a significant investment by the Department of Homeland Defense in biohazard facilities in a small number of non-Oregon sites (Texas, California, etc.) that were funded through an institute of NIH, in effect increasing the denominator.
xvi FINAL KPM # 14 – CLINICAL CARE QUALITY (Adult In-Patients): Replaces “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 patient experience question methodology, now a national standard in patient survey tools. NRC+ Picker, a subdivision of NRC, collects data monthly using a stratified random sample of adult inpatients. Data are reported quarterly. OHSU has embedded the required CMS patient experience questions in the overall inpatient survey tool. When asked if they would recommend OHSU, respondents choose from one of four categories: “definitely yes,” “probably yes,” “probably not,” or “definitely not.” The reported percentage reflects a weighted roll up of the respondents who indicated “definitely yes” or “probably yes.”

xvii FINAL KPM # 15 – CLINICAL CARE QUALITY (Pediatric In-Patients): Replaces “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 patient experience question methodology, now a national standard in patient survey tools. NRC+ Picker, a subdivision of NRC, collects data monthly using a stratified random sample of adult inpatients. Data are reported quarterly. OHSU has imbedded the required CMS patient experience questions in the overall inpatient survey tool. When asked if they would recommend OHSU, respondents choose from one of four categories: “definitely yes,” “probably yes,” “probably not,” or “definitely not.” The reported percentage reflects a weighted roll up of the respondents who indicated “definitely yes” or “probably yes.”

xviii FINAL KPM # 16 – OREGON POISON CENTER EFFECTIVENESS: This new measure, which responds to the legislative request to add it to the performance measure portfolio, measures the proportion of calls to the Oregon Poison Center that the on-call physicians and nurse practitioners at the call center are able to manage effectively over the phone. The OPC triages phone calls and advises on treatment and the need go to the emergency department of the community hospital. By providing timely instruction, three out of four callers do not need to seek expensive emergency department services. The OPC, which also provides educational and information services to the general public and physicians statewide, receives some funding from the state for its call center operations.

xix FINAL KPM # 17 – CDRC SERVICES: This KPM was added to demonstrate the complexity and acuteness of care required by the patients served by CDRC that is not captured in an unduplicated headcount. One of the unique features of the program is the interdisciplinary care provided to Oregon children and families.

"Expected mortality" is an industry standard based on the clinical outcomes for historical cases of similar complexity. A ratio of 1.0 means the number of patients observed to die is what would be expected. A ratio lower than 1.0 means the number of patients observed to die is less than would be expected. A ratio greater than 1.0 means the number of patients observed to die is greater than would be expected UHC benchmarks against hospitals in the University Health System Consortium. Given this is a new reporting system, data before 2005 are not available. Between January 2005 and December 2005, of the 17,425 OHSU hospital cases, the summary mortality ratio was .63 meaning that for every ten OHSU patients expected
to die given their case histories, four lived. OHSU ranks in the Top Fifth among other UHC hospitals (actual rank is 17th). The UHC median is .81 and OHSU is above the median. The website is UNC Reports@uhc.edu.

Final KPM #19 – Bottom Line: Reports unrestricted net income of loss of OHSU. The actual data is from annual audited financial statements. The target data is from the University’s Five Year Financial Plan which is updated regularly and, as such, is subject to change. Specifically, this target date is from the Plan approved by the Board of Directors on June 29, 2006. To make the data more comparable, Fiscal Years 2003 and 2004 exclude a one-time adjustment related to changing the threshold qualification for fixed assets. JLAC – included Foundation revenues; Proposed excludes Foundation.

Final KPM #20 – MD Clinical Rotations: Students in the MD program are required to complete 5-week clinical rotations during their third year in rural or urban, medically underserved communities in Oregon. The number of student weeks will vary based on the size of the MD cohort. If the MD cohort size increases with state funding to meet physician workforce shortages, this target will go up. Given that 100% of MD students complete this experience, and there is no room for improvement, this is a process indicator that the legislature may want to delete from the KPM list. However, as the class size increases, if there is no corresponding increase in the AHEC budget supporting these rotations, it will be necessary to convert the rotation to an elective and not require it of every student. We will continue to try to avoid that outcome.

Final KPM #22 – Rural Faculty Preceptors: In 2000 and 2001, the pool of faculty preceptors was the number reported; for the last several reporting period’s only community physicians who serve as preceptors are reported in the number. We have set targets based on physicians that serve as preceptors.

Final KPM #23 – Rural Pipeline: The data in prior years aggregate all pipeline activities and do not distinguish between rural and other. The targets are based on rural and we would like to consider conceptualizing this performance measure differently to provide a better measure of output/outcome and OHSU outreach activities throughout the state. This revision should be done in concert with the revision of KPM #21 and KPM #22 and proposed deletion of KPM #7.